

KNOWSLEY
SAFEGUARDING
ADULTS BOARD

PREVENTION THROUGH PARTNERSHIP

**Guidance for
Managing Risks v
Safeguarding in
relation to Mental
Health / Self Harm /
Suicidal Ideation**

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Guidance for Managing Risks v Safeguarding in relation to Mental Health / Self Harm / Suicidal Ideation

1. Background

This Guidance has been developed following audit activity within Knowsley which highlighted that agencies can often be unsure how to respond and what action to take if an adult presents with risks associated with mental health needs which could include self-harm or suicidal ideation. Often this can lead to inappropriate referrals through statutory safeguarding routes, i.e. referrals for safeguarding enquiry under Section 42 Care Act (2014).

The criteria for referring for a safeguarding enquiry under Section 42 of The Care Act is that an adult has needs for care and support and is at risk of or is experiencing abuse or neglect, and because of their care and support needs is unable to protect him/herself.

Responding to individuals with mental health needs, risks and/or wider vulnerabilities may therefore require practitioners to consider alternative support pathways to statutory safeguarding routes and require co-ordinated multi agency responses.

National data on suicide highlights that the majority of patients who died by suicide had a history of self-harm and there were high proportions of those with alcohol and drug misuse, and comorbidity, i.e., more than one mental health diagnosis. Nearly half of all patients lived alone. Additionally, there is an added risk when the patients were recent migrants, i.e., seeking permission to stay in the UK or resident in the UK for less than 5 years.¹ This information underlines the need for us as practitioners to understand how and where to access support, and when to instigate a statutory safeguarding referral or where to seek support when the criteria in s42 Care Act 2014 is not met.

2. Purpose

This guidance has been developed to inform practitioners of alternative approaches that are available when mental health risks and vulnerabilities are identified with reference to key considerations.

This Guidance should be read in conjunction with Knowsley's Safeguarding Adult's Policy /Procedures which can be accessed via [Policies and Procedures for Professionals | Knowsley Safeguarding Adults Board](#)

3. Key Considerations

The following questions may be useful to consider when presented with a concern:

- What is the nature of the presenting issues?
- Making Safeguarding Personal- What is the perspective of the person and what are their wishes?
- Does this person have care and support needs and is the criteria to refer as a Section 42 Safeguarding enquiry satisfied?


¹ <https://nspa.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-in-mental-health-annual-report-2023-including-easy-read-version/>

- Has the person given their consent to discuss with others, if not why? Is the concern of a nature where you could share information with others despite no consent?
 - Other persons at risk
 - The person works in a Position of Trust (s) with adult/s with care and support needs either in a paid or unpaid capacity and there may be concerns about their suitability to work. For more detailed Guidance about what action to take refer to: <http://www.stopadultabuse.org.uk/pdf/north-west-pipot-policy-june-2019.pdf>
 - The person works with children and there may be concerns about their suitability to work with or continue to work with children. This must be referred
 - to the Local Authority Designated Officer (LADO). For more information click this [link](#)
 - Mental Health Act 1983 assessment is required.
- Has any concern been identified about the person's mental capacity?
- Self-harm including attempting suicide may be an indication of abuse or neglect or a way of dealing with overwhelming experiences or situations. Has a conversation uncovered reasonable concern to suspect that abuse or neglect may be a factor in the mental health issue/ presenting risk?
- Does this require an urgent response due to the presenting mental health risks?

The safety of the adult should be paramount: If a real and immediate risk of serious harm/ risk to life has been identified contact 999 to request police intervention or an ambulance if an emergency medical need has been identified. In non-urgent scenarios when a concern about the adult's mental health has been identified seek their permission to speak to their GP in the first instance, or a mental health team if already involved.

4. Available Interventions

Possible Intervention	Legal Basis, Criteria and Considerations	Link to Refer / Guidance Links
Safeguarding Enquiry	Care Act 2014 (Sec 42): An adult has needs for care and support and is at risk of or is experiencing abuse or neglect and is unable to protect him/herself. Person's wishes must be taken into account where they have capacity to understand the process of Enquiry	Referral of adults at risk - Knowsley Safeguarding Adults Care and Support for Adults in Knowsley Knowsley Safeguarding Adults Procedures What is safeguarding? SCIE
Care Act 2014 Assessment – social care assessment	s9 Care Act 2014 lays down assessment of adult's needs for care and support. Where it appears to a LA that an adult may have needs for care and support, the LA must assess-a) whether the adult does have needs for care and support, and b) if the adult does, what those needs are.	Care and support statutory guidance Assessment of needs under the Care Act 2014 SCIE Adult Social Care Knowsley Council

