

Guidance on suicide and self-harm risk management

Please discuss any concerns, however small, with a Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) and they will support you with any further action required:

Designated Safeguarding Lead:	Sarah Jeffrey (Mon – Thurs), 07590 228 450
Deputy Safeguarding Leads:	Rachel Whippy, 07525 857 283 Hannah Holden (Wed-Fri), 07939 417618
Chief Executive:	David Dunwell, 07812 380 326
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External contacts:

LCC Safeguarding	0300 123 6720	0300 123 6722 (out of hours)
Blackburn Safeguarding	01254 666 400	01254 587 547 (out of hours)
Blackpool Safeguarding	01253 477 025	01253 477 299 (out of hours)

Although this document includes information around responding to self-harm and suicidal ideation:

- **In the event of a medical emergency or threats to significantly harm/kill self or others, call 999**
- **If an adult needs urgent mental health support, call 111 (option for mental health)**

Always seek medical attention:

- If they have taken an overdose or have ingested toxic substances
- If the wound continues to bleed heavily once you have carried out the above steps, including bandaging
- If the cut is deep and has exposed underlying muscle, this is dark red in colour and may look like a slab of meat
- If they have lost sensation in the area of injury, or more widespread; they may have damaged a nerve
- If a burn is on a sensitive area of the body (e.g. face), over a joint or on the palm – the healing process creates scar tissue that can shrink the skin, causing potential movement difficulties for life
- If a burn is severe, or large in area (bigger than a 50 pence piece)
- If a burn is caused by chemicals

- If after a few hours or several days the wound is infected; it could be red, sore, swollen or weeping

Always seek urgent mental health support:

- If they are experiencing suicidal thoughts, and/or have a plan, intent, means to take their own life or seriously harm themselves

In addition to the above always seek safeguarding support:

- If they are a child or young person who is self-harming or suicidal
- If they are an adult who is self-harming and may lack capacity

1. Introduction

- Lancashire Mind has a responsibility for the safety and protection of all children and young people under the age 18, and adults over the age of 18 who may be considered at risk, who come into contact with its services by developing, implementing and monitoring effective safeguarding policies and procedures.
- We will give equal priority to keeping all children, young people and adults safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. We recognise that some people are additionally at risk because of the impact of discrimination, previous experiences, their level of dependency, communication needs or other issues.
- This policy and procedures encompass face-to-face, digital, online and phone contact.
- It is to be read in conjunction with Lancashire Mind's safeguarding policies: [Safeguarding Adults and CYP policies](#)

2. Purpose

The purpose of this guidance is:

- To understand the risk of suicide and self-harm, how to approach this with service users and provide a framework for risk management
- Provide information about reducing the risks of injury or death and ensuring the safety and wellbeing of people who come into contact with Lancashire Mind
- To provide support for service users who access Lancashire Mind services and are at risk of suicide and/or self-harm
- To provide all staff and volunteers with guidance on procedures they should adopt if they suspect a service user is at risk of suicide and/or self-harm

3. Context

Suicide is a major public health issue. In 2021, there were 5219 suicides registered; 307 more than in 2020. Males aged 50-54 were found to have the highest suicide rate. The most common method of suicide is hanging, followed by self-poisoning.

Approximately 90% of people dying by suicide have a mental health condition, although this may not have been recognised or treated. Depression is the most common condition, found in at least 60% of cases. This may be complicated by other mental health issues, especially alcohol misuse and personality disorders.

Self-harm refers to any act of intentional self-poisoning or self-injury, irrespective of motivation or intent. There is evidence that there is a 30 fold increase in the risk of suicide for people who self-harm.

Approximately a quarter of people who die by suicide will have been in contact with mental health services in the year before death. So this guidance supports Lancashire Mind staff and volunteers to risk assess suicidal ideation and self-harm behaviours in service users and be confident about what actions to take to ensure people get the support they need.

