Company Name: Integrative Supported Living Care

Policy No: 03-3722	Authorised: Pellagia Margolis	Date: 15/01/2020

SERVICE USER SELF-HARM OR ATTEMPTED SUICIDE

This Policy defines the action to be taken by the Organisation in the event that a service user is found to be self-harming, or has attempted suicide.

1. BASIC CONSIDERATIONS:

1.1 *Definition:*

Self-harm has been described as "a manifestation of emotional distress" and an "intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent". Therefore whilst suicide is considered to be a form of self-harm and shares deliberate intent, self-harm is not necessarily an attempt or even an indicator of suicide.

1.2 *Causes of Self-Harm:*

There are many factors that attribute to or cause a person to self-harm. In most cases it is a manifestation of a person reaching '"beyond a limit of what they can emotionally endure". The list below is not an exhaustive list:

- Alcohol or drug abuse – people who harm themselves whilst under the influence of drugs and alcohol, or are recovering from drug and alcohol addiction, are of significant greater risk of harm and suicide.
- Past trauma or abuse – post traumatic stress or unresolved feelings can lead to frustration.
- Financial or social deprivation – can create stress, anxiety and low self- esteem. Social isolation can result in a lack of personal or social interaction as well as feeling tarnished or an outcast in some way.
- Mental health disorders and intellectual disabilities – certain circumstances coupled with a person's medical condition may result in self-harm, such as being irritated by others, having a lack of personal space, too little autonomy, too much noise.
- Physical disability – recently becoming disabled after living an active life, frustration caused by lack of physical control, reliance on others, lack of autonomy, constant pain.
- Individual elements and personality traits.
- Cultural differences.

1.3 *Who it affects:*

- all cultures
- all races
- all sexes
- all sexual orientations
- all social backgrounds

Rates are reported to be higher among women than men and girls over boys. In particular, prisoners, ex -military, sexual minorities, those bereaved by suicide, and conflict veterans all appear to be most susceptible.

1.4 *Types of Self-Harm:*

Self-harm can manifest into various forms of self-injury;

- Cutting is the most common form of repetitive self-injury (using various instruments including knives, scissors, tweezers etc. creating varying degrees of pain and injury)
- Burning
- Hanging
- Strangulation
- Scratching
- Banging or hitting body parts
- Mutilation of body parts
- Interfering with a healing or open wound

1.5 *Long term effects:*

It must be recognised that people who have survived a serious suicide attempt have poorer outcomes in terms of life expectancy, according to NICE guidelines.

Some forms of self-harm may result in serious or permanent detriment to health; i.e. paracetamol poisoning could result in acute liver failure. Self-cutting can result in permanent damage to tendons and nerves, scarring and disfigurement.

2. RISK ASSESSMENT:

2.1 The purpose of a Risk Assessment is to identify the service user's needs and risks to them in order to develop a management Care Plan to address any issues.

2.2 The Risk Assessment should be carried out when accepting the service user for care, and reviewed on a regular basis, in particular after an incident of suicide attempt or self-harm.

2.3 Risk Assessment of the service user with the potential to self-harm or attempt suicide is a rebalancing exercise with emphasis on listening and observational skills. Therefore the Risk Assessment must not become a simple tick-box exercise, as this may distract staff from their intuitive and engagement skills, impairing empathy.

2.4 Any care plans put in place either by the setting, NHS Trust, Local Authority must address both immediate and long term plans.

3. TERMINOLOGY:

3.1 Terms like "self-harmers", "cutters" or "slashers" must NEVER be used officially or unofficially either in writing, in service user records, or verbally amongst staff when discussing service users, or at meetings with health professionals or relatives. This is because many sufferers of self-harm may have underlying mental health disorders or medical conditions

and the stigmatism of labelling them with such names may increase risk to the service user significantly, compounding and in some cases encouraging the problem.

3.2 Any staff member failing to adhere to the above may result in the staff member being subject to the Organisation's disciplinary procedures.

4. ACTIONS TO BE TAKEN IN THE EVENT OF SELF-HARM OR ATTEMPTED SUICIDE:

4.1 In the event of a service user found to be self-harming or attempting suicide, the carer must seek immediate medical attention ranging from in-house first aid to summoning an ambulance.

4.2 The management of the Organisation must be informed as soon as practicably possible and the incident must be logged.

4.3 Any next of kin should be informed and a revision of the Risk Assessment and care plan undertaken.

4.4 In the event of a death caused by suicide or significant self-injury, refer to *Policy No: 3803.*

FORMS REFERENCES:

Form No: 3-711 *Risk Assessment - Service* User's Mental Health
Form No: 3-712 *Risk Assessment - Service* User Self-Harm or Suicide Attempt

Source References:

National Collaborating Centre for Mental Health 2004

Self-harm, suicide and risk: helping people who self-harm, Royal College of Psychiatrists College Report CR158