TRUST POLICY

DELIBERATE SELF HARM, OR INTENTION TO SELF HARM (ADULT)
(Risk Assessment and Management of the Patient)

Any hard copy of this document is only assured to be accurate on the date printed. The most up to date version is available on the Trust Policy Site.

All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND:

This policy works in conjunction with a number of other Trust documents, which are cross-referenced within the text and also listed on the document profile page at the end of this document.

A number of action cards have been produced to reflect the complex responsibilities of various members of the team. These are:

- **DSH1** Medical staff responsibilities
- **DSH2** Nursing staff responsibilities
- **DSH3** Bed Management Team responsibilities
- **DSH4** Duty Lead Nurse/Maternity Bleep Holder/Night Sister/Charge Nurse responsibilities
- **DSH5** Mental Health Liaison Practitioner responsibilities
- **DSH6** Trust Clinical Staff within Outpatient Settings

The Emergency Mental Health Risk Assessment and Patient Environment Risk Assessment documents are to be used when dealing with patients who present with self harm issues, and management of patients following risk assessments is set down in the Level of Supervision and Management Criteria.

DOCUMENT OVERVIEW:

- The policy aims to ensure the safety of patients within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) clinical settings who present with Deliberate Self Harm (DSH) including risk of suicide or who give indication that they may attempt further deliberate self harm.
- This policy applies to patients aged 16 years and above within all Trust adult in-patient and outpatient clinical areas.
- This policy and its related procedures does not relate to the clinical care and treatment of physical symptoms for the patient who presents with deliberate self harm. Staff must follow appropriate clinical care pathways and best practice protocols.

This document may be made available to the public and persons outside of the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000.
1. INTRODUCTION

2. DEFINITIONS

3. PURPOSE

4. ROLES AND RESPONSIBILITIES

5. EMERGENCY MENTAL HEALTH RISK ASSESSMENT

6. PATIENT ENVIRONMENT RISK ASSESSMENT

7. CONSIDERATION OF MENTAL CAPACITY FOR PATIENTS PRESENTING WITH DELIBERATE SELF HARM

8. SUITABLE PATIENT ENVIRONMENTS

9. TRAINING

10. MONITORING OF COMPLIANCE

Action cards

DSH1 Medical staff responsibilities
DSH2 Nursing staff responsibilities
DSH3 Bed Management Team responsibilities
DSH4 Duty Lead Nurse/Maternity Bleep Holder/Night Sister/Charge Nurse responsibilities
DSH5 Mental Health Liaison Practitioner responsibilities
DSH6 Trust Clinical Staff within Outpatient Settings
1. INTRODUCTION

Deliberate Self Harm is one of the top five causes of acute medical admission in the United Kingdom, as highlighted by the Royal College of Psychiatrists (2006). Good assessment for further self-harm is essential and a consistent approach is required to reduce the chance of self-harm being repeated in the future.

The policy aims to ensure the safety of patients within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) clinical settings who present with Deliberate Self Harm (DSH) including risk of suicide or who give indication that they may attempt further deliberate self harm.

This policy applies to patients aged 16 years and above within all Trust adult in-patient and outpatient clinical areas. The majority of patients who have attempted suicide or who have deliberately self harmed (DSH) will present via the Emergency Department (ED) however a patient may present with actual deliberate self harm or at risk of deliberate self harm within any Trust clinical area.

This policy and its related procedures does not relate to the clinical care and treatment of physical symptoms for the patient who presents with deliberate self harm. Staff must follow appropriate clinical care pathways and best practice protocols.

This policy must be read in conjunction with the other documents listed in on the front page of this document.

