



Self-Harm Pathway

A guide for school staff

A collaboration between Schools in Cheshire East Emotionally Healthy Schools Pilot, Chimney House Group of Schools, Cheshire and Wirral Partnership NHS Foundation Trust (CWP), CWP Young Advisors and CWP Listen Up Groups.

The content of this document has been adapted from the “Northamptonshire Toolkit for Supporting Children and Young People Presenting with Self-Harming Behaviours, or Intent to Self-Harm”. It is intended as a pathway and practical guide which signposts professionals working with young people to the appropriate resources available from Ask Normen, www.asknormen.co.uk the Northamptonshire Mental Health Gateway. The pathway flowchart has been adapted from the Derby Teaching Hospital Foundation NHS Trust pathway which can be found in the Derby Self-Harm Practice Guidance: <http://www.hardwickccg.nhs.uk/safeguarding-children/>

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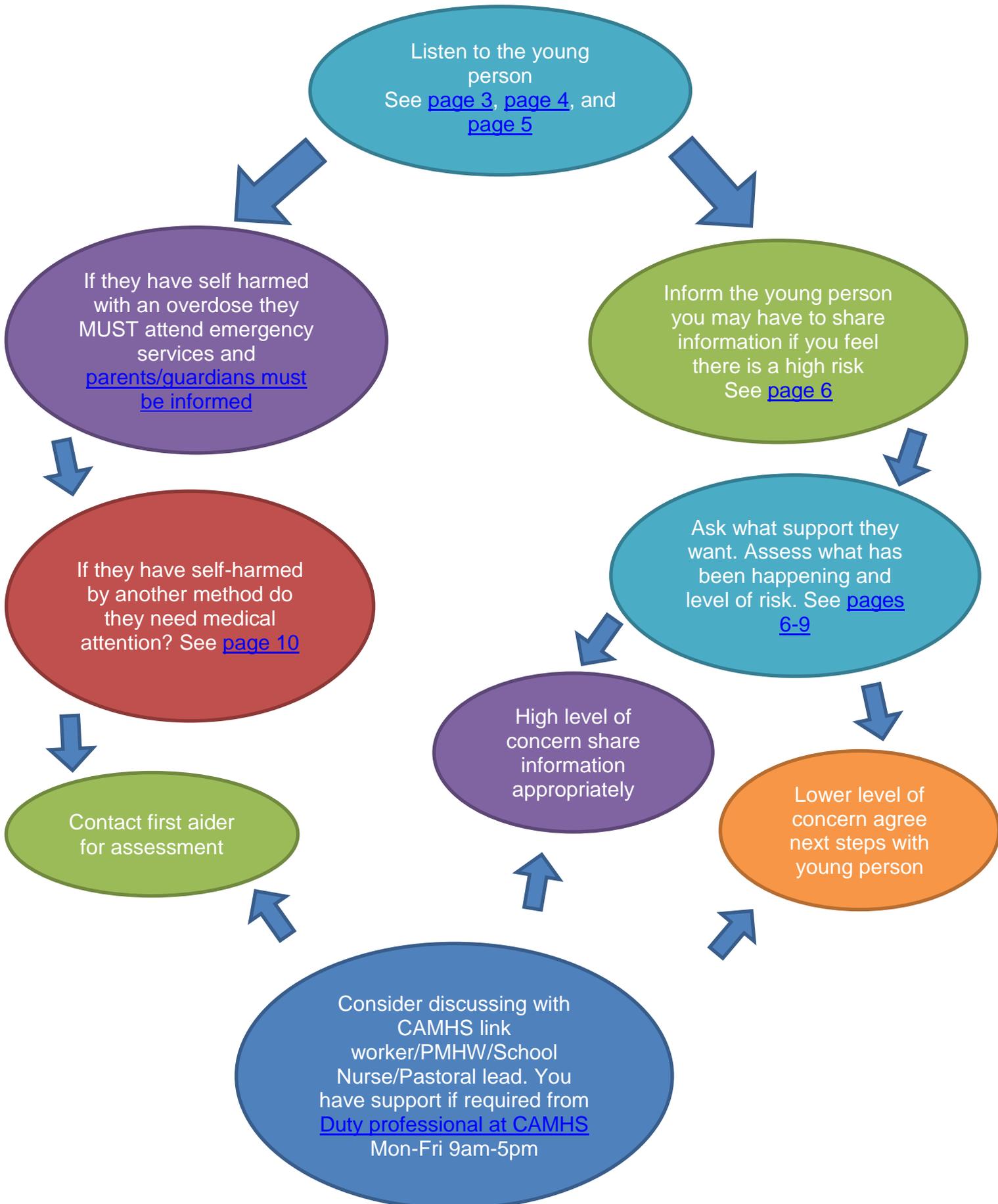
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* When making decisions about the competency of young people to make informed decisions about what help and support they receive and who receives information about them, please refer to [Appendix 3](#) for further information.

