The Royal Wolverhampton NHS Trust

Policy Number CP13
Adult Self-Harm Policy

Contents **Page numbers**

Appendices

To be read in conjunction with the following Policies

- OP11 Mental Health Act Administration Policy
- CP59 Physical Restraint Policy
- CP53 Safeguarding Adults at Risk Policy
- CP59 Restraint policy.
- CP41 Safeguarding Children Policy
- OP53 Missing Persons Policy
- CP06 Consent to Treatment and Investigation Policy
- CP02 Deprivation of Liberty Safeguards (DoLS) Policy
- CP03 Management of Ligature Risk
- CP63 Management of Self Harm on Presentation to RWT of Young People up to 18th Birthday – Wolverhampton
- OP53 Missing Patient Policy
- OP28 Management of Prisoner Attendance Policy
- CP63 Management of Deliberate Self-Harm on Hospital Presentation of Young People up to 18th Birthday

1.0 Policy Statement (Purpose / Objectives of the policy)

Trust employees are likely to come into contact with and need to care for people who have self-harmed or are at risk of self-harm. Self-harm is a broad term, and people may injure or poison themselves using a range of methods. There are also less obvious forms, such as eating disorders or lack of care of emotional or physical needs. Self-harm is a way of expressing very deep distress and it is important that Trust staff take appropriate action.

This policy aims to:

- Provide a pathway for people who self-harm to be treated with respect, understanding, and appropriate physical and emotional care;
- Provide information should a member of staff or the public who are not patients reveal self-harm or suicidal thoughts.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Self-harm: self-harm is a broad term. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose, or swallowing or putting other things inside themselves. It may also take less obvious forms, including unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs.

Suicide attempt: an attempt to end one's life. The distinction between the attempted suicide and self-harm may not always be clear cut. For example, a person might take an overdose of prescribed medication to get some sleep or respite from current problems, but not be too bothered if they wake up. They don't plan to kill themselves, but they're too tired to think through the consequences.

3.0 Accountabilities

3.1 It is the responsibility of the Chief Executive through the Chief Medical Officer to promote the aims and objectives of this policy and to provide a suitable Governance framework to enable any incidents to be reported so that learning can be maximised and future incidents prevented.

3.2 Matrons, Team Leaders and Heads of Services are responsible for the implementation of this policy in their areas of responsibility including:

- Staff attending relevant Mental Health Mandatory Training;
- Incidents of self-harm being recorded on Datix and appropriately investigated;
- Staff receiving supervision following incidents in which they may feel traumatised.

3.3 All staff have a responsibility to take appropriate actions should a patient, member of the public or a staff member disclose self-harm or the intent to self-harm.

4.0 Policy Detail

4.1 Assessment and treatment for people who self-harm

4.1.1 Any history of mental health difficulties should be identified during the admission process in medical clerking and through use of the mental health assessment in the admission documentation. See appendix 1 and appendix 1.1 for the flow charts to use on wards or in the Emergency Department (ED) *Identification of an inpatient (aged 18 and over) as having a mental health problem / whose behaviour is giving cause for concern*.

4.1.2 If the patient has a history of harm to self, then this should be explored by the identifying clinician and any risks explored with the immediate nursing team and/or Mental Health Liaison Team and an appropriate management plan identified. This may include observation and engagement of the patient during their episode of care, environmental risk assessment, medication review.

4.1.3 The Adult Mental Health Risk Assessment must be completed for all patients (see links below) referred to the Mental Health Liaison Team because of an act of self-harm or thoughts to self-harm for Biopsychosocial assessment.

4.1.4 Completion of the risk assessment will allow consideration of the level of observation in the ward or department concerned and any associated environmental risks, including where the patient is placed to await further care or assessment.

4.1.5 The Mental Health Liaison Service is based at New Cross Hospital in the ED and provides a 24-hour service to RWT. The Team can be bleeped on 3933 where the clinical presentation and any risks are discussed so that an appropriate management plan can be agreed. The service aims to undertake an assessment in the Emergency Department within one hour and within 24 hours to other parts of the Trust.

