POLICY INFORMATION (Policy no CS035)	
Subject	**Suicide and Self-harm Policy CS035** *(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).*
Applicable to	All staff of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	16 July 2024
Next review date	16 July 2025
Lead responsible for Policy	Director of Care
Policy written by	Governance Lead
Notified to (when)	Quality and Safety Committee 16 July 2024
Authorised by (when)	Quality and Safety Committee 16 July 2024
CQC Standard if applicable	
Links to other Hospice Policies	Mental Health Policy
Links to external policies	
Summary	This policy focuses on suicide and the self-injury aspect of self-harm. It provides guidance for staff on what to do if they consider patients at risk from either.
This policy replaces	N/A

IMPORTANT NOTICE

Staff should refer to the Hospice website for the most up to date Policy. If the review date has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	**Date**	**Review date**
Original policy written by Governance Lead	June 2024	
Policy reviewed by Director of Care	June 2024	
Policy notified to Quality and Safety Committee	16 July 2024	
Policy ratified by Quality and Safety Committee	16 July 2024	16 July 2025
Updated control sheet and published on website	July 2024	

INDEX		
Section	**Contents Title**	**Page**

APPENDICES		
Appendix	**Appendix Title**	**Page**

1.	**Introduction** **Suicide** and **self-harm** are not mental health problems but are linked with mental distress. In England in 2020, 5224 people took their own lives. A study by the University of Manchester has found that older people who self-harm are at much greater risk of suicide than both the general population and younger adults who self-harm (1.). **Suicide** Men and women aged 45 to 49 have the highest suicide rates in England and Wales. The risk of suicide among those who self-harm is greater than the risk among older adults in the general over-60s population – and three times greater than the relative risk of suicide among younger adults who self-harm. **Self-harm** includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. It is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.
2.	**Policy Statement** This policy focuses on Suicide and the self-injury aspect of self-harm**.** It provides guidance for staff on what to do if they consider patients at risk from either.
3.	**Scope** This policy is for all Care staff.
4.	**Definitions** **Self-harm** is a wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. **Suicide** is the act of intentionally taking your own life. **Suicidal feelings** can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life.

5.	**Responsibilities** **Director of Care** To ensure that staff are aware of the policy and their responsibilities. **Leadership Team** To ensure staff are following the policy, attending appropriate training and recording and reporting identified risks. **Staff** To follow the guidance in this policy, attend appropriate training and to ensure they record and report all risks in a timely manner.
6.	**Suicide and Suicidal Feelings** Struggling to cope with certain difficulties in their life can cause individuals to feel suicidal. These difficulties may include: • Mental health problems • Bullying, prejudice or stigma, such as relating to race, gender, disability or sexual identity • Different types of abuse, including domestic, sexual or physical abuse • Bereavement, including losing a loved one to suicide • The end of a relationship • Long-term physical pain or illness • Adjusting to a big change, such as retirement or redundancy • Money problems • Housing problems, including homelessness • Isolation or loneliness

	• Feeling inadequate or a failure • Addiction or substance abuse • Pregnancy, childbirth or postnatal depression • Doubts about sexual or gender identity • Cultural pressure, such as forced marriage • Society's expectations, e.g. to act a certain way/achieve certain things • Other forms of trauma
7.	**Self-harm** Self-harm is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-harming behaviour may calm or awaken a person. However, self-harm only provides temporary relief, it does not deal with the underlying issues. Self-harm can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity. Self-harm is often habitual, chronic and repetitive; it tends to affect people for months and sometimes years. People who self-harm usually make a great effort to hide their injuries and scars and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for them to seek help from the NHS or from those in positions of authority. **Self-injury** Self-injury can include but is not limited to, cutting, burning, banging, bruising and scratching.

Self-injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy of their emotions and feelings which they are unable to share, and one should not assume that they are attention seeking, although attention may well be needed.

Self-harming Behaviours

Factors that motivate people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others.

Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult

Examples of Self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/under medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/ under eating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

8.	**Actions/Referrals** If a member of staff is concerned about a patient having suicidal thoughts/ intentions or is self-harming they should do the following: • Ensure that the patient/client is safe and urgent action is taken if required. This may mean that a referral to the Mental Health Crisis Team, Police or Ambulance is undertaken. • Report it to their line manager (after ensuring the patient/client is safe and any appropriate referral has been made) • Record all self-harm incidents on Vantage • Record it on SystmOne/Iizuka • Inform the Registered Manager for notification purposes **Referrals** Following a discussion with management a decision may be made to alert/refer to other Healthcare professionals. This can include GPs, District Nurses, specialist agencies. If a patient is threatening self-harm but is not considered to be in immediate danger, then staff should liaise with the patient's GP and/or mental health services if known to them. If an individual is threatening imminent self-harm or suicide, staff should contact the mental health crisis team and/or the police. Crisis Team Tel: 0808 196 3779
9.	**Training** All care staff are required to complete a Suicide Awareness module on Bluestream Academy, our online learning platform. This module lasts for 90 minutes and the retrain timeframe is 3 years.

