

Managing Customers' Suicide and Self-Harm Declarations
A framework for managers

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1. Introduction

This framework introduces guidance for all departments within Broxtowe Borough Council (the Council), to help them manage suicide and self-harm declarations from customers. The guidance can equally apply if a colleague were to make a self-harm declaration.

Managers in all Council departments who work with customers are required to develop suitable arrangements to suit their own working environments to help staff deal effectively and safely with customer declarations of suicide and self-harm.

The framework summarises the plans and procedures that must be in place. It will be subject to regular review to ensure it continues to meet its objective and for continuous improvement purposes.

2. Background

From time to time it is possible that a member of staff will hear a customer make a statement of intent to harm or kill themselves. Declarations of this nature can cause distress for those concerned, but there are some important points a member of staff should know that can help resolution. Both the distress and the chance of an outcome where everyone is safe are best managed by being prepared and knowing in advance how to respond.

It is important to be clear that if a customer states they will harm themselves they may well do so and our procedures and actions have to be organised around that assumption.

For the member of staff concerned, the key to responding effectively is to plan ahead so they know what to do before someone says they intend to harm themselves. Systems, procedures, and responses need to be in place, ready to apply to ensure appropriate action.

There are two things to be considered:

- i. What the response should be, and
- ii. The capability of the individual officers to respond appropriately

3. Planning and preparing yourself and your staff

Managers must consider the attached six-point plan and decide what arrangements will be appropriate for their team. This includes appropriate responses for all face to face contact staff, telephony teams, any out-of-office services, and for visiting staff. Some elements may not be appropriate but the important factor is ensuring arrangements are in place that suit the individual officer's working environment.

Council staff are not counsellors. The aim, by having suitable arrangements in place, is to help staff deal effectively and safely in these situations to achieve a safe outcome for themselves and the customer.

Arrangements must also be put in place for a debriefing after the event to provide the necessary support for the member of staff concerned.

4. Actions and responsibilities for managers

Managers must determine:

The procedures to have in place to make the six point plan work (see below)

The sources of advice to draw upon for help

How the plan is to be kept up to date, operational and communicated to staff

5.Individual departmental procedures

Departmental procedures need to cover:

- a) Staff training (initial and refresher) covering action to take at the time of the incident (bearing in mind that intentions can be stated in writing, or verbally), the local procedures that are in place, and roles and responsibilities. The training will vary according to the roles and responsibilities agreed. The Council is not a counselling organisation, but recognises that customers have varied needs and will seek appropriate support for them.
- b) A signalling system if within the office: so the member of staff concerned can summon support (the support partner) and trigger local procedures whilst maintaining contact with the customer. This principle must be extended to consider what action would be suitable in the event the member of staff and customer are off-site (for example, in the customer's home), or if the officer is working from home.
- c) The arrangements to ensure the member of staff dealing with the customer has no further interruptions.
- d) The arrangements to ensure the support partner, if in the office location, is active in supporting the member of staff. They will assist in assessing the nature of the risk present and organising the relevant action according to local procedures. They will also tactfully and unobtrusively monitor the contact for the well-being of both the member of staff and the customer. This frees the member of staff to gather relevant information and give the customer their undivided attention. There could be occasions where the support partner has to take over the call if the initial staff member feels overwhelmed and unable to deal with the situation.

6.Anticipating risk of self-harm or suicide

The risk of a suicide declaration can sometimes be anticipated prior to customer contact. The best information to help with this is a history of previous attempts or previous stated intention. However, incidents can sometimes arise unexpectedly during the course of normal business. Local plans and procedures will need to be fit-for-purpose for both eventualities.

Expressions of suicidal thoughts are common amongst the general population. This does not mean that they are never serious statements of intent.

It is a mistake to assume that suicide and mental illness are always closely linked; they are not. While we can be fairly certain that those who attempt suicide are distressed, we cannot assume that they are 'mentally ill' nor should we assume that those who are mentally ill are at risk of suicide. Some people who kill themselves have had no contact with mental health services.

