



Chief Executives, HSC Trusts, for cascade to:

- Medical Directors
- Consultant Obstetricians and Gynecologists
- Nursing Directors, midwives and health visitors
- Clinical & Social Care Governance leads

Chief Executives, HSS Boards for cascade to

- Directors of Nursing
- Clinical & Social Care Governance leads
- Directors of Primary Care

General Medical Practitioners

For Information

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Your Ref:

Our Ref: HSC (SQSD) 40/2008

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## **SELF HARMING BEHAVIOUR AND INTERFACE WITH MATERNITY SERVICES – LEARNING LESSONS**

Dear Colleagues

We are writing to highlight to you a number of learning points arising from an investigation carried out by a HSC Trust into the events surrounding the tragic suicide in 2007 of a young mother, with a history of self harming behaviour. In the interests of learning, the Trust has asked the Department to disseminate the relevant recommendations which the Trust considers have regional learning. All of these recommendations relate to communication processes and referral systems between, and within, different parts of the HSC. This involved interfaces between a number of services, including A&E, Maternity, (acute and community) CAMHS and GP practices.

We would ask you to bring the following recommendations to the attention of relevant governance groups, risk managers and key health and social care staff within your organisation for consideration of local learning and action, where appropriate. The relevant recommendations arising from the Trust's investigation are;

- i. *All maternity units receiving an urgent referral of a patient giving a history of self-harm should convene a multidisciplinary meeting to plan the care needed. As a minimum this should include hospital and community midwives, a hospital social worker, a health visitor, -and the GP (where possible). Particular consideration should be given to inviting those providing postnatal care which falls outside of the*

*Trust which is providing antenatal and intrapartum care;*

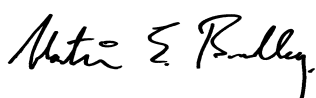
- ii. *At the first knowledge that a pregnant woman has a history of self-harm, consideration should be given to whether a referral should be made to Family and Childcare Social Services in the hospital setting. This should be done in conjunction with the hospital social worker. The decision and rationale should be recorded in the client/patients notes. Referrals must be made in accordance with ACPC Regional Child Protection Policy and Procedure.*
- iii. *In addition to written information, when there are specific concerns regarding a mother, a verbal handover should be given by the community midwife to the health visitor during the antenatal period or as early as possible in the postnatal period.. This should be recorded in the notes.*

In addition, to ensure effective communication of a complex case between service interfaces some best practice aspects were noted in the Trust investigation, as follows:

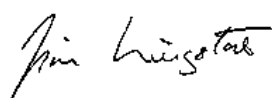
- iv. *When a young person who is under 18 years old attends the A&E department having self-harmed a referral should be made to Hospital Social Worker and notification sent to the Health Visitor;*
- v. *A&E staff should be aware of the need to enquire and record responses regarding the presence of domestic violence; (to note previous guidance HSS NMG 01/06 on this issue);*
- vi. *A mental health assessment following self harm should take place prior to discharge from A & E;*
- vii. *Consideration should be given to whether Family and Childcare Social Services should be notified by CAMHS when a child presents with self-harm;*
- viii. *Following booking, antenatal notifications should be sent immediately to the relevant community midwives and health visitors and should include specific information such as a history of self-harm. Information regarding potential self-harm and concerns should also be communicated to the patient's GP; and*
- ix. *NMC record keeping standards should be adhered to.*

We would also like to take this opportunity to advise you that the National Institute for Health and Clinical Excellence produced a clinical guideline on antenatal and postnatal mental health in February 2007. Under the terms of the Department's agreement with NICE, this guidance is being reviewed for its applicability to Northern Ireland, and the HSC will be advised of the outcome of this shortly.

Yours sincerely



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Chief Nursing Officer



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Director, Safety Quality & Standards