<p>Care Act 2014 Assessment – Refusal of Assessment</p>	<p>S11 Care Act 2014 sets out that where an adult refuses a needs assessment, the local authority is not required to carry out the assessment however they must carry out the assessment if 1. the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult’s best interests, or 2. the adult is experiencing, or is at risk of, abuse or neglect.</p>	<p>Care and Support Statutory Guidance section 6.20 Care and support statutory guidance - GOV.UK (www.gov.uk)</p>
<p>Assessment of Mental Health (not Mental Health Act 1983)</p>	<p>If the person is open to secondary mental health services, contact their allocated Community Mental Health Nurse. If the person, is not open to mental health services, contact their GP who can refer onto the Mental Health Nurse working with the surgery. Alternatively, if urgent, call First Response Service, which is Mersey Care’s crisis line. This can also be contacted by professionals requiring guidance on steps to take.</p> <p>Mersey Care’s Crisis Resolution and Home Treatment Team is a team working to prevent hospital admissions.</p>	<p>Mersey Care’s First Response Service is a telephone support service for individuals in a mental health crisis.</p> <p>0800 051 1508 (24/7 freephone)</p>
<p>Mental Health Act 1983 Assessment</p>	<p>Individuals with a mental disorder can be detained for their own health or safety or to protect others where assessment or treatment cannot be provided otherwise.</p> <p>Could be considered if the person or others are at serious and imminent risk but should not be a first option especially if options for assessment and treatment in the community are available and viable options. The Guiding Principles of Mental Health Act 1983 should always be applied.</p> <p>Under Mental Health Act 1983 the Nearest Relative can request that the AMHP considers the</p>	<p>KSAB 7-minute briefing Mental Health Act</p> <p>Mental Health Act 1983 (publishing.service.gov.uk)</p> <p> nearest-relative-factsheet (1).pdf</p> <p>Should you need to request a Mental Health Act Assessment within Knowsley please call 0151 443 2600 (24-hour service)</p>

	<p>case for admission to hospital under the Act.</p> <p>Practice consideration: A person's physical health should always be considered first, particularly in cases of organic illness such as dementia as this may be a causal factor in a decline within Mental health, behaviour or cognition.</p>	
Assessment of Mental Capacity	<p>The Mental Capacity Act 2005 requires a presumption of capacity however, if doubt is raised about a person's capacity it might be appropriate that a formal assessment of capacity is undertaken.</p> <p>If it is identified that the person lacks capacity to make a particular decision, decision can be made in their best interests, and this should be guided by the principles of the MCA.</p>	KSAB 7-minute briefing MCA
Management through Multi agency risk and management processes - MARAM Process	<p>Knowsley have a MARAM process in place to support the management and mitigation of risks when the safeguarding criteria is not met but serious risks for an individual or others have been identified. Concerns include:</p> <ul style="list-style-type: none"> • Fire Safety • Alcohol or drug dependence • Resistant or aggressive behaviour • Medical Intervention and Medication • Self neglect • Refusal of access to an adult with care and support needs <p>The focus on the group is to assess and respond to risk and share decision making.</p> <p>Agencies should utilise the MARAM Guidance to inform their response.</p>	Multi-Agency Risk Assessment Guidance MARAM
Self-Neglect has been	Self-neglect covers a wide range of behaviour neglecting to care	Self-neglect toolkit

<p>identified- Utilise the Self Neglect toolkit.</p>	<p>for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support (Care and Support Statutory Guidance).</p> <p>Completion of Care Act 2014 assessment despite refusal should be considered as well as commencing the MARAM process in the first instance before consideration of s42 Care Act 2014 enquiry.</p>	<p>KSAB 7-minute briefing Self-Neglect</p>
<p>Concerns have been identified about Domestic Abuse – including coercive controlling behaviour.</p>	<p>The Domestic Abuse Act (2021) defines domestic abuse as “any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”.</p> <p>An individual may be experiencing domestic abuse but as they are not an adult with care and support needs the criteria to refer through S42 processes is not indicated. However alternative avenues are available for example referrals to IDVA services (Independent Domestic Violence Advocates) or MARAC (Multi-Agency Risk Assessment Conferences). Refer to attached link for further guidance.</p>	<p>Risk Management Processes</p>
<p>Signposting for support with Substance Misuse</p>	<p>If a person you support is living with addiction and substance misuse, please discuss making a referral to Change Grow Live for support with this.</p>	<p>https://www.changegrowlive.org/integrated-recovery-service-knowsley/referrals</p> <p>KSAB 7-minute briefing Substance Misuse</p>