Self-Harm Pathway

What to do when a young person self-harms



Listen to the young person

DO

- Stay calm – do not show anxiety, disapproval or disgust – then.
- Listen – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.
- Listen initially – calmly ask any relevant Questions (see page 7 for sample questions) – try and build a rapport with the young person, whilst you ascertain what is happening for them.
- Listening – does not just require ears – Observe the young person’s non verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? Frustration?
- Think carefully before you act – what is in the best interest of the young person.

Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

Don't

- Panic – Unfortunately many young people self-harm – it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel psychologically contained.
- Work alone – you may still see a young person alone, but you will need to reflect on the situation with an appropriate staff member or colleague from another agency.
- Offer to take the young person to your home environment.
- Give them your mobile number or house number – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself. (Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person’s difficulty).
- Send the young person away – make some time for them – either help them find other ways of coping or support them in getting the right kind of support.
- Be judgemental – keep an open mind about the behaviour and don’t refer to it as “attention seeking”.

Responding to a young person who has self-harmed

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling.
- Build up a full picture of the young person's life by talking to his or her form tutor, year head from school and any other adults who come into contact with him or her. Find out any particular strengths and vulnerabilities.
- What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This is someone that the young person has chosen to talk to.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be taken seriously and the young person listened to carefully.
- If you find a young person who has self harmed try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy. In the case of an overdose of tablets, however small, telephone 999 and ask for advice. If necessary, take them straight to the nearest accident and emergency department.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.
- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.
- Contact the person's parents/guardians, unless it places the child or young person at further risk (Consider people over 16 years old who may not want their parents to be informed). Discuss the concerns of the school. (Script available in Nottinghamshire toolkit). Provide parent/carer/guardian with the parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.
- Think about the resources there are in your setting, in the young person's school and the local community which could support the young person. A referral to the GP or school nurse may be considered.
- Follow the setting policy of informing the designated safeguarding lead of your concerns.
- A Common Assessment for Families could be raised at a network meeting if appropriate.
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together.
- Follow up the parents' meeting with a letter indicating your concern.
- Have crisis telephone numbers available and easily accessible to young people.
- Record any incident (see incident recording form on page).
- Seek support for yourself if necessary.

Non-Judgemental Listening

Listening without judgement improves confidence in dealing with crises and help you make an accurate assessment of each situation. This is about the listener adopting a set of attitudes and using both verbal and non-verbal listening skills that help the listener understand exactly what is being said and encourages the young person talk freely and comfortably without feeling that they are being judged.

Attitudes

Acceptance

Respect the person's feelings, experiences and values even though they may be different to yours. Don't judge or criticise because of your own beliefs.

Genuineness

Show the person you accept them and their values by what you say and do. Your body language should reflect what you say.

Empathy

Place yourself in the other person's shoes. Demonstrate that you truly hear and understand what they are saying and feeling. Don't feel sorry for them, this is sympathy.

