Ortu Specialised Home

POLICY NO 73

Policy & Procedure Self-Harm

(Quality Standard 5, 7)
Regulation 10, 12) NICE Pathway

Self Harm Overview

Completed November 2022 – to be reviewed November 2023 – Dr Aida Lockton

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Self-Harm Policy

1. Introduction

Research has shown that children and young people who have spent time in local authority care are more likely to experience mental health problems, (Payne et al, 2003), which results in an increased risk of self harm. Similarly, Hurry et al (1998), found that although "looked after" children represented 1 per cent of the total child population, they accounted for 10 per cent of those who presented with self-harm to Accident and Emergency departments. ORTU recognises that self-harming behaviour is used by some young people as a way to manage what they see as otherwise overwhelming feelings. In addition to self-injury, young people may engage in less obvious forms of self-harm such as risk-taking behaviours. We are committed to ensuring that young people develop effective coping strategies for managing past, current and future life events and will utilise inter-agency expertise to help young people in our care maintain the best possible mental and physical health.

2. Aim of the policy

• To enhance understanding and awareness of: o the varying needs of young people who self-harm o the kinds of support that will make for better relationships and improved self-esteem o effective coping strategies that young people might use in times of crisis
• To explain the support that is available for staff dealing with young people who self-harm.

2. Self-harm

This background information is taken from the guidance that the National Institute for Clinical Excellence (called NICE for short) as issued to the NHS on self-harm. (NICE Pathway last updated: 05 November 2020) https://impacted.org.uk/covid-19 During COVID-19 and the epidemic Self Harm was at its highest ever recorded for young people suffering from mental health: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young people-in-England/2020-wave-1-follow-up https://psyarxiv.com/uq4rn/

Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems.

Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%), than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%) About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%) Children and young people with a probable mental disorder were more likely to say that lockdown had made

their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)

https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young people-in-england/2020-wave-1-follow-up

Self-harm is more common than many people realise. It can be divided into two groups: self-injury and self-poisoning. The most common method of self-injury is by cutting oneself. Less common methods include swallowing objects, putting objects inside the body, burning, hanging, stabbing, shooting and jumping from heights or in front of vehicles.

Self-injury is more common than self-poisoning as an act of self-harm. Self-poisoning involves overdosing with a medicine or medicines, or swallowing poisonous substances. During acts of self-harm, it is common for people to feel separate or disconnected from their feelings and their pain. Suicide is now the third leading cause of death in 10-19 year olds. However, acts of self-harm are not always connected to attempted suicide. For some people, self-harm may actually be a way of preventing suicide. If someone is self-harming it is a sign of distress. It is best that they talk to a doctor or other professional who may be able to help the person with whatever may be causing the problem.

3. Types of self-harm

The direct infliction of pain and/or injury to one's own body, such as
• Scratching, scraping or picking skin
• Taking an overdose
• Cutting arms or other parts of the body
• Burning or scalding
• Banging or hitting the head or other parts of the body
• Pulling out hair or any other form of self-mutilation.

4. Risk factors

Kinds of risk factors that may be associated with someone wishing to self-harm or end his/her life (This list is not exhaustive, but the higher the number of risk factors someone is exposed to, the higher the risk of self-harm.)
• Psychiatric disorders, e.g. severe depression
• Feelings of hopelessness about the future
• Drug/alcohol abuse
• History of verbal/sexual/physical abuse
• Family history of suicide/violence
• Recent loss of significant other in person's life through absence or death
• Separation/divorce of parents
• Ending of a relationship
• Exam stress / poor academic performance
• Being bullied
• Looked after child
• Socially isolated and living in rural area

• Belonging to an ethnic minority group

5. Warning signs

In addition to being aware of the risk factors above, the following warning signs should be taken seriously and further advice sought from line manager/designated person(s) for Child Protection and therapist.

• Talking/joking about suicide
• Being preoccupied with death
• Becoming suddenly calmer/happier for no apparent reason
• Giving away possessions
• Engaging in risk-taking or self-destructive behaviour
• Expressing negative views, e.g. "I can't go on"
• Withdrawing from normal activities
• Showing fatigue and being unwilling to join in activities
• Having unexplained marks on arms/body

6. Staff Response

The first priority is to ensure the safety of the young person and if necessary emergency services/medical advice should be sought. In cases of self-harm encourage young people to be open with you and reassure them they can get the support they need if they are willing to talk.

Ask if they are injured now? Seek help from a first aider if necessary. Staff should then respond as they do for all child protection matters and the recording and reporting of incidents and discuss concerns with their line manager/designated person(s) for Child Protection who will then discuss with the Managers and/or directors and, if relevant, the young person's therapist.

Following this consultation where necessary the manager will ensure an emergency appointment with a GP, LAC Nurse or CAMHS or NHS Emergency Service (A&E) The risk assessment for the young person should be updated and appropriate levels of staff supervision implemented.

A full incident report must then be completed along with the accident book. Staff will be kept informed of developments and given any further advice necessary in supporting the young person. 8. Suicide attempt or expression of intent Ensure the immediate safety of the young person In the case of a suicide attempt call for immediate emergency medical assistant if required (999 Ambulance) and commence resuscitation if required until medical professionals arrive.

In the case of an expression of intent consult immediately with the Home Manager, Lead Teacher and Director. Following this consultation where necessary the manager will ensure an emergency appointment with a GP, LAC Nurse or CAMHS or NHS Emergency Service (A&E).

Maintain high levels/ constant supervision until professional advice has been sought and complete a risk assessment or update an existing assessment.

Remove any items that may be used to cause harm to the young person from their bedroom. Inform the Allocated social worker at the earliest opportunity for all threats or attempts of suicide.

9. Staff Training and Support

Staff members who are new to the organisation are inducted in all policies related to Child Protection issues, including self-harm.

All staff are kept up-to-date with Child Protection issues as and when necessary by the designated person(s) for Child Protection who attend regular training. Training is provided to staff on self-harm and this is also to be discussed as part of consultation meetings with therapists to highlight individual risks and seek strategies for responding to these.

10. Support for the young person

Young people who are known to self-harm or who are found to be self-harming will be offered appropriate support using a multi-agency approach. This will be reflected in their placement plan, action plans and risk assessments and reviewed regularly to monitor progress. Young people who regularly self-harm or when it is felt the risk of harm has increased or there is a significant change in behaviour then a multi - agency professionals meeting must be held to discuss the on going care of the young person.

See also: ORTU Safeguarding and Child Protection Policies 2021 Hurry J., Storey P. (1998). Deliberate Self Harm among Young People.

Institute of Education. http://www.ioe.ac.uk/tcru/pub-ib-7.htm (Accessed January 2009). National Institute for Health and Clinical Excellence (2004).

Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. CG16. London: National Institute for Health and Clinical Excellence.

Payne H., Butler I. (2003). Promoting the mental health of children in need.

Research in Practice. http://www.rip.org.uk/publications/documents/QPB/brief9.pdf (Accessed January 2009) www.papyrus-uk.org Prevention of young suicides www.rethink.org Rethink mental illness