

# Self-Harm

## Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm

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## **1. Introduction**

These guidelines are a framework for use by all agencies in Wiltshire who work with children and young people, in order to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves. The guidelines are intended for use for children and young people up to the age of 18 years and do not supersede safeguarding procedures. For agencies that work with young people aged 18 years and over please refer to adult or relevant agency guidelines. They have been developed by a multidisciplinary group, whose membership included representatives from the following agencies:

- NHS Wiltshire, Public Health, School Nursing
- Melksham Oak School
- Great Western Hospitals NHS Trust
- Wiltshire Council, Educational Psychology Service, Integrated Youth Service, Emergency Duty Services
- Oxford Health NHS Foundation Trust

## 2. What is Self-Harm?

Self-harm, as defined in the National Institute of Clinical Excellence guidelines (2004), is an “expression of personal distress, usually made in private, by an individual who hurts him or herself.” The nature and meaning of self-harm, however, varies greatly from person to person and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where the intent is to cause harm to oneself.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an ‘attention seeking behaviour’. Given that most self-harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. Another belief is that self-harm is something that groups of young people do together. Whilst it is important to be aware that within friendship groups, some individuals may self-harm, it is rare that young people self-harm in front of others.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a young person is self-harming. 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

## 2.1 Trends

- Average age to start self-harming is 13
- Ratio of male : female self-harm is approximately 1:4 (*Hawton et al, 2002*)
- 10.6% of secondary school pupils self-harm (Office of National Stats 2000)
- In England in 2009:
  - 310 male 15-24 year olds died as a consequence of intentional self-harm and an event of undetermined intent
  - 143 female 15-24 year olds died as a consequence of intentional self-harm and an event of undetermined intent
- In the UK, suicide is the second most common cause of death for 15-24 year olds, after road traffic accidents
- Only 1:5 16 – 24 year old with suicidal thoughts would seek help from a GP (*Samaritans 2003*)
- 1 in 3 adolescents who die by suicide are under the influence of alcohol at the time of death
- 40-60% of suicides have at least one previous episode of deliberate self-harm (*Hawton, 2004*)

### 3. Why do people Self harm?

#### ***A PERSONAL EXPERIENCE OF SELF-HARM***

##### ***Stopping the Pain For Me .....***

Self-harm is, ironically, about stopping the pain. Sometimes my emotional pain is so strong that I don't feel I can take it and that it's going to destroy me. I just know I need to stop it. Cutting my arms seems to help me do that. The physical sensation grounds me somehow; it brings me back to reality away from the overwhelming feelings.

The actual act of cutting is a practical and physical thing to do to make me feel better. Strangely, after hurting myself, I can care for and bandage the wounds and therefore feel justified in looking after myself.

Cutting is a physical expression of the extent of the pain, mainly to myself I think. Only through seeing the drastic, physical expression of my emotions did I admit to myself that I needed to address a number of issues in my life. I think that the main reason why I cut though is that when feeling the physical hurt that it causes, I am numb to the emotional pain which is a million times worse and so much harder and scarier to deal with.

I see self-harm as similar to any other addiction. It is a way of coping with problems. Unfortunately, cutting just numbs me to the problems, it doesn't make them disappear. I haven't cut myself for a number of months now but still self-harm in other ways such as intentionally eating food that I'm allergic to. I see this as the lesser of two evils. It's a way of minimising and changing my habits. I am also trying to cry, to let it out or write or talk about how I feel. It doesn't work and these options always seem so much harder than cutting.

*(Taken from "Self-harm – Young People Speaking Out". Trust for the Study of Adolescence)*

During adolescence, young people may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

Some of the more common explanations from young people about why they self-harm are:

