

Observation of people at risk of self-harm and suicide

An ability to draw on knowledge that the aim of observation is to maintain the safety of people who have been appropriately assessed and identified as being at high risk of acts of self-harm and suicide

An ability to draw on knowledge that observation of individuals who are self-harming or suicidal is an intervention in its own right

An ability to draw on knowledge that the integrity of continuous or intermittent scheduled observation can be compromised:

when carried out by practitioners who are untrained or lack direct experience of people who are very distressed and actively at risk of self-harming or suicidal behaviour

when carried out by practitioners who are not familiar with the person and their history

when carried out as a 'tick-box' exercise (e.g. when involving a very brief 'check in')

An ability to draw on knowledge that the effectiveness of observation can be compromised if the practitioner is unclear about their remit and so restrict the extent of observation, for example by:

not checking when a person is in their bedroom because of concerns about invading a 'private' space

feeling unable to check that a person is safe when they are in bed and under covers (and observation would involve disturbing them)

An ability to draw on knowledge that observation can be distressing and experienced as punishing, shaming or degrading for a person (e.g. if continuous monitoring means that they have no or very limited privacy when carrying out activities, particularly those related to personal hygiene)

Conducting observations

An ability to use observation as a constructive opportunity to:

interact with and engage a person and gain their trust

engage in purposeful activities with a person

understand the sources of their distress and help them to express themselves

help assess a person's mental state

An ability to draw on a range of clinical skills to respond to distress with the aim of helping a person express their feelings and make use of basic coping skills

An ability to adapt observation to the moment-to-moment needs of a person, for example by:

interacting and/or engaging in activities, if they are open to this

being silent or reducing proximity to a person if they are uncomfortable or distressed by contact

An ability to detect indications of potential aggression or violence and to respond appropriately (e.g. by withdrawing to a safer distance, or by using de-escalation techniques)

Organisational competences

An ability to ensure that observation is seen as the responsibility of the multidisciplinary team
An ability to draw on knowledge that because there is a risk of observation becoming reinforcing (and so increasing the likelihood of risk behaviour occurring) the manner in which observations are conducted needs to be monitored and reviewed by the multidisciplinary team
An ability to ensure that, as far as possible, observation is a partnership, and to inform a person and their family or carers about:
observational policies and procedures
the reasons for the level of observation
any changes to the level and frequency of observation
An ability to confirm that the multidisciplinary team has procedures in place to ensure that:
the frequency of observations is matched to the estimation of active risk
observations are carried out at the rate that has been agreed by the service
the frequency of observations is continuously reviewed, in relation to assessments of a person, their mental state and their needs
the frequency of observations is reviewed regularly to assess whether it is effective in reducing risk behaviours
there is a robust system in place that identifies who is responsible for conducting observations at any one time
An ability to ensure that observations are conducted by individuals who have had training in observation, have an appropriate level of training in mental health and who understand their role and responsibilities
An ability to ensure that practitioners conducting observations are supported and supervised, in line with their level of experience
An ability to ensure that practitioners are briefed about how to respond (and who to alert) when there is a serious threat to observation that may place a person at risk (e.g. leaving a ward by themselves without permission)