4.1.6 Staff members or members of the public who self-harm and are not under the immediate care of the Trust can be assessed through ED or the Urgent Care Centre and will then become patients for the purpose of this policy.

4.1.7 The environment must be managed using Appendix 2 *Wards/ED: Identification of an inpatient (aged 18 and over) as having a mental health problem / whose behaviour is giving cause for concern*.

4.2 Consent and confidentiality

4.2.1 Clinical staff must assess and document the patient's mental capacity (as described in the Mental capacity Act (MCA) – see CP06 *Consent to Treatment & Investigation Policy*) as part of the routine assessment of people who have self-harmed using the Trust documentation. Within the boundary of patient confidentiality, and subject to the patient's consent, staff should attempt to obtain relevant information from relatives, friends, carers and other key people, to inform the assessment where necessary.

4.2.2 In the assessment and treatment of people who have self-harmed, mental capacity should be assumed unless there is evidence to the contrary.

4.2.3 Staff must provide full information about the treatment options, and make all efforts necessary to ensure that someone who has self-harmed can give, and has the opportunity to give, meaningful and informed consent before any and each procedure (for example, initiating physical treatment or referral to Mental Health Liaison Service for specialist assessment)

4.2.4 Staff must consider that a person's capacity to make informed decisions may change over time. Whether it has been possible to obtain consent or not, attempts should be made to explain each new treatment or procedure and obtain consent before it is initiated.

4.3 The treatment and management of injuries caused by self-harm

4.3.1 Appropriate physical treatments should be provided without unnecessary delay irrespective of the cause of the injury. Pain relief and sedation must be offered as clinically indicated.

4.3.2 Any restraint, physical or chemical must be in line with CP59 *Restraint Policy*.

4.3.3. Should the patient lack capacity to consent to the required treatment or intervention, a 'best interests' decision should be made by the treating clinicians. If a person is assessed as being mentally incapable, the common law doctrine of necessity will apply and staff must act in the person's best interests in a manner that is consistent with good medical practice. In situations where there is serious doubt or dispute about what is in an incapacitated person's best interests, healthcare professionals can refer the case to the Court of Protection for a ruling by contacting Legal Services. (See policies CP02 and CP23).

If a patient is trying to leave the ward, a 5(2) temporary holding power can be utilised however, the Mental Health Act does not allow for treatment of physical health if a patient is refusing (see policy OP11).

4.3.4 **Refusal of treatment or referral by an adult who has capacity must be respected.**

4.4 Discharge against medical advice or absconding

4.4.1The decision to refer for further assessment and/or treatment or to discharge the patient should be taken jointly by the patient and the responsible clinician whenever this is possible. When this is not possible, because of a diminished mental state, this should be explained to the patient where possible and their nearest relative and written in the patient medical record.

4.4.2 In some instances, the patient will not wish to be seen by the Mental Health Liaison Service (MHLS) for a biopsychosocial assessment; they may have attended for medical attention however now wish to return home to engage in existing care or support. The opportunity to be assessed by MHLS should always be discussed and offered. If the patient is verbalising a safety plan and is demonstrating full capacity, this decision to decline and details of the discussion should be fully documented in the patient medical record. Ideally, consent should be gained to inform the GP or any relevant Mental Health Care providers for follow up via the discharge process relevant to the ward or department concerned.

4.4.3 Should a patient **who lacks capacity** be unsafe to discharge against medical advice, or try to leave before their care is completed, the department concerned must then act to safeguard the patient. In the ED, the MCA and Best Interests decisions allow lifesaving and emergency care where there is evidence of a deficit in capacity. They can be provided under Common law in an emergency. If necessary, this can include detaining the patient to allow assessment and treatment against the person's stated wishes. Decisions to do this must be documented fully and actions proportionate and justifiable to the level of risk present.

4.4.4For other wards and departments, Section 5(2) of the Mental Health Act or DOLS should be considered as appropriate. For further information see OP11 Mental Health Administration Act Policy and CP02 Deprivation of Liberty Safeguards (DoLS) Policy.

