1.14.16 Suicide Prevention Policy

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Regulations and standards

England

- **Regulation 12: The protection of children standard**
- **Guide to the protection of children standard**
- **Regulation 11: The Positive Relationships Standard**

Wales

- **Regulation 15: Personal plan**
  https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made
- **Regulation 27: Safeguarding policies and procedures**
  https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made
- **Regulation 36: Supporting and developing staff**
  https://www.legislation.gov.uk/wsi/2017/1264/regulation/36/made

Note: This chapter should be read in conjunction with the relevant Local Safeguarding Children Board Procedures Manual.

Related information and guidance

Understanding and preventing suicide: Executive Summary

'Preventing suicide in England: a cross government outcomes strategy to save lives' September 2012.

NHS Choices – Self Harm

NHS Choices – Suicide

RELEVANT CHAPTER

First Aid, Home Remedies and Medication Procedure

Recognising Abuse Guidance

Absent Missing Children/Young People Policy

Delegated Authorities and Notifiable Events Procedure

1. Purpose of Policy

This policy aims to guide the assessment, intervention and care for young people at risk of suicide. This includes:

- Review of national policy and research into suicidal behaviour in young people;
- Outline a framework where risk is acknowledged and plans are developed to manage risk effectively;
- Outline considerations for placement within a group home setting/ Education provision;
- To set out appropriate procedures for carers to support a young person who presents with suicidal thoughts and behaviours in the short and long term;
- To outline suicide prevention strategies within a group home setting/education provision;
- To support carers or other staff members who come into contact with people who present with suicidal thoughts and behaviours;
- To provide clear procedures for carers and other staff members around issues of suicide, including procedures for recording and sharing of information;
- To outline working within a multi-agency framework.

1.2 Who was consulted in the writing of this policy?

Young people, care staff, teaching staff, clinical staff, and local CAMHS services.

1.3 What other policies does this relate to?

- **Admissions Policy and Procedure**;
- **Managing Behaviours Policy**;
- **Clinical Consultation Policy**;
- **Therapy Engagement Policy**;
- **Administration of Medication Procedure**;
- **Ligature Cutter Policy**;
- **Unexpected Death of a Child Procedure**;
- **Risk Taking and Assessments Policy**;
- **Health and Safety Policy**;
- **Emergency Procedures**;
- **Information Sharing and Escalation Procedure**;
- **Incidents - General**.

2. Terminology and Definitions

Attempted Suicide- Any act with the intent to take life, resulting in non- fatal injury (Mental Health Foundation, 2003).

Suicidal Intent: The desire or intention to take one's own life. Intent is indicated by evidence of advanced planning and premeditation (such as saving up tablets), taking care to avoid discovery, failing to alert potential helpers, carrying out final acts (such as writing a will) and choosing a violent or aggressive means of deliberate self- harm allowing little chance of survival.

Suicidal Ideation: Having thoughts about taking one's own life, ranging from fleeting (occasional and easy to distract from) thoughts, to pre-occupation (intense and hard to distract from) with suicide. Suicidal ideation should be distinguished from intentions as thoughts about suicide can be present without any intentions to act upon them.

Suicide: is an intentional, self-inflicted, life-threatening act resulting in death from a number of means (Mental Health Foundation, 2003).

3. Background Information

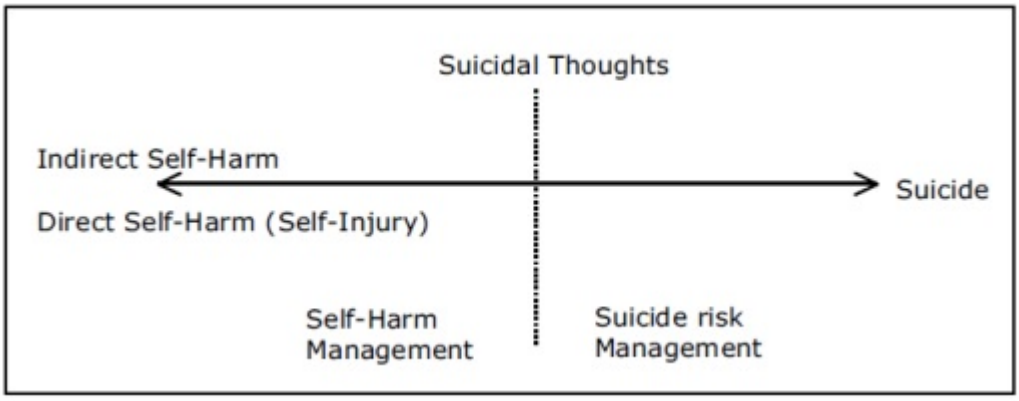
Many looked after children have experienced neglect, abuse and rejection, and substance abuse. Everybody can feel sad, lonely or depressed at times, especially teenagers, and they might find it hard to cope with these feelings. They may feel intense pain and upset which won't go away. Intense feelings of hopelessness for the future and prolonged low mood can lead to thoughts of suicide. Young people who attempt suicide feel they have no other option open to them at that time.

