

SELF HARM & UNDISCLOSED OVERDOSE

MODULE: PSYCHIATRY / SAFEGUARDING

TARGET: ALL PAEDIATRIC TRAINEES; NURSING STAFF

BACKGROUND:

Although the rate of adolescent suicide is falling in the UK, the incidence of self-harm is rising and is now believed to be the highest rate in Europe (approximately 140,000 attendances to the ED per annum).

The common triggers for self-harm in adolescents range from low self esteem to dealing with feelings of guilt, loneliness or social isolation. In addition, self-harm is considered a 'red flag' for the existence of underlying psychiatric or psychosocial disorders and, if occurring on a frequent basis, for suicide.

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

By the end of this session, participants should be able to:

- Take a focussed mental health history from a self-harming adolescent
- Safely manage a paracetamol overdose

SCENE SETTING

Location: Emergency Department
Expected duration of scenario: 15 mins
Expected duration of debriefing: 30 mins

EQUIPMENT AND CONSUMABLES

- Box of tissues
- Actor has dressing over inner aspect of left forearm

PERSONNEL-IN-SCENARIO

ST trainee
Nurse as chaperone
Faculty = Ashleigh, 15-year-old girl

PARTICIPANT BRIEFING

Time: 23:45

Patient name: Ashleigh Goodacre **Age:** 15 year old

You have been asked to urgently assess Ashleigh who is requesting to leave the Emergency Department.

Background: Ashleigh has been brought to hospital for assessment after a 'concerned friend' phoned '999' when she was found self-harming at a party. None of these 'concerned friends' have come to the ED with her.

On initial assessment by the paediatric triage nurse, Emma was noted to have appeared to be intoxicated (smelling strongly of alcohol and cannabis) and had sustained several parallel lacerations to her left forearm. Her wounds have already been cleaned and closed by one of the nurse practitioners. Since then, she has been anxious, tearful, withdrawn and avoiding eye contact.

FACULTY BRIEFING

IN-SCENARIO PERSONNEL BRIEFING (NURSE CHAPERONE)

This role is relatively passive, echoing and reinforcing the doctor where appropriate, while supporting Ashleigh.

IN-SCENARIO PERSONNEL BRIEFING (ACTOR)

ASHLEIGH GOODACRE 15yrs old

HISTORY

Reason for ED attendance:

Self harm and paracetamol overdose at party after becoming intoxicated with alcohol and cannabis.

Background:

- Mum and Dad got divorced six months ago
- No siblings
- Mum is legal guardian
- Moved to a new house (smaller) following the divorce
- Finding it hard to settle in at school
- Feels isolated/lonely having made no new friends
- Rarely drink wine (never spirits - always makes you feel depressed) but smoke cannabis on a regular basis
- Never taken an overdose but have self-harmed in the past (with a small pocket knife)

Self-harm background:

- Until now, cutting yourself has been your secret; no-one knew. You started when M&D were arguing.
- You have never taken an overdose before.

Events leading to ED attendance:

- At school, you plucked up enough courage to talk to Lucy (one of the really popular girls) who then invited you to go to a party at a friend's house over the weekend with her and some of her friends.
- You lied to your mum, telling her that you were going to see a late film with your new friend.

At party:

- Everyone was a lot older than you making you feel really self-conscious about your age.
- In an attempt not to stand out too much, you joined in the drinking games.
- As you had never played drinking games before, you ended up drinking a lot of vodka quickly, getting drunk very quickly.
- You began to reminisce what it was like before your M&D split up, how you really miss dad and blame you mum for making you move /losing contact with your old friends
- You went to the bathroom, where you came across a pair of nail scissors and some tablets in blister pack (paracetamol).
- You cut yourself to make you feel more in control, but it didn't help so you took all of the tablets in the paracetamol packet as well (1st time)
- Lucy found you in the bathroom. She noticed the cuts on your forearm and really 'freaked' out, telling you how you inconsiderate and stupid you were for spoiling the party for her.
- You felt so embarrassed, ashamed and guilty that you decided not to tell her about the tablets as you thought this would just make her more angry.
- Then, Lucy called 999 and left with her friends.

At hospital:

- When the nurse started treating the cuts, you began to panic, feeling as if the situation had rapidly got out-of-control.
- You're scared that not only your mum and dad are going to find out about the drinking and cannabis smoking but also that Lucy and her friends are going to tell everyone at school that you have cut yourself and must be 'mental'.
- So, in an effort to prevent your parents from finding out what has happened, you decided to leave.
- However, you still feel really drunk and unsteady on your feet, so the nurses to persuaded you to wait to talk to the doctor.

BEHAVIOUR

Attitude/Initial appearance:

- Tearful & scared
- Anxious about what is going to happen next (especially if it involves you mother being told)
- Introverted and withdrawn; avoiding direct eye contact

Responses & Reactions:

You should initially be evasive, avoiding talking about the overdose. Your reactions/responses (or lack of them) should be based on the approach the doctor takes and the rapport he/she builds with you.