4. Self-harm

Self-harm is a very wide ranging term and can be considered as a spectrum of behaviours. These may include:

- Cutting or scratching with knives, razor blades or other sharp implements
- Burning yourself
- Hitting or banging your arms, legs or head on walls or with fists or objects
- Compulsively pulling out large amounts of hair
- Interfering with the healing of wounds
- Taking risks including dangerous sexual activity, walking into traffic etc
- Abusing drugs or alcohol for the risk rather than enjoyment

There is no one reason why people self-harm and everyone's experience will be different. There is however a common theme of underlying distress, with self-harm being used as a coping strategy. People may self-harm to:

- Cope with, or validate the emotional pain of psychological trauma such as abuse
- Survive overwhelming emotions and control feelings of helplessness and powerlessness
- Fulfil a (perceived) need to punish themselves for actual or perceived transgressions
- Attempt to feel something when they feel disconnected from their emotions and themselves
- Communicate feelings of distress and despair where the person may lack the ability to do so in another way

Self-harm is not the same thing as attempted suicide. In fact, it can often be a means of staying alive, rather than trying to take one's life. Nevertheless, people who self-harm are at increased risk of suicide.

There is a persistent myth around self-harm being attention seeking and it may be tempting to dismiss it on this basis. This is often not the case. Most people who self-harm take extreme

care to hide it from other people. If it is something you become aware of, it is important to take the risk seriously.

5. How to talk about self-harm

Do:

- Make time to talk
- Be patient and stay calm
- Listen to what is being said and check your understanding
- Respond with care and concern, rather than anxiety or distaste
- Be interested in them as a person, not just as someone who self-harms
- Acknowledge their emotions
- Are there underlying difficulties?
- Ask about coping strategies – when are they most likely to self-harm? What have they found helpful in distracting them?
- Give the person the opportunity to direct the conversation, express their thoughts about self-harm and be involved in jointly agreeing plans for keeping safe and for further support
- Make suggestions for alternative coping strategies to try
- Act appropriately in line with our confidentiality policy and share information with others if appropriate to do so e.g. Designated Safeguarding Lead – safety is priority

Avoid:

- Reacting with strong or negative emotions
- Becoming irritated and frustrated
- Telling them to stop self-harming or give them an ultimatum
- Ignoring self-harm however superficial, or assume someone else if already helping them
- Making judgements or promises that you can't keep
- Assuming that they want to stop self-harming

Possible questions about the nature of self-harm:

- Where on your body do you typically self-harm?
- What sort of self-harm are you doing?
- What are you using to self-harm?
- Have you ever hurt yourself more than you meant to?
- What do you do to care for the wounds?
- Have your wounds ever become infected?
- Have you seen a doctor because you were worried about a wound?
- Have you told anyone else about your self-harm eg. parent, friend, teacher?
- Is there anyone else that you think may be good to talk to? How would you feel about letting them know what's going on for you at the moment?
- Has anything specific has happened to make you feel like this or whether there are several things that are going on at the moment?
- Is there anything that you find helpful to distract you when you are feeling like self-harming?
- What feels like it's causing you the most stress at the moment?
- What do you think would be most helpful?

Mind has tips and techniques for coping with feelings of self-harm and distraction techniques that you can signpost the service user to:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/helping-yourself-now/>

6. Suicide

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.

If you are supporting someone who is feeling suicidal, they might be scared or confused by these feelings and find the feelings overwhelming. Different people have different experiences of suicidal feelings. They might feel unable to cope with the difficult feelings they are experiencing.

Suicide is a major public health issue and each year people of all ages and from all walks of life die as a result of suicide. Yet suicide is preventable. Most suicidal people don't want to die, they simply don't want to live with the pain they experience any longer.

They might think/feel:

- Hopeless, like there is no point in living
- Tearful and overwhelmed by negative thoughts
- Unbearable pain that they can't imagine ending
- Useless, not wanted or not needed by others
- Desperate, as if they have no other choice
- Like everyone would be better off without them
- Cut off from their body or physically numb
- Fascinated by death

Suicidal feelings can affect anyone, of any age, gender or background, at any time. If they are feeling suicidal it is likely that they have felt increasingly hopeless and worthless for some time. They may not know what has caused them to feel this way but it is often a combination of factors.

They might be feeling so upset, angry and in pain that they believe these feelings will never end. But it's important to remember that they cannot and will not last. Like all feelings, these ones will pass. Struggling to cope with certain difficulties in life can cause them to feel suicidal.

7. Warning signs of suicide

Warning signs are indications that someone may be at imminent risk for suicide (immediately or in the near future). The more warning signs someone shows, the greater the risk of suicide.

