

Assessing risk and managing safety with Children and Young People admitted with self-harm

Congratulations for working through the e-learning material. This document provides a brief summary of what was learned as well as some additional information you may find useful.

Learning objectives:

The learning objectives for this resource were to:

- Be able to identify risk factors and assess levels of risk to CYP admitted to hospital children's ward with self-harm
- Be able to appropriately manage risk through providing a safe environment and supervision of the CYP.
- Manage challenging behaviour on wards

What is risk assessment and management?

Generally people who self-harm do so as a way of coping with life rather than a means to end it. However, research suggests that there is a link between self-harm and suicidal behaviour¹. Given that suicide is the second leading cause of death among 15-29 year olds (second to only accidental death)², it is essential that each incident of self-harm and any concerns regarding suicidality are responded to appropriately and taken seriously.

- Risk assessment is the systematic collection and analysis of information to identify hazards which might cause harm. Following this, a risk management plan is used to put in control measures to reduce the likelihood of an untoward event happening.
- Risk assessment and management reduces the likelihood of an untoward (negative) event occurring. However, it cannot completely eliminate risk.

Further risks that may require assessment and management include the CYP self-harming on the ward, exhibiting challenging behaviour or absconding. Risk assessment and the development of an appropriate management plan is a way to minimise risk and keep CYP safe.

Potential other risks relate to social and emotional factors include:

Social risk factors:

- History of being bullied
- Drinking or using illicit drugs
- Family or social pressures such as changes to family circumstances or exam pressures

¹ Cooper, Jayne, et al. "Suicide after deliberate self-harm: a 4-year cohort study." American Journal of Psychiatry (2014).

² World Health Organization. Preventing suicide: A global imperative. World Health Organization, 2014.

- History of verbal, physical and/or sexual abuse
- The CYP spending more time alone

Emotional risk factors:

- Recent changes in mood including agitation and/or secretive behaviour
- The CYP arguing more than usual with family and friends
- The CYP expressing feelings of failure or loss of hope
- A lack of empathy for the CYP's feelings from other family members
- The CYP have a history of poor stress coping mechanisms
- The CYP been found with the means to self-harm (such as with medicines / razor)
- The CYP or their family have any unrealistic expectations. This could relate to many aspects relating to their life as well as their admission such as discharge times and freedom to leave the ward.

Safety management plan

A safety management plan is a collaborative agreement including the young person, family and health professionals and takes into account the degree of identified risk.

Following these discussions, a safety management plan should be formulated and documented. In the following three sections, we will explore how to formulate a safety plan for a CYP admitted with self-harm to manage any risk and make them safer. We will consider the following 3 areas:

1. Creating a safe environment for the CYP: making the environment safe

As part of the safety plan it is helpful to think about the ward environment and take reasonable steps to mitigate harm. Involving the CYP through joint assessment and negotiation will ensure they remain central to your decision making. Providing the CYP with reasons for any changes to the environment is essential. This will increase the likelihood that your safety plan will be successful.

2. Creating a safe environment for the CYP: Managing risk through observation

Observation involves watching over the CYP in anticipation of intervening when necessary to ensure safety. Like physiological observations, the frequency and level of observation required will vary according to the status of the CYP. Therefore, following a risk assessment, the CYP, their family and health professionals should collaboratively decide the level of supervision required.

Please note the following:

- The room door should be left open in order to help the observation process and avoid the CYP feeling isolated
- Where appropriate, consider harm minimisation strategies. This means allowing the CYP to develop new strategies as a safer alternative to self-harm. These could include a rubber band snapped around the wrist or squeezing an ice cube.
- Advise the CYP that there is no safe way to self-poison.
- Find the time to talk and listen to the CYP if they express an interest.

- Your plan should acknowledge ways to alleviate boredom on the ward. This can involve distraction techniques (e.g. computer games, music etc.) which will provide the CYP with comfort.
- It is best practice for all risk-related decisions to be developed and agreed by the CYP and documented on a care plan.
- Some CYP may disagree with the plan of care to keep them safe. In these cases it is important to escalate any concerns and document these in the notes.
- The level of risk must be reviewed periodically and the safety plan altered accordingly.
- The care plan should be revisited with the CYP at least every shift. This will ensure the CYP is given the opportunity to be involved in their care and reconfirms the rationale for safety management decisions.

3. Creating a safe environment for the CYP: Strategies to dealing with challenging behaviour

Antisocial behaviour can include: being aggressive towards others; stealing or damaging property; lying; fighting; or violating rules. Developing a behaviour contract with the CYP is a useful way of doing this. Behaviour contracts allow for clear boundaries to be negotiated with the CYP, shifting the accountability for behaviour to them. They are a good method of maintaining the continuity of expectations between different staff members, which can be challenging when working shifts

As a health care professional caring for CYP, you should be proactive in addressing anticipated behaviour problems. This can be achieved through listening and attending to the concerns of the CYP. Should de-escalation strategies fail, ask for help from family members and more senior staff on the ward. You may find it useful to speak to a child and adolescent mental health worker.

Following any risk-related event it is important to accurately record the incident in the patient's medical notes and on incident report forms to:

- Ensure compliance with health and safety legislation
- Learn lessons and prevent similar incidences occurring in the future
- To assess whether risk management plans were adequate

Take away messages

- CYP are typically anxious and vulnerable when admitted to hospital – they may not have the confidence to articulate or express how they feel
- Changing communication habits takes a conscious effort and may take time
- Consider how you would want your own family member to be treated in such circumstances.