

7.5 Self Harm and Suicide

Self harm is an act of self poisoning or self injury irrespective of the purpose of the act. Self harm is always a sign that something is seriously wrong.

Suicide is the act of deliberately taking ones own life (Protect Life 2006) and we have already seen in Chapter 4 Facts and Figures that the number of people taking their own life in Northern Ireland has increased over recent decades.

Preventing suicide and self harm is a shared responsibility between statutory, voluntary, community groups, communities and individuals.

Within Northern Ireland partnerships such as Investing for Health launched in 2002 continue to provide a framework for improving mental health and wellbeing. More specifically the Northern Ireland Suicide Prevention Strategy - Protect Life (2006) Implementation Group continue to engage a wide range of statutory and non-statutory groups in taking forward the recommendations of the strategy.

The following 2 standards focus specifically on things that are the responsibility of Health and Social Services and contribute to the overall initiatives for the prevention of suicide and the prevention and management of self harm.

Overarching Standard 50: Self Harm – Information and support

A person who is contemplating self harm/has self harmed or has expressed suicidal ideation should have access to a co-ordinated comprehensive range of age appropriate advice, information, counselling and support and other initiatives that can address their needs in relation to self harm and suicide. This should include accessible and appropriate information, for example regarding services and potential sources of help for the person and family, carer or friend.

Rationale

The general population would benefit from increased awareness of and access to a range of approaches to reduce stigma towards mental health issues and build capacity to support individuals and communities in need. The promotion of positive mental health and wellbeing through awareness, knowledge and information, the involvement of individuals, families, communities and all agencies can improve an individual's resilience, capacity, skills, self esteem, confidence and self worth.

Evidence

DHSSPS (2006) Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011

http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf

Choose Life: The national strategy and action plan to prevent suicide in Scotland

<http://www.chooselife.net>

Health Service Executive, the National Suicide Review Group and Department of Health and Children (Ireland) (2005) Reach Out: National Strategy for Action on Suicide Prevention 2005-2014

http://www.dohc.ie/publications/pdf/reach_out.pdf?direct=1

DHSSPS (2003) Promoting Mental Health: Strategy and Action Plan 2003-2008

<http://www.dhsspsni.gov.uk/menhealth.pdf>

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

McCartan Independent Review

Social Care Institute for Excellence (SCIE) (2005) Research Briefing 16: Deliberate self harm (DSH) among children and adolescents: who is at risk and how is it recognised?

<http://www.scie.org.uk/publications/briefings/briefing16/index.asp>

Arensman, Dr E. (2010) Review of the evidence base for Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy

<http://www.dhsspsni.gov.uk/review-evidence-base-protect-life.pdf>

Royal College of Psychiatrists (2010) Self-harm, suicide and risk: helping people who self-harm

<http://www.rcpsych.ac.uk/files/pdfversion/CR158.pdf>

DENI Pupils Emotional Health and Wellbeing Programme

Responsibility for delivery/implementation

DHSSPS
Commissioners
Trusts
Primary Care
Voluntary and Community Groups
In collaboration with other Statutory Groups e.g. education

Quality Dimensions

Person Centred – People, what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for them given their unique context and lifestyle. Information and support should be tailored to their age, understanding and accessibility.

Timely – Information available when needed, sensitive to individual circumstances

Equitable – Available to all throughout NI

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Availability of information, support and initiatives	HSC Trust report – Protect Life evaluation	In line with Protect Life	March 2013
Percentage of people who are receiving appropriate services	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013

Overarching Standard 51: Self Harm – Assessment and early intervention

A person who has self harmed should have any physical injuries dealt with as a matter of urgency and be offered preliminary psychosocial assessment when first presenting to services. If presenting either a risk to themselves or others they should be referred and assessed by age appropriate specialist mental health services **immediately** in line with NICE guidelines.

Anyone presenting to A&E who does not immediately require access to specialist services will be provided with a specific follow-up appointment scheduled within 7 days, i.e. Card Before You Leave scheme.

Rationale

Self harm is a significant problem that requires a co-ordinated input from a number of agencies including Primary Care, Ambulance, acute medical and psychiatric care. Preliminary psychosocial assessment to establish physical risk and mental state assessment in a respectful and understanding way, taking account of emotional distress as well as the physical distress will help to identify motives for the act and associated problems that might be amenable to intervention at a later stage.

A full assessment will assist the person and the practitioner to identify factors associated with the self harm, to identify potentially treatable mental disorders and assess continuing risk. This will assist in making the most appropriate referral for help and support.

Not everyone who self harms is willing to discuss their thoughts and feelings and this will make psychosocial assessment difficult. A person should be dissuaded from leaving if possible until appropriate arrangements in place to receive appropriate care and treatment or onward referral. It will be necessary for capacity/mental illness assessment to minimise risk and to try and provide ongoing support and care.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2004)
Self Harm: The short term physical and psychological management and secondary prevention of self harm in primary and secondary care
<http://guidance.nice.org.uk/CG16>

Royal College of Psychiatrists Council Report CR122 (2004) - Assessment following self harm in adults <http://www.rcpsych.ac.uk/files/pdfversion/cr122.pdf>

DHSSPS (2006) Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011
http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf

Responsibility for delivery/implementation			
Primary Care HSC Trusts, including NIAS Acute General Hospitals Mental Health Services In partnership with voluntary and community groups			
Quality Dimensions			
Person Centred – People, what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for them given their unique context and lifestyle. Timely – An early assessment helps inform ongoing care Equitable – Ensures assessment is completed regardless of where the person presents following self harm Safe – Minimises risk			
Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people presenting with self harm who have had a preliminary psychosocial assessment	Case Notes Audit – Primary and Secondary Care	Establish baseline Performance level to be determined once baseline established	March 2014
Percentage of young people presenting with self harm who have an assessment by CAMHS or other appropriate practitioner	Case notes	Establish baseline Performance level to be determined once baseline established	March 2014
Percentage of people who have a comprehensive assessment by an adult specialist practitioner	Case notes	Establish baseline Performance level to be determined once baseline established	March 2014

Percentage of people discharged in accordance with Trust A&E based Card Before You Leave Scheme	HSC Trust report PCC Report	Performance level to be determined once baseline established	March 2013
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