Document Control

Title

Assessment & Management of Children & Young People with Mental Health Needs Admitted to the Paediatric Department Protocol

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CONTENTS

Document Control 1
1. Purpose 3
2. Introduction 4
3. Prior to admission - seeking support and advice 5
4. Alternative to Admission 5
5. Initial Assessment 6
6. Management 7
7. Specific Assessment and Management Plans 7
8. Supporting Resources 7
9. Capacity and Consent and the Mental Health Act 8
10. CAMHS Referral 8
In-hours 8
Out of Hours Service 8
Assertive Outreach Team 8
11. Escalation 9
12. Training 11
13. References 11
Appendix A 12
Appendix B – Contacting CAMHs Pathway 14
Appendix C – DSH Assessment Record 15

1. Purpose

1.1. This protocol describes the key principles and provides a framework for the assessment and management of children and young people with mental health needs who require admission to the Paediatric Department, North Devon District Hospital. This is expanded to include; referral to Child and Adolescent Mental Health Services (CAMHS – Devon Integrated Children's Services, Virgin Care), management during out-of-hours, and escalation procedures. It is directed at those involved in immediate contact with the patient such as trainee and other junior doctors and nursing staff.

1.2. Management of the acute toxicity from alcohol or substance misuse, or emergency treatment of overdose is not considered and you should refer to specific management pathways for such conditions

2. Introduction

2.1. *"Ten per cent of five to fifteen year olds have a diagnosable mental health disorder. This suggests that around 1.1 million children and young people under eighteen would benefit from specialist services. There are up to 45,000 young people with a severe mental health disorder" - CAMHS Standard, National Service Framework for Children, Young People and Maternity Services, October 2004*[1].

2.2. This NSF stated that "The lack of equity of access to an emergency out-of-hours service from CAMHS needs to be addressed through short term and long term planning". In many localities, including Devon, this is still far from being achieved.

2.3. The great majority of children and young people with mental health problems who receive treatment do so in a community setting often with support from the school, including school counselling services and school nurse. They may have further support in a community setting from Primary Mental Health Workers, CAMHS Devon ICS, or more intensive support and treatment including therapists such as specialist Occupational Therapy, Family Therapy, Psychotherapy, Cognitive Behavioural Therapy, Psychology and if necessary, Psychiatry. In some instances, children and young people will require residential placement to achieve the aims of treatment. This provision is classed as Tier 4.

2.4. The out-of-hours service available from CAMHS is limited. Access to advice can be obtained by contacting the Emergency Duty Team (number below). You will be able to speak to a CAMHS worker who may offer advice but will not attend in person. If a young person is likely to require assessment under the Mental Health Act (MHA), they will arrange this with attendance in person by an Approved Mental Health Practitioner and CAMHS Psychiatrist. A CAMHS psychiatrist may be able to offer telephone advice for example, on medication, but this service is not yet formally established (May 2016). The CAMHS service is also developing a protocol for rapid tranquilisation.

2.5. In addition, there is an Assertive Outreach Team (AOT) of Band 6 nurses operating 8 am to 8 pm Monday to Friday and on Saturday 9 am to 5 pm and on some Bank Holidays. The Assertive Outreach Team aims to prevent admission of children and young people to secondary care facilities and Tier 4 mental health services. They only take referrals via CAMHS or the Emergency Duty Team.

2.6. The adult mental health service (Devon Partnership Trust, DPT) **will not** become involved with the management of children and young people who are less than 18 years old. The Crisis Team of DPT **may** in certain circumstances be able to offer assistance to young people over the age of 16 years but they operate largely within hours (contactable via Switchboard).

2.7. Inevitably, a small number of children and young people require admission to hospital for treatment and for the safety of themselves or others. They may have conditions such as:

- Acute emotional or behavioural disturbance on a background of more chronic emotional or behavioural problems where parental ability to deal with the situation has been exceeded.
- Deliberate self-harm including overdose, cutting, burning and jumping from a height.
- Suicidal behaviour including attempted suicide.
- Eating disorders (anorexia nervosa, bulimia nervosa) with indicators that their health is acutely at risk ("red flag" clinical features).
- Acute psychosis.