2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliberate Self Harm</td>
<td>A self-inflicted action a person does which causes them physical harm, but is actually an expression of their emotional distress. Examples include:</td>
</tr>
<tr>
<td></td>
<td>• cutting/stabbing</td>
</tr>
<tr>
<td></td>
<td>• burning</td>
</tr>
<tr>
<td></td>
<td>• overmedication/ingestion of toxic substances</td>
</tr>
<tr>
<td></td>
<td>• jumping from a height</td>
</tr>
<tr>
<td></td>
<td>• inserting items into one’s body</td>
</tr>
<tr>
<td></td>
<td>• ligation/self-strangulation</td>
</tr>
<tr>
<td>Adult</td>
<td>For the purposes of this policy, an individual aged 16 years and above who is admitted to Unscheduled Care or to a Trust adult in-patient clinical setting</td>
</tr>
<tr>
<td>Level of Deliberate Self Harm Risk</td>
<td>Determined as high, medium or low following Emergency Mental Health risk assessment</td>
</tr>
</tbody>
</table>

3. PURPOSE

The purpose of this policy is to ensure that all Trust Health Care staff understand their role and responsibility in relation to risk assessment and risk management of the patient who presents with deliberate self harm, including risk of suicide or who gives indication that they may deliberately harm themselves.

This includes:
- Emergency Mental Health Risk Assessment
- Patient Environment risk assessment
- Evaluation of the risk assessment and needs for further review/assessment
- Specialist observational requirements of the patient as detailed within Trust Observation (Specialing) of Patients
4. ROLES AND RESPONSIBILITIES

Note: owing to the complexity of issues surrounding deliberate self-harm, these responsibilities are complex and also refer to some action cards.

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
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</thead>
</table>
| Chief Executive                                 | Delegated responsibility from Trust Board for  
|                                                |  ● ensuring that the organisation meet requirements in respect of provision of a safe, appropriate environment which meets the needs of patients who present with deliberate self harm,  
|                                                |  ● ensuring the safety of staff in attendance of patients within this risk group.                                                                                                                                 |
| Trust nominated Director for Safeguarding       |  ● Ensuring that all aspects of this policy, its procedures and its training strategy are implemented Trust wide.  
|                                                |  ● Receiving reports associated related with this client group at the Trust Safeguarding Adult Strategic Board (See Safeguarding Adults policy for details of group)                                  |
| Trust Directors, Chief of Services and Divisional Directors |  ● Managing and organising resources supporting implementation of this policy locally  
|                                                |  ● Monitoring and reviewing divisional performance                                                                                                                                                     |
| Senior Health Care Team within Emergency Department |  ● See responsibilities detailed in action card DSH1  
|                                                |  ● Assessing patient’s mental capacity at the time of initial presentation for the intention to further deliberately self harm – (see Mental Capacity Act policy)                                      |
| Senior Health Care Team within Clinical Areas other than Emergency Department |  ● Medical team responsibilities are detailed in action card DSH1  
|                                                |  ● Nursing team responsibilities are detailed in action card DSH2                                                                                                                                 |
| Trust Bed Management Team/ Night Team           |  ● Identifying appropriate inpatient placement areas at all stages of the patient episode dependent on clinical and mental health assessment  
|                                                |  ● See responsibilities detailed in action card DSH3                                                                                                                                                     |
| Responsibilities of the Duty Lead Nurse/Maternity Bleep Holder/Night Sister/Charge Nurse |  ● Ensure safe and appropriate staffing in response to the assessed level of patient risk following Trust Patient Observation Policy ad Trust Safe Staffing Policy  
|                                                |  ● See detailed responsibilities in action card DSH4                                                                                                                                                     |
| Mental Health Liaison Practitioner              |  ● Supporting the Acute Trust clinical team in assessment of risk  
|                                                |  ● Visiting and assessing the patient  
|                                                |  ● See detailed responsibilities in action card DSH5                                                                                                                                                     |
| Trust Consultants                               |  ● To contact on call psychiatrist to discuss patients presenting with deliberate self harm or exhibiting persisting assessed concerns associated with deliberate self harm (consultant to consultant referral)  
|                                                |  ● To plan for further involvement/assessment/escalation and agree the risk level of the patient                                                                                                                                 |
| 2gether NHSFT Psychiatrist and Duty Psychiatrist |  ● To attend and assess the patient as soon as possible (and agree and attendance time with GHNHSFT staff), during normal working hours, and within one hour (for out of hours working), for advice, referral or intervention, and to plan for further involvement/assessment/escalation and agree with the ward senior health care team the risk level of the patient.  
|                                                |  ● Following Emergency Mental Health risk assessment, to state the patient’s risk level as High, Medium or Low within the patient's health record  
|                                                |  ● Other referrals: determining response time following telephone discussion with the senior member of the medical team responsible for the care of the patient                                                                                                                                 |
| Trust health care team within all Trust clinical setting |  ● Understanding their responsibilities in relation to their own role  
|                                                |  ● Carrying out all relevant record keeping  
|                                                |  ● For inpatients, to communicate the requirements of the Emergency Mental Health risk assessment, Patient Environment risk assessment and plan of care to all involved                                                                                                                                 |
| Outpatients staff                               |  ● Understanding their responsibilities in relation to their own role  
|                                                |  ● Carrying out all relevant record keeping  
|                                                |  ● Understanding the challenges of dealing with patients within mental health issues in the outpatient setting  
|                                                |  ● See detailed responsibilities in action card DSH6                                                                                                                                                     |

