

North Somerset Multi-Agency Adult Safeguarding Procedures



This is an approved North Somerset Safeguarding Adult Board Document and should not be edited in any way

Safeguarding Practice Guidance Mental Health Support and Suicide Prevention

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Introduction

This document provides guidance to people who are:

- employed by, or volunteering/on student placements with, North Somerset Council and/or their partner organisations,
- concerned about adults with care and support needs who are at risk of death by suicide or neglect because of their poor mental health.

The document outlines some potential actions when assessing and responding to the needs of people who are at significant risk of harm because of often-complex circumstances relating to their mental health difficulties and disorders. It includes people who might place themselves in risky and dangerous situations, who are self-harming or at risk of self-harming in some way, including from self-neglect, or who are at risk of taking their own life.

It gives practical advice about what to do if someone wants to talk about their mental health, when these concerns need to initiate a safeguarding response and what you can do to ensure they get support.

Some of the content of this guidance may be difficult to read. Staff should make use of their own organisation's well-being services/supervision policies if they find they are distressed by any of the care and support they provide to others.

This guidance should be read alongside [North Somersets Multi-Agency Safeguarding Policy and Procedures](#).

Concerns about an adult who is at risk of being abused should be referred to Care Connect on 01275 888 801 (in line with the multi-agency safeguarding policy and procedures).

Relevant Legislation and National Guidance

- [The Care Act 2014](#) requires that local authorities (in partnership with care providers)
 - promote people's wellbeing
 - keep people safe from harm through the interventions of local safeguarding boards.

- [**The Health and Social Care Act 2008 \(Regulated Activities\) Regulations \(2014\)**](#) require providers to deliver person-centred care within a care environment and ethos that also ensures people's safety.
- Guidance issued by the **National Institute for Health and Care Excellence** (NICE) with its quality standard QS34 [**Self-Harm \(NICE 2013, updated 2022\)**](#) and [**NG225 Self-harm: Assessment, Management and Preventing Recurrence**](#). This guidance covers the assessment, management and preventing recurrence for children, young people and adults who have self-harmed.
- [**The Mental Health Act 1983**](#) is a law that outlines the circumstances under which individuals with mental illness or mental disorder can be assessed, treated, cared for, and supported. It is commonly used when a person is unable to make their own decisions about treatment or when they need treatment, care, and support even if they do not want it. The act applies to state-funded mental health and wellbeing service providers and aims to improve and maintain the health and wellbeing of those with mental illness.
- [**The Mental Capacity Act 2005**](#) promotes and safeguards decision-making within a legal framework. It does this in two ways:
 - By empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.
 - By allowing people to plan for a time in the future when they might lack capacity.
- **The National Suicide Prevention Strategy 2023** is [a five-year cross-sector strategy for suicide prevention in England](#). The strategies [action plan](#) outlines the intended timelines for delivery.
- [**Making Safeguarding Personal**](#) is a sector-led initiative which aims to develop an outcomes focus within safeguarding work. This is part of the [**Care and Health Improvement Programme**](#). This initiative is supported by the [**Association of Directors of Adult Social Care \(ADASS\)**](#) and other national partners.

Safeguarding, Suicide and Risk Assessment

It is important to know when mental ill-health, self-harm, and suicidal ideation require a safeguarding intervention.

Section 42 of The Care Act outlines the criteria for initiating a Section 42 enquiry.

An adult must:

- have care and support needs (whether the local authority is meeting those needs or not);
- be experiencing, or at risk of experiencing, abuse or neglect;
- as a result of their care and support needs, be unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Suicidal ideation and self-harm do not appear as 'categories of abuse' as listed under The Care Act.

It is important to note that **'self-neglect' and 'self-harm' are not the same thing**.

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Self-harm consists of any behaviour (including drinking to excess or use of illegal drugs) which could cause harm or injury to oneself.

Concern about a person who is self-harming or expressing a wish to end their life should not automatically be referred for an adult safeguarding response. When it comes to mental health concerns, it is important to be able to distinguish between what is risk management, what is a safeguarding response and what is a statutory safeguarding enquiry (S42). It is also important to be clear on what your own professional role and responsibilities are, within these definitions.

All organisations have a duty to care for the welfare and wellbeing of adults with care and support needs, and to safeguard them from abuse or neglect.