2.8. These children and young people often present to the Emergency Department or may be taken there by parents, school, or even the Police. The Emergency Department may refer on to the Paediatric Department. Out-of-hours, some may be referred directly to the Paediatric Department by GPs or Social Workers, often because there is no identified safe place for the child or young person within the community.

2.9. If admitted to the Paediatric Department, such children and young people will require assessment and initial management which will usually also include referral to the CAMHS team. Out-of-hours, this is not usually possible and the child or young person will need to be managed safely in the ward situation, with appropriate levels of care, if necessary involving advice from others. In some instances, once a referral to CAMHS has been made, a child or young person may need to stay on the ward until a Tier 4 placement is available. This can be for an extended period up to several weeks. Recent regional and Government reports highlight the shortage of such provision [2, 3] and this is now a priority for change. NHS England are committed to increasing both the generic and intensive care beds for young people in the South West.

2.10. The aim of this protocol is to guide Paediatric nursing and medical staff in caring for children and young people admitted with mental health needs while seeking the input of CAMHS or while awaiting transfer to Tier 4 provision.

3. Prior to admission - seeking support and advice

3.1. Urgent assessment and treatment should be the first priority. However, be prepared to seek the support and advice of others more experienced such as the Attending or On-call Consultant Paediatrician and the Nurse-in-Charge on Caroline Thorpe Ward. They may give you advice that you have not yet considered. This advice will consider not only the needs of the patient but also the safety of other in-patients and staff.

4. Alternative to Admission

4.1. There may be a more appropriate alternative management plan other than ward admission. For example:

- Referral to Children and Young Persons Services (CYPS i.e. social work teams) for children who have disruptive or violent behaviour where parental control has been exceeded. Such children may have a social worker involved or if not, an urgent referral may need to be made via the Multi-Agency Referral Hub (MASH telephone: 01392 388367) if in-hours or Emergency Duty Service 084 6000388 out-of-hours.

4.2. Their involvement is often required as; 1) such behaviour may be dangerous to the individual, to other patients and to staff and 2) exceed any ability for staff to manage this behaviour due to limitations in training for example in safe restraint, 3) there may be safe-guarding issues related to the presentation.

- There is an acute emotional or psychological crisis for the patient but it is within hours and the patient is already known to the CAMHS team. Refer immediately to the CAMHS team. They are often very helpful in mobilising their resources in a flexible way to deal with the acute situation including involvement of the AOT.

- Threshold for admission is not reached e.g. an eating disorder with no "red flag" signs and referral can instead be made to the Eating Disorder Clinic both CAMHS and Consultant Paediatrician

4.3. **Note:** A child or young person while awaiting the involvement of other agencies such as CAMHS or CYPS, may need to stay within the ED department, even breaching the "4 hour limit". In these cases, the involvement of a site manager (Bleep 500) may be needed. The ED staff will make the referral to the appropriate organisation, but if it is unlikely that a satisfactory outcome will be reached within 2 hours of the referral, the ED department will transfer the child or young person to the most appropriate service, usually Paediatrics but if necessary, to Adult services.

5. Initial Assessment

5.1. When a child or young person is admitted, it is often clear that they have a mental health need or illness. This may be when the patient has been admitted with an established disorder such as an eating disorder, or if they have taken an overdose, or they have an existing psychosis with treatment supervised by a psychiatrist. In other situations, the mental health problem is only apparent after a period of admission, for example, when admitted with an acute illness such as tonsillitis, it may then transpire that the patient has historical self-harming e.g. scars from cutting.

5.2. The child or young person should initially be assessed in the same way as with any other medical condition including history, examination, monitoring and investigation. If urgent treatment is required such as in the management of self-induced poisoning, this must be dealt with in a timely fashion, if necessary prior to completing a more detailed assessment. If the patient has come via the Emergency Department, the assessment and treatment is likely to have been completed but do not assume that this is the case.

