



**PAEDIATRIC MENTAL HEALTH ASSESSMENT FORM**  
**PATIENTS PRESENTING WITH SELF HARM OR THOUGHTS OF SELF HARM**

**For triage nurse to complete page one only**

**Ask patient if:**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) They are currently feeling suicidal or like harming themselves?                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) They are currently feeling that they wish to harm others?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) They are carrying any weapons, implements, alcohol or medications on their person. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Are you willing to stay?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes to questions (a) and/or (b) place in the next conveniently available cubicle with carer/parent/guardian. (NB if obviously distressed/vulnerable consider immediate placement into cubicle.)

If yes to question (c) ask for the tablets/alcohol to be surrendered. If potential of any weapons or threatening others call security immediately.

**Complete and document on EDIS:**

- If patient has consumed alcohol/illicit drugs/medications or proprietary drugs
- And/ or self- harmed with a significant mechanism e.g. attempted hanging, multiple wounds or large wound

Complete a full set of observations if patient has self- harmed or under the influence of drugs or alcohol at the time of presentation. These should be recorded on EDIS and include:

**PR/RR/O2sats/BP/BM/GCS and temperature.**

- Document a brief description of the person in triage note
- Ensure NOK and accompanying adult has been recorded.

**Place the patient in the appropriate area for a doctor to complete the rest of the MHA form.**

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To be completed by the ED doctor or Paediatric doctor when patient is medically fit for CAMHS review. Please complete to the best of your ability before contacting the CAMHS team.

- **Have any prescriptive/proprietary drugs been taken?**

Time taken:..... Treatment received (if any):.....

- **Has any alcohol been consumed?**

Time taken:..... Amount consumed:.....

Circumstances

- Did something happen to make you feel like self- harming/ or actually self- harm?

.....

- Is someone bullying/harassing/making threats or abusing you in any way?

.....

Intention

- What did you think would happen by harming yourself?

.....  
.....

Planning

- How long have you felt like this? .....

- Have you self- harmed before?

Yes

No

- Did you make a plan?

Yes

No

- Did you inform anyone of your plan?

Yes

No

- If **yes** to above what was the plan/who was informed?

.....  
.....  
.....

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Current Feelings

- Do you regret self-harming?                      Yes                       No
- Do you feel you would try again?                      Yes                       No

Past History

- Eating Disorder
- ADHD
- Substance abuse
- Alcohol abuse
- Anxiety
- Depression

Other: .....

.....

Agencies Involved

- Camhs
- School
- Police
- Alcohol/Drug
- Social services

Name of social worker if has one

.....

.....

Social History

- Who is at home with you?  
.....  
.....
- School/College attended  
.....  
.....

Safeguarding

- Is this a LAC?                      Yes                       No
- Name of Current Carer.....  
.....
- Is this child on a                      Yes                       No
- Protection plan?

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Examination

- |              |             |                          |               |                          |      |                          |
|--------------|-------------|--------------------------|---------------|--------------------------|------|--------------------------|
| • Appearance | Appropriate | <input type="checkbox"/> | Inappropriate | <input type="checkbox"/> |      |                          |
| • Behaviour  | Appropriate | <input type="checkbox"/> | Inappropriate | <input type="checkbox"/> |      |                          |
| • Speech     | Appropriate | <input type="checkbox"/> | Inappropriate | <input type="checkbox"/> |      |                          |
| • Thoughts   | Appropriate | <input type="checkbox"/> | Inappropriate | <input type="checkbox"/> |      |                          |
| • Mood       | Low         | <input type="checkbox"/> | Normal        | <input type="checkbox"/> | High | <input type="checkbox"/> |

If inappropriate recorded above explain why.....  
.....  
.....  
.....

Safety Question – To the parent/guardian/carer

If you were to take your child home now would you  
feel you would be able to keep them safe from  
self harm?

YES  NO

PLEASE NOW REFER TO CAMHS WHO CAN BE CONTACTED VIA SWITCHBOARD. USE THE INFORMATION GATHERED ABOVE TO RELAY THE MENTAL STATE EXAMINATION TO THE CAMHS PRACTITIONER.

TIME REFERRED.....

TIME SEEN.....

OUTCOME.....