Suicide is a major factor in deaths of young people under 35 in the UK. In 2014, 597 young people between the ages of 10 and 24 took their own lives. Under the age of 35, the number rose to 1,556. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling (Papyrus, 2016).

Most people who attempt suicide do not attempt again. However, about 16% repeat within one year and 21% repeat within 1-4 years, (Owens et al., 20051). The majority of repeat attempters will use more lethal means on subsequent attempts – increasing the likelihood of increased death. Approximately 2% of attempters die by suicide within 1 year of their attempt. The history of a prior suicide attempt is the best known predictor for future suicidal behaviours. Approximately 8-10% of attempters will eventually die by suicide.

3.1 The self-harm- suicide continuum

At Bryn Melyn care we distinguish between self-harm behaviours where suicidal thoughts may not be present and suicidal behaviours. Therefore, a separate self-harm policy is in place which aims to minimise the harm caused by self- injury. The suicide policy aims to prevent suicide and manage the risks associated with suicidal thoughts.



3.2 What can increase risk?

- Lack of friends and social isolation;
- Family problems;
- Sexual, physical or emotional abuse;
- Severe mental health problems;
- Poorly planned placement transitions;
- Alcohol and drug problems;
- Poor physical health;
- Recent change in role/ loss of role in life;
- Recent loss/bereavement or anniversary of loss/ bereavement;
- History of suicide attempts;
- Family history of suicide attempts.

3.3 Protective factors

- A sense of optimism and hopefulness;
- Positive health and participation in sporting activity;
- Close and healthy family relationships;
- Religion/ spiritual beliefs;
- Safe, caring and trusting relationships with adults;
- Personal resiliency.

3.4 Warning Signs

- Excessive sadness or moodiness;
- Sudden calmness after a period of depression;
- Isolating themselves;

- Neglect in appearance;
- Change in sleep patterns and appetite;
- Self-harming behaviour;
- Making preparations for the end of life;
- Talking about suicide;
- Talking about a violent method of suicide (hanging or shooting).

3.5 Types of suicide

- Ligatures;
- Bleeding out;
- Drowning;
- Jumping from heights;
- Running in traffic;
- Poisoning (including overdose);
- Suffocating;
- Starvation.

[1] Owens, et al. (2005) Mortality and suicide after non-fatal self-poisoning: 16-year outcome study. British Journal of Psychiatry.

4. Roles and Responsibilities

4.1 The organisation will:

- Promote a culture which is tolerant of emotional distress and promotes emotional wellbeing;
- Support all carers and education staff to manage the suicidal thoughts, intentions and behaviours of young people effectively and safely;
- Consider factors associated with suicide upon admission to a BMC home;
- Provide appropriate training in relation to self- harm, crisis management and suicide prevention.

4.2 Care, Education and Clinical staff will:

- At the point of admission ensure that information indicating a risk of suicide is reviewed by a HCPC Registered Psychologist to consider risk factors and management plan;
- Ensure that an assessment of risk has taken place following admission and following any changes in risk factors;
- Develop a risk management plan;
- Share information in relation to changes in risk.

4.3 The person responsible for the site where the risk of suicide behaviours are present / or the care staff on shift will:

- Keep records of all incidents;
- Ensure procedures are followed in accordance with this policy;
- Report the matter to all designated persons of Bryn Melyn Care;
- In the case of a fatality refer to the **Unexpected Death of a Child Procedure**.

In the event of a serious incident where ligatures, attempts to hang, running into traffic, threats to jump from bridges occur the site manager has responsibility informing other members of the team. There are several psychometric assessments that can be completed to assess risk, such as the Pierce Suicide Assessment Scale/ This scale could be completed, if appropriate,after each incident associated with suicide behaviours. This scale must also be shared with the Allocated Clinician. It must also be shared with any external healthcare professionals involved in the young person's care. Any questions about how to complete the scale must be directed towards the Allocated Clinician.

