

Self-Harm and Self- Injury Policy

March 2025



Title	Self-Harm and Self-Injury Policy
Version	9
Author	Francesca Hill
Date first published	November 2019
Previous review dates	November 2022 November 2023 March 2025
Next review date	March 2027
Review schedule	This policy will be reviewed every 3 years, or in line with organisational or legislative changes including MQM guidance as available
Responsibility	Executive Leadership Team
Responsibility for development, review and implementation	Director of Equity and Quality
Target audience	All staff, volunteers, people who use services, students on placement, visitors, funding bodies, job and volunteer applicants and the Board of Trustees.
Accessibility	Workforce: People HR and People and Culture SharePoint Service members and others: Bradford District and Craven Mind website If you would like a copy of this policy or need it in another format, please contact us at 01274 730815, speak to a member of staff, or email us at admin@mindingbradford.org.uk

Associated policies	<p>Safeguarding Children Policy</p> <p>Safeguarding Adults Policy</p> <p>Risk Management Policy</p> <p>First Aid Policy/Procedure</p> <p>Confidentiality Policy</p> <p>Service member partnership agreement</p>
---------------------	---

1. Purpose and Scope

This policy is to provide guidance to the workforce of Bradford District and Craven Mind (BDC Mind), including, staff, volunteers, students and service members. The purpose of this policy is to ensure all people associated with BDC Mind are aware of how to support people appropriately who self-harm.

Self-harm for the purpose of this policy is defined as; any act which was intended to and may have resulted in actual or potential physical harm to the body.

The most common types of self-harm in this context are cutting, burning, self-poisoning, swallowing or inserting objects, tying ligatures around the throat to limit breathing. Self-harm can also be; not managing physical health conditions whilst having the capacity to do so, excessive consumption of alcohol or recreational drugs, starvation and severe self-neglect.

2. Policy Statement

We will ensure that people who self-harm are treated with compassion, respect and understanding. They will be given the time they need to talk to us about their self-harm when they need to.

We are committed to maintaining a non-judgmental attitude towards self-harm and recognise that this is a complex and challenging issue for people. We are not able to support people to self-harm on their premises or premises in which our services are being accessed. We do not have the appropriate framework to care for people who are actively self-harming.

3. Scope

This policy provides guidance to our people ensuring all people associated with BDC Mind are aware of how to appropriately support people who self-harm. Self-harm may or may not be associated with an intention to complete suicide. Suicide intent should be assessed and discussed as a separate but related issue with the service member.

4. Commitment

We understand that providing treatment and care for people who have self-harmed is emotionally demanding and requires a high level of communication skills and support. All staff are supported to access clinical supervision for their development and wellbeing.

5. Roles and Responsibilities

Executive Leadership Team

- Ensuring that the self-harm and self-injury policy is updated as per the review schedule
- Ensuring that associated policies are available

All members of the workforce

- Ensuring they are aware of this policy and how to access it
- Ensuring the safety and wellbeing of the people of BDC Mind

6. What is self-harm?

Sometimes, self-harm may be a way of preventing and managing thoughts or urges relating to difficult feelings, painful memories, overwhelming situations and experiences or suicide. The act and intentions always have a communicative message behind them.

This can be to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotions or thoughts
- Feel more in control
- Escape traumatic memories
- Have something in life they rely on
- Punish themselves for their feelings and experiences
- Stop feeling numb, disconnected or dissociated
- Create a reason to physically care for themselves
- Express suicidal thoughts and feelings without taking their own life

People can have feelings of guilt or shame following self-harm.

7. Recognising and supporting children (under 18) who self-harm and self-injure

This is immediately a **safeguarding** concern, and the practitioner must refer to the Children Safeguarding Policy. Staff need to assess the level of risk for the child and appropriately refer to other agencies.

8. Recognising and supporting people all age

When a person presents with self-harm

When a person who has self-harmed presents to a staff member the staff member should;

- Treat the person with respect, dignity and compassion, with an awareness of cultural sensitivity
- Work collaboratively to ensure that they hear and consider the views of the person when making decisions
- Address any immediate physical needs resulting from the self-harm, in line with locally agreed policies. If necessary, call 111 or 999

See appendix for self-harm procedure and flow chart

When a person discloses historical self-harm

Disclosure is a process by which people share their experiences. When a person discloses that they have historically self-harmed it is important to remain calm and non-judgmental.

