

## **1. Introduction**

This guideline describes the process to be followed in University Hospitals of Leicester NHS Trust when a child attends with mental health issues.

It is designed to assist staff in ensuring that children and young people (up to their 18th birthday) who attend UHL with a mental health concern or deliberate self-harm are provided with the appropriate assessment and support.

## **2. Scope**

This guideline applies to all UHL staff who may encounter children and young people where there are concerns about their mental health. In particular, these guidelines are aimed at clinical staff in the Emergency Department (ED) and Children's Hospital.

## **3. Recommendations, Standards and Procedural Statements**

- 3.1** Mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their educational attainment, relationships and physical wellbeing. Mental health can also change over time, to varying degrees of seriousness, and for different reasons.
- 3.2** Mental Health is an individual's cognitive, behavioural and emotional well-being (Mind, 2020). It's something we all have – including every child and young person.
- 3.3** Health professionals may be the first to become aware that a child / young person is experiencing difficulties with their mental health, being curious, asking questions and recognising the young person may need help.
- 3.4** Staff have a responsibility to share any concerns with agencies that can safeguard children and young people. **This responsibility includes acting on your concerns about a child or young person even if the child or young person is not your patient.** You do this by making a Safeguarding referral to the UHL Safeguarding Children Team on ICE or calling ext. 15770 for advice. Guidance and support regarding the referral process is also available in the [Safeguarding Children Policy](#).

## QUICK REFERENCE GUIDE

For mental health concerns identified once an inpatient, the guide should be followed once the young person is medically fit.

**If safeguarding concerns are raised during any point of admission, the UHL Safeguarding Team and Social Care must be informed by the professional holding the information**

All children presenting to the Emergency Department are to have the ED – Child & YPSA Safeguarding assessment completed on Nervecentre

If Child or young person has been admitted as an inpatient, due to their mental health the ward staff are required to check if a children's safeguarding referral has been completed and action as necessary.

Concerns are raised within UHL about the mental health of a child or Young person

For children in ED, staffs to check Nervecentre for any Care plans and to follow if present

Care for the young person in accordance of ED management. Complete a Children's Safeguarding Referral form on ICE – Include your clinical area, safeguarding concern, who accompanied the child/young person and their relationship

When medically fit, the clinical area should contact the crisis plus / all age Mental Health Triage team via phone referral - 07500 573649 to request the child/ young person undergoes a mental health assessment

A copy of the mental health assessment should be placed in the child/ young person's clinical notes and the UHL Safeguarding Children Team updated with the outcome of the assessment (x15770)

Discharge planning may need to include:

- Holding a safeguarding meeting for multiple/escalating attendances or if known to Social Care
- Follow up arrangements with CAMHS and other agencies
- Approval from Social Care if known to them
- Consideration of risk factors leading to initial admission, with onward referral if required

Staff to establish and record all agencies on Children's safeguarding referral Form.

Children's safeguarding referral will be used to notify all agencies identified as involved with young person

UHL Children's safeguarding team will review the child mental health referrals and follow the LLR self-harm pathway, ensuring the Level of risk is established by using Baseline Risk Assessment.

A Referral to Social Care if:-

- Repeated attempts, or
- Requested by family, or
- Additional information of concern/ meeting criteria
- Already known to Social Care

UHL Safeguarding Team will notify social care in office hours unless there is an immediate need to do so in which case the clinical area should contact the relevant Social Care immediately.

### **3.5 Why do people self-harm?**

- Self-harm can be a way of obtaining temporary relief from a difficult and otherwise overwhelming situation or emotional state. During acts of self-harm, it is common for people to feel separate or disconnected from their emotions and pain. A sense of temporary relief is usually experienced following self-harming. Self-harm may be an attempt to communicate with, influence or secure help from others, or it may remain a secretive behaviour. People often self-harm to regain control of their situations, emotions or thoughts. It is often assumed that people who self-harm are suicidal, but for many people it is actually a way of coping or surviving. For many children and young people self-harm is something they may experiment with (in the same way that children and young people experiment with alcohol, sex, smoking etc.) and it will not become a long-term coping strategy. For others, it is indicative of underlying distress, especially if the self-harm is over a long period of time and/or is serious or life threatening.
- For many children and young people, self-harm is controlled and they do not hurt themselves in a serious way that requires medical attention; however, this may change over time as the factors that influence risk can change over time. Although it may not be part of your role to formally assess risk, it is still important to use your professional judgement to make a decision about the level of need and if there is a cause for concern. Some methods of self-harm are particularly dangerous and the child/young person may not realise the risks involved. Self-poisoning and ligaturing (tying a rope or cord around the neck) can result in accidental death. Self-poisoning can also cause long-term organ damage so the impact may not be visible straight away. [LLR SCP Procedures](#)

### **3.6 Who is at risk?**

- An episode of self-harm is most commonly triggered by an argument with a parent or close friend. When family life involves a lot of abuse, neglect or rejection, people are more likely to harm themselves. Young people who are depressed, or have an eating disorder, or other serious mental health problem are at greater risk. So are people who take illegal drugs or excessive amounts of alcohol.
- Many young people who self-harm with a wish to commit suicide also have mental health or personality difficulties; often the suicide attempt follows a stressful event in the young person's life, but in other cases, the young person may not have shown any previous signs of difficulty.
- Sometimes the young person is known to have long standing difficulties at school, home or with the Police. Some will already be seeing a Counsellor, Psychiatrist or Social Worker. There has been an increase in the suicide rate in young men over recent years.