	A person with care and support needs may have a substance dependence however, this on its own does not constitute a statutory safeguarding concern.	
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5. Risk versus Safeguarding

Generally, the term 'safeguarding' is used to describe a situation of risk, or where a person may need support (or more support than what is in place) however, this does not mean that the statutory safeguarding duty laid down in s42 Care Act 2014 is met. The term 'Safeguarding' is often used to refer to concerns or circumstances of risk such as self-harm, suicidal ideations, mental health crisis/deterioration and substance misuse. Sometimes 'Safeguarding' is used to describe someone who has care and support needs and requires help with their day-to-day tasks, as they are unable to meet their care needs and consequently there is a 'risk' (perhaps not eating enough or neglecting personal hygiene) that needs 'Safeguarding'. However, this signals someone who requires an assessment of their needs to manage the presenting issue rather than a statutory safeguarding response.

Self-neglect is also a type of concern which can be difficult to identify when this crosses the line from a care management concern to a safeguarding concern. Self-neglect is identified as a type of abuse in Care and Support Statutory Guidance however self-neglect needs to be seen in the context of the person's circumstances and what response has already been provided and what was the impact of that response, such as Care Act 2014 assessment or a MARAM meeting. When working with self-neglect the most important response is to understand why a person is self-neglecting, and so speaking directly with the person in compliance with Making Safeguarding Personal is essential. Self-neglect could stem from physical health problems, deteriorating cognition and it can also stem from trauma (either historic or recent).

6. Examples

Please note that the below examples are not exhaustive but could be used as a guide to inform decision making.

Presenting issue	Statutory safeguarding	Alternative response
<p>Self-harm</p> <p><i>"Self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose" (NICE, 2022)</i></p> <p><i>Self-harm could be an indicator of increased risk of suicide, but self-harm is not</i></p>	<p>A person is within a care setting such as supported living, they lack mental capacity regarding care and accommodation. They are known to self-harm by drinking bleach and the cupboard should be locked. One day this is omitted and the person drinks bleach and needs treatment in hospital. The abuse type is Neglect or acts of omission.</p>	<p>When a health or social care professional is presented with someone who has self-harmed NICE (2022) sets out that they should establish:</p> <ul style="list-style-type: none"> the severity of the injury and how urgently medical treatment is needed. the person's emotional and mental

always an attempt to end one's life.

LGA (2020) states that "Self-harm and self-neglect are not the same, although there may be some overlap. What drives people to hurt themselves may also drive them to deprive themselves of the basic care and comfort they need in order to thrive".

Despite this, SCIE (2020) sets out that self-harm could be considered as a form of self-neglect if an individual is unable to 'control their self-harm' or an 'inability to avoid self-harm'. This points to the importance to base each case on its own merits.



A person with care and support needs self-harms due to being the victim of bullying and harassment. The type of abuse is **Discriminatory Abuse or Psychological and Emotional Abuse.**

[Hate crime](#) | [Knowsley Better Together](#)

state, and level of distress

- whether there is immediate concern about the person's safety
- whether there are any safeguarding concerns
- whether the person has a care plan
- if there is a need to refer the person to a specialist mental health service for assessment.

[\(Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE\)](#)

Please be aware that one possible action could be to request a Mental Health Act 1983 assessment if a person is presenting as a significant risk to self and community services have been unable to manage the risk safely in the community.

Mersey Care's First Response Service can be contacted by professionals (and individuals themselves) to seek advice on mental health concerns 0800 051 1508 (24/7 freephone).