4.4.5 If the patient is at risk of absconding or does abscond while sectioned under the Mental Health Act, then Appendix 14 of the OP 11 Mental Health Administration Action Policy Absent without Leave process must be followed. For other patients the CP53 Missing Patient Policy must be followed, and the Mental Health Liaison Service informed.

4.5 Use of the Security Team and restraint

4.5.1 If the Mental Health Risk Assessment score is high or red due to self-harm, and the patient poses a risk to others or lacks capacity and poses a risk of harm to themselves then this will prompt the support of security to support the patient to remain in the ED, ward or department concerned whilst awaiting further treatment or assessment.

4.5.2. In this scenario consideration of restraint whether physical or chemical or rapid tranquilisation may be necessary – please see CP59 Restraint policy.

4.5.3 If the patient's level of risk to self or others cannot be managed safely 999 police response is required. The police may choose to utilise a Section 136 detention to allow transfer to a more appropriate environment (See OP11).

4.6 Patients detained on a Section 135/136 of the Mental Health Act

The full process for patients held under section 136 is available in the OP11, Administration of the Metal Health Act Policy Appendix 11.

4.6.1 Police may convey to ED individuals who are detained under a section 135/136 of the Mental Health Act who have self-harmed.

4.6.2 If the patient is conveyed to ED it would usually be that the patient has sustained injury such as self-harm or that a local Place of Safety is not available. Those attending ED on Section 135/136 should be treated with respect and kindness as for any other patient. They should not be made to feel unwelcome, and any discussion of the appropriateness of their attendance should occur between professionals in an appropriate manner. The patient must be kept up to date with progress and be provided with information, verbally and in written form, about the Section 135/136.

4.6.3 Once medical care is completed, if a local Place of Safety (136 suite) is available and appropriate, convey the patient by ambulance with police in attendance for assessment.

4.6.4 If a local Place of Safety is unavailable, consider assessment in ED to avoid further delay to the patient.

4.6.5 Black Country Health Care Foundation Trust (BCHFT) provide several Place of Safety suites across the Black Country (Dudley, Walsall, Sandwell and Wolverhampton) which can be explored. If the patient and or detention is from the neighbouring Staffordshire locality, the provider to contact is the Midlands Partnership NHS Foundation Trust to discuss transfer to their designated Place of Safety.

4.6.6 Transfers should take place only when it is in the patient's best interests. This may be the case when a Place of Safety suite would provide a calmer environment than ED. If medical care is likely to be prolonged and patient is fit for assessment, MHA assessment should take place in parallel with medical treatment in ED. If fitness for assessment is likely to be delayed, contact MHA organiser to arrange Section 12 approved clinician to consider extension to time.

4.7 Patients under arrest and prisoners

4.7.1 Patient currently under arrest may be brought to ED and sometimes admitted

for further physical treatment following an act of self-harm. The police will in most circumstances remain with the individual and once medically fit will return them to the custody suite. The police have internal processes to ensure the individual's mental health needs are met whilst in custody; these include the Forensic Medical Officer and Court Liaison and Diversion assessment services attached to the custody suite.

4.7.2 Prisoners can be brought to ED for medical treatment and at times admitted for further physical treatment following an act of self-harm. The prisoner should be treated medically for their injuries if they give consent. Prison officers should remain with the prisoner throughout their stay. The prison service has internal processes for ensuring the individual's mental health needs are further assessed and managed on their return to HM Prison. See OP28 Management of Prisoner Attendance Policy.

4.8 Safeguarding and patients who self-harm

4.8.1 Professionals working with people experiencing a mental health crisis should always have the person's wellbeing and safety in mind.
If there is a concern around safeguarding (this may relate to the person themselves or any dependants in their care), then professionals have a duty to raise a safeguarding referral in line with the CP53 Safeguarding Adults at Risk Policy

4.8.2 An act of self-harm in itself is generally not regarded as requiring a referral to the Adult Safeguarding Team. Staff should however consider if the individual has care and support needs and if the self-harm is an indicator of a response to a safeguarding concern such as current abuse, exploitation, neglect of a care provider or self-neglect.