4.4 All Young People will be encouraged to:

- Talk to the appropriate staff member if they are in emotional distress;
- Alert a member of care staff/teaching staff if they suspect a fellow young person of being suicidal or at serious risk of harm to themselves;
- To be guided about issues of when confidentiality must be broken to safeguard another young person.

The above should be discussed with young people placed within Bryn Melyn Care where self-harm/suicide may be an issue. It is particularly important for young people in multi-bed homes and attending education provision to help manage this within a group setting

4.5 Social Workers/Parents will be encouraged to:

- Support young people to ask for help as soon as they are feeling stressed, considering harming themselves or having suicidal thoughts;
- Support young people to talk openly about their problems and feelings;
- To avoid shaming the young person;
- To share information with BMC;
- Support interagency working.

5. Procedures

5.1 Assessment

Assessment of suicidal risk should cover the following considerations:

- Hopelessness (feelings about the future);
- Background knowledge about the person;

- Suicidal intent (including asking questions about thoughts and intent of suicide);
- A degree of the seriousness of intent (including details of where, when, how, by what means);
- Consideration of whether the person has access to means to complete suicide;
- Current mental state at the time of assessment (mood, attitude, presentation, thoughts and symptoms);
- Known risk factors;
- If assessment is taking place after a suicide attempt considerations should include; what led to the event, methods used and mental state at the time.

These factors should be recorded on the suicide risk assessment and management plan. If completed by a Registered Manager or Care Practitioner, it should be shared with the Allocated Clinician. If there is concerns about risk of suicide the Allocated Clinician should be involved in the assessment. If the risk is considered to be high a formal Mental Health Assessment should be sought through A&E/ CAMHS unless alternative arrangements are in place (see BMC CAMHS joint working policy).

Carers must complete a Self-Harm Form and select 'thoughts of suicide or attempted suicdie' within the form. The allocation clinician may request that a Suicide Intent Monitoring Scale (see **Appendix 1: Pierce Suicide Assessment Scale**) after each suicide attempt and complete Dynamic Risk Monitoring forms (see **Appendix 2: Dynamic Risk Monitoring Form**) is completed to assess in our understanding of a young person's presentation. A member of the clinical team will contact the home or complete a welfare visit if a young person is presenting as high risk, during this visit the clinician will assess the young person and write a Clinical Risk Assessment.

If a self-harm report and suicide report form is received by the clinical team, a clinician will contact the home and respond to the self-harm from by identifying a classification of risk is identified in Appendix 1. If required they will complete a welfare check at the home. The clinician will then complete a Clinical Risk Assessment. The Clinical Team responses will follow the procedure outlined in Appendix 3.

5.2 Risk Management

BMC are committed to reducing the risk associated with suicide by promoting a positive culture which:

- Encourages people to ask for help as soon as they are feeling stressed, considering harming themselves or having suicidal thoughts;
- Encourages people, particularly young people, to talk openly about their problems and feelings;
- Removes the shame linked with emotional problems and mental illness;
- Provides a healthy school and home environments making sure young people feel safe and looked after.

The most effective way of preventing suicide is by reducing access to lethal methods, particularly as suicide behaviour is sometimes impulsive. However, we recognise that not all risks can be eliminated and we are committed to reducing risk factors by promoting coping skills. Where a suicide risk is known precaution should be taken to reduce access to lethal means, this includes being aware of and reducing ligature points, removing access to medications and items for self-poisoning, increase supervision in relation to railways, bridges, motor vehicles and other means of suicide in line with the assessed risk.

Accurate assessment and management plans are part of ongoing crisis prevention. The Allocated Clinician should provide support around ongoing crisis prevention for any young person at risk of suicide.

Alongside risk management plans a young person should be offered psychological therapy either within BMC or from an alternative provide

5.3 Crisis Management

Crisis management is aimed at keeping people safe in the short term. Each young person will have an Individual Behavioural Support Plan (IBSP). In relation to suicide risk Individual Behavioural Support Plans (IBSP) should focus on:

1. Diffusing emotional distress by allowing a young person to express and release their emotions without judgements;
2. Improving hope for the future and self-esteem by encouraging the person to list achievements, plan something to look forward to;
3. Ensure safety by removing access to means of suicide and harm, increasing supervision;
4. Address immediate problems;
5. Identify sources of support;
6. Identify coping strategies.

