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Assessment of Self-Harm in Adults

Council Report CR122, September 2004, Royal College of Psychiatrists, £7.50, 40 pp.

This report is a revision and expansion of a previous Council Report: *The General Hospital Management of Adult Deliberate Self-Harm* (CR32).

Self-harm is a significant problem and requires the coordinated input of a number of agencies, including acute medical and psychiatric care. It is a complex psychosocial phenomenon as well as being a common cause of admission to hospital. Services for patients who have harmed themselves have changed in the past decade. Fewer are admitted to hospital and nurses have increasingly played a primary role in assessment and management. It is logical that good services for people who harm themselves may play a role in suicide prevention. There are gaps between existing services and recommendations, despite a plethora of policy initiatives.

This report identifies consensus standards for assessment following self-harm. Competencies expected of both generalist and specialist staff are identified. Standards are then described for: the organisation and planning of deliberate self-harm services; procedures and facilities; training; and for supervision. These are specifically described for: the A&E; the general hospital; the community

the college

setting; and the psychiatric in-patient unit. More detailed advice is given regarding particular patient groups: the intoxicated patient, the repeater and the patient who is reluctant or appearing to refuse intervention. The specific risks associated with the older adults are highlighted.

Managerial standards are suggested for a self-harm planning group or coordinator. It is recommended that these standards, like the clinical standards, can be used as the subject of audit and quality monitoring. Useful appendices include a suggested standard assessment tool and an algorithm describing consent and capacity issues.

This publication should be of interest and use to all those involved in the commissioning and provision of services to people who have harmed themselves.

This report can be downloaded in full from the College website: http://www.rcpsych.ac.uk/publications/cr/cr122.htm

Services for Children and Adolescents with Learning Disabilities

Council Report CR123, September 2004, Royal College of Psychiatrists, £5.00, 24 pp.

Changing circumstances across the UK, with an emphasis on comprehensive child

and adolescent mental health services, have led to this revision of an earlier report. It deals with a service that, falling between child and adolescent psychiatry and learning disability psychiatry, has often been forgotten. The report is intended to complement a variety of recent policy initiatives that have occurred in all of the countries of the UK as well as in the Republic of Ireland.

The report reviews the resources required for a psychiatric service to young people under 18 years old and their families. Starting with an overview of the psychiatric needs of this population, the nature of its disorders and the variety of forms of intervention, it describes the characteristics of a model service. It provides a draft standard specification that can inform negotiations between service commissioners and the clinicians and managers of mental health services. While it focuses on the psychiatric element, it recognises that such a service must be multidisciplinary and multiagency, and therefore must be seen within the wider range of services supporting mental health. These include education, social services, community child health and other agencies, such as Connexions.

The report is written therefore for anyone involved in planning or helping to develop a psychiatric service for this population.

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