4.8.3 Consideration must always be given to any impact of the self-harm behaviour on any child and family member within the household and the principles of 'Think Family' should be applied.

4.9 Adults with Learning Disability or Autism

4.9.1 Reasonable adjustments should be made to support adults with learning disability or autism while they are in the Trust. Staff must check with the patient or carer if the patient has a health care passport detailing their health needs, preferences and useful information

4.9.2 It is important to try to elicit the reason for the act of harm. In adults with more severe learning disability who require a high level of care and support there can be self-harm that occurs due to repetitive or self-stimulatory behaviours. The person may be attempting to communicate pain or another unmet need. In some cases, it may be that the person would not have the ability to communicate or to engage in a biopsychosocial assessment with mental health services. In these cases, a professional with expertise in mental health problems in people with learning disabilities should be involved in the coordination of the mental health assessment where possible. The Trust Learning Disabilities Service is available in hours to support this, and the patient must be referred as soon as practicable if the patient remains in the care of the Trust. The Service can be contacted directly through the Safeguarding Team. Staff can consider social care or adult safeguarding referrals to review patients care packages or alerting the patients specialist community learning disability teams of a change in need or risk and a need for further assessment.

4.10 Action to take following a serious self-harm episode

4.10.1 Any act of self-harm on hospital premises involving inpatients, visitors or staff must be reported on the Trust's incident reporting system, Datix.

4.10.2 A full account of the incident must be documented in the patient medical record.

4.10.3 The patient should be reviewed by the MHLS if in hospital, where appropriate (see section 4.1).

4.10.4 In primary care and community services, the person should be referred to appropriate community mental health services via the GP or ED as appropriate.

4.10.5 When a patient harms themselves, no matter the situation, it can be incredibly stressful. Whether staff witnessed the patient harming themselves, responded to the concerns of the patient or others, or found the patient harming themselves or responded to an alarm, it can have an impact on how we think and feel about the patients, our job, ourselves and our family and friends.

4.10.6 Access to a de-brief will be co-ordinated by the team lead within the ED or ward or department through the Safeguarding Team or the local resource, where available.

4.10.7 All staff should be offered staff support if they are experiencing difficulties following any care or service delivery incidents. They can access support via the Trust's wellbeing intranet pages or the Occupational Health and Wellbeing Service.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	~~Yes~~ – No
2	Does the implementation of this policy require any additional revenue resources	~~Yes~~ – No
3	Does the implementation of this policy require any additional manpower	~~Yes~~ – No
4	Does the implementation of this policy release any manpower costs through a change in practice	~~Yes~~ – No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	~~Yes~~ – No
	Other comments	

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010. The policy is likely to have a positive effect on marginalised groups and reporting, training and education on the policy will be beneficial.

7.0 Maintenance

The RWT Trust Mental Health Operational Oversight Group will oversee this policy, supporting documentation and relevant training and education.

8.0 Communication and Training

Mental Health Awareness is a mandatory training requirement: see policy OP 41. Relevant aspects of this policy will be communicated to staff groups as follows. A training and development plan will be monitored via the Trust's Mental Health Operational Oversight Group. The high-level plan below has been approved by the Trust Mandatory Training Group.

Level of Training	Group	Aim
Level 1	Non-clinical staff/ Unregistered staff	Improve awareness of mental health.
Level 2	Registered Clinical Staff	Understand role and responsibilities in relation to mental health.
Level 3	Staff with delegated powers (Matrons/Group Managers/ Directorate Managers/ On call managers/some ward sisters/ Out-of-hours Team/ Directors on call	Safe administration of The Mental Health Act.
Level 4	Board Members	Understand roles and responsibilities in relation to The Mental Health Act and related legislation.

9.0 Audit Process

Key performance indicators will be monitored monthly via the Mental Health Operational Oversight Group.

Supports the strategic objective to create a culture of compassion, safety and quality.

