Renewal Therapy Service

SOP Reference: **Risk of suicide or deliberate self**	Date: **June 2022**
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Date of next review: **June 2023**	

Purpose

To provide guidelines, safety measures and treatments to clients who present a suicide risk.

Policy

Clients using Renewal Therapy Service who are actively suicidal cannot be cared for by Renewal Listening Service. In addition clients who are self-harming without intent to kill themselves and are, to a degree, likely to put their lives in danger will also need to be referred to other support. Staff observing potential suicidal statements and behaviors exhibited by clients will report to supervisory staff immediately and take measures to promote safety.

Definitions

Suicidal: Purposeful self-injury with the intention to kill oneself (suicidal behaviour), or verbalising plan, intent, and having the means to complete suicidal act.

Suicidal Ideation (SI): Thoughts of being dead or of killing oneself. These would be noted in statements or gestures by the person.

Passive Suicidal Ideation (thoughts and statements): Talking of thinking about "being dead" or killing or hurting yourself, but not really doing it. For example: "I wish I were dead. Sometimes I just want to kill myself I feel so depressed".

Active Suicidal Ideation: Thinking that killing or hurting yourself is a good idea and thinking of some realistic ways you might do it. Example: "I want to kill

myself by smothering myself with a plastic bag and taking pills and I have been hiding pills to do this".

Risk factors

As a general rule risk is increased where:

- The person is a male (except if the person is Chinese).
- The age is between 16 – 35
- When there is a history of drug and alcohol abuse.
- When the person is gay, lesbian, transitioning or transgender.
- When there has been a recent loss (bereavement, relationship break down, loss of job, news of terminal illness etc)
- Where there have been previous attempts of suicide.
- In the 48 hours after a crisis.
- Where there is access to means of suicide that is acceptable to the person.
- Frequent serious self-harming.

Clearly people of all ages, in varied situations and across all groups can take their own lives so it is important not to ignore any cry for help from outside of the categories outlined above. It is a myth that people who are serious about killing themselves don't tell anyone. Research shows that there is usually an increase in help seeking behaviors in the 48 hours prior to suicide. People who complete suicide often have a history of self-harming. Not everyone who self-harms goes on to kill themselves.

Procedure

1. Clients are screened prior to admission for suicidal ideation and potential for self-harm by the Assessor. Clients who are actively suicidal may not be offered ongoing treatment until the risk is reduced as we may need to refer to other services. This decision is made in consultation with the clinical supervisor..

2. If a person self-harms in a way that requires a medical intervention such as stitches, infection control, an operation or hospitalisation their pathway will be similar to that outlined for suicidal clients.

3. If a client mentions suicidal ideation, at any time, this is reported to the clinical supervisor or service manager immediately.

4. All staff members are obligated to report suicidal statements or other indicators of possible suicidal ideation to the service manager or clinical supervisor, depending on who is available.

5. If the client is determined to be actively suicidal with the intent to harm themselves and the ability to do so, they will be referred to their GP or A&E.

6. If the therapist and clinical supervisor, or service manager feel that it is appropriate to continue supporting the client within the service, then the CAMS assessment and Hope safety planning, Hope enhancer, Problem solving and relapse prevention process will be used. All CAMS and Hope paperwork completed will be added onto the BACPAC file,

7.