	Antisocial behaviour Knowsley Better Together	
<p>Suicidal ideation</p> <p><i>When a person expresses thoughts to end their life, they may or may not have plans or intent to end their life.</i></p>	<p>A person who expressed suicidal ideation and a care plan has been agreed to manage this within a supported setting, such as 1:1 observation during crisis period, but this is not maintained and whilst not receiving the care planned observation, they attempt to end their life and so comes to harm. The concern is Neglect or acts of omission.</p> <p>A person with care and support needs expresses suicidal thoughts and there are underlying safeguarding concerns causing this such as domestic abuse or sexual abuse.</p> <p>The safeguarding concern would therefore be sexual or domestic abuse but presents as suicidal thoughts.</p>	<p>A person has suicidal ideation due to financial difficulty, which could include gambling.</p> <p>A person who is expressing suicidal thoughts, plans or intent should be supported to contact their GP or mental health services. This will prompt a review of a person's physical and mental health.</p> <p>If it is an emergency 999 should be contacted.</p> <p>If community options have been explored as the least restrictive option but are unable to manage the risk of suicide a request for a Mental Health Act 1983 assessment can be considered.</p> <p>Breathing Space Debt Respite Scheme (Breathing Space) guidance for money advisers - GOV.UK (www.gov.uk)</p> <p>7 minute briefing on Gambling Harm: Introducing 7 Minute Briefings - Beacon Counselling Trust</p> <p>A person without care and support needs expresses suicidal thoughts and there are underlying safeguarding concerns causing this such as domestic abuse or sexual abuse.</p> <p>This requires a response via GP/Mental Health Services and a plan to support with the crisis</p>

		<p>which could include an assessment under Mental Health Act 1983, if lesser restrictive options are not viable options.</p>
<p>Self-neglect</p> <p><i>Self-neglect is defined as: “Lack of self-care to an extent that it threatens personal health and safety; Neglecting to care for one’s personal hygiene, health or surroundings; Inability to avoid harm as a result of self-neglect; Failure to seek help or access services to meet health and social care needs; Inability or unwillingness to manage one’s personal affairs” (SCIE 2018)</i></p> <p><i>The presentation of self-neglect is highly individual to the person, and therefore it needs to be seen within the context of the person’s circumstances and apply the principles of Making Safeguarding Personal.</i></p>	<p>A person with schizophrenia who presents with significant negative symptoms causing them to severely self-neglect their personal hygiene and diet.</p> <p>Due to the mental disorder the person is unable to protect themselves from the self-neglect. At this point it is essential to establish if a mental health agency is involved and if not whether a referral is needed, and consideration of mental health services to be part of any strategy meeting.</p> <p>The safeguarding enquiry may indicate any of the following actions to take:</p> <ul style="list-style-type: none"> • if the situation is urgent and it is not safe or viable to treat the person in the community, then a referral for Mental Health Act 1983 assessment should be considered. KMBC AMHP service can be contacted for advice. • if MHA 1983 is not indicated at this point the first step would be to complete a Care Act 2014 assessment. If an assessment is refused, the LA still has a duty to undertake an assessment, if the person is at risk of abuse or neglect (in this case self-neglect) which is laid down in s11 Care Act 2014. <p>A person who is hoarding, and the self-neglect & hoarding policy has been actioned indicating a safeguarding response is required, as the seriousness of the hoarding disorder and state of the property means the person is unable to protect themselves.</p>	<p>A person disengages from services and is suspected of not taking medication as prescribed and is neglecting their personal hygiene and/or home conditions. They also have not attended any medical appointments for some time.</p> <p>A Care Act 2014 assessment should be completed in the first instance to determine what the person’s needs are. If the person refuses, consideration is needed as to whether s11 Care Act 2014 is triggered, where an assessment can be completed despite refusal. Implementing the MARAM process should also be considered.</p> <p>A person who struggles with hoarding, however, is willing to engage with services and wants support to address the hoarding issues.</p> <p>Hoarding - 7 Minute Briefing</p>

Substance misuse	<p>A person with substance misuse with care and support needs who inject drugs unsafely in combination with other health needs placing them at significant risk of serious harm and would be considered self-neglect. Other avenues have been attempted such as MARAM process, but risk has not decreased. Please note that decisions around self-neglect is taken on a case-by-case basis per 14.17 Care and Support Statutory Guidance.</p> <p>Practice Point: Substance misuse issues alone are not within criteria for detention under the MHA but could sit alongside a wider health issue warranting mental health assessments / and intervention.</p>	<p>A person with alcohol dependence, which consequently impacts on their life and could impact on areas such as financial stability. This requires a conversation about engaging with CGL and professionals should seek consent to refer them to CGL. If a person declines, establish why so these obstacles can be overcome.</p> <p>Referrals - Integrated Recovery Service - Knowsley (changegrowlive.org)</p>
	<p>A person with substance misuse and care and support needs who is the victim of cuckooing. And due to their substance misuse in combination with care and support needs they are unable to protect themselves from this. Cuckooing can present as a number of different types of abuse: Physical, Psychological & Emotional, Sexual and financial.</p> <p>KSAB-seven-minute-briefing-Cuckooing</p> <p>Antisocial behaviour Knowsley Better Together</p>	<p>A person who injects or smoke drugs and they want support such as substitution treatment. This should be referred to CGL.</p> <p>Referrals - Integrated Recovery Service - Knowsley (changegrowlive.org)</p>

7. Caring responsibilities

If the person has caring responsibilities for an adult or a child living in the household then concerns about suicidal ideation, self-harm or self-neglect is likely to impact on the person they are caring for. A safeguarding referral should be raised for advice about a child or an adult at risk.