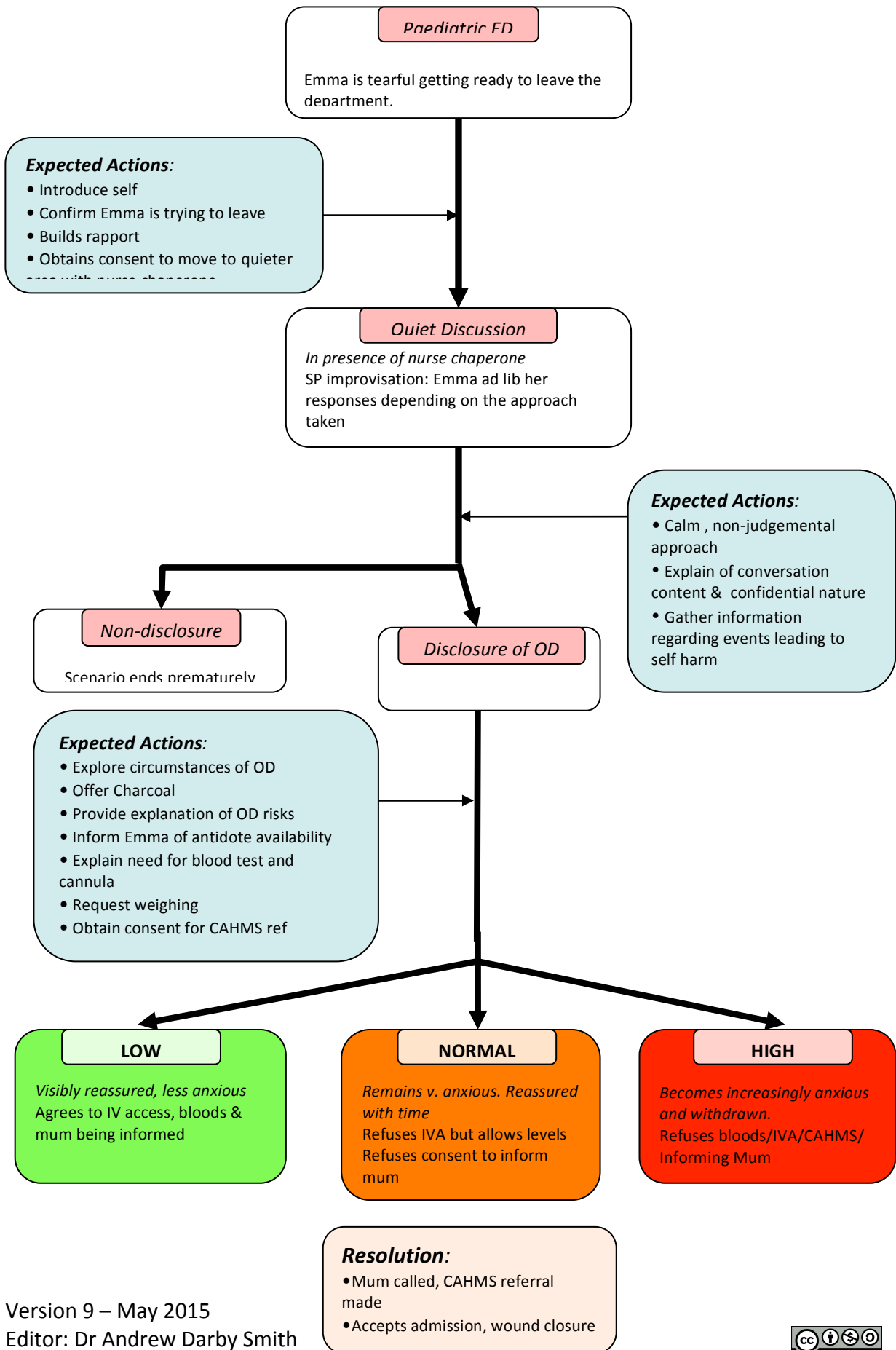
Information to give:

- You got to the party at about 9pm.
- Can't be sure how much alcohol (vodka shots) you have drunk but feel really drunk.
- You take no medication apart from taking the progesterone-only pill.
- No allergies to medicines
- You started to cut yourself about a year ago (left arm)
- Never spoken to anyone about the self-harm
- Not exactly sure of time you took the tablets, but it was about 11pm (45 minutes ago)
- You took 24 tablets of 500mg paracetamol and didn't vomit afterwards
- This is your 1st overdose

Information to give if asked appropriately:

You should only withhold the information about the overdose if the doctor has made you feel uncomfortable. However, the doctor's approach may alter how early in the scenario you tell them.

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

HOW SHOULD A CONVERSATION WITH AN ADOLESCENT BE SUCCESSFULLY CONDUCTED?

