Deliberate Self-Harm

Document Type	Guideline
Function	Clinical Practice, Patient Care
Directorate(s)	Mental Health
Department(s) affected	Child and Family Unit (CFU)
Applicable for which patients, clients or residents?	Children and young people
Applicable for which staff members?	All clinical staff
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1. Purpose of guideline

To assist staff in the Child & Family Unit (CFU) to provide consistent, safe evidence based care for patients with a repetitive pattern who threaten to deliberately self-harm; or discuss self-harm with other patients.

2. Guideline management, principles and goals

- These guidelines should only be used after a comprehensive Psychiatric Assessment and current Risk Assessment have been completed, and taken into account in the development of a treatment/management plan.
- At all times, any scars wounds or dressings associated with deliberate self-harm are to be covered by clothing eg long sleeved tops.

3. Recommended best practice

The actions to be taken by CFU staff in the event of threatened self-harm or self-harming behaviour in order to assess:

- Risk of deliberate self-harm
- Context of risk assessment

Then to formulate personal plan in association with colleagues and patient/family.

4. Developing a documented individual treatment/management plan

In the development of the management plan, assist the patient to identify a safety plan that is detailed and specific:

- Encourage patient to use identified distraction techniques
- Encourage patient to access 1:1 time with designated nurse on duty for help with distraction techniques if unable to engage independently
- Encourage patient to inform designated nurse on duty to clinically assess wound if required

5. Self-harming behaviour

When a patient is distressed, it becomes difficult for them to cope, so they self-harm. The table below describes the actions to be taken:

Stage	Description
Superficial self-harm:	• **If a patient self-harms and does not require any medical attention:** 1. ask the patient to hand over the self-harm object 2. redirect patient as per Treatment/Management Plan *(see above)*, Complete the above **without** mentioning the self-harming. • Ensure that the patient's allocated nurse is informed so that they can allocate time to discuss this incident later in the shift. • If the patient refuses to hand over the self-harm object, follow the procedures outlined in the individual management plan. • If procedures are not in place in the management plan, determine the level of risk, act to ensure patient safety.
Injury Requires Covering	• If the injury requires covering, ask the patient to hand over the self-harm object, give the patient appropriate dressings to be completed by them self. Provide **minimal** necessary attention. • Redirect patient as per treatment/management plan. • Ensure patient's allocated nurse is informed, so they can allocate time to discuss this incident with the patient later in the shift.
Injury Requires Medical Attention	• If the injury requires medical attention, ask the patient to hand over the self-harm object. • Inform patient's nurse. • **Be matter of fact** about what is happening. • Nurse contacts medical registrar after discussion with team. • Do not leave patient alone until satisfied patient is safe.
Note	• Update risk assessment in association with co-worker, if care is to be altered. Document all changes/interventions in file. • Complete Significant Event Form if this is indicated.

6. Threatened self-harm

When a patient talks about self-harm and is able to ask for help. The table below describes the actions to be taken:

Stage	Description
Talking About Self-harm	If a patient is talking about self-harm with other patients, remind patient about their responsibility not to discuss this with, or distress other patients.
Staff Responsibility	• Acknowledge that the patient is having difficulty coping. • Ask them what they would like help with. • Be calm and reassuring with responses; remain objective and matter of fact. • Work with the patient to refocus on distraction strategies, or a positive activity as per treatment/management plan. • If the patient continues to be distressed, get assistance. Do not leave the patient alone. Continue to work with the patient. This may include moving the patient to a safe area.
Patient's Responsibility	• The patient is responsible for their behaviour and safety. • The patient is not to discuss self-harm with other patients on the Unit. • The patient is responsible for telling staff when things are difficult, and to ask for help or support. This may include asking for encouragement to use their distraction techniques (as per Treatment/Management Plan). • Patient is responsible for making safe choices.
Note:	• Update risk assessment in association with co-worker if care is to be altered. Document all changes/interventions in file. • Complete Significant Event Form if this is indicated

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7. Talking to others about self-harming

When a patient is talking to other patients about self-harming. The table below describes the actions to be taken:

Stage	Description
Talking About Self-harm With Other Patients	If the patient is talking about self-harm with other patients: • Remind patient about their responsibility not to discuss this with, or distress other patients. • If discussion continues, remove from company of other patients. • Remind and encourage patient that if they want help or support, there are staff available.
Note:	• Update risk assessment in association with co-worker if care is to be altered. Document all changes/interventions in file. • Complete Significant Event Form, if this is indicated.

8. Legislation

- Mental Health (Compulsory Assessment and Treatment) Act 1992

9. Associated Auckland DHB documents

- Bicultural Policy
- Code of Rights
- Critical Incident Stress Management
- Informed Consent
- Incident Management Policy
- Restraint Minimisation & Safe Practice
- Risk Management
- Observation - Increased - in Mental Health & Addictions
- Restraint Minimisation and Safe Practice in Mental Health (MH&A)

NZ Standard

- 8141:2001 Restraint Minimisation and Safe Practice

Ministry of Health Guidelines

- Guidelines for Clinical Risk Assessment and Management in Mental Health Services (1998)

Location manual

- Searching Property
- Risk Assessment

10. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

11. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed ***before*** the scheduled date, they should contact the owner or the Clinical Policy Facilitator without delay.