5. EMERGENCY MENTAL HEALTH RISK ASSESSMENT

5.1 Carrying out the assessment

Appropriately trained and competent staff are responsible for carrying out the Trust Emergency Mental risk assessment, using the assessment tool (see link on main policy page for a sample copy). If a trained and competent member of staff is not available to carry out the risk assessment, the patient will be considered high risk pending assessment by a trained member of medical team.
5.2 Functions of the assessment

The Trust Emergency Mental Health Risk Assessment Tool will:

- Identify the patient’s risk level
- Guide referral and risk management actions in response to the level of risk
- Ensure timely, appropriate referral, according to level of risk to the Mental Health Liaison Practitioner to enable a psychosocial assessment to be completed or to support referral to the Duty Psychiatrist in situations of emergency.
- Facilitate effective communication between the Emergency Department, admitting ward, wards at the point of patient transfer, Mental Health Liaison Nurse / duty psychiatrist and any significant others, specifically with regard to the assessment of risk and recommended level of supervision/observation required.
- Provide an appropriate level of observation and support for each patient.
- Clarify roles and responsibilities within the management process.

5.3 Assessment outcomes

- The Emergency Mental Health Risk Assessment identifies three possible assessment outcomes; low, medium, or high risk
- Following completion of the Emergency Mental Health Risk Assessment Trust healthcare professionals must follow the actions as described on the action card relevant to their role and the Level of Supervision and Management Criteria (see Roles and Responsibilities in Section 3 and the action card index)
- All assessment outcomes must be used in conjunction with the Observation and Interaction with Patients with Mental Health Needs procedure, and personalised Nursing Management of Patient at Risk of Deliberate Self Harm Care Plan (X430 07 06)

6. PATIENT ENVIRONMENT RISK ASSESSMENT

The senior nurse responsible for the care of the patient at the time will assess the clinical environment using the Trust template (see link on main policy page) to prevent opportunities for further acts of self harm.

The assessment of the patient’s environment must give full consideration to potential use of equipment or other items which may result in the following:

- Strangulation or other potential ligature points
- Asphyxiation
- Sharps injuries
- Ingestion of toxic substances
- Jumping from a height

Emergency Department Staff must consider the environmental risks based on the five points above and record any necessary interventions.

7. CONSIDERATION OF MENTAL CAPACITY FOR PATIENTS PRESENTING WITH DELIBERATE SELF HARM

All Trust Health Care Teams involved in the management of patients presenting with deliberate self harm will assess the mental capacity of the patient. Staff must refer to the Trust Mental Capacity Act Policy.

8. SUITABLE PATIENT ENVIRONMENTS

8.1 Selection of suitable environment

The Bed Management/Night Team are responsible for the following:
• Liaising with the medical/nursing teams to identify the appropriate inpatient placement area for the patient at all stages of the patient episode dependent on clinical and mental health assessment
• Informing the duty lead nurse/bleep holder for clinical area of placement of patient and the assessed patient needs
• To place the patient in the safest possible clinical area based on clinical need, the Emergency Mental Health Risk Assessment and the Patient Environment Risk Assessment

8.2  Appropriate areas - GRH

In addition to the ACUA, the following wards have had protective film applied to the windows, to enable patients of all risk status to be nursed. It is vitally important that only these wards are used:

• Ward 3B
• Ward 5a Side Room 1 ONLY
• Ward 5b Side Room 1 (651) ONLY
• Ward 6A
• Ward 7A
• Ward 7B

In addition to filming of windows, standard frosted glass has been replaced with toughened frosted in:

• Ward 3B Shower Room (458) and Changing Room (449)
• Ward 6A Staff Room (724)
• Ward 7B Staff Room (873) and Training Room (858)

8.3  Appropriate areas - CGH

All ward windows are double glazed and therefore provide greater resistance to breakage, and sharding of the glass.

9.  TRAINING

It is recognised that the Trust is not a Mental Health Trust, and specific training is provided to medical and nursing staff as detailed in the Training Needs Analysis document.

10.  MONITORING OF COMPLIANCE

<table>
<thead>
<tr>
<th>Criteria (objective to be measured)</th>
<th>Monitoring methodology</th>
<th>Lead responsible</th>
<th>Timescales</th>
<th>Reporting arrangements</th>
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<tbody>
<tr>
<td>Compliance with policy</td>
<td>Service review and audit</td>
<td>Medical Division</td>
<td>Annual</td>
<td>Report presented to Safeguarding Committee</td>
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<tr>
<td>Non-compliance issues</td>
<td>Review of data</td>
<td>Risk Department</td>
<td>Annual</td>
<td>Report presented to Safeguarding Committee</td>
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# DOCUMENT PROFILE

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<th>REFERENCE NUMBER</th>
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<tr>
<td>CATEGORY</td>
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<td>VERSION</td>
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<tr>
<td>SPONSOR</td>
<td>Paul Garrett, Deputy Executive and Divisional Surgical Nursing Director</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Bev Williams, Trust Risk Manager; Paul Garrett, Deputy Nursing Director; Lynne McEwan, Support/Project Nurse (technical authoring support, Kym Ypres-Smith)</td>
</tr>
<tr>
<td>ISSUE DATE</td>
<td>January 2013</td>
</tr>
<tr>
<td>REVIEW DETAILS</td>
<td>January 2016 – review by Deputy Executive and Divisional Surgical Nursing Director</td>
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<tr>
<td>ASSURING GROUP</td>
<td>Trust Policy Assurance Group</td>
</tr>
<tr>
<td>APPROVING GROUP</td>
<td>Senior Nursing and Midwifery Committee</td>
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</table>
| APPROVAL DETAILS | Policy application: Original 2008  
Policy approval: Original 2008  
TPAG approval: 11/01/2013 |
| EQUALITY IMPACT ASSESSMENT | Updated 2013 |
| CONSULTEES       | Nursing Directors, 2Gether Trust (Consultant and Mental Health Liaison) |
| DISSEMINATION DETAILS | Upload to Policy Site; and cascade via the following: Local Medical Council, Trust Safeguarding Adult Strategic Board,  
“gether NHS Foundation Trust to ensure alignment of policies,  
Senior Nurse Committee for cascading to all nursing and Midwifery staff, Divisional Management teams, Learning and Development to inform training/e-learning |
| KEYWORDS         | Self harm, deliberate self harm, attempted suicide, overdose, emergency Mental Health risk assessment, Patient Environment Risk Assessment |
| RELATED TRUST DOCUMENTS | Action cards DSH1, DSH2, DSH3, DSH4, DSH5, DSH6; Emergency Mental Health Risk Assessment; Patient Environment Risk Assessment; Level of Supervision and Management Criteria |
| OTHER RELEVANT DOCUMENTS | • Observation and Interaction with Patients with Mental Health Needs; the Sectioned Patient Policy  
• Mental Capacity Act Policy  
• Deprivation of Liberty Safeguards Process  
• Guidelines on the use of Restraint  
• Safe Staffing  
• Protocol to be followed when a Patient is found to be Missing from a Ward  
• In-Patient Transfer  
• Violence and Aggression  
• Clinical Records Keeping Policy |
| EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION | • Mental Capacity Act 2005  
• Deprivation of Liberty Safeguards 2008 |