Useful contacts

Bristol Crisis Service for Women
PO Box 654
Bristol BS99 1XH
Tel. 0117 925 1119

Basement Project
82 Colston Street
Bristol BS1 5BB
Tel. 0117 922 5801

Mind Legal Department
15-19 Broadway
London E15 4BQ
Legal Advice Line 0181 519 2122
(Mon, Weds, Fri 2.00p.m. to 4.30p.m.)

Mind*info*Line
0181 522 1728 London,
0345 660 163 outside London

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National Self-Harm Network
Campaigning for the rights & understanding of people who self-harm

NSHN
PO Box 16190
London NW1 3WW

The Clothier Report

Implications for people who self-harm

National Self-Harm Network
Campaigning for the rights & understanding of people who self-harm

The Clothier Report, published in 1994, examined the events surrounding the deaths and injuries caused by Beverley Allitt, a nurse at Grantham and Kesteven General Hospital. The report put forward recommendations for the screening of people entering the nursing profession.

The Report regards as fair grounds for screening out applicants the following:

> 'Excessive absence through sickness, excessive use of counselling or medical facilities, or self-harm behaviour such as attempted suicide, self-laceration or eating disorder'.

The Report goes on:

> 'Applicants should not be accepted for training until they have shown the ability to live an independent life without professional support and have been in employment for at least two years.'
> *The Allitt Inquiry: Independent Inquiry Relating to Deaths and Injuries on the Children's Ward at Grantham & Kesteven General Hospital* (HMSO 1994) p.84.

These statements have serious consequences; not only for those wishing to enter the nursing profession, but also for dedicated nurses who are established in the profession. This must extend to other professions too. This is unfair discrimination.

'More than 30,000 people with mental health problems may be concealing their psychiatric history from employers for fear of discrimination or of losing their jobs.'

('Many forced to hide mental illness at work' *Independent* 14 May 1997, p.7)

The National Self-Harm Network is concerned, as the implications of the recommendations for people who self-harm are fundamental. The Clothier Report discriminates against people posing no threat to anyone. Indeed, people with direct experience of self-harm who are employed as nurses have better understanding, empathy and insight. The Clothier Report has created a climate of fear; people are too scared to ask for support and help. The National Self-Harm Network believes that all personal, social and health service staff must receive support to enable them to continue working, not to be witch-hunted out of employment.

If you face discrimination

- Speak to your union representative.
- Seek advice at your local law centre.
- See a solicitor.
- You may have rights under the Disability Discrimination Act (1995).
- If you are employed by the NHS, contact the NHS Equal Opportunities Unit; they have recently agreed to examine mental health specific screening procedures.
- Keep written records at home about what is happening at work. You may be able to use these as evidence at a tribunal.

Please write to National Self-Harm Network about your experience. All correspondence will be treated in confidence. We are gathering evidence about all employment discrimination.

- We recognise there are circumstances under which you would feel unable to treat us. We believe you should have the right not to have to treat us, with the corollary we have the right to treatment. One staff member refusing to treat us must not result in the entire department withdrawing treatment.
- Some departments, in the name of being thorough, will make any treatment dependent on having a psychiatric evaluation. We understand you must offer psychiatric assistance, but few of us have found it of help. Please respect our right to treatment and don't make it contingent on anything other than clinical need.

Support

- Following treatment, some people will wish to leave the department immediately. However, some may want to talk; strike while the iron is hot, it is hard for us to talk. We may not feel able to speak to the psychiatric liaison nurse, or a psychiatrist. We may find talking to you safer and less intimidating.
- It is possible we will not have eaten that day, please offer us a cup of tea. Have available information about organisations that may be able to help. Have copies of crisis cards (available from Survivors Speak Out). If the person is able to talk, now might be a good time to find out what helps when they come to the department.
- If resources allow, offer the person a bed overnight. This is a good preventative measure and consequently a positive use of bed space.
- We may be unable to use an advocate from our circle of friends. It is helpful to have advocacy available in the department. With 24-hour cover, the advocacy service has a better chance of allowing us to speak about our experience. You experience our distress as episodes of treatment, we experience it as a continuum.

Useful organisations

These organisations offer training, consultation, policy review, information, literature and sometimes advice.