Some of the affects, behaviours and actions that are often related to an individual experiencing suicide ideation are:

- Extreme mood swings or changes in personality
- Changes in eating and sleeping habits (such as sleeping too little or all the time)
- A heightened fixation with death or violence
- Expressing feelings of hopelessness or no reason to live
- Engaging in self-destructive or risky behaviour
- Withdrawal from loved ones, friends and community
- Announcing a plan to kill one's self
- Talking about or writing about hurting one's self, wanting to die or kill one's self
- Giving away prized possessions
- Obtaining a weapon or some other means of hurting one's self
- Increased use of alcohol or drugs
- Telling people he or she is 'going away'
- Loss of interest in things one used to care about
- Being a victim of bullying, sexual abuse, violence
- For young people, a sudden worsening of school performance
- Indications that they are in some form of abusive relationship
- Saying things like:
 - *"I wish I were dead."*
 - *"I'm going to end it all."*
 - *"You will be better off without me."*
 - *"What's the point of living?"*
 - *"Soon you won't have to worry about me."*
 - *"Who cares if I'm dead, anyway?"*

8. Risk factors for self-harm and suicidal thoughts

This is not an exhaustive list but gives an overview of some of the risk factors for self-harm and suicide:

- Low self esteem
- Poor coping, communication or problem-solving skills
- Mental distress, difficulty or illness, e.g., anxiety/depression
- Alcohol/substance misuse
- Impulsivity
- Stress or worries about school, work or peers
- Bullying
- History of similar behaviour in the past
- Past or current experience of abuse
- Feeling isolated
- Recent bereavement or loss
- Chronic illness/disability
- Racial discrimination and/or abuse
- Family conflict
- Unemployment/poverty/low socio-economic status
- Debt or housing concerns
- Domestic abuse and violence
- Pressure from family to achieve at school/work unreasonable expectations
- Minority status

- Challenges in relation to race, culture or religion
- Problems with acceptance of sexual orientation or identity
- Media portrayals of self-harm or suicide which may lead to emulation by people at risk
- Possible side effect of some antidepressants, antipsychotic medication and mood stabilisers
- Pregnancy, childbirth or postnatal depression
- Bereavement, including losing a loved one to suicide
- The end of a relationship
- Adjusting to a big change, such as retirement or redundancy

9. How to support someone experiencing suicidal thoughts and feelings

If someone is experiencing suicidal thoughts and feelings, has a plan, method (means) to take their life and intent, then they are at high risk and your concerns must be escalated immediately. Keep the person talking, explain that you are worried about them and that you need to arrange additional help. Alert a colleague to call emergency services if there is an immediate risk to life call 999. Liaise with the Designated Safeguarding Lead.

Thoughts of suicide without any plan or without intent or access to the means to do so carry a lower risk. When supporting someone who is experiencing suicidal thoughts and feelings consider their risk factors, protective factors, coping strategies, and create a safety/crisis plan together. Agree who to inform of the plan.

If an adult's mental health has deteriorated, but is not life threatening, they can be assessed and further support can be accessed via the START team (if not currently accessing mental health support) or the Community Mental Health Team (if they are currently accessing mental health support). For Children and Young People, initially contact their parent if under 18 and/or the school or college if they have referred the young person to the service. External support for CYP can also be accessed by contacting the relevant service for the area:

<https://www.lscft.nhs.uk/our-services/service-finder-z/children-and-young-peoples-psychological-services>

10. Safety plan

In developing a safety plan together, it might comprise of:

- How to recognise warning signs of self-harm or crisis
- Steps they can take to make their immediate environment safe
- Protective factors – reasons to live/not to self-harm
- Details of own coping strategies, such as what has helped someone cope in the past and what they can do to help themselves now
- The names and contact details of anyone they know who may be able to help
- The names and contact details of professionals or agencies they can contact
- Any helplines and listening services who can help
- Details of a safe place you can go, if they need to
- Practical help they might need if they go into hospital, such as childcare arrangements
- Who they would want to be contacted in an emergency

Appendices

Appendix 1 – Example safety plan (credit Grassroots)

My Safety Plan



Getting through
right now

Making your
situation safer

Things to lift or
calm your mood

Things to distract
you

People to support
you

List who you can
talk to if you are
distressed or
thinking about self-
harm or suicide

Emergency
professional support