

Harm to Self SOP

To be controlled locally if printed.

1. Introduction

- 1.1. The Walton Centre NHS Foundation Trust (WCFT) has a duty of care to ensure the safety of patients in its care and takes all possible steps to do so. We aim to provide holistic care and treatment to those accessing our service, including 'parity of esteem' ensuring mental health is given equal priority to physical health.
- 1.2. It is recognised that incidence of self-harm can occur at times within acute hospital trusts.
- 1.3. This SOP describes how the Trust will recognise and respond to psychiatric emergency in order to support both inpatients and outpatients of both WCFT and CMRN (Cheshire and Merseyside Rehabilitation Network).
- 1.4. This SOP should be read in conjunction with the following:
 - Mental Capacity Act Policy
 - Deprivation of Liberty Safeguards Policy
 - Ligation Policy
 - Safeguarding Adult Policy
 - Safeguarding Children Policy
 - Management of Violent and Aggressive Individuals Policy
 - Special Observations Policy
 - Restrictive Interventions Policy
 - The Mental Health Act (1983) Policy
 - Neuropsychiatry SOP

2. Scope

- 2.1. This applies to all staff and patients (both inpatient and outpatients) of WCFT and CMRN.

3. Service

- 3.1. Neuropsychiatry service provision is provided by the Neuropsychiatry Team during working hours (08:00-20:00 weekdays and 08:00-16:00 weekends).
- 3.2. Neuropsychiatry Outpatient service provides assessment and review following referrals. This service does not respond to crisis or psychiatric emergencies.

4. Point of Referral

- 4.1. Referrals for inpatients at The Walton Centre NHS Foundation Trust are currently made via EP2 referral 'Neuropsychiatry Referral Form'.
- 4.2. Referrals for inpatients of Cheshire and Merseyside Rehabilitation Network can be made during MDT's and additionally via [REDACTED]

- 4.3. Referrals for Neuropsychiatry outpatient assessment can only be made internally by specialists at the centre, via the ERMS system currently triaged on a weekly basis by the team.
- 4.4. Documentation by Neuropsychiatry will be recorded including risk management plans on inpatients EP2 notes under 'Neuropsychiatry Initial Assessment'.
- 4.5. Whereby risk appears imminent, the team should be contacted via telephone.

5. Contacting the Team

5.1. Email: [REDACTED]

Telephone: [REDACTED]

6. Outside of Core Hours

- 6.1 Outside of core hour's advice can be sought via escalation to SMART, Unit Bleep Holder, or on-call medical team for WCFT.
- 6.2 For specialist psychiatric advice (regarding MHA or in mental health emergency) the aforementioned professionals can contact Mersey Care NHS Foundation Trust for out of hours provision – [REDACTED] and request the senior registrar on-call for Sefton/North Liverpool. This includes both WCFT and CMRN.

*Please note:

- this does not replace or provide provision for routine Neuropsychiatry Inpatient Services
- staff must also send an email to Neuropsychiatry to inform when this service has been used

7. Use of the Mental Health Act (1983)

- 7.1 When using the MHA – please refer to the Mental Health Act Information File (red folder) in each inpatient ward area or the bleep holder file.
- 7.2 In exceptional circumstances, patients who may present a risk of self-harm or suicide may require detention under MHA. Please refer to The Neuropsychiatry SOP and Mental Health Act (1983) policy.

8. Training

- 8.1 The Walton Centre NHS Foundation Trust is a member of Zero Suicide Alliance – free training can be accessed via the Zero Suicide Alliance 'Suicide – let's Talk' by following this link <http://www.zerosuicidealliance.com/training/>

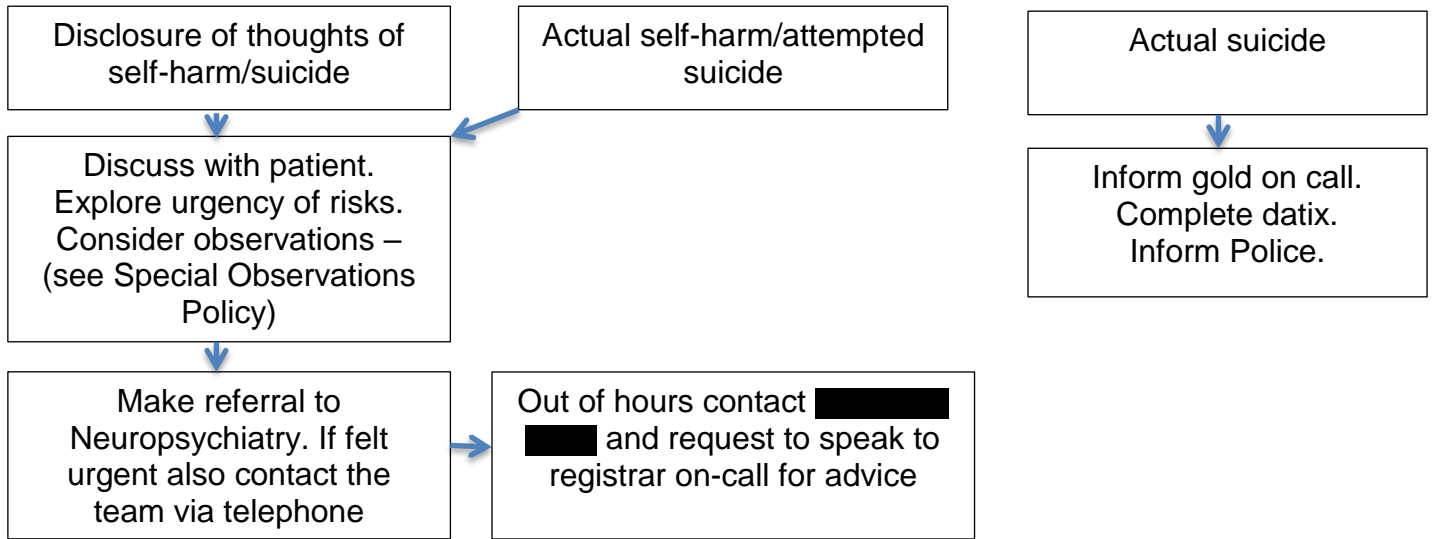
9. Reporting

Following any disclosure of suicidal ideation or attempts of intentional self-harm or suicide, staff should complete a Datix incident form at the soonest opportunity.

10. Line Management and Supervisory Role

Following incidents whereby staff have supported patients who have expressed suicidal ideation or attempts of intentional self-harm, line managers/supervisors should provide a follow up conversation with the employee within 24-48 hours of the incident, with further follow up review within 4 weeks. Staff can be offered support via referral to Occupational Health and NOSS if required.

11. Inpatient: Responding to risk towards self



10. Outpatients: Responding to risk towards self