This is an opportunity to gently and compassionately explore their most recent event and what happened. This will enable staff to assess any immediate risk to the service members physical wellbeing in case of serious injury, and psychological wellbeing to support them.

As with any intervention it is vital to ensure that appropriate signposting has been completed.

If a person discloses self-harm through non face-to-face contact

If a person is receiving non face-to-face support, for example, on live chat or over the phone, and they disclose that they have self-harmed, gently try to explore the severity of the harm.

Depending on the level of injury or intention to injure disclosed it may be necessary to escalate to emergency services or First Response.

Types of Disclosure and Actions

All disclosures of active suicide plans and self-harm require an incident report to be completed.

Active suicide plans

If a service member discloses an active suicide plan it is vital that staff members take this seriously, take them aside into a 1:1 room to understand a little more of their intentions. It is the responsibility of the staff member to contact 999 and seek help from the emergency services.

Disclosure of overdose

If there is a disclosure of overdose to a staff member, staff must find out as much information as they can about what the person has taken and contact emergency services on 999. The individual must not be left unaccompanied at any time once disclosure has been made.

The staff member must endeavour to understand;

When the overdose was taken, how much medication over what period. They must ask if any other substance, i.e. alcohol or household products have been ingested.

Self-injury

We recognised that this is a coping strategy for some service members and therefore a supportive and non-judgmental attitude is paramount.

When a service member presents a self-injury, first aid and medical attention will be offered. Service members are encouraged to tend to their wounds and to self-care as much as possible to minimise risk to staff members. Monitoring service members that suffer physical trauma is important and advice from First Response, 111 and/or 999 should always be considered. It is advisable for the service member to seek medical attention as soon as possible.

In the instance of a third party being contacted, the staff will discuss this, and the service member's consent be sought; however, the final decision lies with the staff who will refer to the safeguarding policy.

Where appropriate, an alternative to self-injury may be discussed and tried, such as:

- alternative distraction and coping methods
- punching a cushion
- breathing exercises
- verbalising angry feelings

Alcohol and substances

Consumption of alcohol and substances is not permitted on the premises.

On occasion where alcohol and/or substances have been consumed prior to attending BDC Mind or Safe Spaces, staff will work with the service member to understand how much and what was consumed. The frequency of such use and any conditions or complications which may need to be considered will be explored. For example, do they have capacity to engage in the session and is there a potential risk to staff and other service members on site.

If the service member can engage in a safe way, a 1-1 may follow with monitoring for changes in the welfare of the service member.

If there is a concern that the service member is without capacity or has taken an overdose First Response and/or an ambulance (999) may be contacted at the workers and Service Managers discretion. In the instance of a third party being contacted, the staff will discuss this with the service member and consent will be sought.

Signposting to agencies to help with alcohol or substance misuse will be provided at an appropriate stage.

Further information/support can be found at:

<https://www.nice.org.uk/guidance/ng225>

Appendix

Self-Harm Procedure

Self-Harm and Self-Injury Procedure

If you have immediate concerns about the effect of an overdose, or serious physical injuries are present, emergency services should be called
Keep calm and follow first aid guidelines for cuts, wounds or burns, seek the support of a first aider.
If an ambulance is required wait with the person, do not give the person anything to eat or drink unless advised by medical professionals
Has the person talked about wanting to end their life? If yes, explore this gently and escalate via 111 or First Response
Is the person under 18 or have additional needs? There must be an onward referral to Children's Safeguarding Service or signposting to specialist children's services
If appropriate, speak to the person about who can support them, family, partner, parents, close friends.
Consider if the self-harm should be reported/escalated and to whom, see Safeguarding Children Policy or Adult Safeguarding Policy
Does the person need a referral to Safe Spaces or First Response
Does the person need any additional signposting or follow up
Ensure that all the information and actions are captured on MYMUP
Complete an incident report as appropriate