5.3. If a mental health problem is evident, more detailed information should be sought from the family, school, GP, social workers or others.

6. Management

6.1. A management plan should be formed including all relevant actions:

- Emergency treatment and investigation
- Discussion or involvement of senior medical/nursing staff
- Risk assessment of identified safety aspects e.g. violence or aggression
- Referral to Children & Young People Services if appropriate
- Referral to CAMHS
- Assess and put in place level of support required on the ward (e.g. 1-1 observation)

Seek advice from more senior medical and nursing staff in a timely fashion

7. Specific Assessment and Management Plans

7.1. See specific guidance relating to:

- Deliberate Self-Harm [4], [6]
- Eating Disorders – Junior Marsipan [7] (see Devon Eating Disorder flow chart and separate guidance to be published when consensus for Devon-wide guidance is available)

7.2. **These are filed under "Paediatric Resources" within the G: Drive.**

8. Supporting Resources

8.1. Often patients with mental health needs require a level of supervision above that of those with physical illness. This is usually to prevent a danger to themselves or others, often if the patient is exhibiting loss of executive functions, violence or aggression. A risk assessment by the Senior Paediatric Nurse and/or Consultant Paediatrician on-call should take place with possible actions:

- Additional nursing staff may need to be arranged urgently.
- The Nurse-in-Charge will discuss the situation with the Site Manager (Bleep 500) who will transfer staff from other areas of the hospital or sanction urgent supply through an agency including provision of a Registered Mental Health Nurse (RMN) if needed.
- Further escalation as below in Paragraph 11.

9. Capacity and Consent and the Mental Health Act

9.1. It is essential to consider the capacity of the child or young person. Consult with and keep the family/carer informed, subject to the possible objections of a capable child or young person, which have to be respected. See GMC guidance or Appendix A below. If in doubt, seek advice.

9.2. If a young person refuses admission or treatment and the admission or treatment is essential to prevent serious harm to the young person, it may be necessary to use the Mental Health Act. This may require the medical team completing Section 5(2), or the CAMHS team completing Section 2, to treat the child or young person without their consent. Specialist and senior advice must be sought from CAMHS or via the out of hours Emergency Duty Team.

9.3. The Duty Manager can supply the necessary forms for Section 5(2).

10. CAMHS Referral

In-hours

10.1. **Telephone: CAMHS via Reception, Integrated Children's Services 01271 384000**

10.2. For overdose and disturbance of acute mental state, it is important to telephone **before** 1000 hrs to allow CAMHS to mobilise their resources efficiently to allow the patient to be assessed that working day.

10.3. If there is no answer from Reception which may be the case at certain times of day, try in this order:

10.4. 01271 384072 Referral Coordinator

10.5. See Appendix B – In hours CAMHS Pathway flow chart.

Out of Hours Service

10.6. **Telephone: Emergency Duty Team 0845 6000388**

10.7. Please note that the person you may speak to may be a social worker or someone other than a member of a CAMHS team. They will listen to your description of the condition and give advice on how to manage the patient or situation. They may be able to contact others on your behalf including obtaining the advice of a CAMHS psychiatrist but this is not yet guaranteed, and a visit to the child or young person may not be possible.

Assertive Outreach Team

10.8. The AOT will only take referrals via the CAMHS or Emergency Duty Team above

11. Escalation

11.1. Situations arise when the ability to care for children and young people with mental health problems becomes problematic. This tends to happen when out-of-hours as the usual source of additional advice and support, i.e. CAMHS, is not available.

11.2. The trainee or junior doctor, or nurse should immediately seek support from someone more senior including when necessary the Attending or On-call Consultant Paediatrician.

