Model guidance: Schools responding to incidents of self-harm
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1. Introduction

The main aim of this model guidance is to provide support for staff working in schools supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance aims to support school staff to feel confident, informed and able to support children and young people most at risk.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response which includes provision of adequate support for the pupil, other pupils who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a pupil’s disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a pupil is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas.

The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.
2. Flow charts

Model process for managing self-harm in schools in a crisis situation

Staff member witnesses or is informed of pupil self-harm by pupil themselves or a friend

- Locate pupil
- Call for help from colleague/Emergency Services/GP
- Administer First Aid
- Keep calm and give reassurance – to the individual pupil and to those who might be affected by witnessing self-harm (staff and pupils)

Staff member suspects a pupil has self-harmed and is in need of immediate medical attention

- Log injury and inform DSPCP (Designated Senior Person for Child Protection)
- Assess risk
- Explain confidentiality

- Discuss with DSPCP (or designated senior colleague)
- Inform parents/carers unless clear reason not to
- Follow safeguarding procedures if necessary

- Where pupil is not taken to hospital, refer to CAMHS where appropriate
- Refer process for managing recent/historical self-harm

Contact emergency services if injury is life-threatening or if pupil is suicidal

If the child/young person is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by hospital.

On pupil’s return to school, refer to process for managing recent/historical self-harm.
Model process for managing self-harm in schools (not in need of urgent medical treatment & return to school)

Pupil shows signs and symptoms

Staff member suspects recent or previous pupil self-harm (not in need of treatment)

Self-disclosure or peer disclosure of recent or previous pupil self-harm to staff member (not in need of treatment)

Self-disclosure or peer disclosure of thoughts of self-harm to staff member

Pupil returns to school following crisis (pupil self-harm)

Low / Medium risk

- Staff member meets with pupil and discusses supportive strategies / sets action plan with the pupil where appropriate
- Explain confidentiality
- Inform parents/carers unless clear reason not to
- Follow safeguarding procedures if necessary
- Involve parents/carers and other professionals (e.g. school nurse/GP) as necessary/appropriate
- Encourage and help pupil and family to access services
- Refer to school counsellor or other counsellor if appropriate
- Contact CAMHS for advice or referral if appropriate
- Consult with colleagues if necessary

- Debrief with DSPCP/senior colleagues and set a professional action plan if necessary
- Consult with relevant health/social care practitioners if necessary
- Ensure all information necessary is kept recorded and up-to-date in the log and/or on the pupil’s file

- Review with pupil
- Onwards support plan

High risk / crisis

- Refer to crisis situation process
- Refer to CAMHS where appropriate

- Staff member logs and passes to DSPCP immediately
- DSPCP assess risk with the information available and makes a decision about the relevant course of action which may include identifying the most appropriate member of staff to meet with the pupil
3. **Multi-agency self-harm guidelines**


Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an “expression of personal distress, usually made in private, by an individual who hurts him or herself”. Essentially, self-harm is any behaviour where the intent is to cause harm to oneself (Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012).

The Multi-Agency guidelines are a framework for use by all agencies in Wiltshire who work with children and young people to “promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves”.

The Multi-Agency guidelines include:

- A definition of self-harm and a non-exhaustive list of behaviours that people might consider to be self-harm
- Information about why some people self-harm
- Signs and symptoms of self-harm
- Strategies for effective listening skills, distraction activities and coping with distress using self-soothing
- A number of appendices including a checklist for schools, sample letter to parents, sample incident form, fact sheets and contact numbers

These guidelines should also be read in conjunction with other relevant guidelines currently in place in your school. Staff should ensure they are aware of school procedures and relevant policies.

[Insert any relevant school guidelines / procedures / policies]
4. Identifying self-harm

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012*

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012*
5. First Aid

[Insert your school First Aid policy]
6. Confidentiality

Professionals should adhere to their own school guidelines regarding information sharing and confidentiality. The child/young person must be involved wherever possible and consulted on his/her views.

Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep.

Professionals should tell a child/young person when they may have to share information without their consent.

Information given to professionals by a pupil should not be shared without the child/young person’s permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

It is helpful to check the Wiltshire Local Safeguarding Children’s Board’s information and guidance here: http://www.wiltshirelscb.org.