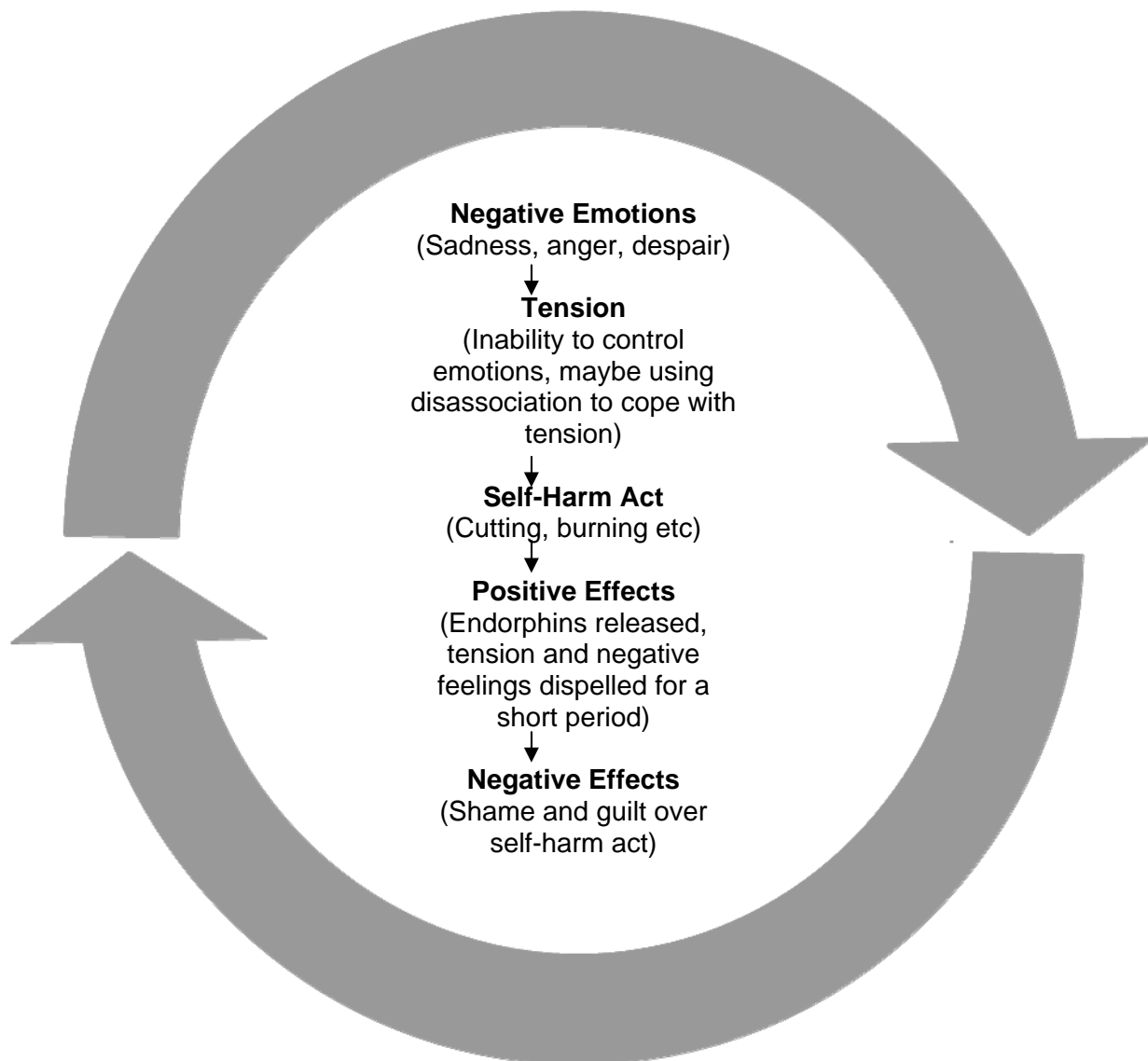
- That physical pain is easier to control than emotional pain
- It is a form of relief and release or distraction
- It can be a form of self-punishment
- It is a way of letting people know how difficult and distressing life feels
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group

Some young people may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

It may be helpful to understand that when a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self harm initially.

The following is an illustration of the cyclical nature of self-harm and demonstrates how such behaviour may become addictive.



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

Self-harm occurs more frequently in young people with learning disabilities. In those with severe learning disabilities, self-harm can form part of the young person's profile of behaviour (for example, a young person with autism biting their arms repeatedly). Any change in the frequency, severity or site of self-harm in these young people is a cause for concern. Self-harm may be the only way a young person with communication difficulties can display their emotional distress.

Self-harm in younger children is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self grazing/scratching may be signs of self-harm.

