

NHS and Social Care Partnership Trust

Information Governance & Records Management Department

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Dear

Sent via email

Request for Information

I write further to your request FOI ID 50788 under the Freedom of Information Act 2000 regarding: -

Headbanging and non-anchored ligatures within adult inpatient mental health settings

Your request is set out below:

• I am currently looking into the available evidence on behaviours of headbanging and non-anchored ligatures within adult inpatient mental health settings. As part of this review, I am keen to include information on policies, procedures, areas of good practice that may have been developed. Is there anything within your setting that is shareable?

Therapeutic Engagement

There are various therapeutic interventions that we are using or developing to reduce the risk of self-harm on our wards. We assess on an individual basis which intervention /pathway to choose, care plan with the patient and review on a regular basis.

Interventions:

Therapeutic Group programme consisting of self -care, creative, social/discussion groups, sports & exercise, green walks, sensory interventions, cooking, music

Psychology groups & 1:1 - starting to focus more on DBT

Meaningful activities – quizzes, board games, cards, coffee & chat, music, gardening, table tennis, pool, film's etc

O.T ADL assessment - Mohost

Graded exposure

Psychology assessment

Physiotherapy assessment - looking at pain, balance, mobility- all links in

Music/Drama/Art therapy

Gym sessions – group/individual programmes with Sports Technicians

Mobi Sensory interactive resource

Sensory checklists

Sensory ladders/spiders/grids

Talking mats

One-page profiles

We are proud to be smoke free

Trust Chair – Dr Jackie Craissati Chief Executive – Sheila Stenson Person centred care planning
Soothing boxes
MRAP – Minimal risk activity pack
ASH project – Alternatives to self-harm
Using new HIU safety plan & new risk assessment

Staff are now being trained in Trauma Informed care with the caplet training which links in with all this work.

We hold a monthly trust-wide steering group focusing on how we best support individuals who self-harm. This group spans all the professional disciplines and clinical settings, bringing everyone together to think about our current practice and how we can move forward. We have recently undertaken a survey to capture staff thoughts, feelings and views around working with individuals who self-harm and to understand what they feel works well, what doesn't and where and additional supports might be needed. We are also in the process, as a group, of designing a similar survey to gain service user views about what mental health services do well to support them around their self-harm and to think about what services might be able to do differently in the future. The group also provides a forum to discuss new innovations or projects linked to working with individuals who self-harm, with the most notable projects currently focusing on alternatives to self-harm and the use of minimal risk activity packs. It has additionally looked at how we capture and utilise data that is reported through trust systems in relation to self-harm, ensuring that we have the right information to help us understand the demands on our services and shape our areas of focus going forwards.

I confirm that the information above completes your request under the Freedom of Information Act 2000. I am also pleased to confirm that no charge will be made for this request.

If you have any questions or concerns or are unhappy with the response provided or the service you have received you can write to the Head of Information Governance at the address on top of this letter. If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision.

Yours Sincerely

On Behalf of The Information Governance Department