Criterion	Lead	Monitoring method	Frequency	Committee
Attempted self-harm on Trust premises	Deputy Head of Governance	KPI	Monthly to operational oversight group & minimum annually to the Trust Board	Mental Health Operational Oversight Group
Restraint Incidents	Deputy Head of Governance	KPI	Monthly to operational oversight group & minimum annually to the Trust Board	Mental Health Operational Oversight Group

Patient Experience/complaints relating to mental health	Head of Patient Experience	KPI	Monthly to operational oversight group & minimum annually to the Trust Board	Mental Health Operational Oversight Group

10.0 References

HM Government; Mental Health Act 1983 (updated 2007)

HM Government, 2015, The Mental Health Act 1983: Code of Practice

Self-harm: longer-term management; implementing NICE guidance (November 2011).

Self-harm: short-term treatment and management. Understanding NICE guidance – information for people who self-harm, their advocates and carers, and the public (including information for young people under 16 years).http://www.nice.org.uk/nicemedia/live/10946/29425/29425.pdf

Understanding NICE guidance; Information for people who use NHS services Longer-term care and treatment of self-harmhttp://www.nice.org.uk/nicemedia/live/13619/57175/57175.pdf

Part A - Document Control

Policy number and Policy version: **CP13** **V1.0**	**Policy Title** Adult Self-Harm Policy	**Status:** Final		**Author:** Deputy Chief Nurse **Director Sponsor:** Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	V1.0	January 2022	Deputy Chief Nurse	New Policy
Intended Recipients: The Board, Operational Managers and matrons of clinical services, clinically facing staff.				
Consultation Group / Role Titles and Date: Mental Health Operational Group. Safeguarding Team, ED team. Black Country Healthcare NHS FT. Wolverhampton Social Services.				
Name and date of Trust level group where reviewed	Mental Health Operational Group – 17th June 2021 Trust Policy Group – January 2022			
Name and date of final approval committee	Trust Management Committee – January 2022			
Date of Policy issue	February 2022			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	January 2025 3 yearly or as changes in the law/guidance require.			
Training and Dissemination: See implementation plan.				
To be read in conjunction with: OP11 Mental Health Act Administration Policy; CP59 Physical Restraint Policy; CP53 Safeguarding Adults at Risk Policy; CP59 Restraint policy; CP41 Safeguarding Children Policy; OP53 Missing Persons Policy; CP06 Consent to Treatment and Investigation Policy; CP02 Deprivation of Liberty Safeguards (DoLS) Policy; CP03 Management of Ligature Risk; CP63 Management of Self Harm on Presentation to RWT of Young People up to 18th Birthday – Wolverhampton; OP53 Missing Patient Policy; OP28 Management of Prisoner Attendance Policy; CP63 Management of Deliberate Self-Harm on Hospital Presentation of Young People up to 18th Birthday				
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904				
Monitoring arrangements and Committee	Monthly via KPIs to the MH Operational Group.			
Document summary/key issues covered. The purpose of this policy is to: • Provide a pathway for people who self-harm to be treated with respect,				

understanding and appropriate physical and emotional care. • Provide information should a member of staff or public who are not patients reveal self-harm or suicidal thoughts. In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.	
Key words for intranet searching purposes	Mental Health, Self-Harm
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**Yes / No (delete as appropriate)** If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

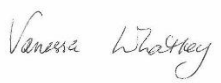
Part B **Ratification Assurance Statement**

Name of document: Adult Self-Harm Policy

Name of author: Vanessa Whatley Job Title: Deputy Chief Nurse

I, Vanessa Whatley the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: 

Date: 27/07/21

Name of Person Ratifying this document (Director or Nominee): Dr Brian McKaig
Job Title: Chief Medical Officer

Signature: 

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	**Policy Title Adult Self-Harm Policy**	CP13
Reviewing Group	**Mental Health Operational Oversight Group**	**Date reviewed: 18/05/21**
Implementation lead: Vanessa Whatley Deputy Chief Nurse		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
1. Update current Mental Health Departmental Intranet Page with useful documents and training resources.		Chair MH Operational Group, October 21
2. Develop training presentation		Deputy Chief Nurse, October 21
3. Trust wide communication on the policy launch via comms team and Trust Briefing.		Deputy Chief Nurse, October 21
4. Article in Care to Share/ Trust Talk		Deputy Chief Nurse, October 21

The Royal Wolverhampton NHS
NHS Trust

Wards: Identification of an inpatient (aged 18 and over) as having a mental health problem / whose behaviour is giving cause for concern

Is the immediate environment safe?

