

SELF-HARM POLICY



Effective from: 6th May 2019

Introduction

Butterfly Bloom is committed to safeguarding and promoting the welfare of service users and expects all staff and volunteers to share this commitment. We endeavour to provide a safe and welcoming environment where service users are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that service users receive effective support and protection.

The procedures contained in this policy apply to all staff and volunteers.

1. Context and purpose

This policy has been put in place to ensure that we have a consistent approach from staff who deal with service users who self-harm. Staff can play an important role in preventing self-harm, building resilience and supporting service users, peers and carers/families of service users currently engaging in self-harm

2. Associated Guidance and Documentation

1. Butterfly Bloom Safeguarding of Vulnerable Adults Policy
2. Butterfly Bloom Behaviour Management Policy
3. Butterfly Bloom Anti-Bullying Policy including Anti-Cyber Bullying

3. Definition of self-harm

The nature and meaning of self-harm varies greatly from person to person and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where a person intentionally sets out to harm themselves. This may be an impulsive act or may be planned.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a service user is self-harming. Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body

- Scouring/scrubbing body excessively
- Banging/hitting/bruising the head or other parts of the body
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding
- Hitting walls with head and/or fist
- Taking an overdose or swallowing something hazardous
- Self-strangulation
- Risky behaviours such as running into the road
- Inappropriately using aerosols
- Episodes of alcohol/drug/substance misuse

4. Risk factors

The following risk factors, particularly in combination, may make a person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety/mental health issues
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Sexual identity

Family factors:

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Lack of support at home
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Loss, separation and bereavement
- Domestic violence
- Drug/alcohol misuse

Social Factors:

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication or methods of self-harm

5. Why does self - harm happen?

Service users may encounter particularly painful emotional events for the first time.

They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

The three most common reasons why people self-harm are:

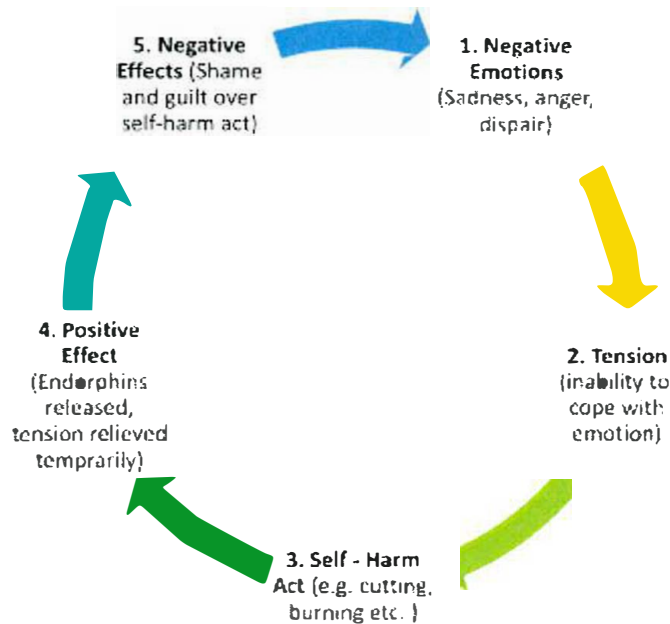
- **Tension relief** - a number of people with learning disabilities are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** – People who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** - For some people, self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help.

Other explanations from service users about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group
- Some service users may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

6. The cycle of self - harm

When a person inflicts pain upon themselves the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. People who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



7. How can staff identify signs of self-harming?

All staff at Butterfly Bloom are expected to be vigilant and report concerns to the Service Manager immediately, if they notice the following signs:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyable activities
- Changes in eating and or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

Self-harm occurs more frequently in service users with learning disabilities. In those with severe learning disabilities, self-harm can form part of the service user's profile of behaviour (for example, a service user with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these service users is a cause for concern. Self-harm may be the only way a service user with communication difficulties can display her/his emotional distress.

Self-harm in younger service users is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing/scratching may be signs of self-harm.

8. Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is where a person expresses a genuine desire to die. Thoughts of hopelessness such as “I wish I was dead” are common. It is therefore important to explore the meaning behind the words the person says.

This can be because a service user has serious depression with low self-esteem, low mood, inability to see that their situation could improve, nothing to live for and no chance of ever being happy.

Suicidal ideation is rare. If staff encounter a service user who demonstrates these thoughts, they should immediately follow the protocols outlined in Section 10 of this document.

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

9. Procedures when a service user self-harms

Any member of staff who knows a service user who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL) using in person if severe.

10. What to do if a service user discloses thoughts of self-harm and /or superficial injury

Keep calm and give reassurance to the service user.

- Focus on the service user, not the behaviour or reasons for it and remember that the service user may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the service user may put pressure on you to do so.
- Report the disclosure immediately to the Designated Safeguarding Lead (DSL) or the Service Manager.
- The DSL will request for the Service Manager to **inform the service user's family/carers** of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The decision not to involve families/carers should be taken in consultation with the DSL.
- Some instances of self-harm are safeguarding issues. In this case the procedures laid out by Butterfly Bloom's Safeguarding Vulnerable Adults Policy must be followed by the DSL. There must be no promise of confidentiality made to the service user and they must be told that the DSL will be informed.

11. A service user engages in serious self-harm with/without suicidal ideation, requiring medical treatment e.g. injury or overdose (However small).

- If a member of staff finds that a service user is in possession of dangerous equipment then a the Service Manager should be contacted
- If physical harm has been done the service user should be assessed by staff. If appropriate, emergency services may be called by the Service Manager.