Recommended Actions if a young person **threatens** suicide:

What to Do	What not to do
Actively listen	Deny the young person's feelings
Ask direct questions	Beat around the bush
Stay with the young person	Leave the young person alone
Alert home manager	Promise to keep secrets
Alert a clinical team member	Try to handle the situation alone

** Adapted from King (2001)*

5.4 Procedures for Suicide behaviours

Click here to view Procedures for Suicide behaviours table

5.5 Completed Suicides/Postvention

The death of a young person is a tragic event. When that death is a suicide there are exacerbating considerations. Effective preventative support for the aftermath of a death by suicide is very important. BMC will:

- Support service users, carers, education staff and parents as they grieve;

- Provide a safe environment for al members of the team and other young people to express their feelings of grief, loss, anger, guilt, betrayal etc;
- Attempt to prevent a copy-cat response from other vulnerable young people;
- Return the service to its normal routine as quickly as possible following crisis intervention and grief work.

5.6 Ongoing Self-Care

Carers need to monitor and care for their own mental wellbeing on an ongoing basis. Supporting a young person who is self-harming or who has attempted/committed suicide can be upsetting. It is important for the carers, education staff or members or clinicians involved to be aware of their own mental health and to acknowledge any distress they may feel. Line managers also need to be careful that staff members feel they access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. All staff can try some of these self-care techniques to help relieve the stress they may feel:

- Talk to a friend, your partner or a colleague about how you're feeling (without compromising the confidentiality of the young person involved);
- Take part in some exercise; try some relaxation techniques, such as yoga, Tai Chi, visualisation and breathing exercises;
- Listen to relaxing music or have a bath;
- Request self sooth programme/ mindfulness sessions;
- Refresher training on self-care modules of Foundations for Attachment Training Programme;
- Access the Health Assured Employee Assistance Programme.

5.7 Internal reporting systems

Incidents of attempted or thoughts to commit suicide should all be reported within 2 hours using the Self Harm and Suicide Attempt Report form. This form should be completed using the following procedure (Self-harm and suicide attempt recording procedure). This process will ensure that incidents of self-harm and suicide are responded to appropriately and safely.

The Self Harm and Suicide Attempt Report Form should be followed up with the completion of an Incident Report form which requires more in depth information.

Notifications of Serious or Persistent Self-Harming

All attempts of suicide should be treated as serious and therefore deemed to be an incident; and must be notified immediately to the Manager and relevant Social Worker within 24 hours or as soon as practicable thereafter. The Social Worker should decide whether to inform the child's parent(s) and, if so, who should do so.

In the case of all serious or persistent self-Harming or attempted suicide, the internal reporting system should be followed within 2 hours of the incident occurring and an Incident Report Form should also be completed within 24 hours of the incident.

Depending on the seriousness of the Incident, other people/agencies may have to be notified, see Notifiable Events Procedure. The Manager must undertake a Management Review, as set out in **Incidents - General Guidance**.

5.8 Recording

All young people at Bryn Melyn Care with a history of suicide attempts should have a self-harm risk assessment. If a young person's first episode of self-harm occurs during their time with Bryn Melyn Care then a self-harm risk management plan should be put in place following the first episode. The risk assessment should be read by all members of staff and followed accordingly. If a young person self-harms for the first time, the Allocated Clinician will write a Clinical Risk Assessment, should further self-harm be completed, this assessment should be reviewed and updated if required.

All incidents of attempted suicide must be noted in the home's Daily Log, child's Daily Record, and recorded in detail in an Incident Report.

6. Monitoring and Evaluation

The organisation will monitor suicide attempts and evaluate its practice through:

- Effective use of young person's Quality of Life Plan (QOLP) and Individual Behavioural Support Plan (IBSP) to demonstrate how this behaviour is being managed and the outcome of any interventions being used;
- Bryn Melyn Care will maintain a log of all suicide attempts in line with the incident reporting procedures;
- Bryn Melyn Care will maintain a log of suicide attempt incidents to monitor and evaluate self-harm management within the organisation; including responses to self-harm/ suicide attempts. This will enable both individual and general patterns in behaviour to be studied;
- Gaining feedback from young people as to how a self-harm/ suicide incident has been dealt with.

7. National Guidance

The following guidelines are relevant when considering the practices around self-harm within Bryn Melyn. The information in these guidelines has been considered when writing the policy. When staff are required to be familiar with a specific guideline this is indicated.