Listening effectively

- Be aware of your own feelings and thoughts
- Avoid reacting to what is being said
- Focus on the person
- Understand what it's like to be in their place
- Get appropriate support for yourself while maintaining confidentiality

Verbal skills

- Listen without interrupting
- Pay attention
- Ask appropriate questions to ensure you both understand what is being said
- Listen to the words and tone of voice
- Look at the body language for clues of how the person feels
- Check your understanding of what is being said
- Summarise facts and feelings
- Respect cultural differences in communication
- Offer to use a trained interpreter if required

Non-verbal skills (Body language)

- Be attentive
- Keep comfortable eye contact
- Keep an open body position
- Sitting down can make you seem less threatening
- Try to sit next to and not directly opposite the other person

Combining these attitudes and skills can improve the quality of conversations and ensure the young person feels comfortable and safe creating a trusting relationship in which to discuss sensitive issues.

Understanding the level of risk

Using the communication skills discussed in the previous section there are questions to ask that can help you understand the level of risk the young person is presenting with. The Truth Hurts enquiry (2006) states that *“the reaction a young person receives when they disclose their self-harm can have a critical influence on whether they go on to access supportive services”*. It is equally important that schools staff have a basic understanding of what self-harm is, why young people do it, how to respond appropriately, and what other support and services are available (The Truth Hurts, 2006).

The following tables provide some initial responses and explorative questions that can help staff explore the young person’s self-harm behaviour and level of risk. It is important to note that risk is cumulative and that many factors can influence risk of self-harm and suicide in young people.

Many young people self-harm on a regular basis though may not cut so deeply for example that they require medical intervention. It is however important to recognise that like other maladaptive coping mechanisms self-harm can become the usual response to daily stress and can as a result increase in severity. It is therefore vital that the risk of self-harm is considered at each occurrence. Talking with young people about self-harm does not make it worse. Developing an understanding of the reasons behind the behaviour can help the young person feel listened to, supported and improve the outcome.

It is important to understand the risk to the young person can change over time depending on their circumstances, mood and other factors that influence risk.

The tables below can help with your understanding of the risks by providing you with key questions and possible responses which may indicate the level of risk. This can support your decision about what action to take and help develop your understanding of the nature of the young person’s difficulties. As always, if you have questions please contact your local CAMHS duty line to discuss any cases you are not sure about.

Initial Questions

What has been happening?
(Give reassurances i.e. it's ok to talk about self-harm and suicidal thoughts and behaviour)

Have you got any injuries or taken anything that needs attention?
(If urgent medical response needed call an ambulance)

Who knows about this?
(Say who you will have to share this with e.g. designated safeguarding lead, and when this will happen)

Are you planning to harm yourself? *(Consider likely or imminent harm)*
(Check what they can do to ensure they keep themselves safe until they are seen again e.g. stay with friends at break time, go to support staff)

Have you got what you need to do it? *(Means)*

Have you thought about when you would do it? *(Timescales)*

Are you at risk of harm from others?

Is something troubling you? *(Family, school, social, consider use of child protection procedures)*

Further questions

What, if any self-harming thoughts and behaviours, have you considered or carried out?
(Either intentional or unintentional – consider likely/imminent harm)

If so, have you thought about when you would do it?
How long have you felt like this?
Are you at risk of harm from others?
Are you worried about something?
Ask about the young person's health (use of drugs/alcohol)
What other risk taking behaviour have you been involved in?
What have you been doing that helps?
What are you doing that stops the self-harming behaviour from getting worse?
What can be done in school to help you with this?
How are you feeling generally at the moment?
What needs to happen for you to feel better?
Who can help? Who would you talk to if things got worse? What would you want them to do? What would you expect them to do?
Do you think you'll still be harming yourself in the future? Would you want to be self-harming in 2 year's time?