11.3. An assessment of the situation should be made both by nursing and medical staff taking into account factors including:

- The safety of the child or young person.
- The ability to provide competent and comprehensive medical or nursing care (for example if knowledge and skills in the particular area are exceeded and there is clinical risk to the patient if this is not obtained).
- The safety and medical/nursing care of other patients.
- The safety of staff.

11.4. In this scenario, it is important to seek additional help and resources early before any deterioration is imminent including from the following:

- Advice from the Emergency Duty Team (above).
- If there is resistance to providing appropriate advice or resources, the Attending or On-call Consultant Paediatrician should be involved to telephone them.
- The Nurse-in-Charge can seek support from the Site Manager (Bleep 500) and if necessary escalate further to the Executive on-call.
- The Consultant Paediatrician may escalate to the Medical Director or Executive on-call.

11.5. *Under 16 years*

- A child or young person under the age of 16 years should generally be admitted to Caroline Thorpe Ward with additional nursing support or RMN as needed
- If a child or young person under the age of 16 years cannot be safely managed on Caroline Thorpe Ward, they may need to be admitted to an adult ward, with additional nursing support or RMN as needed. The decision to move the child or young person will be made by the Duty Manager or Executive with consultation with both Paediatric and Adult services.
- The medical care will be provided by the Paediatric team with the patient considered to be an outlier on an adult ward.

11.6. *16 to 18 years*

- A young person of 16 to 18 years can be offered the choice to be admitted to Caroline Thorpe Ward or to an adult ward with additional nursing support or RMN
- If a young person cannot be safely managed on Caroline Thorpe Ward, they may need to be admitted to an acute adult ward, with additional nursing support or RMN as needed.
- The medical care will be provided by the Adult medical team.
- If there are safeguarding issues, these will be managed by the adult team (trained in Safeguarding Children Level 2), and with support from the Named Doctor for Safeguarding Children & Young People, Named Nurse for Safeguarding Children & Young People, or if out-of-hours, the Paediatric Consultant on-call.
- If there are mental health issues, these will be managed under the supervision of the Paediatric team.

11.7. **Note:** Any child or young person below 18 years old, admitted to an adult ward must be individually risk assessed by the nursing team in line with the SOP on Admission of a Young Person less than 18 years to Acute Adult Care Wards.[5]

11.8. *Additional options*

- Consider rapid tranquilisation to sedate a child or young person can be considered but only on the recommendation of a CAMHS psychiatrist.
- Drugs for this use include IM lorazepam, and/or oral olanzapine which have potentially dangerous side-effects.
- Consider summoning the Police to attend if the child or young person is aggressive or violent
- If a young person refuses admission or treatment and the admission or treatment is essential to prevent serious harm to the young person, it may be necessary to use the Mental Health Act either by the medical team completing Section 5(2), or by the CAMHS team completing Section 2, in order to treat the child or young person without their consent. Specialist and senior advice must be sought from CAMHS or via the out of hour's Emergency Duty Team.

11.9. **Do not attempt to restrain** or confront a child or young person if they are extremely aggressive or if violent, even if they are damaging property. Restraint may lead to injury to the young person, yourself or others. It is generally better to allow the person to leave the ward area and then summon the Police to attend.

12. Training

12.1. The CAMHS team have agreed to provide on-going training for both nursing and medical staff. You should access this when it is provided. This training aims to equip paediatric staff with basic knowledge in how to approach, assess and support children and young people with mental health needs. The use of tools for assessment will be covered. Please note that there is no expectation that this training will provide staff with the competence to manage patients to the level of a CAMHS worker or that removes the requirement for CAMHS referral either in- or out-of-hours. The CAMHS team are in the process of reviewing the support and training they offer the Paediatric Department

13. References

1. CAMHS Standard, National Service Framework for Children, Young People and Maternity Services,DH, 4 Oct 2004

2. Commissioning better CAMHS in the South West, The Strategic Clinical Network for Mental Health Dementia and Neurology in the South West, October 2014