Some of the factors that young people identify as contributing or triggering self-harm include:

- Being bullied
- Stress and worry about school work and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships, including the break up of a relationship
- Not getting on with parents or other family members
- Family relationship difficulties, including parents separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Feeling isolated, rejected or bullied due to race, culture or religion
- Low self-esteem



- Feelings of rejection socially or within their families
- Termination of pregnancy
- Self-harm behaviour in social group
- Self-harm portrayed in the media
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Use of alcohol or drugs

The pressures for some groups of young people and in some specific settings may increase the risk of self-harm:

- Young people in residential settings (e.g. inpatient units, prison, sheltered housing or hostels or boarding schools)
- Young people with mental health difficulties
- Young people with sexual identity issues

#### **4. Suicidal Ideation and Self-Harm**

Self-harm by cutting is not usually associated with suicidal ideation but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation is a thought or belief that one might be better off dead. This can be because a young person has a serious depression with low self esteem, low mood, inability to see that their situation could improve, nothing to live for and no chance of ever being happy. However suicidal ideation is quite common in the general adolescent population, about 25 – 30% of adolescents report having fleeting ideas of suicide e.g. what's the purpose of life? Is there life after death?

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

## 5. What can help?

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.

### 5.1 Confidentiality

Confidentiality is a key concern for young people, however, they need to know that it is not possible to offer unconditional confidentiality. If you consider that a young person is at risk of seriously harming him/herself or others then confidentiality cannot be kept. It is helpful to check out the Wiltshire Local Safeguarding Children's Board's information and guidance by accessing <http://www.wiltshirelscb.org>. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge.

It may be helpful to explore with the young person what led to the self-harm- the feelings, thoughts and behaviour involved. This can help the young person make sense of the Self-harm and develop alternative ways of coping. The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the young person know you care and that they are not alone.
- Help the young person get their thoughts out into the open.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the young person's facial expression and the posture that accompanies the words they are speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the young person – imagine walking in their shoes.
- Be positive about what the young person is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem for them or say “the right” thing.
- Don't give advice too quickly or evaluate how the young person is feeling and defining their experience for them.
- Be aware of what you can and cannot do to help, and be prepared to discuss this with the young person sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the young person explore their concerns.

- Encourage and support the young person to talk to others, such as parents or other professionals.
- Encourage and support the young person in seeking appropriate help.
- Do make sure you have an opportunity to “debrief” if necessary following a disclosure.
- Do not attempt to keep information to yourself, but share it with an appropriate colleague.

## **5.2 Develop an action plan together**

It is important that young people feel that their concerns are being taken seriously and that they have an element of control over the process. A jointly negotiated action plan is a useful way of providing this. Action plans need to have achievable targets and agreements about whom to involve and other possible next steps. Young people may benefit from being encouraged to establish more positive daily routines (eating, sleeping etc) or may need to establish a greater social network, for example, by taking on a new activity.

## **5.3 Distraction activities**

Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensely can be helpful.

Examples:

- Contacting a friend, family member or helpline
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place e.g. a cinema
- Reading a book
- Keeping a diary
- Looking after an animal
- Watching TV
- Listening to music or singing along
- Going shopping
- Cooking/eating your favourite meal

## 5.4 Coping with distress using self soothing

- Using stress management techniques such as relaxation or massage
- Having a bubble bath
- Stroking a cat or other animal
- Going to the park and looking at the things around you (birds, flowers, trees)
- Listening to the sounds as you walk
- Listening to soothing music

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Clenching ice cubes in the hand until they melt
- Writing, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Going into a field and “screaming”
- Hitting a pillow /soft object
- Listening to loud music
- Physical exercise

