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**Self-Harm and Suicide Prevention in Adults Policy**

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# Introduction

This policy sets out local support strategies for people in our care who may self-harm or attempt suicide. It also provides practical guidance on how to support staff members and colleagues in coping with the distressing effects of self-harm and possible loss of life.

# Policy Statement

[Company Name] will ensure that standards of best practice are consistently adhered to when preventing harm and risks to life. Current NICE guidelines and NHS England quality standards were used to identify the relevant self-harm and suicide prevention techniques.

# Scope

This policy and the procedures apply to all employees who support persons in our care who may self-harm or be at risk of self-harm or suicide. The Registered Manager is responsible for ensuring that the principles within this policy are observed.

# Definitions

**Self-Harm**

Self-harm is when someone injures or poisons themselves intentionally. Injuries can include scratching themselves, cutting or burning the skin, hitting themselves with or against objects, taking a drug overdose or putting objects inside themselves.

There may also be some less obvious forms of self-harm like staying in an abusive relationship, developing eating problems, being addicted to alcohol or drugs or not taking care of their physical or emotional wellbeing.

A wide range of mental health problems are associated with self‑harm, including borderline personality disorder, depression, bipolar disorder, schizophrenia and drug and alcohol‑abuse disorders. People who self‑harm have a 50 to 100‑fold higher likelihood of dying by suicide in the 12‑month period after an episode, than people who do not self‑harm.

**Suicide attempt**

This is a definite attempt at ending one’s own life. Having clear sight of self-harm versus a suicide attempt can be unclear.

# Why is a self-harm or suicide prevention policy needed?

Everyone who uses health or social care services should be protected from risks as far as possible. They should be treated with compassion, respect, and dignity. They should also feel safe and supported in our care. Sometimes, this is not the case, and staff attitudes can contribute to a poor experience of care. Punitive or judgemental attitudes can be distressing for people who have self‑harmed and may lead to further self‑harm or avoidance of medical attention. We should always aim to provide the best care, regardless of the persons individual circumstances. Staff also need to be protected and advised on what support is available to them, so they feel protected and supported when working with individuals at risk of self-harm or suicide.

# What are the main risk factors for self-harm and suicide?

Some of the major risk factors for self-harm and suicide include:

* previous self-harm or suicide attempts
* misuse or abuse of alcohol or other drugs
* Suffering from a mental disorder, particularly depression or other mood disorders.
* access to lethal means of harm (e.g., poisons, chemicals, or ligature points)
* if they know someone who has died by suicide, particularly a family member
* if they are socially isolated
* chronic disease and disability.

# Assessment of Risk

Risk assessments for those who have self-harmed should include the identification of the main clinical and demographic features known to be associated with risk of further self-harm and/or suicide, and the identification of the key psychological characteristics associated with risk, in particular depression, hopelessness and continuing suicidal intent.

The assessment of risk should be clearly documented in the persons records.

Consideration should be given to combining the assessment of risks into a needs assessment framework.

**Staff training and service planning**

All staff who have contact with people who self-harm will be provided with appropriate training to equip them to understand and care for people who have self-harmed. Training will particularly address the different methods of self-harm, the appropriate treatments and/or responses, the likely effects if untreated, and issues of consent and mental capacity, as these apply to adults, children, and young people.

# Assessment of Care of Needs

[Company Name] must ensure that whenever a risk is identified that an adequate assessment of needs is done prior to agreeing to care. This can be done by the referring service, or through [Company Name]’s own processes.

The assessment will need to be reviewed regularly and in line with the client’s changing needs.

The outcome of the assessment should be communicated to other staff and to organisations who become involved in the person’s care.

# General Strategies

People who have self-harmed should be treated with the same care, respect, and privacy as any other client. In addition, staff should recognise that working with clients who self-harm can be very distressing. Providing treatment and care for people who have self-harmed is emotionally demanding and requires a high level of communication and support. All staff at [Company Name] will be offered regular opportunities to discuss and understand the emotional impact self-harm has upon them and others.