Bristol Crisis Service for Women
PO Box 654, Bristol BS99 1XH, tel. 0117 925 1119

Basement Project
82 Colston Street, Bristol BS1 5BB, tel. 0117 922 5801

42nd Street
2nd Floor, Swan Buildings, 20 Swan Street, Manchester M4 5JW, tel. 0161 832 0170

Survivors Speak Out
34 Osnaburgh Street, London NW1 3ND, tel. 0171 916 5472

National Self-Harm Network
PO Box 16190, London NW1 3WW

Mind
15-19 Broadway, London E15 4BQ.
Mind*info*Line 0181 522 1728 London
0345 660163 outside London

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Breaking the spiral of self-harm

Advice for accident & emergency staff

Ever felt...?

- **ANGER** when someone makes themselves your patient.
- **FRUSTRATION** because we come back again and again.
- **HELPLESSNESS** because no matter what you do, we go on harming ourselves. Even if you do have a positive effect, you may not see the results. If we are able to go home and not injure as a result of your good treatment, you might never know.

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Of all the pressures and stresses on accident and emergency staff, self-injury must seem like the last straw. Responding daily to self-harm takes its toll. It's not surprising the suicide and alcoholism rate for staff is so high. The human cost of the current situation is ever-spiraling: staff venting their frustration on us leads to more self-injury, which leads to greater desperation... ***Together, we can break the spiral.***

Staff support

- Finding time to deal with these feelings need not be expensive, an hour a fortnight per staff member. This gives an opening for different A&E departments in a particular locality to exchange views and ideas by exchanging members.

Policy

- Many departments have an ad hoc approach, the treatment varying from practitioner to practitioner. A clear policy protects us all. Make clear what we can expect in the way of treatment, and show full appreciation of the ethical and moral considerations for staff treating us.
- Policy must be made in consultation with users. Constantly review policy and delivery for relevance.
- The monitoring of treatment will show when practice is erring. Cost savings can be maintained if standards are maintained; the cost of treating further injuries as a result of punitive or hostile treatment is saved.

Training

- Training for students can catch bad practice before it develops. In the latter stages of your career, your accumulated knowledge and experience can be added to the body of information about self-harm.
- The model of best practice in training involves users at all stages: design, delivery and evaluation. A greater understanding of self-harm will lead to enhanced job satisfaction – nobody wants to provide a bad service.

Triage

- It is best practice that injuries are viewed in a private area. The trauma of attending A&E departments is great, without adding to this by the humiliation of a public display of the injury. In calculating the Triage score, please remember to assess the degree of emotional and physical trauma together. The injury may seem slight to you, but may represent extreme self-restraint.

Treatment

- If you assume our self-injury is 'attention-seeking', you will not be able to elicit much information from us. A 'Self-injury checklist' is available from the National Self-Harm Network, which contains most of the information you will require for the Triage assessment. It also includes other factors you may not remember to ask, such as the need to be alone or for someone to sit with us.

Attitude

- The poor self-esteem of people who self-harm may mean that minor annoyance on your part can be interpreted as barely contained hostility; a potent environment for misunderstanding. Make your communication with us clear, concise and unambiguous.
- Increasingly, we will be accompanied by another person. Check with us if you should direct your questions to the person accompanying us. Remember that you are seeing us *in extremis* – communication problems are a facet of our fear.
- Experience shows we respond primarily to being treated with respect and in such a way as to maintain our dignity. We ask for the same consideration you give any patient. Empathy as an acknowledgement of the distress that has led to an act of self-harm is a useful response.
- Reducing the level of care or making treatment cursory does not deter us from injuring and therefore does not save you money. Quality treatment based on clinical need alone will assist us by raising our level of self-worth.

Promoting rights and choices

- We are often treated or observed by students. This needs informed consent. If there is no response, assume the answer is 'no'.
- The emotional shock following a bout of injury may make it hard for us to ask for privacy. Indeed, it may be impossible to assert any need. It is worth assuming we would wish to be examined and treated in private.

The distress a person who has self-harmed feels may make it hard to refuse to have students present during treatment. Ask in advance if they mind students, and if they object or say nothing, *insist on the right to be treated in private by qualified staff.*

In the belief that it may deter individuals from harming, stitching and stapling of wounds with little or no anaesthesia has been an experience of some self-harmers. Often by the time treatment has started the initial shock is wearing off, so that many self-harmers find they have a lowered pain threshold at this time and feel extreme pain. *Insist on adequate anaesthesia.*

If the injuries require continued treatment such as changing dressings or applying antibiotic powder, ask the nurse to show the person how to treat themselves and to supply suitable dressings and medication.