Each person's circumstances should be assessed on an individual basis.

Section 42 Safeguarding Enquiry, Non-Statutory Safeguarding Enquiry and Mental Health

It is the people who experience mental health problems who have care or support needs, who are experiencing/have experienced abuse or neglect, and are unable to protect themselves that will likely meet the threshold for a safeguarding response as 'adults at risk'.

Not all people who experience mental health problems will be classed as an 'adult at risk' because

- they may not receive care or support for their mental health problem, or
- they may receive care and support for their poor mental health but aren't experiencing, or at risk of, abuse or neglect.

Under these circumstances they wouldn't meet the criteria for a formal section 42 intervention but may meet the criteria for 'safeguarding' work in more general terms.

A safeguarding concern is not the only route through which a multi-agency approach to identifying and managing risk to mental wellbeing and safety can be facilitated. 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. Information gathering across organisations may lead to an alternative decision and pathway that may be preferable to the person with mental ill health. Other routes may include referrals to the [Primary Care Liaison Service \(PCLS\)](#) and/or [the Multi-Agency Risk Management \(MARM\) process](#).

Being able to assess this yourself to some degree, is likely to save time and be advantageous to the person themselves, leading to them getting the help they need faster.

Safeguarding Adults Reviews

Formerly known as Serious Case Reviews (SCR), Safeguarding Adults Reviews (SARs) are now a statutory duty under The Care Act for Safeguarding Adults Boards to undertake. A SAR is completed when:

- an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- an adult is still alive but has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the adult

SARs are a way for all agencies of the partnership to identify the lessons that can be learned from particularly complex or difficult safeguarding adults cases and to implement changes to improve services in the light of these lessons.

Nationally, there have been many SAR's relating to adults who have died by suicide while involved in mental health services.

These SARs have given rise to several parallel themes summarised as trauma, people with more than one mental health condition, poor and relapsing mental health, previous expressed thoughts of suicide, depression, anxiety, history of self-harm and suicide attempts, and excess drug or alcohol misuse. Other connecting themes have been communication difficulties at times of high levels of distress, difficulty or declining to engage with treatment or services, and a breakdown in housing placements with escalating risk. Often, people describe how they would end their lives and had made an earlier attempt shortly before death (Devon Safeguarding Board SARs).

Safeguarding and Suicide - When and How to Act

Every day, 17 people die by suicide in the UK. Of those, five are in contact with mental health services, and four of those five (80%) are assessed as 'low' or 'no' risk at their last contact ([Suicide prevention in England: 5-year cross-sector strategy - GOV.UK](#)).

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), or no referrals into mental health services at all.

It is worth keeping in mind that national data demonstrates, most people who die by suicide have a history of self-harm, drug and alcohol misuse, and/or comorbidity (more than one mental health diagnosis). Nearly half of the people who died by suicide in 2023 lived alone and the statistics suggest that there is an added risk to newly arrived migrants.

- [In 2023, there were 6,069 fatal suicides registered in England and Wales.](#)
- The suicide rate for males in England and Wales increased to 17.4 deaths per 100,000 in 2023, from 16.4 deaths per 100,000 in 2022; this is the highest rate for males since 1999.
- The suicide rate for females in England and Wales increased to 5.7 deaths per 100,000 in 2023, from 5.4 deaths per 100,000 in 2022; this is the highest rate for females since 1994.
- The age-specific suicide rate was highest for males aged 45 to 49 years (25.5 deaths per 100,000), and for females aged 50 to 54 years (9.2 deaths per 100,000).
- [People living in the most deprived areas of England](#) have a higher risk of suicide than those living in the least deprived areas. The suicide rate in the most deprived 10% of areas ('decile') in 2017 to 2019 was 14.1 per 100,000, which is almost double the rate of 7.4 in the least deprived decile. (Ref? 7 Source required. See References)
- Office for National Statistics data shows 32 suicide deaths were registered in North Somerset in 2023 – up from 18 in 2022, and the highest figure since comparable local records began in 2001.

Risk Factors

This is not an exhaustive list, but practitioners should bear in mind that:

- [Men are at much](#) greater risk of dying by suicide.
- [Relationship breakdown can also contribute to suicide risk.](#) The greatest risk is among divorced men.
- [People who live in more deprived areas](#) - where there is less access to services, work and education - are more at risk of suicide.
- [Estimated rates of suicide are highest](#) in the White and Mixed/Multiple ethnic groups.

- [For men and women, the rates of suicide were lower](#) across the Muslim, Hindu, Jewish, Christian and Sikh groups compared with the group who reported no religion.
- [Disabled people](#) have much higher rates of suicide compared with non-disabled people.
- There is a growing awareness of a link between neurodiversity (especially autism spectrum disorder (ASD)) and suicidal ideation. Autism people represent a diverse population of people. However, it is well-established that autistic people often experience various physical health problems and psychiatric comorbidities. Poor mental health affects approximately 70–80% of autistic individuals across all age groups, with anxiety and depression being the most common and persistent of these. In addition to high levels of mental health problems, autistic people are at a significantly increased risk of suicidality (suicidal ideation, suicide plans, suicide attempts, and death by suicide) compared to non-autistic people. [An influential study](#) of late diagnosed autistic adults found 66% had experienced suicidal ideation, which was nine times higher than the general population, and 35% had a suicide plan or had made a suicide attempt.
- [Adult carers are at increased risk of experiencing suicidal thoughts](#). An adult carer is a person who is over the age of 18, who is caring for an adult family member, friend, or someone else they know, who may not otherwise manage without their support.
- Adult carers often face significant stress and mental health challenges, including suicidal thoughts.
 - This can be, in part, as a response to their responsibilities as a carer.
 - Risk assessments should consider the caring relationship and the carer's support system.
 - Appropriate support should be offered to carers, including explicit suicide prevention strategies and emergency respite care, where appropriate.

There are other important considerations which you will need to consider when undertaking a risk assessment as a front-line practitioner. For example:

- **Making Safeguarding Personal** – what is the risk to the person and how do they perceive it? Do they have a support network of any kind?
- **Capacity** -does the person have awareness, and understanding of their own mental ill-health and behaviour? (See section below; ‘*What is Executive Capacity*’?)
- **Is the person responsible for children?** - In which case, Children’s Safeguarding frameworks will also apply. [See also the Think Family](#) audit findings for adult safeguarding.
- 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 a concern that abuse or neglect may be going on and be a factor in the mental health issue being presented? Does this require an urgent response?
- **Identify all sources of harm and dangerous items-** These include the person’s own behaviour, their living environment and life-style, access to specifically dangerous items including medicines and other harmful household items, the actions of other people regularly in contact with the person, and situations arising if (for example you are in a care setting) the person goes out, where the service continues to have some responsibility for the person’s safety.
- It is well researched that most people who die by suicide who are in mental health services have been **assessed as being at low risk of suicide**. Keep in mind that tools for prediction of suicide can often not work.
- Regular monitoring and review of risk assessments are important. Reviews ensure intervention and support is both preventive and responsive.

The [2025 NHS England document ‘Staying Safe from Suicide’](#) recommends the following to practitioners:

- ***“do not use risk assessment tools and scales to predict future suicide or repetition of self-harm***
- ***do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged***
- ***do not use global risk stratification into low, medium, or high risk to predict future suicide or repetition of self-harm***

- *do not use global risk stratification into low, medium, or high risk to determine who should be offered treatment or who should be discharged*
- *focus the assessment on the person's needs and how to support their immediate and long-term psychological and physical safety.*
- *mental health professionals should undertake a risk formulation as part of every psychosocial assessment*

This guidance builds on NG225's approach and removes any uncertainty about what should be done. Practitioners and organisations should eliminate unvalidated and unacceptable practices that have become embedded in the system and replace them with the approaches set out here”.

The 2025 NHS England document ‘Staying Safe from Suicide’ supports the [National Suicide Prevention Strategy \(2023\)](#), which committed to improving mental health services, and aligns with the [Culture of care standards for mental health inpatient services \(2024\)](#).

Acting in a Mental Health Crises

Your first question will always be ‘does this require an urgent response due to the presenting mental health risks?’ If so, the following contacts can be used:

Avon and Wiltshire Partnership Mental Health Switchboard on 01225 325 680

- If the person is at immediate risk of harm, call 999.
- If they need urgent help with their mental health dial 111 and select the mental health option (option 2). 111 will tell you the right place to get help. You may be able to speak to a trained mental health professional over the phone.
- If you or the person of concern are deaf or have hearing loss, use the following links to be connected to local crisis service:
NHS 111 Text relay - Call 18001 111 using the Relay UK app or a textphone. [Find out how to use the Relay UK app or a textphone on the Relay UK website](#) NHS 111 BSL Video Relay - signvideo.co.uk/nhs111

(If they are not able to make the call themselves, then you can call on their behalf — for example a friend, carer, loved one or even your GP. You can also access NHS 111 online via 111.nhs.uk).

If the person lives in Bath and Northeast Somerset, Swindon and Wiltshire they can also call the 24-hour helpline on 0800 953 1919.

You can also get a referral into secondary mental health services via your GP.

People currently receiving care and support from mental health services

If a person already receives specialist mental health services, they can also make an appointment to speak with their regular clinician / care co-ordinator / keyworker. If they have a Care Plan, it will have a list of names and numbers to contact in an emergency. Ask for the person on duty or their care co-ordinator, as indicated in their Care Plan.

Mental Health Act Assessment

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. The decision as to whether this is required will rest with an Approved Mental Health Practitioner and is only considered if the person or others are at serious and imminent risk. A mental health act assessment should not be a first option, especially if options for assessment and treatment in the community are available. 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.

What is Executive Mental Capacity?

In the context of the Mental Capacity Act, *Executive Mental Capacity* can be linked to the person's ability "to understand the relevant information" at the time it is required, **and** the ability to "use" the relevant information to make the decision at the time it is required. When deciding whether a case needs to be treated as a safeguarding, it is likely that the issue of capacity will need to be considered.

You may be concerned about someone's Executive Mental Capacity if they:

- repeatedly make unwise decisions that put them at significant risk of harm or exploitation
- make a particular unwise decision that is obviously irrational or out of character

See the following resource re Executive Mental Capacity from ADASS: [executive-function-practice-guidance-final.pdf](https://www.adass.org.uk/wp-content/uploads/2016/06/executive-function-practice-guidance-final.pdf)

Is this a Safeguarding Concern? Examples

Example One

A person living in the community and a service-user for a supported outreach team is already known to secondary mental health services. The visiting support worker finds they have gone downhill with their mental health and are talking about suicide. Most worryingly, they seem to have started making some financial arrangements. They have been neglecting to care for their hygiene and not eating, but they do have capacity to understand their mental ill-health and are refusing help.

Response

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). Completion of Care Act 2014 assessment despite refusal should be considered as well as commencing the MARM process in the first instance before consideration of s42 Care Act 2014 enquiry.

Example Two

An elderly gentleman who lives in a care home has dementia. He lacks mental capacity regarding care and accommodation. He is known to self-harm by banging his head against a wall. On one occasion he does this so badly that he requires urgent medical treatment.

Response

This could well be considered a type of abuse under The Care Act and that would be Neglect or Acts of Omission. As a practitioner, your risk assessment will need to cover the severity of the injury and likelihood of it happening again. Your assessment will also need to consider capacity, immediate safety, other potential safeguarding concerns, whether they already have a care plan and if they need an assessment under the MH Act. This may be required if you are unable to safely manage the gentleman in the community.

Example Three

A woman living in the community who has mental health problems starts to self-harm after being bullied by local kids. A mental health service goes in to monitor her, and sets up a care plan but she attempts suicide one day after they have left.

Response

This could fall under safeguarding as neglect, however it may not meet the Section 42 threshold. Her care plan should be reviewed by mental health services. As this was an emergency, 999 can be contacted. 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 also be considered. Following a mental health incident, ensure that it is fully reported and all relevant organisations notified, including CQC and the local safeguarding authority, so that a full investigation can take place to identify what lessons might be learned.

Talking About Suicide

Evidence shows asking someone if they're suicidal can protect them. By asking someone directly about suicide, you give them permission to tell you how they feel and let them know that they are not a burden. Please visit the following link to see the Samaritans video about communicating with somebody who is suicidal

<https://youtu.be/OMf6sJKkst4>

It is important to encourage people to talk about their feelings and acknowledge they are struggling. [Rethink Mental Illness](#) says that it might be helpful to:

- Let them know that you care about them and that they aren't alone.
- Empathise with them. Be aware you don't know exactly how they feel. You could say something like, 'I can't imagine how painful this is for you, but I would like to try to understand'.
- Be non-judgemental by trying not to criticise or blame them.
- Repeat their words back to them in your own words. This shows that you are listening. Repeating information can also make sure that you have understood it properly.
- Ask about their reasons for living and dying and listen to their answers. Try to explore their reasons for living in more detail.

- Focus on people they care about, and who care about them. And who they might hurt by leaving them behind.
- Ask if they have felt like this before. If so, ask how their feelings changed last time. Where applicable, consider if they are being impacted upon by any caring responsibilities.
- Reassure them that they won't feel this way forever, and that intensity of feelings can reduce in time.
- Encourage them to focus on getting through the day rather than focussing on the future.
- Ask them if they have a plan for ending their life and what it is.
- Encourage them to seek help that they are comfortable with. Such as help from a doctor or counsellor, or support through a charity such as the Samaritans.
- Follow up any commitments that you agree to.
- Make sure someone is with them if they're in immediate danger.
- To help them to get professional help.
- Get support for yourself.

Remember that you don't need to find an answer, or even to completely understand why they feel the way they do. Listening to what they have to say will at least let them know you care.

It can often be better to ask direct questions rather than vague ones. It's usually better to address the person's feelings directly rather than avoiding them. It is a myth that asking someone about suicide means that they are more likely to kill themselves. And it might be a relief to them to talk about it.

What won't usually help someone who is feeling suicidal?

When someone tells you that they are feeling suicidal your first thoughts may be to:

- Try and find a solution to their problems
- Tell them to 'cheer up', 'pull themselves together', 'man up' or 'snap out of it'
- Change the subject
- Give them advice
- Ask questions unrelated to how they're feeling, to distract them

- Tell them that they have no reason to feel like that
- Tell them that they shouldn't feel like that, or they'll feel better soon
- Downplay the seriousness of how they're feeling
- Compare their situation to someone's whose seems worse
- Tell them you know how they feel
- Compare their feelings to your own personal experiences
- Tell them that they should be grateful for having a good life
- Tell them that they are being silly

These responses are unlikely to be helpful. They may make someone feel:

- 'small' or insignificant,
- stupid for feeling the way they do,
- rejected,
- unheard,
- alone,
- like 'no one understands,'
- guilty,
- patronised,
- criticised, or
- analysed.

Reassurance, respect, and support can help someone to recover from a difficult time.

You can find more suggestions of how to support someone on the Mental Health UK website here: www.mentalhealth-uk.org/suicide and [NHS England » Staying safe from suicide](#)

Talking About Suicide with an Adult Carer

The following guidance has been taken from the [National Suicide Prevention Alliance](#).

- Create a safe and non-judgmental space for the carer to express their feelings and concerns. Encourage them to talk about their struggles and listen attentively without interrupting, dismissing their concerns or offering solutions right away.

- Let them know that their feelings are valid and that it's understandable for them to experience stress, overwhelm, or despair.
- If they express feelings of hopelessness, of being trapped in an unbearable situation or say things like "I can't take this any longer", they might be at risk of suicide. In that case you need to ask them clearly whether they are having thoughts of suicide.
- Use open-ended questions and invite them to tell the story behind their pain. Listen patiently and look out for an increase in ambivalence about wanting to die. If this happens, you will then need to help them take steps to get assistance and support. If they express immediate plans or intent to end their life, contact emergency services.
- If possible, and they are not in immediate danger, help them develop a safety plan, for example by using the free Grassroots' Stay Alive app. This will help them identify warning signs, coping strategies, emergency contacts, and steps to take when they are in crisis. The Stay Alive app also contains a list of all the support services available.
- If appropriate and with their consent, help them reach out to someone who could support them, such as friends, family or a neighbour.
- Whenever possible, offer your assistance with practical tasks and put them in touch with support groups for carers in the area.
- Let them know that you are there for them and available to talk. Sometimes, just having someone who listens without judgment can make a significant difference.
- If you or someone you are working with needs to talk, the Samaritans are available 24/7 on 116 123 or you can text SHOUT to 85258
- [Carers UK](#) provides expert information, advice and support for unpaid carers.

Confidentiality and Suicidal Ideation

A lot of front-line practitioners wonder if they need to seek the consent of the adult before raising a safeguarding concern that relates to their mental health. This also raises questions about what to do if they are not consenting.

Generally, it is best practice to seek consent. However ADASS state that "...where an adult does not wish a safeguarding concern to be raised, raising a concern may

still be justified, for example where there is a vital risk to the person or others; where there is a public interest consideration or issue, or where a best interest decision needs to be made (where the adult lacks capacity to make the decision). It is important to record the rationale for decision-making on this issue. Support with decision-making should be offered where the person has 'substantial difficulty' in being involved. Advocacy may be offered in this context. If this is declined or as part of advocacy support a conversation about risk may be needed."

Do Not Attempt to Resuscitate orders (DNARs)

A DNAR is a medical directive indicating that a person does not want to receive cardiopulmonary resuscitation (CPR) if their heart stops beating, or they stop breathing. This decision is often made by individuals with terminal illnesses or serious medical conditions who prefer not to undergo potentially invasive and painful resuscitation efforts.

Key things to be aware of in relation to DNAR's and a person who has experienced a non-fatal suicide attempt.

- **DNAR's require review** (this information should always be reviewed with the GP).
 - Reviews should be conducted when someone moves into a new home.
 - CQC state that DNARs must also be reviewed at appropriately frequent intervals.
 - A future date of review should be planned and recorded.
 - The frequency of review should be determined by the healthcare professional responsible for their care. It will be influenced by the clinical circumstances of the patient.
 - Reviews must take place whenever changes occur in a person's condition or in their expressed wishes.
- **The preservation of life is primary.**
 - DNAR's don't apply to immediately reversible life-threatening clinical emergencies such as non-fatal suicide attempts.
 - If suicide wasn't the anticipated situation when the DNAR decision was made (it is unlikely to have been) every reasonable attempt should be made to resuscitate the individual in this situation.

Trauma Informed Approach

North Somerset Council is committed to supporting organisations and practitioners across North Somerset to embed a trauma informed approach to supporting people who draw upon care and support.

A trauma-informed approach is essential when supporting individuals with poor mental health or those at risk of death by suicide because it acknowledges the profound impact trauma can have on a person's well-being. This approach prioritises creating a safe and supportive environment, which helps build trust and encourages open engagement. By understanding and addressing trauma, partners can tailor their interventions to meet the specific needs of the individual, leading to better mental health outcomes and reduced risk of death by suicide. Additionally, a trauma-informed approach aims to prevent re-traumatization and considers the whole person, ensuring that all aspects of their well-being are addressed. This empathetic approach ultimately leads to more effective and compassionate care and support.

For more information about trauma informed practice visit the [Better Health North Somerset website](#).

Practical support when someone is ready to seek help

There are lots of practical things you can do to support someone who is ready to seek help. For example:

- Support the person to write down questions they want to ask their doctor or help to put points into an order that makes sense.
- Help to organise paperwork, for example making sure that the person has somewhere safe to keep their notes, prescriptions and records of appointments.
- Remind them about appointments and ask if they would like someone to go with them – even just being there in the waiting room can help someone feel reassured.
- Ask them if there are any specific practical tasks you could help provide support with such as arranging transport or support with household tasks.

- Learn more about the problems they experience; to help you think about other person-centred ways you could support them.
- Make a referral to their local mental health services.
- If the person you are supporting is a carer, seek their permission for a referral to the Alliance Homes [carers service](#), and for a [carers assessment](#).

Multi-Agency Risk Management (MARM)

The Multi-Agency Risk Management (MARM) is designed to support people where high levels of risk have been identified, and a multi-agency approach would be beneficial. It brings together senior professional representatives from multiple agencies including the emergency services, health and social care to identify what needs to be done to reduce the risk. The professionals meet once a month to discuss multiple people. They will then decide if a review meeting is needed to manage the ongoing concerns.

MARM does not replace statutory adult safeguarding. It is a framework for managing risk where the concerns do not come from a third party and the person is able to protect themselves, but they remain at risk. The referring agency needs to demonstrate that they have exhausted all strategies to reduce the risk before considering referring to MARM.

Concerns that would meet the threshold for MARM include repeated concerns around suicide risk and self-harm where this intersects with other risks and cannot be managed by secondary mental health services alone.

Information about referring to MARM can be found here: [Multi-Agency Risk Management \(MARM\) | Adult Safeguarding Board](#)

Deprivation of Liberty Safeguards

[Deprivation of Liberty safeguards | Adult Safeguarding Board](#)

There are occasions when a person who resides in a care home or hospital will need to have their freedom restricted. This is usually when they lack the mental capacity to make a decision about where they reside for their care and support.

A decision to deprive a person of their liberty should only happen when there is no other alternative to meet the person's physical, emotional, and mental health needs.

Deprivation of Liberty Safeguards (DoLS) apply to anyone who is:

- aged 18 or older
- suffering from a disorder or disability of the mind
- lacks the capacity to consent to their care or treatment
- under continuous supervision and control
- not free to leave
- receiving care or treatment that amounts to a deprivation of liberty

How to make a referral

Care homes and hospitals must apply to the local authority for the necessary authorisation. The appropriate forms can be found on the GOV.UK website.

[Deprivation of liberty safeguards: resources - GOV.UK](#)

There are two referral forms:

- ADASS Form 1 - this is to be used when no previous application from the care setting has been made
- ADASS Form 2 - this is to be used where there has been a previous Standard Authorisation (DoLS) granted and the care home/hospital would like to extend it

When submitting your application

- Don't presume the local authority knows of all agencies that are involved. Include these in your applications
- Ensure funding details are both complete and correct

References

1. The Mental Capacity Act 2005. Social Care Institute for Excellence. Key messages.

<https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance/>

2. Suicide Prevention Strategies in the Uk. House of Commons Library. 2024

<https://commonslibrary.parliament.uk/research-briefings/cbp-8221/>

3. Making Safeguarding Personal, Local Government Association. 2025

<https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal>

4. Mind Fact Sheet. Mind factsheet which unpicks this and you could simply include as a link too. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mind.org.uk/media/7601/mind-mental-and-physical-activity-toolkit-guide-9.pdf
5. Devon SARS: Devon Safeguarding Partnership. 2024. <https://www.devonsafeguardingadultspartnership.org.uk/document/thematic-safeguarding-adults-review-sar-three-men-with-care-and-support-needs-who-died-as-a-result-of-self-harm-suicide-during-the-pandemic/>
6. NHS England National Library of Medicine. 2025 <https://pubmed.ncbi.nlm.nih.gov/19026258/>
7. Suicide Stats ref needed
8. A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability 2023 <https://link.springer.com/article/10.1186/s13229-023-00544-7>
9. NHS England.Staying Safe from Suicide 2025 <https://www.england.nhs.uk/long-read/staying-safe-from-suicide/>
10. Samaritans. 2025 (Samaritans <https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/>) See link to Samaritans video
11. Local Government Association. Understanding What Constitutes a Safeguarding Concern. 2025 <https://www.local.gov.uk/understanding-what-constitutes-safeguarding-concern-faqs>

Appendix 1: Sources of Support

Emergency Services Mental Health Triage teams: Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)

<https://www.awp.nhs.uk/our-services/urgent-care/control-room-triage>

The Emergency Services Mental Health Triage teams work with emergency services to offer the most appropriate advice and support for people experiencing mental health difficulties. Their aim is to reduce the number of individuals attending Accident and Emergency departments when experiencing a mental health crisis.

Response line for 24-hour support: **0800 953 1919**

Childline

<https://www.childline.org.uk/>

If you're under 19 you can confidentially call, chat online or email about any problem big or small. Sign up for a free Childline locker (real name or email address not needed) to use their free 1-2-1 counsellor chat and email support service.

Childline can provide a BSL interpreter if you are deaf or hearing-impaired.

Opening times: 24/7

0800 1111

Beside Project | Hope Project | Second Step (second-step.co.uk)

<https://www.second-step.co.uk/our-services/recovery-mental-health/hope-project/beside-project/>

Offers **offer emotional and practical support to people aged over 16 who have lost someone to suicide.**

The Haven Bristol, North Somerset and South Gloucestershire

<https://sirona-cic.org.uk/nhsservices/services/the-haven/>

The Haven is a specialist primary healthcare service for asylum seekers and refugees who are new to Bristol, North Somerset and South Gloucestershire. Our team of staff consists of a GP and nurses who will assess and meet the initial health needs of asylum seekers and new refugees. We also help people to access health services and other services they need.

The Haven can offer:

- comprehensive and holistic health assessments
- medical management of current health problems
- vaccinations and screening for transmittable diseases
- help for people to register with a local GP practice
- information about how to use the NHS
- confidential interpreting during consultations

We regularly work with people who have experienced traumatic events. We have pathways and can sign-post to other helpful services such as counselling and refugee support organisations.

Self-referrals can also be made, either by visiting our reception desk at Montpelier Health Centre and leaving your contact details, or by phoning us on 0300 124 6875

Black minds matter

<https://www.blackmindsmatteruk.com/contactus>

Black Minds Matter UK is a registered charity connecting Black individuals and families with free 121 talking therapy delivered by qualified and accredited Black therapists.

Zero Suicide Alliance (ZSA)

<https://www.zerosuicidealliance.com/>

Provides **free suicide awareness training** that teaches people how to identify, understand and help someone who may be experiencing suicidal thoughts.

Papyrus UK Suicide Prevention | Prevention of Young Suicide

<https://www.papyrus-uk.org/>

UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people.

Hub of hope

<https://hubofhope.co.uk/>

Mental health support database local resources

Public Health Mental Health team in North Somerset

offers free face to face training for practitioners about suicide intervention and talking to people who are suicidal. For more information about this visit

<https://www.eventbrite.co.uk/o/public-mental-health-training-team-26311555585>

Samaritans

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Free 24 hour help line 116 123

Young Minds

<https://www.youngminds.org.uk/>

Young minds provide young people with the tools to look after their mental health.

Use the [Shout Textline](#) for free, 24-hour mental health support.

SPUK - Suicide Prevention UK Charity 1187866

<https://spuk.org.uk/>

Suicide Prevention Helpline 0800 689 5652

British Sign Language (BSL) Space: Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)

<https://www.awp.nhs.uk/patients-and-carers/bsl-space-1>

AWP's website for helping people in an emergency includes useful information for people who use BSL

Crisis Text Service - SignHealth

<https://hive.evenbreak.co.uk/disability-career-resources/search-result/crisis-health-service-signhealth/>

The Deaf Health Charity Crisis Text Service provides free confidential support 24/7 via text to anyone in crisis. If you need immediate support, text DEAF to 85258.

SANE – Meeting the challenge of mental illness

<https://www.sane.org.uk/>

SANE is a leading UK mental health charity improving quality of life for anyone affected by mental illness. It has a variety of support services available including phone, email and text support

Vita (vitahealthgroup.co.uk)

<https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/bristol-north-somerset-and-south-gloucestershire-mental-health-services/>

Vita offer a range of Talking Therapies to adults aged 16 and over, who live and are registered with a GP in Bristol, North Somerset and South Gloucestershire

withyou

<https://www.wearewithyou.org.uk/local-hubs/north-somerset>

withyou provide free and confidential services, without judgement, to adults and young people facing challenges with drugs and alcohol. If you have questions, need advice, or just want to talk, get in contact.

35 Boulevard, Weston-super-Mare, BS23 1PE (View on map)

01934 427940

Campaign Against Living Miserably (CALM)

<https://www.thecalmzone.net/get-support>

CALM provide support for everyone who's struggling and provide life-saving support for anyone affected by suicide or suicidal thoughts.

Appendix 2: Raise awareness and build skills in risk assessment

- The Zero Suicide Alliance [offer free online training modules](#) ranging from 5-30 minutes covering social isolation, how to approach someone who may be considering taking their own life and more in-depth awareness training.
 - [Complete the Zero Suicide Alliance](#) 5 – 10 minute ‘Gateway Training” and talk to the person at risk.
- The NSSAB website [Multi-agency policies and procedures | Adult Safeguarding Board](#). The website includes guidance and procedures in relation to
 - Self-neglect tool kit – See Appendix
 - Hoarding tool kit – See Appendix
- The Safer Stringer North Somerset Website [Domestic abuse and the law | North Somerset Council](#). . The website includes guidance and procedures in relation to
 - Domestic abuse
 - Hate crime
- The withyou website offers resources including how to talk to someone about their drinking and drug use [Advice for Someone Else | WithYou](#)