**If you are concerned about someone’s well being**

If there is concern about someone’s mental health, try and get them to talk to you. It is helpful to make caring statements and ask open ended questions. Show that you care and listen to them when/if they talk to you. Try to be open and honest about your concerns, and if you are worried that they have, or may have self-harmed, or are even contemplating suicide, ask them the questions directly.

When caring for people who repeatedly self-harm, staff should be aware that the individual's reasons for self-harming may be different on each occasion and, therefore, each episode needs to be treated independently of each other.

**In an emergency**

If there is an immediate concern that someone may take their life, call 999 immediately.

If the client is registered with their local mental health team, they can be called as well. It may be helpful to have this number displayed clearly in the client’s home, for their benefit as well as for staff.

The client’s GP can also be called if necessary. Or if it is out of hours and you’re not sure whether it is an emergency or not, call 111.

Staff should involve people who self-harm in all discussions and decision-making about their treatment and subsequent care. To do this, staff should provide people who self-harm with full information about the different treatment options available.

**When relatives or carers are present**

People who self-harm should be allowed, if they wish, to be accompanied and/or supported by a family member, friend or advocate during any assessment or treatment.

Staff should provide emotional support and help, if necessary, to the relatives/carers of people who have self-harmed, as they may also be experiencing high levels of distress and anxiety.

# Consent to Care

Issues of consent, mental capacity and mental illness in the assessment and treatment of people who have self-harmed should be understood and addressed by all staff caring for this group of people. Please refer to the Mental Capacity Act and Advocacy and Decision-Making Policies for further information.

When staff are required to talk to clients who have self-harmed, mental capacity should be assumed unless there is evidence to the contrary. Where appropriate, full information on their options should be provided. The opportunities should be made available to ensure that someone who has self-harmed can give meaningful and informed consent before any and each procedure (for example, taking the person to hospital by ambulance) or treatment is initiated.

If a person is assessed as lacking in capacity, you have a responsibility, under common law, to act in that person's best interests. If necessary, this can include taking the person to hospital and detaining them to allow for assessment and treatment against the person's stated wishes. You should consider that a person's capacity to make informed decisions may change over time. Whether it has been possible to obtain consent or not, attempts should be made to explain each new treatment or procedure and obtain consent before it is initiated.

When working with people who self-harm, you should understand when and how the Mental Health Act can be used to treat the physical consequences of self-harm, as well as understanding when further advice is needed (advice line information can be obtained from the Registered Manager.)

# Management and Care of Someone Who Self-Harms

[Company Name] should ensure that any client who is at risk of self-harm and/or suicide have an adequate risk assessment in place.

An individual can deliberately expose themselves to danger for a variety of reasons, which can either be with the intent to harm themselves or be a threat. Self-harming behaviour can also be triggered at any time, but is often when the person is feeling angry, frustrated or not happy with themselves for whatever reason. All actions that a person takes to self-harm should be taken seriously. All levels of risk should be noted in the client’s risk assessment, and the risk assessment recorded in the client’s care plan.

Staff should look out for:

* Unexplained cuts, bruises or cigarette burns.
* Behaviour that a person is trying to intentionally cover themselves up with more clothing than needed or appropriate.
* Changes in mood, emotional distress and/or language orientated towards self-hate or loathing.
* Any and sudden expressions of low self esteem and/or feelings of failure and worthlessness.

**Exposure to risk**

All assessment should include any sources of danger to the client in and around their home. This can include their living environment, their lifestyle and access to dangerous items such as medicines and sharp objects. Consideration should also be given to other people who may be in regular contact with the client as well as instances where a client may leave their home.

[Company Name] should identify where their areas of responsibility lie in relation to the client’s exposure to people and situations, and this should be clearly recorded in the client’s care plan.

**Actions following an incident**

All incidents should be fully recorded and reported to the CQC and local safeguarding authorities so that a full investigation can be done to identify lessons and whether any changes need to be made to the risk assessment. Any changes or revisions to the risk assessment and care plan should be done with the client, their family and/or other relevant professionals.