Unless an individual represents a risk to themselves or others, or is an in-patient, they are free to leave whenever they wish and cannot be detained under the Mental Health Act. *Insist on this right.*

All these measures are designed to support people's sense of worth. Low self-esteem often accompanies self-injury. Helping a person maintain some dignity in the face of hostile treatment can assist in breaking the devastating cycle of self-harm. The confirmation of worthlessness that a badly handled treatment can provide may precipitate further self-harm.

Further reading

For Friends & Family (Women & Self-Injury 3) £2 from Bristol Crisis Service for Women, PO Box 654, Bristol BS99 1XH.

Self-harm: Perspectives from Personal Experience (Survivors Speak Out) £6+10%p&p*

Understanding Self-Harm (Mind) £1+10%p&p*

Who's Hurting Who? Young People, Self-harm and Suicide (42nd St) £10+10%p&p*

*All available from Mind MO, 15-19 Broadway, London E15 4BQ, tel. 0181 519 2122 ex 223.

Sources of help

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Minimising the damage from self-harm

A guide for friends, relatives & advocates going with a person who self-harms to an accident & emergency department

National Self-Harm Network
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It doesn't have to be humiliating...

Take someone you trust with you

Going to accident & emergency (A&E) with self-harm can be a degrading and humiliating experience. Some of the poor treatment we receive is as a result of the misunderstanding of why we self-harm. Taking someone you trust with you to A&E can minimise the risk of abusive or painful mistreatment. This leaflet is designed to help people accompanying an individual to get treatment for self-harm, or for any other problems. Self-harmers often also receive poor or degrading treatment for conditions unrelated to their self-injury.

Notes for the person who has self-harmed

- **Cuts**

If a cut has blood spurting ring for an ambulance. Otherwise cover the wound with a dry clean cloth such as a clean towel or tea towel. If you can't do this yourself ask your friend/relative/advocate to do it for you.

- **Burns**

Put the burn under running cold water to cool the injury. Loosely cover the burn in clingfilm as a temporary dressing.

- **Overdose**

For *any* overdose seek medical attention immediately.

- **Ring your friend, relative or advocate**

While waiting for your advocate to arrive keep warm, you may be in shock. It's a good idea to discuss with your friend/relative/advocate the sorts of things they might help with. You might find it hard to make the initial approach to the triage desk (see below), or not want too many people seeing your injury. It is often easier for the advocate to ask for this on your behalf.

- **Crisis Card**

A crisis card is a document which lets people know what you need in a crisis. Take your card with you. (Available from Survivors Speak Out, 34 Osnaburgh St London NW1 3ND.)

Notes for friends, relatives or advocates

- Encourage the person to follow the advice given here as far as they can. Ask if you may do anything they may have missed, or may not be able to do, such as dressing any wounds or finding crisis cards.

- On the way to the hospital, the person may not be able to communicate. Try to avoid the person being pestered with questions en route, for example from bus drivers or cab drivers.

- **At the hospital**

Most A&E departments have a system for prioritising patients called 'triage'. Triage is an assessment of the problem and taking down some details about the person such as name and address. It is a right for the assessment to take place in a private room.

Many triage assessments miss the emotional shock of self-harm. This results in the person being given a lower priority. Ensure the assessing nurse understands the degree of distress and pain.

- **Making sure the treatment is what the person wants**

A&E departments often suggest unwanted treatment or assessment. Some make treatment dependent on accepting psychiatric help. If a self-harmer finds this unhelpful, say so. If the person can't say it directly, ask them in advance if they do or don't want psychiatric contact. Some A&E departments are recognising that there is not always a role for psychiatry.

Conversely, if a person who is self-harming wants help in controlling the urge and it appears that help is not being offered, *find out in advance what they would want to happen and help them to be assertive.* A person who has self-harmed may feel vulnerable. By prior agreement, it is helpful to stay with the person at all times, especially during treatment.

With the greater emphasis placed on financial considerations in the NHS, some self-harmers have been refused treatment on the basis of 'It's not worth it, you'll only do it again.' *Insist on any necessary treatment of the injury.*