Legislation

- [The Care Act \(2014\)](#)
- [Human Rights Act \(1998\)](#)
- [Mental Capacity Act \(2005\)](#),
- [Deprivation of Liberty Safeguards \(2009\)](#)
- [Domestic Violence Crime and Victims Act \(2004\)](#)
- [Mental Capacity \(Amendment\) Act \(2019\)](#)
- [Mental Capacity Act 2005: Code of Practice \(Department for Constitutional Affairs 2007\)](#)
- [Equality Act \(2010\)](#)
- [Mental Health Act \(2007\)](#)
- [Domestic Abuse Act 2021](#)

Resource

[No More Suicide](#)

[Every Mind Matters - NHS \(www.nhs.uk\)](#)

Urgent Mental Health Support

Mersey Care urgent mental health NHS support (For those living in Knowsley, Warrington, St Helens, Halton or have a Knowsley GP) [0800 051 1508](tel:08000511508), [Help in a crisis \(merseycare.nhs.uk\)](https://www.merseycare.nhs.uk)

Mersey Care urgent mental health support (for those living in Liverpool / Sefton or have a Liverpool GP) – 0800 145 6570

Non urgent support

Samaritans - If something's troubling you, then get in touch. 24 hours a day, 365 days a year. Contact us now and find out more about how we can help: We help you talk things through: We keep everything confidential www.samaritans.org/ Call 116 123 free from any phone.

Shout - offers confidential 24/7 text messaging support for times when you need immediate support. Trained volunteers can help with issues such as stress, anxiety and depression and will work with you to take your next steps towards feeling better. Text the word "**REACH**" to **85258**. Visit www.giveusashout.org

Knowsley Mental Health Assessment / Home Treatment Team – 0151 290 4999 (accept self-referrals to receive an assessment of your mental health).

Talking Therapies - free NHS therapy for people with common mental health problems such as anxiety or depression. Visit www.merseycare.nhs.uk and search talking therapies.

Listening Ear - provides counselling support for people of all ages. Call 0151 488 6648 Visit <https://listening-ear.co.uk>

AMPARO – free confidential support for anyone affected by suicide. Call 0330 088 9255 or visit www.amparo.org.uk/

Silver Line - free, confidential telephone service for those aged 55 and over, provides friendship, conversation and support 24/7. Call 0800 470 8090 or visit www.thesilverline.org.uk/

StayAlive app – for those at risk of suicide and for people worried about someone. Suicide prevention resource which provides information and tools to help you stay safe in crisis including a safety plan and LifeBox where people can upload images or videos that remind them of their reasons to stay alive. Download free on both iOS and Android devices.

Substance Misuse Support CGL <https://www.changegrowlive.org/> to get help

James Place Liverpool (for men who experience suicidal thoughts) **James' Place People and Teams - Suicide Prevention for Men : James' Place (jamesplace.org.uk) 0151 303 5757 email: info@jamesplace.org.uk**

Live Well Directory <https://www.thelivewelldirectory.com/> a data base containing local care and support services, information and activities.

Cruse Bereavement Care - Phone: 0800 808 1677 Website: www.cruse.org.uk/?gclid=CPCQmuzlsNECFYM4GwodrRQODA

Relate - Phone: 0300 100 1234 (for information on their services) Website: www.relate.org.uk/?gclid=CMPH5eHpsNECFQcz0wodg4oCgQ

MIND – National Mental Health Charity 03001233393 www.mind.org.uk

Rethink Helpline for severe mental illness 0300 5000 927 www.rethink.org/about-us

Hub Of Hope <https://hubofhope.co.uk/> data base containing where to get help in your locality. If you require medical support you can contact your GP or NHS 111 when you need help fast (24 hours a day 365 days a year free call from mobile or landline) but it's not a 999 emergency

