# Deliberate Self Injury in Mental Health Hospital Settings

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<tr>
<th><strong>Reference Number:</strong></th>
<th>NHSCT/09/112</th>
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**Target audience:**
This policy is directed to all staff within the Mental Health Directorate.

**Sources of advice in relation to this document:**
Deirdre Lewis, Nursing Services Manager

**Replaces (if appropriate):**
Legacy Management of Deliberate Self-Injury Policy for Holywell Hospital and Ward 8, Whiteabbey Hospital

**Type of Document:**
Directorate Specific

**Approved by:**
Oscar Donnelly, Director of Mental Health & Disability Services

**Date Approved:**
14 January 2009

**Date Issued by Policy Unit:**
10 March 2009
(Replaced Staffnet Nov 2012 due to minor amendments)

**NHSCT Mission Statement**
To provide for all the quality of services we would expect for our families and ourselves
Mental Health and Disability Services

Operational Policy

Deliberate Self Injury in Mental Health Hospital Settings

November 2008

MHD08/08
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Deliberate Self Injury in Mental Health Hospital settings

1.1 Background

Self Injury can be defined as ‘Any act which involves deliberately inflicting pain and/or injury to ones own body, but without suicidal intent’. (Ardonld and Magill, 1996).

The NHS Centre for Reviews and Dissemination (NHS, CRD. 1998) state that prevalence rates of all categories of Deliberate Self Injury have risen to an estimated 400 per 100,000 population each year and that Deliberate Self Injury is a frequent reason for hospital admission in the UK.

Isacsson and Rich (2001) describe Deliberate Self Injury as a behaviour and not an illness. They also state that little, if any, conclusive evidence is available on how to prevent Deliberate Self Injury. The need for a policy on how to manage people who inflict self injury is therefore required.

1.2 Policy Aim

To ensure the safe management of individuals who are assessed as being at risk of Deliberate Self Injury.

This Policy is to be read in conjunction with the following policies: -

- Restrictive Physical Interventions (NHSCT/10/345)
- Incident Management Policy and Procedure (NHSCT/09/127)
- Infection Prevention and Control (Business Area – Staffnet)

These policies can be accessed at local level or via the Intranet.

1.3 Policy

- Individuals who deliberately self injure themselves will be assessed as comprehensively and thoroughly as possible, including an assessment of the risk of suicide.

- Staff will be competent to assess and manage the risk of deliberate self injury.

- Staff will also be competent to manage the consequence of deliberate self injury
• A risk assessment will be completed and reviewed. This will consider both individual and environmental risks.

• All circumstances and motivations around deliberate self injury will be investigated.

• All staff will ensure that necessary action is taken promptly to manage potential risks.

• Care plan interventions and their effectiveness will be reviewed following incidents of deliberate self injury and will be changed if clinically indicated.

• All actual and attempted incidents of deliberate self injury will be reported and recorded using the appropriate pro forma.

• Each actual or attempted incident of deliberate self injury will be monitored and reviewed at ward level. Where appropriate, and at the discretion of the Ward Manager and Nursing Services Manager, an audit of the incident will take place.

• Any identified risk factors that require the intervention of Senior Management will be referred to the Clinical and Social Care Governance Facilitator.

• Staff involved in the management of incidents and deliberate self injury will be offered support from their line manager as appropriate.

• Staff, through induction and training, will be made aware of the Trusts policy on the management of incidents of deliberate self injury.

• Staff will follow the accompanying Procedural Guidelines when managing all incidents of deliberate self injury.

1.4 Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.
1.5

(a) **Policy Team**

Mrs D McGilton, Assistant Ward Manager

Mrs D McKeown, Assistant Ward Manager

Mrs E Brunton, Staff Nurse

Ms D Johnston, Staff Nurse

(b) **Policy Review Team**

Deirdre Lewis, Nursing Services Manager
Mary Margaret McGuigan, Ward Manager
Trevor Fleming, Head of Mental Health Acute & Hospital Services

1.6 **Consultation**

Hospital Management Team
Medical Staff Committee
Mrs Norma Nixon, User Representative
Sub Policy Review Team

1.7 **References**


1.8 **Alternative formats**

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

1.9 **Sources of Advice in relation to this document**

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
2.0

Date Policy Agreed: 14 January 2009

Policy accepted and agreed by:

Director of Mental Health: Oscar Donnelly
Date: 14 January 2009

Clinical Director: Dr G Lynch
Date: 12 January 2009
Deliberate Self Injury in Mental Health Hospital settings Procedure

Immediate Action

- Staff will immediately assess the situation and intervene to preserve and protect the health and well-being of the patient.

- Staff will take all the necessary precautions to prevent any repetition of the incident and to avoid any further deterioration of the patient’s condition.

- If necessary assistance from other staff will be requested to help maintain the safety of the individual and to facilitate the removal of the instrument of self injury.

- Any injuries sustained will be assessed and managed appropriately.

- Immediate first aid will be administered if required.

- Nursing staff will notify the patient’s SHO or duty SHO giving details of the incident.

- Should restraint be required the principles of safe application will be followed.

- The immediate environment will be made as safe as possible taking into account the whereabouts of other patients.

- The implement of self injury will be disposed of in accordance with infection control and waste disposal guidelines.
Action Following an Incident

- A full re-assessment of the risk of further self injury will be undertaken including the individual and the environment.

- Staff, in consultation with the patient, will review the care plan, documenting any changes and highlighting risk areas.

- The patient will be given the opportunity to discuss the incident with a designated member of staff.

- The patient’s physical state will be medically assessed.

- An incident form will be completed to include notification of the nursing staff, co-ordinator and next of kin (with patient’s consent where appropriate).

- A multi professional audit will be undertaken following a serious incident or repeated incidents of self injury.