10.	**Equality Impact Assessment (EIA)** An EIA has been completed.
11.	**References** 1. Risk factors for repetition and suicide following self-harm in older adults: multi-centre cohort study by Murphy E, Kapur N, Purandare N, Hawton K, Bergen H, Waters K and Cooper J, published in the *British Journal of Psychiatry* 2012; 200: 399-404 2. Mental Health Foundation 3. UK Mental Health Triage Scale

UK Mental Health Triage Scale

UK Mental Health Triage Scale				
Triage Code /description	**Response type/ time to face-to-face contact**	**Typical presentations**	**Mental health service action/response**	**Additional actions to be considered**
A Emergency	**IMMEDIATE REFERRAL Emergency service response**	Current actions endangering self or others Overdose / suicide attempt / violent aggression Possession of a weapon	**Triage clinician to notify ambulance, police and/or fire service**	Keeping caller on line until emergency services arrive / inform others Telephone Support.
B Very high risk of imminent harm to self or to others	**WITHIN 4 HOURS Very urgent mental health response**	Acute suicidal ideation or risk of harm to others with clear plan or means Ongoing history of self harm or aggression with intent Very high risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control Urgent assessment under Mental Health Act Initial service response to A & E and 'front of hospital' ward areas	**Crisis Team/Liaison/ face-to-face assessment AND/OR Triage clinician advice to attend a hospital A&E department** (where the person requires medical assessment/ treatment)	Recruit additional support and collate relevant information Telephone Support. Point of contact if situation changes
C High risk of harm to self or others and/or high distress, especially in absence of capable supports	**WITHIN 24 HOURS Urgent mental health response**	Suicidal ideation with no plan or ongoing history of suicidal ideas with possible intent Rapidly increasing symptoms of psychosis and / or severe mood disorder High risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control Overt / unprovoked aggression in care home or hospital ward setting Wandering at night (community) Vulnerable isolation or abuse	**Crisis Team/Liaison/ Community Mental Health Team (CMHT) face-to-face assessment**	Contact same day with a view to following day review in some cases Obtain and collate additional relevant information Point of contact if situation changes Telephone support and advice to manage wait period
D Moderate risk of harm and/or significant distress	**WITHIN 72 HOURS Semi-urgent mental health response**	Significant patient / carer distress associated with severe mental illness (but not suicidal) Absent insight /early symptoms of psychosis Resistive aggression / obstructed care delivery Wandering (hospital) or during the day (community) Isolation / failing carer or known situation requiring priority intervention or assessment	**Liaison/CMHT face-to-face assessment**	Telephone support and advice Secondary consultation to manage wait period Point of contact if situation changes
E Low risk of harm in short term or moderate risk with good support/ stabilising factors	**WITHIN 4 WEEKS Non-urgent mental health response**	Requires specialist mental health assessment but is stable and at low risk of harm during waiting period Other services able to manage the person until mental health service assessment (+/- telephone advice) Known service user requiring non-urgent review adjustment of treatment or follow-up Referral for diagnosis (see below) Requests for capacity assessment, service access for dementia or service review / carer support	**Out-patient clinic or CMHT face-to-face assessment**	Telephone support and advice Secondary consultation to manage wait period Point of contact if situation changes
F Referral not requiring face-to-face response from mental health	**Referral or advice to contact alternative provider**	Other services (outside mental health) more appropriate to current situation or need	**Triage clinician to provide advice, support Advice to contact other provider and/or phone referral to alternative service provider** (with or without formal written referral)	Assist and/or facilitate transfer to alternative service provider Telephone support and advice
G Advice, consultation, information	**Advice or information only OR More information needed**	Patient or carer requiring advice or information Service provider providing information (collateral) Initial notification pending further information or detail	**Triage clinician to provide advice, support, and/or collect further information**	Consider courtesy follow up telephone contact Telephone support and advice

Sands, N. Elsom, E, Colgate, R & Haylor, H. (2016) Development and inter-rater reliability of the UK Mental Health Triage Scale (In Press). *International Journal of Mental Health Nursing.*

Contact/Referral Information

Mental Health CRISIS line - NHS Foundation Trust

The Mental Health Crisis Line Number is a Freephone Number

0808 196 3779

The service is available to anyone in mental health crisis at anytime, anywhere across Nottingham and Nottinghamshire and is available **24 hours a day, seven-days a week, the Freephone number, 0808 196 3779** is the number to call if you are experiencing a mental health crisis and need immediate help. It's open to people of all ages who need urgent mental health support.

For children and young people

Call the CAMHS Crisis number: **0115 844 0560**

I'm already a patient, how do I get help in a crisis?

If you, or the person you are concerned about are already being seen by our services, regardless of age, or you feel you need emergency treatment:

During office hours call the local number for your area:

- Nottingham City: **0300 300 0065**
- South Nottinghamshire (Broxtowe, Gedling, Rushcliffe, Hucknall area): **0300 123 2901**
- Mansfield and Ashfield: **0115 956 0860**
- Bassetlaw: **0300 123 1804** (7.30am – 9pm) or **0115 956 0860** (9pm – 7.30am)
- Newark and Sherwood: **0300 3000 131**

For more information about mental health support in Nottinghamshire and in a crisis: please visit:

www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis

Nottinghamshire Crisis Sanctuaries

Tel 0330 822 4100

Normal opening hours: 4pm to 11pm Monday to Sunday

https://www.nottinghamshirecrisissanctuaries.tv/visit

Samaritans

Call 116 123

https://www.samaritans.org/how-we-can-help/contact-samaritan/