[Insert your school confidentiality policy]
7. Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general pupils are likely to fall into 1 of 2 risk categories:

**Low risk pupils**
Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

**Higher risk pupils**
Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

The CAF pre-assessment checklist, CAF or SARF process can also be used as a framework to help practitioners assess children and young people’s additional needs for services earlier and more effectively.

Wiltshire CAF guidance can be found here: [http://www.wiltshirepathways.org/GenPage.asp?ID=60](http://www.wiltshirepathways.org/GenPage.asp?ID=60) which includes the Wiltshire Multi-Agency Thresholds guidance.

If the assessor and/or young person agree a referral to CAMHS is needed, a referral should be sent the same day (See page xx for CAMHS criteria).

[Insert any relevant school guidelines]
8. Logging incidents

It is vital to keep a log of all incidents of self-harm.
A sample incident form which can be used when a pupil self-harms is included on the next page.

[Insert school policy re storing incident log forms]
Sample of an incident form to be used when a young person self-harms
(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

Young person’s name  Date of report

Date of Birth  Gender

Professional’s name  Job title

Agency

School /College attended  Year  Special Needs

Incident

Date and time of occurrence

Action taken by professional

Decision made with respect to contacting parents (reasons for decision)

Recommendations

Follow up

Copies to:
9. Supporting the child or young person

“Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.”

Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

An information sheet for young people who self-harm is included on the next page along with a list of useful websites and phone numbers on the following page.
Information sheet for young people on self-harm
(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone’s life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
• Keeping a diary
• Having a bath/using relaxing oils e.g. lavender
• Hitting a pillow or other soft object
• Watching a favourite film

Getting help
In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

• At home - parents, brother/sister or another trusted family member
• In school - school counsellor, school nurse, teacher, teaching assistant or other member of staff
• GP - you can talk to your GP about your difficulties and he/she can make a referral for counseling

Useful help lines and websites include: -

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<th>Service</th>
<th>Tel:</th>
<th>Website</th>
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<tr>
<td>Young Minds</td>
<td>0808 802 5544</td>
<td><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></td>
</tr>
<tr>
<td>Papyrus HOPELineUK</td>
<td>0800 068 414</td>
<td><a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a></td>
</tr>
<tr>
<td>The Samaritans</td>
<td>08457 90 90 90</td>
<td><a href="mailto:jo@samaritans.org.uk">jo@samaritans.org.uk</a></td>
</tr>
<tr>
<td>MIND Info line</td>
<td>0845 766 0163</td>
<td></td>
</tr>
<tr>
<td>Youth Access</td>
<td>0208 772 990</td>
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National Self Harm Network
PO Box 16190
London NW1 3WW  [www.nshn.co.uk](http://www.nshn.co.uk)

My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.
9.1. More websites and phone numbers (A-Z)

Bristol Crisis Service for Women
PO BOX 654
Bristol Avon BS99 IXH
Website: www.selfinjurysupport.org.uk
Text support available: text 0780 047 2908

CALM (Campaign Against Living Miserably)
Tel: Helpline for 15 –24 year old males
0800 58 58 58
7 days a week 5pm –3am
Website: www.thecalmzone.net

Childline
24 hr helpline
0800 1111

Health and Wellbeing/Mental Health
Website: www.thesite.org/health

National Self-Harm Network (support for individuals who self harm and their families)
PO BOX 16190
London
NW1 3WW
Tel: Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm
0800 622 6000
Website: www.nshn.co.uk

Papyrus (support young people and those who live with them) Telephone HOPELink UK
0800 068 4141
Website: www.papyrus-uk.org

Samaritans
24 hour helpline
08457 90 90 90

Young MINDS
020 7336 8445
102 – 108 Clerkenwell Road
London EC1M 5SA
E-mail Youngminds@Ukonline.co.uk
Website: www.youngminds.org.uk
Young MINDS Parents Information Service
0808 802 5544
10. Engaging families

Where appropriate, the pupil should be encouraged to call his or her parents to talk about what has happened. The DSPCP should also talk to the parent/carer. In the event that a pupil is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the school provides parents with both community and web-based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

What if parents feel guilty? Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

What if parents are dismissive? The school’s role is to encourage parents to be more responsive to their child’s needs.