The Care Quality Commission will be notified to comply with Regulation 18: Notification of Other Incidents, Care Quality Commission (Registration) Regulations 2009.

[Company Name] will ensure that any of its staff involved in any incidents, of self- harm, suicide attempts, or suicide are given the appropriate support and counselling opportunities.

**When urgent referral to an Emergency Department is not necessary**

If urgent referral to an emergency department is not considered necessary for people who have self-injured, a risk and needs assessment should be undertaken to assess the case for urgent referral for additional mental health services. The assessment should be comprehensive and should include an evaluation of the social, psychological, and motivational factors specific to the act of self-harm, current intent and hopelessness, as well as a full mental health and social needs assessment.

Following any assessment and/or treatment of a person’s self-harm, the outcome of the risk and needs assessment, and full details of any treatment provided, should be clearly documented and, if appropriate, forwarded to the appropriate specialist team at the earliest opportunity.

Healthcare professionals who may have to assess and/or treat people who have self-harmed should ensure that they are properly trained and competent to undertake any assessment and treatment as necessary.

**Support and advice for people who repeatedly self-harm**

Persons who repeatedly self-poison, may need advice about the risks of self-poisoning. This can include staff that care for that person. Harm minimisation strategies should not be offered for people who have self-harmed by poisoning. **There are no safe limits in self-poisoning.** Where persons are likely to repeat self-poisoning, staff should consider discussing the risks of self-poisoning with the affected person and/or their relatives or GP where appropriate.

Advice regarding the self-management of superficial injuries, harm minimisation techniques, alternative coping strategies and how to best to deal with scarring should be considered for people who repeatedly self-injure. Discussion with a mental health specialist may assist in the decision about which persons should be offered this treatment option and additional information can be obtained through many voluntary mental health organisations. Consideration should also be given to providing information on dealing with scar tissue for those with significant scarring from a previous self-injury.

# Special considerations for older people (older than 65 years)

When older people self-harm, the risk of further self-harm and suicide are substantially higher and must be considered. All people older than 65 years of age who have self-harmed should be assessed by a Mental Health Practitioner experienced in the assessment of older people who self-harm. Assessment should follow the same principles as for younger adults who self-harm but should also pay particular attention to the potential presence of depression, cognitive impairment and physical ill health and should include a full assessment of their social and home situation.

All acts of self-harm in people older than 65 years of age should be regarded as evidence of suicidal intent, until proven otherwise, because the number of people in this age range who go on to complete suicide is much higher than in younger adults.

In all other respects, the assessment and treatment of older adults who have self-harmed should follow the recommendations given for adults.

# Monitoring

Compliance with this policy will be monitored through routine auditing as well as patient, visitor, and staff feedback.

# Related Policies

* Advocacy and Decision-Making Policy
* Care Planning Policy
* Mental Capacity Act Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* Care Act 2014
* Health and Social Care Act 2012
* Human Rights Act 1998
* Mental Capacity Act 2005

**Guidance**

* NICE Self harm Quality Standard [QS34]:
* [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Helpful Resources (nice.org.uk)](https://www.nice.org.uk/guidance/qs34/resources/evidencebased-treatment-pathway-for-urgent-and-emergency-liaison-mental-health-services-for-adults-and-older-adults-appendices-and-helpful-resources-pdf-4362198590)
* [NICE clinical guideline 133](http://www.nice.org.uk/guidance/cg133):
* <https://www.nice.org.uk/guidance/cg133/evidence/full-guideline-pdf-184901581>
* NICE List of Quality Statements:
* <https://www.nice.org.uk/guidance/qs34/chapter/List-of-quality-statements>
* PHE Local Suicide Prevention Resources:
* <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/562280/PHE_local_suicide_prevention_planning_a_practice_resource.pdf>
* [Recommendations | Managing medicines for adults receiving social care in the community | Guidance | NICE](https://www.nice.org.uk/guidance/NG67/chapter/Recommendations#joint-working-between-health-and-social-care)

# Summary of Review

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