The risk of suicide is higher if the young person:

- Is depressed, or has a serious mental illness
- Is using drugs or alcohol when they are upset
- Has tried to kill themselves a number of times or has planned for a while about
- how to die without being saved
- Has a relative or friend who has tried or has killed themselves
- Discharged from a psychiatric unit within the last 7 days

#### **3.6.1 All young people who attend hospital following an attempted suicide or after harming themselves must have a specialist mental health assessment prior to discharge.**

- The aim is to discover the causes of the problem. It is often difficult to work out what prompted the young person to self-harm or whether they actually wished to commit suicide

or not; mental health professionals have the expertise to make sense of these complicated situations. It is usual for parents or carers to be involved in the assessment and any treatment. This makes it easier to understand the background to what has happened, and to work out together whether help is needed. A lot of young people make another suicide attempt if they do not receive the help they need.

- The reasons children and teenagers can self-harm are often complicated and will be different for every child or young person. Sometimes a child or teenager may not know the reasons they self-harm.
- For many young people, self-harm can feel like a way to cope with difficult feelings or to release tension. The physical pain of hurting themselves can feel like a distraction from the emotional pain they're struggling with.

Some difficult experiences or emotions can make self-harm more likely in children:

- experiencing depression, anxiety or eating problems
- having low self-esteem or feeling like they're not good enough
- being bullied or feeling alone
- experiencing emotional, physical or sexual abuse, or neglect
- grieving or having problems with family relationships
- Feeling angry, numb or like they don't have control over their lives.

**3.7** Consent is required from the adult (who has parental responsibility) to make a safeguarding referral unless there are concerns for the safety of the child/ren. The [UHL Safeguarding Parental Responsibility Guideline](#) can offer support if unclear.

#### **4.0 Environmental Consideration**

The Trust endeavours to minimise the potential risk of patients harming themselves whilst receiving inpatient care by having in place the following measures within high risk areas.

- Environmental Ligature Anchor Point Audit and Risk Assessment
- Regular inspections of high risk areas
- Ensuring all staff are trained on how to use "tuff-cut" scissors. This is the standard tool for the release of ligatures and are located in all resuscitation trolleys.

#### **5.0 Information Sharing**

A young person can choose not to involve their parent/carers in their care or treatment, and this must be respected under the United Nations Convention on the Rights of a Child. Confidentiality should not be breached without explicit consent from the young person concerned. There are limitations to this:

##### **5.1 Children under 13 years old**

If a child under 13 discloses self-harming behaviour it is always important to involve a trusted adult (usually a parent/carer but explore this with the child) as the child does not have capacity to make decisions about their care. Talk to the child about how they feel and be open and supportive with them throughout the process in order to maintain a trusting relationship.

##### **5.2 Young people aged 13 and over**

Young people aged 13 and over can make informed choices in respect to whom they wish to share personal information with and seek support from, unless they are deemed as not competent, i.e. there are concerns about their cognitive ability to make informed choices.

**5.3 The exception to this is if it is deemed by the professional concerned that the information shared by the young person is causing, or may cause, significant harm to them. In such cases it is always important to share information with the relevant people, regardless of consent from the young person. This decision-making process must be clearly recorded and must demonstrate that the welfare of the young person is**

the paramount principle. If it is necessary to override a young person's right to confidentiality, you should inform the young person that you are doing so, unless in your professional judgment this compromises the young person's safety and/or increases risk. [LLR SCP Procedures](#)

If there are immediate concerns about the safety of a child/ren, this should be immediately escalated to children's social care

- Leicester City Children's Social Care – 0116 454 1004
- Leicestershire County Children's Social Care – 0116 305 0005
- Rutland Social Care – 01572 758 407 (*in hours only – out of hours call Leicestershire County Social Care*) and where required, the police via 101 or 0116 222 2222

## 6. Education and Training

Training on this guidance is included within the UHL Safeguarding Children mandatory training programme accessed by all staff.

## 7. Monitoring and Audit Criteria

Key Performance Indicator	Method of Assessment	Frequency	Lead
Environmental Ligature Anchor Point Audit and Risk Assessment	Audit & on a case by case basis	Yearly	Lynn Cunningham
Regular inspections of high risk areas	Audit & on a case by case basis	Yearly	Lynn Cunningham

## 8. Supporting Documents and Key References

[Anti-Ligature \(Anti Hanging\) UHL Policy](#)

[Safeguarding Children UHL Policy](#)

[LLR SCP Procedures](#)

## 9. Key Words

Safeguarding Children, Child mental health, deliberate self-harm

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
<b>Author / Lead Officer:</b>	Lynn Cunningham		<b>Job Title:</b> Senior Safeguarding Specialist Nurse
<b>Reviewed by:</b>	Michelle Kelly - Named Nurse & Matron for Safeguarding Children		
<b>Approved by:</b>	Safeguarding Assurance Committee Policy and Guideline Committee		<b>Date Approved:</b> 12/06/2023 3 August 2023
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
May 2023		Lynn Cunningham	Updated flowchart to current practice and moved into main guideline
May 2023		Lynn Cunningham	Addition of mental health impacts on a child's life.
May 2023		Lynn Cunningham	Addition of Environmental Consideration and Information sharing
DISTRIBUTION RECORD:			
Date	Name	Dept	Received