What if the parents are cross? The school’s role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions? The school’s role is to gently suggest that the parents seek outside counselling/support services.

How can we encourage collaboration? Schools must encourage parents and pupils to see and use school staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child? The school must take the initiative and act as an advocate for the pupil.

Whilst it is important to validate parent’s reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

The Wiltshire Pathways website provides information, guidance and practical tools and solutions for professionals who work with children and young people and their families: www.wiltshirepathways.org.

[Insert relevant school policies]
Sample letter to parents following meeting about self-harm
(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

Date:

Dear (Parent/Carer)

Thank you for coming to discuss…………………………………………..

After our recent meeting I am writing to express concern about ………………..’s safety and welfare.

The recent incident of self-harm (or threat to self-harm) by …………………… suggests that he/she may need professional help.

I recommend that you visit your local GP for advice and help and /or as agreed, we have sent a referral to Children and Adolescent Mental Health Service (CAMHS).

We will continue to provide support to …………………, but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else we can do to help ………………… please contact me.

Yours sincerely,

Title

Copies to:
Fact sheet for parents/carers on self-harm
(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm?
Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self-harm?
Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking?
Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?
All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?
Try to:
- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:
- Your family doctor
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90
- MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 9900
11. Whole school education and awareness raising

11.1. Provision of support for the pupil

[Refer to the Section 5 of the Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm published January 2012]

11.2. Provision of support for other students who have witnessed/know about self-harm

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high-status or “popular” pupils are self-harming or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a pupil is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help pupils manage scars and wounds and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, pupils must not be given explicit details about self-harm. This means that holding a whole-school assembly is not appropriate. However, educating pupils about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people’s emotional wellbeing and mental health. Schools may choose to use elements of the SEAL programme to teach about these issues.

11.3. Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm

Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

[Insert relevant school policies here]
12. Onwards referrals

12.1. CAMHS criteria (primary and specialist)

The Primary Mental Health Service (PCAMHS) offers time limited interventions to address the emotional and mental health needs of children and young people at an early stage with the aim of reducing longer term mental health problems. A first line intervention should have taken place prior to a referral to PCAMHS, for e.g. school counselling, health visitor, school nurse.

Specialist CAMHS provides assessment and treatment of serious mental health disturbances and associated risks for children, young people and families where specialist interventions are required. Consideration will be given to presentation of serious mental health concerns and their severity, complexity, duration and pervasiveness,

A Single Point of Access (SPA) CAMHS Referral form should be completed for all CAMHS referrals.

12.2. Wiltshire’s little book for children and young people about support for wellbeing and mental health

This booklet is currently in draft form (as of August 2012) and will provide information on WHO does WHAT in Wiltshire to help and support children and young people with their emotional wellbeing and mental health needs. There is also information about how to contact the professionals and services included in the booklet. This booklet is due to be published in September 2012.
Wiltshire
Single Point of Access
CAMHS Referral (SPA)

Emergency referrals
should be directed in the first instance to the local
Community CAMHS team via the Duty Clinician:
Mells ham 01225 905090
Salisbury 01722 336262 ext 2779
Marlborough 01672 517517

Single Point Access (SPA)
Mells ham Hospital
Spa Road, Mells ham, SN12 7NZ
Tel: 01225 905094
Fax: 01225 905053

Telephone Consultation
We encourage telephone consultations for
pre-referral discussion and advice.
Tel: 01225 905094

Name of child/young person:

Please indicate if you
desire a specific service:
[ ] Primary CAMHS
[ ] Specialist CAMHS
[ ] Outreach Service
for Children and Adolescents
(OSCA)
[ ] CAMHS Learning
Disabilities Service

Completing this form does not guarantee a service

- A first line intervention
  should have taken place
  prior to a referral to
  PCAMHS, for e.g school
  counselling, health
  visitor, school nurse

- Primary Mental Health
  Service (PCAMHS) offers
  time limited interventions
  to address emotional and
  mental health needs of
  young people at an early
  stage with the aim of
  reducing longer term
  mental health problems

- Services are provided for
  children and young people
  who have defined needs
  that are complex in range,
  depth and significance
  where a first line
  intervention or single
  service is unable to meet
  those needs

Interventions are provided to children & young people
aged 0-18 and their families and carers where the following
difficulties are presented with co- morbid mental health
symptoms:-

