**Appendix 1**

**Mental Health Risk Assessment**

\*This information should be treated confidentially. However, the young person’s safety is paramount and therefore it is necessary to consult with those involved with the care of the young person as appropriate to ensure his/her safety.

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| Date assessment completed: |  |
| Date updated: |  |
| Date to be reviewed: |  |
| Is this part of a One Plan / SEN support? |  |

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| --- | --- | --- |
| **What is the self- harm behaviour?** | **Tick as application** | **Relevant information** |
| Drug or alcohol use |  |  |
| Restricted eating |  |  |
| Cutting, scratching, burning or other |  |  |
| Absconding |  |  |
| Exposing self to risks |  |  |

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| Are the parents / carers aware and involved in the management plan? |  |
| Name of parents / carers: |  |
| Contact details: |  |
| How frequently are your setting’s staff in contact with parents / carers to liaise in relation to support? |  |
| Views of parents / carers: |  |

It is essential that the young person has a support network within your educational setting and that staff allocated to offer this can do so reliably. Consideration therefore needs to be given to who is available to offer this and how this person will receive their support. It would be preferable if this member of staff has some training in supporting CYP who self-harm.

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| Does the young person have a key person within your educational setting who he/she is able to communicate with? *(This should be an adult not peer or prefect)* |  |
| Name of key person |  |
| How often is the contact? |  |
| Who will provide this support if the key person is not available? |  |
| Any notes of what support is most helpful and any special arrangements (such as time out card, daily check-ins etc) |  |

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| Does the young person have friends who are aware of the self-harm and are supportive? |  |
| Are these relationships consistent? |  |
| How are the friends managing this supportive role? |  |

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| Is the young person’s GP aware and is the young person receiving any treatment or medical support? |  |
| Name of GP and contact details |  |

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| Is the young person known to CAMHs? |  |
| Name of care co-ordinator and contact details |  |

|  |  |
| --- | --- |
| Is the young person receiving counselling? |  |
| Name of organisation providing counselling |  |
| Name of counsellor and contact details |  |

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| --- | --- |
| Are any other agencies involved in supporting this young person and/or their family? |  |
| Name of organisation and key worker |  |
| Is the young person in Care or subject to a ‘Child Protection’ or ‘Child in Need’ plan? |  |

**Monitoring and review arrangements**

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| --- | --- | --- | --- |
| **Dates plan updated/ Reviewed** | **Key person/ co-ordinator** | **Those involved in development of plan** | **Agreed actions** |
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