Where contact is to be made with a customer having a known high risk of suicide or self-harm it is good practice to arrange for third parties to be present – either a customer representative/relative and/or a work colleague. Depending on

circumstances it may make sense to rearrange a home visit or a telephone contact to an office based visit with the above third parties present.

Information you have on a customer before you see them may allow you to be better prepared.

Where it is evident that customers stating suicide intent should be referred to external specialists, local managers should determine the contact arrangements and roles and responsibilities.

7.What to do if a customer says they intend to harm or kill themselves

Some customers may say they intend to self-harm or kill themselves as a threat or a tactic to “persuade”. Others will mean it. It is very hard to distinguish between the two and especially on the telephone. For this reason, all declarations must be taken seriously. The member of staff should follow the six-point plan (See Appendix) to talk to the customer to find out how well formed their plans are, if they have tried to harm themselves previously, and how imminent is the intention.

If the discussion suggests there is a risk that the customer will self-harm or attempt suicide, the customer should be encouraged to contact their health related support, then focus on ascertaining if the customer has a GP and strongly suggest that they make an emergency appointment for today. Alternatively, if they have a mental health worker, advise them to contact their local Community Mental Health Team (CMHT) for an assessment between 9.00am – 5.00pm or offer to make contact for them.

The member of staff should establish if the customer is in contact with any other services, or community based healthcare professional, or establish who their main carer is, e.g., who they live with, who their friends are. This is particularly important if the intention to self-harm is made during a home visit. They should be encouraged to make plans to go and see their GP or healthcare professional.

In cases where others are to be contacted, the customer should be informed this is your intention as you have concerns for their welfare.

In the case of the home visit, the officer should contact their line manager as soon as possible to brief them on the situation and the actions taken. They should make a written record as soon as possible after the event. The recorded details should be kept by the line manager.

8.What to do in an emergency

If the customer reveals they have already taken self-harm action (taken tablets, cut themselves badly, etc.) or if they are in a position of danger where self-harm could be actioned easily (for example, next to heavy traffic, or in a high place) the officer, in line with the six-point plan, should contact the relevant emergency services. This will normally be the Ambulance Service.

You do not need the customer’s consent to contact the emergency services.

The details of this information and decision making should be recorded and retained.

9.What to do after an incident of declaration of intention to self-harm or commit suicide

The following are essential steps to take following an incident:

- 1.Record the customer incident details for future reference. Monitor customer well-being for future contacts.
- 2.Gather detailed information of what happened. Line managers must keep the records as they may be needed in future for legal and system review purposes.
- 3.The member of staff and line manager should reflect on what happened. Discuss how the incident was handled. Review the procedures in place and determine if there are any lessons to be learned for future handling and responses. Keep a record of this review process.
- 4.Copies of the records should also be retained by the manager who is responsible for developing and reviewing local procedures, to enable them to ensure they remain effective.
- 5.The customer should be referred under the Adult Safeguarding procedure. Further advice on this procedure is available on the intranet or from the Head of Public Protection, or the Chief Communities Officer.
6. Line managers must provide support to the officer after the incident. Provide the necessary practical and listening support (e.g. to give the officer time away, to listen to their concerns). Ensure the officer is aware of the counselling services available under the Employee Assistance Programme (Care First).
7. If the declaration has come from a work colleague, the HR Manager must be advised without delay

10. Referral and emergency support details Community Mental Health Team (CMHT)

In general, Community Mental Health Teams do not provide crisis intervention and referral into this service can only be made through a GP or the police. However, they normally have a duty officer/desk clerk who will be able to receive a report about an incident relating to any case they are already supporting. If you work in a contact centre environment and therefore do not have information about local community services, all you can reasonably do is advise the customer to contact their GP or Community Mental Health Worker if they have one. **If the customer is distressed and is in immediate danger, summon the emergency services. You do not need their consent to do so.**

CMHT Broxtowe and Hucknall, Hope Centre, Dovecote House, 38 Wollaton Road, Beeston, NG9 3ST Telephone: 0115 854 1271

11. Other useful contact numbers Samaritans: 24hrs **08457 90 90 90**; MIND **08457 660163**; Get Connected (a free helpline for young people) **0808 808 4994**; Care First **0808 168 2143**;

Record any other appropriate numbers here so you have them to hand.