Further explorative questions	Example responses
What led up to self-harming? (Reasons)	Arguments; falling out with boy/girl-friend Desperation; wanted to end it all
What was the self-harming? (Cutting/overdose)	Cutting, overdose, scratching, burning, hair pulling, inserting objects, ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
Where were you at the time? (Circumstances)	Home, school, other
Was there anyone else around? Yes/no Where were they?	Friends, family, nearby, no one
Did you tell anyone? (Who?) And how long after did you tell them?	Yes (family, friend, 999) immediately, shortly afterwards, on recovery, afterwards, not at all
How were you feeling before the self-harming?	Anger, upset, sad, frustrated, stressed, vengeful
Did you try to manage your feelings in any other ways?	No (impulsive), yes (tried distraction, substance misuse)
Did you contemplate self-harming for any length of time beforehand?	No (impulsive), yes (for some time; planned how to)
How did you feel after the self-harming?	Regret, foolish, embarrassed, frightened, needed to get help, nothing (hoped it would work)
Were you under the influence of any alcohol or substance at the time?	No, yes (lowers inhibitions, increases risk)
Have you self-harmed in the past? Yes/no When was this? Any reason?	Yes ; No (first time)
When did you first self-harm? How long ago? How old were you? What did you do?	<i>(Helps develop a picture of history of self-harm if any)</i>
How frequently do you use self-harm?	Infrequent, when stressed, frequently
What other strategies have you used to help you cope?	Talking to friends, reading, writing, drawing, exercise, nothing
Who do you know you can talk to?	Friends, teacher, counsellor, nurse, mum/dad, no one
Have you ever experienced suicidal thoughts? Yes/no Are they random/fleeting or persistent?	No, yes (fleeting, random) Yes (random, persistent)
Have you ever acted on a suicidal thought or idea?	No; Yes (partly but didn't follow through and stopped). Yes (tried and failed attempt/partly didn't follow through)
Have you ever written a note to be found by anyone after a self-harming incident?	No; Yes (wrote but didn't do anything) Yes (wrote and left note to be found)
Do you keep self-harming equipment anywhere in private?	No (know where to obtain); Yes (in bedroom, in bag/box)
What are your hopes and ambitions for the future?	Some hopes and ambitions, little or; no hopes and Ambitions
Are you interested in managing your self-harming?	Yes (to manage and try alternatives to stop self-harming), no (don't want help or to stop self-harming)
Generally; how would you describe your mood (scale 1–10)	Sad, Low, Depressed, Ok (1–5) Depressed, Low (6–10)
If depressed; for how long (circumstantial?)	Now and then, (at school/home/after argument), most days for a long time, (nearly all the time, anywhere)

Note: Example responses in **Red** may indicate a higher level of urgency.

Talking about a visit to the Accident and Emergency department

If a young person has self-harmed with an overdose they **MUST** attend emergency services and parents/guardians must be informed. **Other types of self-harm may require A&E for assessment and or treatment.**

Waiting Times

It is important to let the young person and their family know there may be an initial wait in the A&E department. This can vary depending on the time of day and demands on the hospital at that time so it is important to ensure everyone has an expectation of waiting to be seen.

Triage

You can explain to the young person that a 'triage' assessment will be made to determine how critical their physical injuries and state of mind are. These are categorised as 'minor' or 'major', with the most life-threatening prioritised. For under 16 year olds who have taken an overdose there will be an admission to the paediatric ward for assessment of physical and mental health.

Different hospitals have different clinic days so depending on which day the young person is admitted, there may be an overnight stay(s) before a full assessment can take place. Young people over 16 years old are seen by the Psychiatric Liaison Team and may not be admitted for overnight stay. If an overnight stay was indicated this may not be in a paediatric ward.

The two most common types of self-harm are cutting and overdose also known as self-poisoning. The following describes the most likely emergency procedures:

Cutting

- The doctor will ask what has happened, what the young person cut themselves with; when, where and why they did this.
- They will be asked if they have a history of mental illness. As the physical injury is only one part of the emergency, this needs to be known so they can be suitably cared for.
- The young person's wounds will be cleaned and the doctor will look to see how deep the cuts are. If the wound isn't very deep and there doesn't seem to be any nerve or muscle damage, it can be closed with paper stitches or medical glue.
- If the wound is particularly deep, a local anaesthetic to numb the area can be given.
- If there is damage to the nerves and muscles, the young person may be referred to a specialist, such as an orthopaedic surgeon or plastic surgeon. They may perform an operation.