No

Make patient and environment safe, call security if required. (NXH - Call Extension 8222 or 222, Cannock 2222, West Park 999). (Is patient sat / lying safely, no sharps, broken objects, no loose cables, oxygen tubing etc.)

Yes

Assess patient / rule out medical cause (if medical cause identified treat appropriately and follow Trust care guidelines for UTI, infection, confusion, falls risk, head injury).

Patients behaviour stil giving cause for concern without identified medical cause?
Contact: Mental Health Liaison Service (NXH Bleep 3933) Response time up to 48hrs.
Fax referral to 9 01902 44 6659.

Actions to consider if the patient is expressing thoughts of suicide or self-harm

Inform Nurse in charge, and stay with the patient until a plan is in place. Nurse in Charge should Inform Ward Manager/Matron/Duty Manager/Bleep holder/Consultant responsible for Patient and then formulate a plan.

Plan should include:

1. Complete Ward Areas - Adult Mental Health Risk Assessment form.
2. Making a referral to Psychiatric Services (Liaison Psychiatry referral form) – see numbers above and fax referral to 9 01902 44 6659.
3. Close monitoring to be determined by using the Enhanced Observation Scoring Tool and Ward Areas – Adult Mental Health Risk Assessment form for staff allocation until an assessment by Psychiatric Services has been completed and a plan of care is in place. Locate patient as near to nurses' station as possible in order for close observations to take place
4. Has any medication been prescribed by the responsible Clinician that might ease their situation temporarily?
5. Liaise with psychiatric liaison service
6. In the event of the patient attempting to leave before the Psychiatric assessment has taken place, and they are at risk of harming themselves or others, consider the need for detention under Section 5(2) of the Mental Health Act /or consider the need for restraint. This needs to be reasonable and proportionate in order to maintain patient safety.

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The Royal Wolverhampton NHS
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Emergency Department: Identification of a patient (aged 18 or over) as having a mental health problem / whose behaviour is giving cause for concern

Is the immediate environment safe?

No

Make patient and environment safe, call security if required (NXH - Call extension 8222 or 2222). (Is patient sat / lying safely, no sharps, broken objects, no loose cables, oxygen tubing etc.)

Yes

Assess patient / rule out medical cause (if medical cause identified treat appropriately and follow Trust care guidelines for UTI, infection, confusion, falls risk, head injury.)

Patient's behaviour still giving cause for concern without identified medical cause?
Contact: 24 hours service Mental Health Liaison 01902 444590 (NXH Bleep 3933).
Response time up to 1 hour.

Actions to consider if the patient is expressing thoughts of suicide or self-harm

Inform Nurse in charge, and stay with the patient until an action plan is in place. Nurse in Charge should Inform Unit Manager/Senior Sister or Charge Nurse /Matron/Duty Manager/Bleep holder/Consultant responsible for Patient and then formulate a plan.

Plan should include:

1. Complete Urgent and Emergency Care Centre - Adult Mental Health Risk form
2. Making a referral to Psychiatric Services – see numbers above
3. Close monitoring to be determined by using the Enhanced Observation Scoring Tool and Urgent and Emergency Care Centre – Adult Mental Health Risk Assessment form for staff allocation until an assessment by Psychiatric Services has been completed and a plan of care is in place. Locate patient as near to nurses' station as possible in order for close observations to take place.
4. Has any medication been prescribed by the responsible Clinician that might ease their situation temporarily?
5. Liaise with psychiatric liaison service
6. In the event of the patient attempting to leave before the Psychiatric assessment has taken place, and they are at risk of harming themselves or others, consider the need to utilise the Mental Capacity Act and Best Interest principles to safeguard the patient. Please click here for information. Consideration should also be given to restrain the patient from leaving the department this however needs to be reasonable and proportionate in order to maintain patient safety.

Appendix 2 Adult Self-harm Pathway