- Importance of introduction
- Ask permission to hold conversation
- Frame topic of the conversation
- Non-confrontational approach
- Avoidance of being patronising
- Honesty
- Confidentiality and when it can be broken

RULES OF TEENAGE CAPACITY?

- Forrest or Gillick competency
- Agreement to treatment vs refusal/withdrawal – parental decision

PARACETAMOL OVERDOSE TREATMENT WITH N-ACETYLCYSTEINE (N-AC): Changes to guidance (2012)

- There is now a single treatment line, regardless of hepatotoxicity risk
- Duration of administration of the first dose of IV N-AC is increased from 15 minutes to 1 hour
- Removal of 'hypersensitivity' as a contraindication to N-AC treatment
- Provision of weight-based N-AC dosing tables for adults and children

DEBRIEFING RESOURCES

Guidance on changes (2012) to treatment of paracetamol overdose, with link to proforma for paracetamol overdose

<http://secure.collemergencymed.ac.uk/Shop-Floor/Clinical%20Guidelines/Clinical%20Guidelines/Paracetamol%20Overdose/>

Explanation of Gillick Competence and confidentiality (by Oxford Radcliffe Hospital)

<http://confidential.oxfordradcliffe.net/Gillick>

SELF-HARM AND UNDISCLOSED OVERDOSE - HANDOUT

INFORMATION FOR PARTICIPANTS

KEY POINTS

- Communication/Non-technical skills to facilitate care
- Taking a teenage history
- Capacity in teenagers
- Importance of uncovering a 'hidden agenda'
- Changes to the paracetamol overdose algorithm

FURTHER RESOURCES

Guidance on changes (2012) to treatment of paracetamol overdose, with link to proforma for paracetamol overdose

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RELEVANT AREAS OF THE CURRICULUM

Level One

L1_GEN_STA_02	Effective responses to challenge, complexity and stress in paediatrics
L1_GEN_STA_05	Effective skills in paediatric assessment
L1_GEN_STA_08	Knowledge, understanding and recognition of common, behavioural, emotional and psychosocial aspects of illness in children and families
L1_GEN_STA_13	An understanding of safeguarding and vulnerability in paediatrics
L1_GEN_STA_15	Knowledge of common and serious paediatric conditions and their management
L1_GEN_STA_22	Knowledge of the law regarding paediatric practice
L1_GEN_STA_26	An understanding of effective communication and interpersonal skills with children of all ages
L1_GEN_STA_27	Empathy and sensitivity and skills in engaging the trust of and consent from children and their families
L1_GEN_STA_28	Understanding of listening skills and basic skills in giving information and advice to young people and their families
L1_GEN_STA_29	Effective Communication and interpersonal skills with colleagues
PAED_L1_GAST_ACU_LIVER_03	Know the management of paracetamol poisoning

Level Two (as above plus):

L2_GEN_STA_02	Increasing credibility and independence in response to challenge and stress in paediatrics
L2_GEN_STA_08	Effective skills in recognising and responding to behavioural, emotional and psychosocial aspects of illness in children and families
L2_GEN_STA_13	Effective skills in the assessment of cases of safeguarding and in contributing to their management
L2_GEN_STA_15	Extended knowledge of common and serious paediatric conditions and their management
L2_GEN_STA_22	Knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics
L2_GEN_STA_26	A commitment to effective communication and interpersonal skills with children of all ages
L2_GEN_STA_27	Improving skills in building relationships of trust with children and their families
L2_GEN_STA_28	Increasing confidence in giving advice to young people and their families
L2_GEN_STA_29	Skills in ensuring effective relationships between colleagues
L2_GEN_STA_32	Effective skills in ensuring handover, referral and discharge procedures in paediatrics
PAED_L2_SAFE_ACU_DSH_01	Recognise this as an expression of distress, acute or long-term
PAED_L2_SAFE_ACU_DSH_02	Recognise repeated self-harm as indicating serious emotional distress
PAED_L2_SAFE_ACU_DSH_03	Be able to refer to the CAMHS team

Level Three (as above plus):

L3_GEN_STA_01	A commitment to advocate for the individual child in his/her particular context
L3_GEN_STA_02	Responsibility for an effective response to complex challenges and stress in paediatrics
L3_GEN_STA_08	Effective skills in ensuring the management of behavioural, emotional and psychosocial aspects of illness in children and families
L3_GEN_STA_15	Detailed knowledge of common and serious paediatric conditions and their management in General Paediatrics
L3_GEN_STA_22	Detailed knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics
L3_GEN_STA_26	Effective strategies to engage children in consultations and in the management of their care
L3_GEN_STA_27	Effective skills in conveying and discussing difficult information, including death, bereavement, with young people and their families
L3_GEN_STA_28	Effective skills in giving information and advice to young people and their families in common and complex cases
L3_GEN_STA_34	Exemplary professional conduct so as to act as a role model to others in providing safe clinical care
L3_GEN_STA_35	Responsibility for ensuring their own reliability and accessibility and that of others in their team

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....
 ...

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?