3. Children's and adolescents' mental health and CAMHS. Third Report of Session 2014–15, House of Commons, Health Committee, 28 October 2014. **HC 342** Published on 5 November 2014. The Stationery Office Limited

4. DSH initial assessment Draft Sep 14 – contained within Paediatric Resources (see Appendix C)

5. Admission of a Young Person less than 18 years to Acute Adult Care Wards

6. Self-harm. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE clinical guideline 16, July 2004

7. Junior Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines (Royal College of Psychiatrists (RCPsych) 2012) – contained within Paediatric Resources

8. Regarding Capacity and Competence:

    - GMC 0–18 years: guidance for all doctors
    - Mental Health Act 1983
    - Mental Health Act 2007
    - Code of Practice to the Mental Health Act 1983 (especially Chapter 31)
    - Children Act 1989
    - Mental Capacity Act 2005
    - Code of Practice to Mental Capacity Act
    - Code of Practice to Deprivation of Liberty Safeguards

Appendix A

1.1 Treatment of Children or Young People without Their Consent

1.1 Wherever possible treatment will be given with the patient's consent.

1.2 Where the patient is unable or unwilling to give consent to treatment the full range of options will be considered. This will include Treatment under Parental Responsibility: The Children Act 1989, The Mental Health Act 1983 (as amended by the Mental Health Act 2007, The Mental Capacity Act 2005). The option chosen will depend on individual circumstances.

1.3 All wards should have ready access to the Children Act 1989 and guidance about its use. For further advice about Consent to Treatment, issues see the Trust Consent to Treatment Policy and Mental Health Act 1983, Procedure for Patients being Treated with or Without their Consent.

2.1 16 and 17 Year Olds and Formal Detentions under the Mental Health Act

2.2 As of 1/12/07 the Mental Health Act 2007 has changed the law with respect to 16 and 17 year olds who are admitted to a hospital for assessment/treatment for mental disorder.

2.3 It is no longer possible to admit a 16 or 17 year old who is refusing admission for assessment/treatment for mental disorder, on the basis of the authority of their parent's consent (or of someone else with parental responsibility).

2.4 In law a 16 or 17 year old is in this respect like anyone over the age of 18 and can only be admitted to hospital in one of the following ways:-

- informally on the basis of their valid consent to the admission
- on an admission section of the Mental Health Act 1983
- supposing they lack capacity to consent to the admission, under Section 5 of the Mental Capacity Act, providing that the admission is in their best interests and is not a deprivation of their liberty; or on the basis of an authorisation for Deprivation of Liberty issued by the PCT after a DoLs referral under the amended Mental Capacity Act 2005.

All staff, particularly doctors and nurses, and prior to admission social workers, need to be clear that they can only admit and treat/care for16 and 17 year olds on the above basis. To admit on any other basis– for example to admit an unwilling 16 or 17 year old because their parent says it is alright – exposes staff and the Trust to legal action.

3.0 Gillick and Fraser competence

3.1 Gillick and Fraser competence applies for all young people below the age of 16 years.

> *"...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."*

The following should be used as guidance for practitioners in determining and recording their decision as to whether a young person is able to make a decision about their treatment without the involvement and support from their parent(s) / carer(s):

Consider:-

1. Has the young person explicitly requested that you do not tell their parents/carers about any services that they are receiving?

2. Have you done everything you can to persuade the young person to involve their parent(s)/carer(s)?

3. Have you documented clearly why the young person does not want you to inform their parent(s)/carer(s)?

4. Can the young person understand the advice/information they have been given and have sufficient maturity to understand what is involved and what the implications are?

- Can they comprehend and retain information relating to the treatment/management plan proposed and especially the consequences of having or not having the services in question?
- Can they communicate their decision and reasons for it?
- Is this a rational decision based on their own religious belief or value system?
- Is the young person making the decision based on a perception of reality? e.g. this would not be the case for a chaotic substance misuser.

5. Are you confident that the young person is making the decision for themselves and not being coerced or influenced by another person?