Overdose

- The doctor will need to know what the young person has taken, when they took it and how much.
- Within an hour of taking the overdose they may be given a drink of '**activated charcoal**' **ask A&E if this still happens**– a black, unpleasant-tasting drink that prevents the stomach from absorbing the poison.
- Blood tests will be taken and paracetamol levels checked. It will depend on the amounts taken as to when they may be treated. If there's evidence to suggest a very large overdose, treatment will start immediately, otherwise they will wait to find out the levels.
- A drip treatment may be given via a cannula (a plastic tube inserted into a vein in the arm) and may need to remain in place for up to 24 hours.
- For some overdoses, the young person may just need observation in the hospital, sometimes for up to 12 hours.

<http://www.themix.org.uk/mental-health/self-harm/going-to-a-and-e-for-self-harm-5687.html>

Suggested script for talking to parents/guardians

Good morning/afternoon name of parent/carer/guardian.

This is _____ from your child's school.

I am just ringing to let you know that _____ has come to me today in school to tell me that they have harmed themselves.

OR

I am just ringing to let you know that I have noticed that _____ has been self-harming.

Usually parents are quite shocked by the first phone call, so please use lots of reassurance e.g. not uncommon.

Depending on the reaction – some suggestions of what to say next:

This is not uncommon and is a way of them coping at the present time/with difficulties they have described.

Your child cannot stop self-harming just because you want them to. Self injury isn't something you can stop because of will power or because you have made a decision. Nor is it a cry for help or attention-seeking.

Your child is having trouble dealing with emotions and for now, this is the only way they can deal with them.

Trying to physically restrain your child or prevent them from harming is the worst thing you can do. If a young person feels they are being prevented from doing what they need to do, it can drive the behaviour underground so they are less likely to seek help – or they are likely to feel more out of control. When they feel out of control they are more likely to harm themselves in a worse way.

This doesn't mean you have to put up with anything and you certainly don't have to accept or approve their self-harming. But what you can say is this: 'OK, we accept that this is where you are now. Let's see how we can help you move forward'. There can be clear boundaries put in place – where your child agrees to keep talking to you, the parent and seek help.

They have self-harmed by

They have told me that they are self-harming because *(please insert reason)*

We are going to support him/her in school/setting by... *(insert strategies that you have already discussed with child that you can provide in your school/setting).*

You can find further information on what you can do to support your child by referring to page 16 – *choose what you think will be helpful for that particular parent/carer.*

We will send you our Parents Information leaflet and useful websites and helplines home with your child that you may want to look at.

Your child is going to try... *(insert coping strategies discussed).* Please can you support them in trying these out?

You might want to consider taking your child to see the GP to have his/her mood assessed.

We are concerned about your child and would like to make a referral to social services/CAMHS.

You may want to give advice about what to do if their child presents to them with their self-harming injuries. Advice to give might include:

Stay calm and don't over-react. Your child isn't trying to kill themselves but they're scared, so don't add to it. Sit them down and treat the wound or seek medical attention, if necessary. You don't even have to comment on the fact that it's happened. Don't try to extract information or put pressure on them to talk to you. When they are ready they will come to you and talk. Reassure your child, tell them that you're there to support them and you will get through this together. You can say: 'I don't know what to do or say but I'm worried about you – we need to seek help.'

You (parents/carers) can make a massive difference very quickly. Try to take the focus off self-harm, as the problem isn't the self-harm, the problem is that someone is distressed enough to do that in the first place. Keep talking but take the self-harm out of the equation e.g. how are you feeling today? Parents have to accept that their child might not want to talk to them about it and may never give an explanation. However, if your child does confide, don't dismiss or trivialise their worries.

Don't take the self-harming personally. Please don't respond with anger and frustration but enquire how _____ is feeling.

It's important that however bad parents think things are, they are hopeful of change. Believe and keep believing in your child's capacity to overcome it. Then they'll feel that too. That sounds clichéd but it makes a big difference. The biggest thing that people who self-harm say they want to hear is 'it'll be ok.'

Appendix 2

Incident form to be used when a young person self-harms

School / College		Date of Report	
Age	Gender	Year	
Name of Child			
Special needs			
Staff member		Position	
Incident description			
Date and time of occurrence			
Action taken by school staff			
Advice from CAMHS link/advice line Yes/No			
If Yes please provide details			
Decision made with respect to contacting parents and reasons for decision			
Follow up			
Signature		Date	
Designation			

Appendix 3

A child's legal rights Gillick competency and Fraser guidelines

Taken from NSPCC website: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines>

When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

The Gillick competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm.

What do 'Gillick competency' and 'Fraser guidelines' refer to?

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgement delivered by Mr Justice Woolf:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." ([Gillick v West Norfolk, 1984](#))

How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:

"provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;

5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent.” ([Gillick v West Norfolk, 1985](#))

How is Gillick competency assessed?

Lord Scarman’s comments in his judgement of the Gillick case in the House of Lords ([Gillick v West Norfolk, 1985](#)) are often referred to as the test of “Gillick competency”:

“...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved.”

He also commented more generally on parents’ versus children’s rights:

“parental right yields to the child’s right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision.”

What are the implications for child protection?

Professionals working with children need to consider how to balance children’s rights and wishes with their responsibility to keep children safe from harm.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

Further reading

British Medical Association (2001) Consent, rights and choices in health care for children and young people. London: BMJ Publishing Group.

British and Irish Legal Information Institute. [Gillick v West Norfolk & Wisbech Area Health Authority, UKHL 7](#) (17 October 1985)

Children’s Legal Centre (1985) Landmark decision for children’s rights. *Childright*, 22: 11-18.

DeCruz, S. P. (1987) [Parents, doctors and children: the Gillick case and beyond](#). *Journal of Social Welfare Law* (March): 93-108.

Gilmore, S. and Herring, J. (2011) ‘No’ is the hardest word: consent and children’s autonomy. *Child and Family Law Quarterly*, 23(1): 3-25.

McFarlane, A. (2011) Mental capacity: one standard for all ages. *Family Law*, 41(5): 479-485.

Taylor, R. (2007) Reversing the retreat from Gillick? *R (Axon) v Secretary of State for Health*. *Child and Family Law Quarterly*, 19(1): 81-97.

Wheeler, R. (2006) [Gillick or Fraser? A plea for consistency over competence in children: Gillick and Fraser are not interchangeable](#). *British Medical Journal*, 332(7545): 807.

Appendix 4 PAN Cheshire Procedures

The following link directs you to the Cheshire East Local Safeguarding Children Board Procedures Manual for Self-Harm and Suicide.

http://www.proceduresonline.com/pancheshire/cheshire_east/p_self_harm.html

Appendix 5 CAMHS Contact

[CAMHS MyMind Website contact page](#)

If you would like to discuss a child or young person you can contact the duty professional on the following numbers. Remember, this isn't an emergency service; if you need help urgently you must contact your doctor's surgery or visit the Accident & Emergency department of your local hospital. (If the child or young person is already working with CAMHS, you can contact their local centre 9am to 5pm Monday to Friday; otherwise contact your doctor's surgery or A&E).

Crewe: 01270 253841

Chester: 01244 393 200 (0-16 years) or 01244 397555 (16-19 years)

Macclesfield: 01625 712 040 / 712 041 (0-16 years) or 01625 712 054 (16 - 19 years)

Winsford: 01606 555240 (0-16 years) or 01244 397555 (16-19 years)

Wirral:

Adcote House	0151 488 8111
West Locality	0151 488 7474
East Locality	0151 488 8129
16-18 team	0151 630 2492

Appendix 5

Young Persons Self-Harm Passport

What is the self-harm passport?

The self-harm passport was developed by young people. Young people felt that in times of crisis, such as going to A&E, staff didn't respond in a way that helped them or didn't know how to respond. The passport captures what matters to the young person and informs how they would want to be treated should they have a mental health crisis.