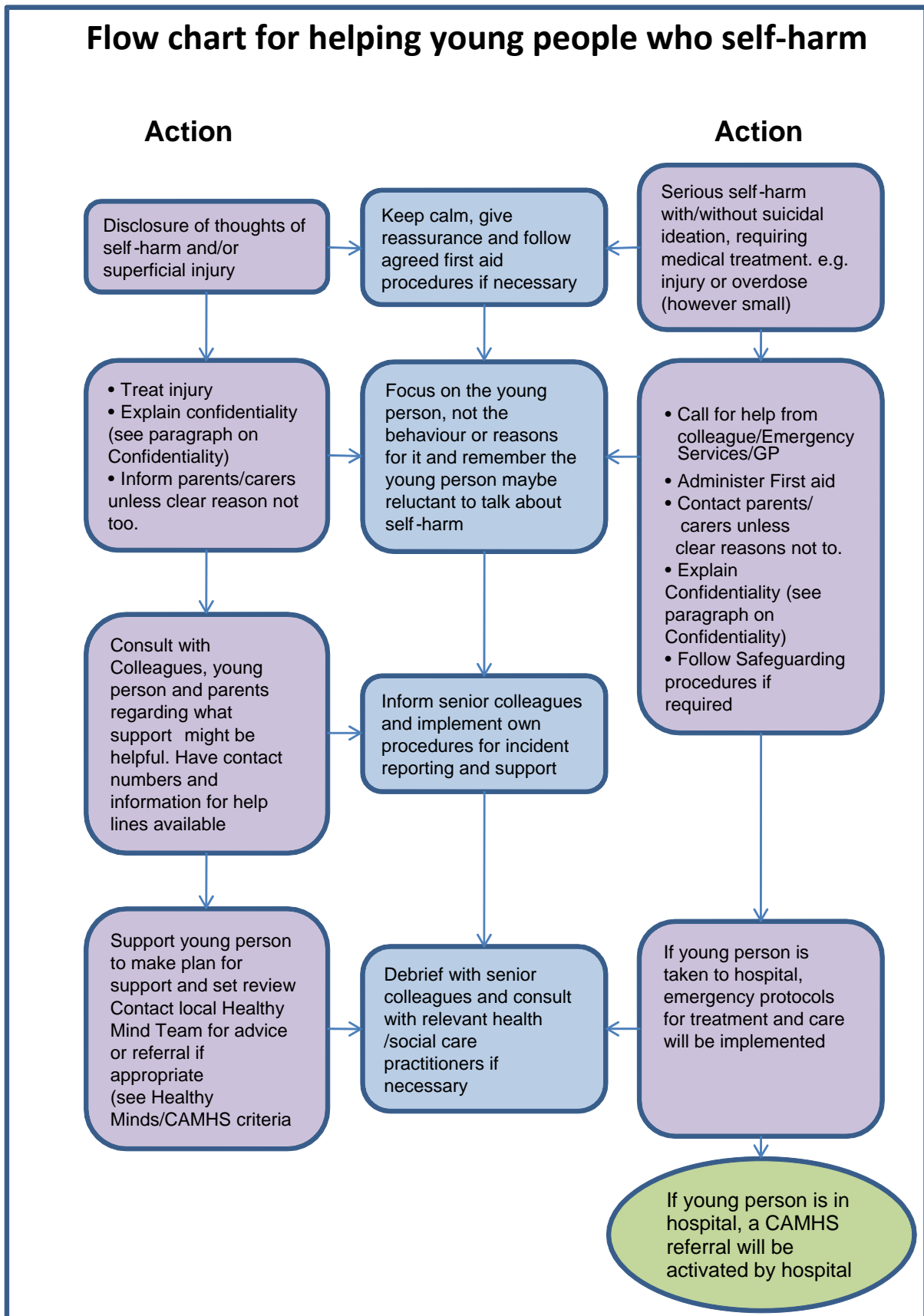
An important part of prevention of self-harm is having a supportive environment which is focused on building self esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this.

It is helpful to identify the support people in a young person’s life and how to get in touch with them. Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important.

In the longer term a young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers are likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep fit class or a school based club, which will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

## 6. When and where to access further support



## Appendix A

### Self-Harm Guidelines - Checklist for schools: Supporting the development of effective practice

- The school has a policy or protocol approved by the governing body concerning self-harming
- ALL new members of staff receive an induction on self-harm procedures and confidentiality
- ALL members of staff (teaching and non-teaching) receive regular training on child protection procedures
- The school has clear channels of communication that apply to this issue
- All members of staff know who to go to if they know a young person is self-harming
- Staff are supported throughout all processes concerned with this issue
- Staff know how to access support for themselves and students
- Students know who to go to for help
- The school has a culture that encourages young people to talk and adults to Listen and believe

## Appendix B

### Sample letter to parents following meeting about self-harm

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 Healthy Minds/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:

## Appendix C

### Sample of an incident form to be used when a young person self-harms

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:



## **Appendix D**

### **Fact sheet for parents /carers on self-harm**

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

## Appendix E

### Information sheet for young people on self-harm

#### ***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 counselling
- **Useful help lines and websites include: -**

Young Minds                      Tel: 0808 802 5544                      [www.youngminds.org.uk](http://www.youngminds.org.uk)

Papyrus HOPELineUK              Tel: 0800 068 414                      [www.papyrus-uk.org](http://www.papyrus-uk.org)

The Samaritans                      Tel: 08457 90 90 90                      [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

MIND Info line                      Tel: 0845 766 0163

Youth Access                      Tel: 0208 772 990

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.

## Appendix F

### Useful Contact Numbers and Websites

#### Support Groups/Help Lines

<b>Young MINDS</b> 102 – 108 Clerkenwell Road London EC1M 5SA E-mail <a href="mailto:Youngminds@Ukonline.co.uk">Youngminds@Ukonline.co.uk</a> Website: <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	020 7336 8445
Young MINDS Parents Information Service	0808 802 5544
<b>Bristol Crisis Service for Women</b> PO BOX 654 Bristol Avon BS99 IXH Website: <a href="http://www.selfinjurysupport.org.uk">www.selfinjurysupport.org.uk</a> Text support available:	0117 925 1119      text 0780 047 2908
<b>Samaritans</b> 24 hour helpline	08457 90 90 90
<b>Childline</b> 24 hr helpline	0800 1111
<b>CALM</b> (Campaign Against Living Miserably) Tel: Helpline for 15 –24 year old males 7 days a week 5pm –3am Website: <a href="http://www.thecalmzone.net">www.thecalmzone.net</a>	0800 58 58 58
<b>Papyrus</b> (support young people and those who live with them) Telephone HOPELinkUK Website: <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a>	0800 068 4141
<b>Health and Wellbeing/Mental Health</b> Website: <a href="http://www.thesite.org/health">www.thesite.org/health</a>	
<b>National Self-Harm Network</b> (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 Website: <a href="http://www.nshn.co.uk">www.nshn.co.uk</a>	0800 622 6000

## Appendix G

### Child & Adolescent Mental Health Services

The Healthy Minds Service is responsible for administering the Wiltshire Integrated Access System for children and young people with emotional and behavioural and other mental health problems. The service provides assessment, short-term interventions, sign posting and referral onto other services in addition to advice and support to service providers.

[www.wiltshirepathways.org](http://www.wiltshirepathways.org)

**Healthy Minds (North)** 01249 444321

**Healthy Minds (East)** 01380 735777

**Healthy Minds (South)** 01722 333552

**Healthy Minds (West)** 01225 713255

### Specialist Child & Adolescent Mental Health Services

Specialist Child & Adolescent Mental Health Services provide specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

Access to Specialist CAMHS will require a referral to Healthy Minds.

Emergency referrals will be routed through to Specialist CAMHS.

[www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

**Salisbury CAMHS** 01722 336262 Ext 2779

**Melksham CAMHS** 01225 905050

**BaNES CAMHS** 01173 604040

**Swindon CAMHS** 01793 294646

**Marlborough CAMHS** 01672 517517

# Referral criteria for Wiltshire CAMHS community services

## Summary

This document provides an overview of the referral criteria for the child and adolescent mental service that will be screened through the single point of access in Wiltshire.

- These include:
- **Healthy Minds**
  - **Specialist CAMHS Community Service**
  - **Outreach Service for Children and Adolescents (OSCA)**
  - **CAMHS Learning Disability Service**

## Referral criteria for: Healthy Minds

**These teams will offer an intervention to any child that has an identified emotional, mental health or behavioural concern and:**

- there is evidence that first line early interventions (ie parenting program) have been put in place
- and there is not the experience/relevant expertise or skills to pick this up by those services who currently know the child
- and it is not appropriate to signpost on the case to other local services
- and the team considers it can make a positive impact with a short term intervention

**Consultation will be provided by Healthy Minds to:**

- Help support cases that do not meet the criteria within universal services
- Advise referrers on the most appropriate service for the child/young person



# Referral criteria for: Specialist CAMHS

## The core business of Specialist CAMHS is:

The specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

## Access

Access to this service will require completion of a comprehensive CAMHS referral form to Healthy Minds.