Appendix

Declarations of suicide and self-harm

The 6-point plan for officers when dealing with a declaration of suicide or self-harm.

Staff should have access to this information at all times.

If a caller declares an intention to self-harm, DO NOT TRANSFER THE CALL

Step	What to do
STEP 1 Take the statement to self-harm or commit suicide seriously	Listen carefully and clarify. Check your understanding of what was said. Suspend all other activities you are carrying out.
STEP 2 Summon a colleague if in office situation. This step will not be relevant for officers working from home.	Workplace procedures must be in place and you must know how to summon support from a colleague who will act as your 'support partner' if in an office situation. Your support partner is there to assist you by taking notes as you repeat answers and giving advice to you if necessary.
STEP 3 Gather information	You need to make some assessment on the degree of risk, by working through the following steps: You should remain calm, as this will help the customer gain perspective on their situation. Ask for and record key information, including their name, address, and current location and any plans they have for going elsewhere to harm themselves. This will be important should you need to inform other services. Ask where their GP practice is and the name of any partner / person they live with, health worker or carer. Clarify and confirm that the customer has said they intend to self-harm or commit suicide. Ask them if it is their intention to carry out that threat immediately, or if they have taken action already e.g. have tablets or something else been taken? If so, try to find out what and when. If they say it is their intention to self-harm immediately, advise them you are going to call an ambulance immediately.

Step	What to do
<p>STEP 4 Summon emergency help</p>	<p>If the customer is distressed and is in immediate danger, emergency help should be summoned You do not need their consent to do so, but it is important to advise the customer about what is happening and why Arrange contact with the emergency services by phoning 999 for an ambulance Let the emergency services know the location and any other relevant details you have ascertained. Line manager to refer situation to Community Mental Health Team. If the individual is known to them, they will act. If not known to them, line manager should contact GP if known.</p>
<p>STEP 5 Provide referral advice</p>	<p>This step should be followed if the situation is non-urgent (i.e. general distress but no immediate plans to commit suicide or self-harm). Advise the customer to contact their support team and encourage them to contact their GP immediately. Encourage the customer to speak to someone who can help them Have relevant telephone numbers to hand</p>

Step	What to do
<p>STEP 6 Review</p>	<p>Whatever the outcome, the customer should be referred as an Adult at Risk using the Council's referral mechanism for safeguarding adults. This is available on the intranet or details can be obtained from the Head of Public Protection or the Chief Communities Officer.</p> <p>Whilst this experience can be upsetting you need to look after yourself and be reassured that you have done what you can to help the customer. After the incident you may have thoughts and feelings about the situation.</p> <p>This is all part of the process of coping with the experience and is normal.</p> <p>Seek support from your colleagues, line manager, and the HR team.</p> <p>Your line manager must review the incident with you. This is your opportunity to reflect on the event and ask to agree on any further support for you. As part of this process, you should also review your written records with your line manager and check that office procedures were operational and useful. Pass a copy of your notes to your line manager.</p> <p>Line managers must retain the notes and issue a copy to the Head of Service.</p> <p>Managers should ensure that any member of staff who has managed an incident are provided with further opportunities to discuss the impact and how they are feeling.</p> <p>An independent, confidential counselling service is also available (Care First) under the Employee Assistance Programme, if necessary. line managers should convey any suggestions for improvements to this framework to the Head of Public Protection.</p>