6. Are you confident that you are safeguarding and promoting the welfare of the young person?

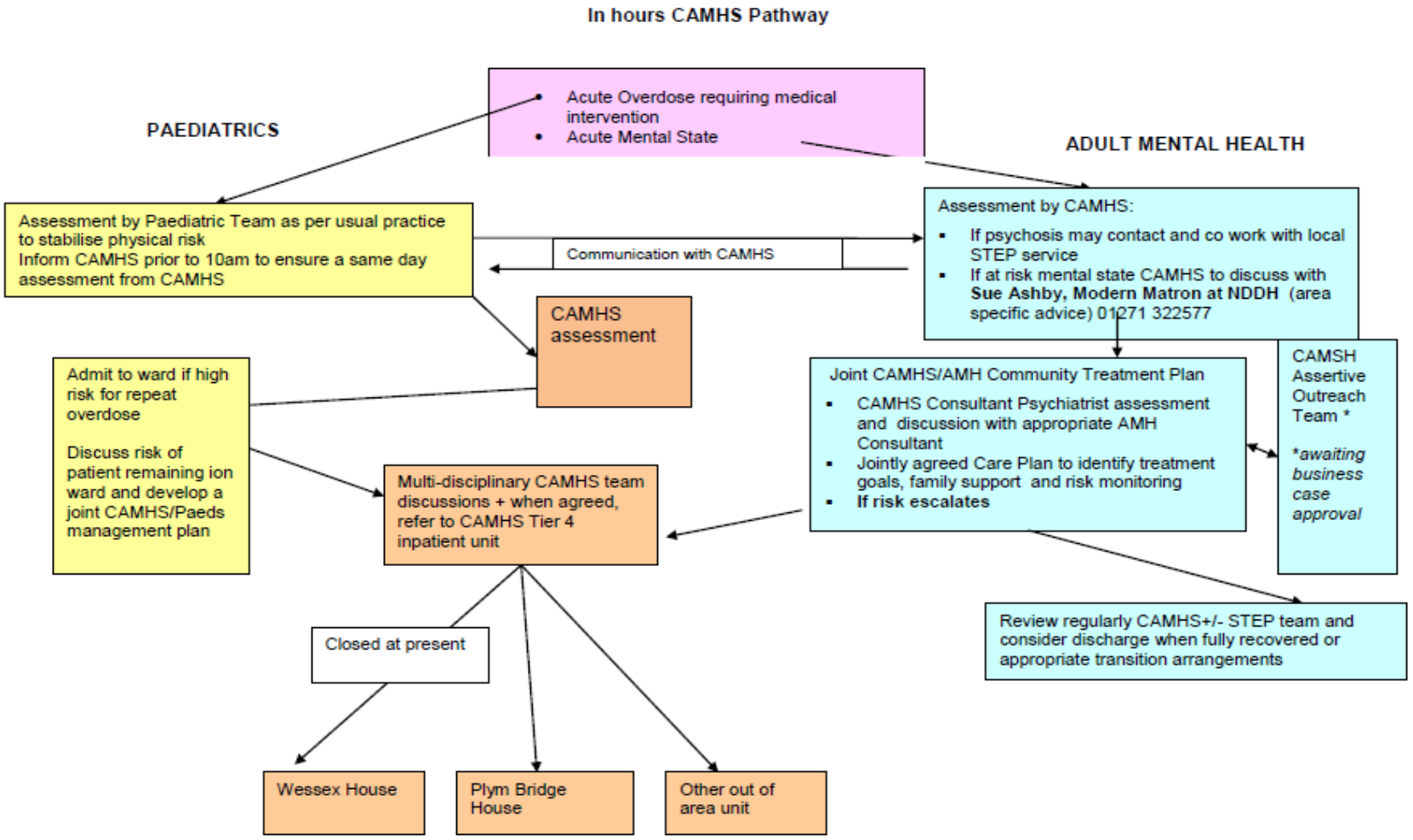
7. Without the service(s), would the young person's physical or emotional health be likely to suffer? (if applicable)

8. Would the young persons' best interests require that the treatment plan is carried out and the identified services provided without parental consent?