Emergency referrals will need to be immediately routed through to this Specialist CAMHS team via a phone consultation in the first instance.

## Emergency criteria

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 24 hours.

- Presentation of symptoms of severe depression with suicidal ideation
- Presentation of severe psychotic symptoms
- Presentation of anorexia with severe physical signs (e.g. BMI below 15)
- Significant risk of harm to self or others

## Urgent criteria

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 7 days.

- Severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia with a BMI of 18 or below and /or low physical observations
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.
- Assessment following deliberate self harm and presentation at accident and emergency services

The referrer needs to identify the level of urgency of the case. If in doubt the referrer should contact the Specialist CAMHS Duty Clinician.

## Standard criteria

There will be an emphasis on the need for assessment to ascertain presence or not of severe mental ill health and Specialist CAMHS contribution to management of complex cases. Factors to consider include: severity, complexity, enduring difficulties over time, difficulties in one or more domain, impairment of function at home, school or socially.

## Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder

- For initial assessment and diagnosis, follow the local multi-agency protocol
- Complex ADHD cases with co-morbidity should be referred to Specialist CAMHS

## Eating Disorders

- Anorexia – At least 10-15% deficit from ideal weight
- Bulimia – Engaging in binge and purge behaviour
- Eating Disorders Not Otherwise Specified (EDNOS)

## Psychotic Illness

- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities)
- Negative, symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, overactivity, risk taking, with pressure of speech and agitation
- Severe depression with psychomotor retardation, social withdrawal, suicidal ideation

## Anxiety Disorders

- Anxiety panic attacks
- Separation anxiety
- Phobias including phobic anxiety related to school

## Depression

- Physical symptoms – poor sleep/appetite/ libido
- Cognitive symptoms – negative thoughts about self/others/world
- Suicidal ideation – level of intent, current thought, etc
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems

## Post Traumatic Stress Disorder

- Symptoms occurring more than 3 months after a recognised traumatic event
- Intrusion and avoidance of thoughts and memories about the trauma
- Hyper-vigilance, hyper-arousal and emotional numbing

## Obsessive Compulsive Disorder & Tourettes

- Obsessions and/or compulsions with functional impairment
- Tourettes Syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage

## Deliberate Self Harm

- If accompanied by significant suicidal ideation
- If presenting with a pattern of emotional dysregulation, interpersonal difficulty and maladaptive coping strategies

## Attachment Disorders

- If presenting with a persistent pattern of abnormal functioning in interpersonal relationships

## Specialist CAMHS will also see individuals with the following presentations if there is evidence of co-morbidity with a serious mental health condition

- Drug and alcohol problems
- Conduct disorder
- Children with learning disabilities
- Obesity
- Enuresis/Encopresis
- Chronic fatigue /somatisation syndrome

# Referral criteria for: Outreach Service for Children and Adolescents (OSCA)

## Overview

The primary role of OSCA is to work intensively with children and young people experiencing a complex range of behavioural, emotional and mental health needs to prevent escalation of at risk behaviours, and to work towards recovery. **The key objectives are to:**

- Support children/young people in stable placements, either at home or in care
- Reduce the numbers of children requiring to be accommodated by the local authority
- Reduce the need for out of county placements

OSCA will deliver a number of therapeutic interventions ranging from high intensity DBT, family work, CBT, solution focused therapy, parenting support, engagement work etc., to the following groups of children:

### Specialist CAMHS: children and young people with a clear mental health diagnosis

OSCA will offer care to children and young people who have already met specialist CAMHS criteria, (i.e. have been diagnosed with a serious mental health disorder) where;

- The child/ young person is at risk of placement breakdown and failed to engage with or disengaged from specialist CAMHS services
- Where the intensity of an intervention required to support a child in placement is greater than the resources available within specialist CAMHS, and there is a history of the child and young person failing to engage with these services