- Persistent difficulties in making and maintaining relationships with
  family and peers, including insecure attachments

- Children and young people whose impaired mental wellbeing
  interferes with social and educational performance

- Children and young people exhibiting symptoms of low mood, anxiety,
  emotional distress including significant self harm, phobias

- Children and young people reacting to issues of bereavement, trauma
  and loss

- Children and young people affected by parental mental ill health

- Children and young people where there are concerns about a
developing mental illness e.g eating disorder, distorted body image,
  compulsive and obsessive behaviour patterns, gender identity

- Children and young people where their emotional and mental health is
  significantly impacting on their development

Specialist Community CAMHS provide assessment and treatment of
serious mental health disturbances and associated risks for children,
young people and families where specialist interventions are required,
and for those children whose needs and care are significantly
compromised.

See full referral criteria for more details

To be completed by office personnel

Person screening case

Decision made

Date

Comments
Section 1: Child/young person and family details

1(a) About the child/young person

<table>
<thead>
<tr>
<th>Given name</th>
<th>Current educational setting name and address (if not referred)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td></td>
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<tr>
<td>Also known as</td>
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<tr>
<td>Date of birth</td>
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<tr>
<td>Age</td>
<td>Male</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>First language</td>
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<tr>
<td>Home address (including postcode)</td>
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<td></td>
<td>Postcode</td>
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<tr>
<td>Telephone or contact details</td>
<td></td>
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</tbody>
</table>

Current General Practitioner name and address (if not referred)

Telephone or contact details

NHS No:

Child/young person aware of the referral? | Yes | No |

Child/young person consent for this referral? | Yes | No |

1(b) About the parents/careers

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Contact details</th>
<th>Parental Responsibility?</th>
</tr>
</thead>
</table>

Section 2: Identify needs and concerns (please refer to CAMHS criteria)

2(a) The referrer

Why are you making this referral?
2(b) Child/young person
What do you want to happen as result of this referral?

2(c) Parents/carers
What do you want to happen as result of this referral?

Section 3: Other agencies involved

3(a) Please tick if working with/have worked with child/young person/family

- [ ] Young Carers
- [ ] CAMHS / PCAMHS
- [ ] Youth Offending Team
- [ ] Education Welfare Officer
- [ ] Wiltshire Family First (Action for Children)
- [ ] Connexions Personal Advisors
- [ ] Education Psychologist
- [ ] Behaviour Support Services
- [ ] Children’s Centres
- [ ] Health Visitor
- [ ] Social Worker
- [ ] Other please state ____________________________
- [ ] Nursery/Pre School
- [ ] School Nurse/ LD Nurse
- [ ] Inclusion/ Learning Support

3(b) For each agency currently working with the child/young person/family please provide the following details. Use 2nd sheet if necessary.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Agency</th>
<th>Name and Role</th>
<th>Tel Contact Nos</th>
</tr>
</thead>
<tbody>
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</table>
**Section 4: Referrer’s details**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Job Title</td>
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<tr>
<td>Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
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<td>Postcode</td>
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**Section 5: Consent** *IMPORTANT: Please complete*

We would like your consent to contact any one of the agencies listed on the front sheet and refer on as appropriate.

We may also want to contact other agencies that know you, such as your school or GP, to help us provide a better service to you.

We will ensure that your personal information is kept confidential, unless there are specific concerns that require us to share your details. You will be told of this.

**5(a) I agree to information being shared between agencies to help me/my child:**

Name of child/young person

Signature

Date

Signature parent/carer

Date

**5(b) If no consent please state why:**

**Section 6: Any other information e.g. 3rd party information may be included here:**

<p>| | | |</p>
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13. Staff training

All members of school staff should receive training around self-harm as part of child protection training. School staff should also be aware of the DSPCP and their role with respect to pupil self-harm.

You can find details of all training courses and apply online here: http://www.wiltshirepathways.org/trainingCats-new.asp.

Training available includes “CAMHS – Deliberate Self Harm and Suicidal Behaviour in Young People”. Wiltshire Council’s Personal Education Advisers provide staff training in supporting young people with emotional wellbeing and mental health. Visit www.wiltshirehealthyschools.org for further details.

[Insert school policies on training]