SUICIDE PREVENTION PROTOCOL

Section for Adult Social Care and the Provider Market – 7th July 2018

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INTRODUCTION:

In recent times adult clients under Adult Social Care (ASC) in both care home settings, under domiciliary care and those living with family and independently have ended their lives. Where required, the dangers of clients ending their lives needs to be a risk that is considered by providers and social workers.

The following section is an attempt to provide workers in the provider market and social workers with a broad awareness of risks and signs as well as a tiered approach as to how to approach protection planning in such instances.

SIGNS THAT A CLIENT MAY BE CONSIDERING ENDING THEIR OWN LIFE:

NHS Choices (http://www.nhs.uk/Conditions/Suicide/Pages/warning-signs.aspx) provide the following two tier approach to suicide warning signs. They are "high risk" and "other" warning signs (selected sections).

These come with broad suggested responses by the professionals involved:

High-risk warning signs

A person may be at high risk of attempting suicide if they:

- threaten to hurt or kill themselves
- talk or write about death, dying or suicide
- actively look for ways to kill themselves, such as stockpiling tablets

If this occurs:

- Consider the need to call 999
- Inform your supervisor/ manager
- Stay with the client (if they are actively suicidal) until help arrives
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These come with broad suggested responses by the professionals involved:

Other warning signs:

- complain of feelings of hopelessness
- have episodes of sudden rage and anger
- act recklessly and engage in risky activities with an apparent lack of concern about the consequences

- talk about feeling trapped, such as saying they can't see any way out of their current situation
- self-harm – including misusing drugs or alcohol, or using more than they usually do
- noticeably gain or lose weight due to a change in their appetite
- become increasingly withdrawn from friends, family and society in general
- appear anxious and agitated
- are unable to sleep or they sleep all the time
- have sudden mood swings – a sudden lift in mood after a period of depression could indicate they have made the decision to attempt suicide
- talk and act in a way that suggests their life has no sense of purpose
- lose interest in most things, including their appearance
- put their affairs in order, such as sorting out possessions or making a will

Also share your concerns with their GP or a member of their care team, if they are being treated for a mental health condition. Consider consent issues.

***Read more about helping someone with suicidal feelings*.**

Risk Assessment:

Ask the client questions such as the ones below to establish the level of risk. Are they safe to go home, or if they need to be assessed by a medical professional. You do not need to ask every question, the below are just some ideas:

- How are you feeling at the moment?
- Have you had any thoughts about harming or hurting yourself?
- How often?
- In what way?
- Do you have any plans?
- Have you attempted to hurt yourself before?
- How have you done this?
- What do you do when you have these thoughts?
- Is there anyone around to speak to?
- Have you spoken to anybody about this before?
- How can you keep yourself safe?
- What things stop you from acting on these thoughts?

If you are worried that the client may imminently harm themselves then you must stay with them and call for assistance (consider 999).

If a client has no immediate plans to harm themselves then consider:

- Provide them with support numbers http://www.slam.nhs.uk/patients-and-carers/crisis-support
- Help them create a clear plan on what to do if they have thoughts of self-harming: Call a friend, spend time with others, call a support line, go to A&E (consider writing this down for the client if appropriate)
- Do not advise them to contact you if they have these thoughts, as you will be linking them to a more suitable service

Consent and information sharing:

Discuss with the client the required communication with the professional network such as the GP and Mental Health Team. If the client refuses to consent but it is felt that the client requires such intervention then discuss overriding consent with your supervisor and/or Caldicott Guardian.

Potential actions for Croydon providers and social workers:

- Always ensure that case notes and risk assessments are up to date.
- Consider if the risks trigger a need for a review or reassessment of needs and subsequent care provision.
- Contact the GP or CMHT if they are already under one / Take them to A&E / Call an Ambulance / Call the Police.
- If a client is noted to be actively self-harming/ planning to end their own life then communication between the professional network is key that it is shared and that it is shared quickly.

- **LBC Staff:**

  - Ensure that out of hours colleagues know about a developing situation if required
  - If one to one staffing is required then try and get management to approve this (on the day), if no manager is available to approve this and you/ provider deem it necessary, then approve if for 24 hours / over a weekend and seek management oversight thereafter to create a longer lasting protection plan

Self-Neglect:

Self-Neglect is a category of abuse under adult safeguarding. In cases in Croydon self-neglect has been extreme and could be considered as a possible form of self-harm or even suicide. Case that involve:

- Clients refusing to take potentially lifesaving medication
- Client's refusing lifesaving treatment (such as dialysis or chemo therapy).
- Clients refusing to eat (and/or drink)
- A client not managing their health and not adhering to medical advice (such as not adhering to a diabetic diet)
- Clients refusing to get out of bed/ leave their room
- Extreme neglect of personal care (to the extent of skin infections for example)

Under the above circumstances a safeguarding Section 42 process can be used and an urgent multidisciplinary process formed around the client. Consideration must be given to the potential need for legal intervention by the courts (consider the Mental Capacity Act of 2005) as well as the use of the Mental Health Act under certain circumstances.

END OF SECTION