### Where a mental health diagnosis is less clear

OSCA will care coordinate complex cases that meets at least one of the following criteria:

- The child/ young person is looked after, adopted or under a child protection plan
- The young person is significantly involved in the criminal justice system/ or has major substance misuse issues
- The young person is statemented, and educated within specialist educational provision

### And where:

- Significant emotional, behavioural, or mental health concerns that have been identified through the CAF, YOT Asset assessment, school statement, or DOH Framework for Assessment

### And where a minimum of two of the following criteria apply:

- The child or young person is at risk of placement breakdown (either home or a care placement)
- The child and young person's needs cannot be met by the range of professionals currently involved with the case
- A standard primary mental health intervention is **CLEARLY** not sufficient to meet the child's needs
- A range of other primary mental health interventions have already been tried and have proved unsuccessful/ or there is a history of failure to engage

## Inappropriate referrals

Referrals for the following presentations are not usually appropriate for OSCA where there is a primary diagnosis of:

- Significant learning disabilities and an absence of mental illness
- Primary social/housing needs
- Uncontainable risks/risk management in the community

## Consultation and support to frontline professionals

OSCA will provide named workers to support the following agencies:

- Looked after children's services
- Youth offending and substance misuse services
- Special schools for children with emotional difficulties

OSCA will provide support, advice and consultation to frontline children services to ensure that children and young people are:

- Appropriately supported at the right level of care
- Ensure timely access into additional services when required

## How to access OSCA

### Direct through consultation (LAC and other specialist teams)

- Specialist teams including looked after teams, YOT and substance misuse will be able to access services delivered by OSCA directly through consultation

### Healthy Minds

- Referrals through the Comprehensive CAMHS Referral form and via the single referral point
- Expectation that all cases have had a prior assessment, either a CAF, Asset, Substance Misuse, Initial or Core Assessment, or Looked after Children's Plan

### Specialist CAMHS access to OSCA

- Cases will be negotiated directly between team managers/clinical team leaders. Specialist CAMHS will need to provide a clear rationale for OSCA involvement

# Referral criteria for: CAMHS Learning Disability Service

## Access into the CAMHS Learning Disability Service

Access to the service is via the single point of entry or existing cases transferred across from specialist CAMHS or OSCA.

### Referral criteria

We will offer a service to children and young people who fulfil the following criteria:

- Have an identified emotional, mental health or behavioural difficulty
- Have a diagnosed learning disability or significant impairment of intellectual & social/adaptive functioning, using C-GAS or other outcome measures
- Assessment indicates that other services involved with the child are unable to meet their current need if there are not the skills or competence available

Children with Learning Disabilities (LD) often present mental health differently from that of children without LD. Therefore, in addition to the criteria for mental health listed this service will also address:

- Challenging behaviours of sufficient severity to destabilize placements, including physical and verbal aggression & self injurious behaviours
- Severe disturbances in eating, self-care, toileting, relationships
- The capacity of families and schools to contain and manage such behaviours

## Strengthening the care pathway

The CAMHS Learning Disability Team will offer the following types of support to other agencies:

- telephone consultation
- supervision and joint working
- delivering joint assessments
- group supervision
- single and multi-agency training

Our aim is to ensure that children are supported at the correct point of the pathway by the most appropriate resource available.

## How do I refer?

Complete a Comprehensive CAMHS Referral (CCR) or a Brief CAMHS Referral (BCR) if accompanied by a CAF

## Useful References

Consultation on preventing suicide in England: A cross-government outcomes strategy to save lives (2011) DoH [www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_128065](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_128065)

Hawton, K. (2006) *By their own young hand. Deliberate self harm and suicidal ideas in adolescents.* Jessica Kingsley Press

Mental Health Foundation/Camelot Foundation (2006) *The Truth about Self Harm ... for Young People and their Friends and Families.*

National Institute for Clinical Excellence (July 2004) *Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.* The British Psychological Society. <http://guidance.nice.org.uk>

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Schmidt, U and Davidson, K. (2000) *Life after self harm: A guide to the future.* Hove: Brunner-Routledge

Wiltshire Children and Young People's Trust (September 2011) *Multi-Agency Thresholds Document: Accessing the right level of support for children and young people with additional needs.* <http://wiltshirepathways.org>