Nice guidelines: Self-harm short-term treatment and management (2004)

These clinical guidelines cover information on the care people who harm themselves can expect to receive from healthcare professionals in hospital and out of hospital, the information they can expect to receive, what they can expect from treatment, and what kinds of services best help people who harm themselves.

This guidance is helpful to refer to when a young person requires medical attention for an act of self-harm or suicide attempt. Young people accessing medical care following self-harm should be treated with the same care, respect and privacy as any patient. **Carerstaking young people to hospital should be familiar with these guidelines**.

7.1 Additional Support

7.1.1 Training

Training expectations as outlined within NICE guidance detail that clinical and non-clinical staff members who come into contact with people who self-harm have a sufficient understanding to provide compassionate care (NICE, 2004, 2011). Training should teach staff how to recognise and respond to self-harm, including assessment and management approaches. It should include education about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes. Training should specifically aim to improve the quality and experience of care of young people who self-harm. This training will also reference suicide prevention.

Bryn Melyn Care will provide appropriate training for carers working directly with young people in line with the above guidance.

Additional training can be provided, where appropriate, when a young person is placed into one of our homes regarding planning on how the home can support a young person in addressing their problematic behaviours.

Key members of the clinical team should have additional specialist training in suicide risk assessment, management and prevention, for example STORM, DBT, crisis intervention.

7.2 Clinical Support

The Allocated Clinician will provide appropriate support to all staff working directly with a young person who has a history of self-harm. They will work with the care team to identify training needs and areas of clinical need. This may include; consultation to the care team, additional training, supporting key working sessions, identifying/providing suitable therapeutic interventions and direct work with the young person. Allocated Clinicians will support care teams to reflect on effective completion of impact assessment, the integrated placement plan, the risk management plan and the young person's Individual Behavioural Support Plan (IBSP).

Specialist clinical support can be provided on a case-by-case basis from the point of referral onwards. Additional consultations can be facilitated with individual Registered Care Managers to consider the specific risks associated for young people placed within their care.

Ongoing consultation will be provided for the staff team on a regular basis in line with the company consultation policy. Where necessary further specialist support can be provided to the care teams.

8. Support and Useful Numbers

National Self Harm Network (NSHN)

Aims to support, empower and educate those who self-harm, their families and those who support them.

The Site

Young person's guide to the real world, including mental health and self-harm, among many other topics.

Samaritans

Provides confidential non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

MIND

Aims to help people take control of their mental health, by providing information and advice, and campaigning to promote and protect good mental health for everyone. More suitable for older young people.

YoungMinds

The only national charity dedicated to promoting the mental health and emotional wellbeing of children and young people.

Appendices

Click here to view Appendix 1: Pierce Suicide Assessment Scale

Click here to view Appendix 2: Dynamic Risk Monitoring Form

Appendix 3: Risk Protocol

Severe Level of Risk

A young person has acted upon or there are enough indicators to suggest that it is likely that they will act upon thoughts to self-harm/suicde with potential life threatening consequences. Severe levels of risks include using self-harm objects that will cause serious harm/suicide. Such as but not limited to razor blades.

Carers need to: Contact the clinical team as soon as possible and complete the self-harm suicide form.

Clinicans need to: Arrange a TAC meeting, complete a risk assessment, visit the young person at the earliest opportunity and write the risk assessment summary report.

Increased Level of Risk

Known self-harm risk -If self-harm has increased in severity or frequency of injury. E.G. if they cut deeper or ligature tighter. If the young person is concealing their self-harm. If they are hiding, or secreting instruments to self-harm, or putting themselves in dangerous situations in an attempt to harm themselves.

New self-harm –If a young person self-harms without a history of self-harm. If a young person with a history of self-harm presents with a new kind of self-harm behaviour.

Carers need to: Complete the self-harm form and e-mail to the 'self-harm reporting' group.

Clinicians need to: contact the home as soon as possible, complete a risk assessment, offer support to the team, visit young person and write the assessment summary report. Save in LinkeWork Folder.

Known Self-harm only

If the young person has self-harmed in a consistent/known manner, no first aid is required and there are no changes to their mood throughout the day. If they have expressed thoughts of suicide and there is appropriate risk management plans in place.

Carers need to: Complete the self-harm form and e-mail to the 'Self-harm Reporting Group'

Clinicians need to: Ensure level of self-harm has not increased and log the incident.

Revision History

Date last updated: May 2020

Date of next review: May 2021

Date of release: December 2018

End

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