12. Confidentiality

Confidentiality is a key concern for service users; however, Butterfly Bloom's Safeguarding Vulnerable Adults Policy states service users need to know that it is not possible to offer unconditional confidentiality. If you consider that a service user is at risk of seriously harming themselves or others then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the service user may put pressure on you to do so. If this is explained at the outset of any meeting the service user can make an informed decision as to how much information they wish to divulge.

13. How to help a service user who self - harms

Continued support for a service user who self-harms will normally be undertaken by an external specialist. It may be that a service user identifies a member of staff who they wish to support them.

The two main skills to employ when exploring these issues are effective **listening skills** and **honest talking**, for example:

- Let the service user know you care and that s/he is not alone.
- Help the service user express his/her emotions.
- Be an **active listener**; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the service user – imagine walking in his/her shoes.
- Be positive about what the service user is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem or say the "right" thing.
- Don't give advice too quickly or evaluate how the service users are feeling and defining their experiences for them.
- Be aware of what you can and cannot do to help, and be prepared to discuss this with the service user sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the service user explore his/her concerns.
- Encourage and support the service user to talk to others, such as parents/carers or other professionals.
- Encourage and support the service user in seeking appropriate help.
- Do make sure you have an opportunity to "debrief" if necessary, following a disclosure.
- Do not attempt to keep information to yourself, but share it with an appropriate colleague

How to help a service user who self-harms

Talking with service users about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm, they might make things worse.

There is **NO EVIDENCE** to suggest that talking about self-harm will encourage people to harm themselves. In fact feedback from service users is that they want to talk. However, this needs to be done sensitively since our responses can sometimes be seen as uncaring.

SLEEP is an acronym to help you remember 5 important steps when talking with service users about self-harm

- **S**top
- **L**isten
- **E**mpathise
- **E**xplore what they are saying
- **P**lan what you will do

Stop and make time to talk

Remember that if a service user approaches **you** it is **you** that they want to talk with.

- The service user may not find it easy to talk so they need to be given time. Don't try to have a rushed conversation.
- If you are in the middle of doing something or are busy then let the service user know that you will make a time to talk with them. Make a time there and then so that they know you are taking them seriously.
- Give the service user your undivided attention. Show them that they are important and that you care.
- Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

Empathise with how they are feeling

- service users need to know that you understand how they are feeling.
- DO NOT be judgemental or shocked by what they say. This will signal that it is not OK to talk about these things and they may be less open.
- Empathise with how they are feeling. Acknowledge that they are feeling distressed and that they must be feeling really bad.
- Reassure them that things can change. They have made an important step by talking with you today.

Explore what the person is saying

- Be curious and explore what the service user is really saying
- service users might say that "they wish they were dead". These words are frightening but they do not necessarily mean that the service user is suicidal.
- Often service users say these things because they are feeling hopeless or frustrated and don't know what to do. Check this out and explore what the service user means.
- The harmLESS questionnaire provides a way of exploring this.

Plan what you will do

- The final stage is to agree the next steps. In the majority of situations this can be agreed collaboratively with the service user.
- You need to decide who you need to talk with in order to keep the service user safe. A service user may not always want their parents or carers to know but if they are at risk of seriously hurting themselves their carers/families need to know.
- Tell the service user that you are concerned about their safety. Because you are worried about them the DSL will need to speak with their families/carers so that they can help the service user to keep safe.

Assessing self-harm and planning support

harmLESS provides a series of questions you can ask the young person. The questionnaire and linked responses are designed to be completed online.

The questionnaire can be found at: <https://www.harmless.nhs.uk/assessment/>

This questionnaire should only be completed if a member of staff is directed to do so by the DSL or the Service Manager

Creating an action plan with the service user

A completed questionnaire will produce one of the four responses below. A support plan will be created for each service user and will be linked to one of the levels below.

Level 1 – First Step It seems as if this service user has thoughts of self-harm but has not actually acted on them

Level 2 – Support It seems as if this service user has harmed themselves but is not actively planning to end their life.

Level 3 – It seems as if this service user is regularly harming themselves but does not have any active plans to end their life

Level 4 – It seems as if this **service user** is actively planning to end their life or has made a past serious suicide attempt.

Safety Plan (Support/Risk Assessments)

Service user name:	Date:
Year Group:	Name of person completing form:
Progress leader:	Role of person completing form:

Please highlight relevant level

Level 1 – First Step It seems as if this service user has thoughts of self-harm but has not actually acted on them
Level 2 – Support It seems as if this service user has harmed themselves but is not actively planning to end their life.
Level 3 – It seems as if this service user is regularly harming themselves but does not have any active plans to end their life
Level 4 – It seems as if this service user is actively planning to end their life or has made a past serious suicide attempt.

If you were worried about yourself, you could talk with *(Add relevant names and information)*

Friend
Family/Carer
Professional involved

If you were very worried about your safety or had hurt yourself:

During Service See a member of Support Staff See the Service Manager See a member of the safeguarding team Outside of Service Talk with your GP After service and weekends Call 111 Go to the Accident & Emergency Department (call 999)

If you are feeling that you might hurt yourself, these things might **help you to ride out this feeling:**

Distracting activities (e.g. music, gaming, reading) · Mood lifting activities (e.g. watch comedy, play instrument, internet) · Physical activities (e.g. walking, running, cycling, dance) · Social activities (e.g. text or talk to friends, social media) · Other activities (e.g. playing with pets, hobbies, cooking)
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