The passport covers the following headings and has versions for under and over 16 years:

- A bit about me
- My treatment options
- Who is important to me
- Anything else I want to say

You can download amendable self-harm passports below:

[Under 16 red self-harm passport](#)

[Under 16 blue self-harm passport](#)

[Over 16 self-harm passport](#)

You can also download a My Health Passport app on your smart phone. Just search My Health Passport in your APP store on your phone or click the link below.

[See the My Health Passport app](#)

If you are using the paper form of this pathway, all the above links can be found online here:

<http://www.cwp.nhs.uk/about-us/our-campaigns/person-centred-framework/recovery-toolbox/self-harm-passport/>

WHO IS IMPORTANT TO ME?

.....

When I am sad they help me by:

They can be contacted on the following number/s:

.....
.....

ANYTHING ELSE I WANT TO SAY

-
-
-
-

Feedback

We welcome any suggestions you have, please send your comments, concerns, complaints and compliments to: PALS, complaints and incidents team, Cheshire and Wirral Partnership NHS Foundation Trust, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

The information in the leaflet was valid at the date of production July 2015 and is due for review in July 2017

Leaflet code: D+OSCP-15-664

(NAME)'s Care Plan
0—15



What I will find in my care plan:

- 'A bit about me'
- My treatment options
- Who is important to me
- Anything else I want to say

Designed and created by West Cheshire 0-16 CAMHS
PPI Group 2015



Cheshire and Wirral Partnership
NHS Foundation Trust



A BIT ABOUT ME...

NAME:

TREATMENT DOs and DON'Ts:

DATE OF BIRTH:

Gender and Age of person giving my treatment

HEALTH CONDITION:

If possible, I would prefer:

CONSENT:

MALE/FEMALE

YOUNGER/OLDER

I know that you may need to speak to my parents/carers but please can you ask them to understand that I may not want to talk about what I have done straight away.

however I know you may not be able to accommodate this.

Things that you may need to know about me which I do not wish to discuss.

Any allergies I have to anything that may affect my treatment:

HOW BEST TO SUPPORT ME

I would appreciate this care if I were to harm myself:

-
-
-

Please try to understand that I may be upset and distressed.

Please do not ask me the following questions as they would make me feel uncomfortable or worse.

-
-
-

I would appreciate if you would not judge me or patronise me.

What my usual pain relief is:

-
-
-

WHO IS IMPORTANT TO ME?

.....

When I am sad they help me by:

They can be contacted on the following number/s:

.....

.....

ANYTHING ELSE I WANT TO SAY

•

•

•

•

Feedback

We welcome any suggestions you have, please send your comments, concerns, complaints and compliments to: PALS, complaints and incidents team, Cheshire and Wirral Partnership NHS Foundation Trust, Redesmere, Courteson of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

The information in the leaflet was valid at the date of production July 2015 and is due for review in July 2017

Leaflet code: D+OSQP-15-664

(NAME)'s Care Plan
16+



What I will find in my care plan:

- 'A bit about me'
- My treatment options
- Who is important to me
- Anything else I want to say

Designed and created by West Cheshire 0-16 CAMHS PPI Group 2015



Cheshire and Wirral Partnership NHS Foundation Trust



A BIT ABOUT ME...

NAME:

TREATMENT DOs and DON'Ts:

DATE OF BIRTH:

MY TREATMENT

HEALTH CONDITION:

Gender and Age of person giving my treatment:
If possible, I would prefer:

MALE/FEMALE

YOUNGER/OLDER

CONSENT:

I would/would not like my parents / carers to be informed.

however I know you may not be able to accommodate this.

(I am entitled to this choice unless you believe that I am a significant risk to myself)

Things that you may need to know about me which I do not wish to discuss.

Any allergies I have to anything that may affect my treatment:

HOW BEST TO SUPPORT ME

I would appreciate this care if I were to harm myself:

Please do not ask me the following questions as they would make me feel uncomfortable or worse.

Please try to understand that I may be upset and distressed.

I would appreciate if you would not judge me or patronise me.

What my usual pain relief is: