

Seven Minute Briefing: Supporting people with learning disabilities who self-injure

7. Think Family

The needs of a family, as carers, should be considered throughout – [Think Family](#)

Risks for both the family and the client should be assessed and addressed at all times of contact. Providing support tailored to need: working with families to agree a package of support best suited to their particular situation.

6. Care Coordination and Communication

Services need to communicate and understand the situation, including, where appropriate, a comprehensive bio-psychosocial formulation of an individual's needs. This will provide a full rationale for the actions that services take.

An individual's care must be coordinated and steered appropriately across all the agencies.

Consideration must be given to the complexity of individuals' situations, a [MARM](#) must be convened or a [safeguarding referral](#) made, dependant on risk assessed.

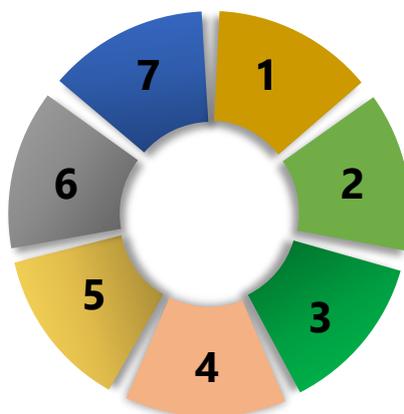
5. Making Safeguarding Personal – David's Voice

Making Safeguarding Personal (MSP) is an approach within the health and social care sector that focuses on:

- Being person-led and outcomes-focused.
- Engaging the person in a conversation about how best to respond to their safeguarding situation.
- Enhancing involvement, choice, and control.
- Improving quality of life, wellbeing, and safety.

[Advocacy](#) should be considered for people, to ensure that they understand what is happening and can express their wishes.

About



1. Background

David (pseudonym) was a man of white ethnicity who lived in a loving family home. He had mild learning disabilities, epilepsy and some problems with spasms that developed in his legs.

David had many hobbies and interests. From an early age he was interested in computers and used the internet to access the wider world and pursue his hobbies.

2. David's death

David had an accident at his home and sustained serious injuries. The Coroner found that David had done this deliberately with the intention of ending his life.

He was cared for in hospital until his death a number of months later.

3. David's medication

David had experienced no epileptic seizures for over more than 30 years. In early 2020, in consultation with David and his family, David's doctors decided to reduce his anti-epileptic medication slowly and then to stop it altogether in July 2020.

The doctors' plan for David was consistent with the principles of the national programme which focuses on [Stopping over medication of people with a learning disability and autistic people \(STOMP\)](#).

4. David's distress

In early 2021, David was often very distressed and worried. He was hurting himself and had thoughts of dying. David's mother was unwell, and his father asked for help from the NHS and Social Services.

The doctors, looking after David, thought it was unlikely that David's withdrawal from anti-epileptic medication was causing his distress and worry. They also thought that David was not experiencing a first episode of psychosis.

An article by Samways, Heslop and Dowling (2022) - *A systematic review of self-reported explanations for self-injury by people with intellectual disabilities* - found that there has not been much research asking people with mild and moderate learning disabilities about their own self-injury. Their review discusses key themes: relief from overwhelming emotions; trauma and loss; and difficulty in articulating emotions.

<https://www.tandfonline.com/doi/full/10.1080/20473869.2022.2098665>