You should be able to answer YES to these questions to enable you to determine that you believe the young person is competent to make their own decisions about consenting to and taking part in the treatment plan, sharing information and receiving services without their parent's consent. You should record the details of your decision making.

If they or the parents, do not agree with your management plan, seek senior advice.

Appendix B – Contacting CAMHs Pathway



Appendix C – DSH Assessment Record

Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

DSH Assessment record

This document is to help with the assessment of patients presenting after an episode of deliberate self-harm by NDDH staff and does not replace a detailed assessment by the CAMHS team

Name of Patient	(Or affix patient label)	Date of Birth	
Current Address		Telephone No	
Current School		Assessment Date	

Present:

Family Members:

Professionals:

Briefly describe the Reason for Urgent Assessment:

Medical Assessment:
Assessment of airway, breathing and circulation plus full medical examination:

Toxbase Contact details:
Medical Assessment Continued:

PATHOS SELF HARM ASSESSMENT

The more features present the greater the likelihood of significant suicidal ideation and depression

Have you had **problems** for longer than one month? Yes ☐ No ☐

Were you **alone** in the house when you overdosed? Yes ☐ No ☐

Did you plan the overdose for more than **three** hours? Yes ☐ No ☐

Are you feeling **hopeless** about the future? Yes ☐ No ☐

Were you feeling **sad** for most of the time before the overdose? Yes ☐ No ☐

Individual assessment:

Tips for building rapport

- Avoid medical jargon
- Open ended questions for older teenagers
- Give choices for younger teenagers - do you prefer maths or PE?
- Start with non threatening topics (See HEADSSS approach)
- Give them a chance to tell their story
- Take their concerns seriously
- Minimise notes during the clerking if possible
- Try not to make assumptions

Use HEADSSS assessment as a framework for this interview, prompts questions underneath the main headings

Who lives at home with you? Do you have your own room?

Who do you get on with best/fight with most? Who do you turn to when you are feeling down?

Education and employment:

Are you in school/college at the moment? Which year are you in? What do you like the best/least at school/college? How are you doing in school? What do you want to do when you finish school? Do you have friends at school? How do you get on with others at school? Do you work? How much?

Activities and hobbies:

How do you spend your spare time? What do you do to relax? What kind of physical activities do you do?

If discussions about confidentiality come up:

Inform the young person that you may need to tell professionals especially if you think they could help them. If you thought they or someone else was at risk of serious harm, you would need to tell someone else. Information is usually shared with the young person's parents, GP and school nurse

.

Drugs, alcohol and tobacco:

Does anyone smoke at home? Do you? How many roughly? Many people start drinking alcohol or using cannabis in their

teens. Have you tried or been offered alcohol or cannabis. How much, how often. How about other drugs, ecstasy or cocaine? If they answer yes to the above check they understand the risk/harms and their motivation to change their behaviour
Sex and relationships: Are you seeing anyone at the moment? Young people are often starting to develop intimate relationships, how have you handled that part of your relationship? Have you ever had sex, what contraception do you use?
Self-harm, depression and self-image: How is life going in general? What do you do when you feel stressed? Do you ever feel sad and tearful? Have you ever felt so sad that it seems life isn't worth living? Do you think about hurting or killing yourself? Have you ever tried to hurt yourself before?
Safety and abuse: You may not need to ask every young person about this, however it is important in young people who self harm or have established substance misuse or emotional/behavioural problems, is anyone harming you?

Summary of assessment:	
Action (please tick)	
	Referral to CAMHS for full assessment next working day
	Admit to ward
	Further information given Parents: www.papyrus-uk.org Young people www.selfharm.org

Name (PRINT)	**Signed:**
Profession:	**Date:**

Copies to (please circle): CAMHS/GP/School Nurse for ……school/file/Other: