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PRESS RELEASE

New guideline to standardise care for people who self-harm

The National Institute for Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health (NCCMH) have published a guideline for the NHS in England and Wales on the care of people who self-harm. The guideline makes recommendations for the physical, psychological and social assessment and treatment by primary and secondary care of people in the first 48 hours after having self-harmed. It covers acts of self-harm that are an expression of personal distress and where the person directly intends to injure him/herself, for example through cutting or poisoning (overdosing).

Recommendations include:

- That people who have self-harmed should be treated with the same care, respect and privacy as any patient and that healthcare professionals should take into account the distress associated with self-harm.
- Appropriate training should be provided for staff coming into contact with people who self-harm.
- A&E staff who may be involved in the care of people who have self-poisoned should ensure that activated charcoal is immediately available at all times.
- All people who have self-harmed should be offered a preliminary psychosocial assessment at triage (or at the initial assessment in primary or community settings) following an episode of self-harm. Assessment should determine a

person's mental capacity, their willingness to remain for further (psychosocial) assessment, their level of distress and possible presence of mental illness.

- People who have self-harmed should be offered treatment for the physical consequences of self-harm, regardless of their willingness to accept psychosocial assessment or psychiatric treatment.
- All people who have self-harmed should be assessed for future risk of self-harm and/or suicide and the key psychological characteristics associated with risk, in particular depression, hopelessness and continuing suicidal intent should be identified.

Andrea Sutcliffe, Executive Lead on the guideline at NICE said: “This guideline is an important step in improving health professionals’ understanding of self harm and what services should be offered to people immediately after an episode of self harm. It makes clear that people who self harm should be treated with the same dignity and respect as any other patient and the distress they experience should be taken into account. I would like to take this opportunity to thank the National Collaborating Centre for Mental Health (NCCMH) and the guideline development group for their hard work in developing the guideline.”

Dr Tim Kendall, Consultant Psychiatrist and Co-Director of the NCC Mental Health said: “170,000 people a year attend emergency departments because they have self-harmed, of those an estimated 80,000 never receive a psychological assessment or follow up even though the risk of committing suicide after self-harming one or more times is 100 times greater than the average risk in the population. Self-harm and suicide have now become the third leading cause for life years lost after cancer and heart disease in all age groups. Few people providing care in casualty understand why people self-harm and don't know how to help them effectively. There is no one cause for people self-harming, but very often abusive experiences in their past are significant factors. One key recommendation in this guideline is that any staff coming in to contact with people who self-harm in any setting should be provided with appropriate training to help them better understand the problem of self-harm, how best to engage people who have self-harmed and to provide the right assessment treatment and follow up.”

Professor Paul Lelliott, Professor of Psychiatry and chair of the guideline development group said: “Ensuring that people who have self harmed are fully informed about their treatment options and understand what is happening to them whilst in NHS care is essential. The guideline clearly highlights the importance of providing full information about treatment and making all efforts necessary to ensure that someone who has self harmed can, and has the opportunity to, give meaningful and informed consent before each procedure or treatment is initiated.”

Carlos Perez-Avila, A&E consultant and member of the guideline development group said: “People who self-harm can present themselves in a number of different settings, at clinics or GPs surgeries, and in more serious cases to ambulance services or with in A&E departments. The guideline development group has taken in to account the needs of the patient in all of these settings and has made recommendations for the most appropriate course of action. Whilst each patient will have their own individual needs, this guideline makes clear recommendations about the issues that need to be considered when assessing a person who has self-harmed and the types of treatment that should be made available. Ensuring that the patient is well informed about what is going to happen to them at every stage is essential to ensuring that the best outcome is achieved.”

Richard Pacitti, carer and CE of MIND Croydon said: “I welcome this guideline as a way of introducing a benchmark for the care and treatment of people who self-harm. Self-harm can be described as an expression of personal distress usually made in private by an individual who intends to injure themselves. It is commonly thought that people who self-harm intend to commit suicide but this is not always the case. People may self-harm as a way of obtaining relief from an unpleasant and otherwise overwhelming situation, emotional stress or even to stop themselves from committing suicide. Healthcare professionals sometimes find this hard to understand and people who self-harm are often thought of as ‘attention seekers’. We hope this guideline will be used to educate healthcare professionals about self-harm as well as provide vital information for people who self-harm and their carers about what they can expect from the NHS.”

Ends

Notes to Editors

About the clinical guideline and the National Collaborating Centre for Mental Health

1. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
2. The guideline on self-harm was developed by the National Collaborating Centre for Mental Health, a professionally-led group with the experience and resources to develop guidance for the NHS on behalf of NICE. The National Collaborating Centre for Mental Health (NCC MH) is led jointly by the British Psychological Society and the Royal College of Psychiatrists, it involves the following partners:
 - British Psychological Society
 - Centre for Evidence Based Mental Health
 - Centre for the Economics of Mental Health
 - College of Occupational Therapists
 - Institute of Psychiatry
 - Manic Depression Fellowship
 - MIND
 - National Institute of Social Work
 - Rethink Severe Mental Illness
 - Royal College of General Practitioners
 - Royal College of Nursing
 - Royal College of Psychiatrists
 - Royal Pharmaceutical Society
3. The NCC MH follows international standards of guideline development. They established an independent group consisting of representatives of people who have self-harmed, health professionals working in the NHS and health service researchers. The group reviewed the published clinical research alongside current clinical practice and the experience of people who have self-harmed and their carers. Professional and patient/carer groups whose members are likely to be affected by the guideline were able to submit information and comment on the recommendations before they were finalised.
4. NICE has also published 'information for the public' a leaflet that explains the guideline and sets out what people who self-harm can expect from the NHS.
5. The full guideline, from which the NICE guideline is derived, is produced by the NCC MH and will be available from the NCC MH website at www.bps.org.uk or from the NICE website at www.nice.org.uk. The full guideline includes information on how the evidence was collected, reviewed and assessed, a description of how the recommendations were formulated and graded, and full reference details of the literature in the evidence base.

About NICE

6. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
7. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use– interventional procedures.

NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

8. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.