

# SCOPE

## 1 Guideline title

Self-harm: the short-term physical and psychological management and secondary prevention of intentional self-harm in primary and secondary care.

### 1.1 Short title

Self-Harm

## 2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Mental Health to develop a clinical guideline on intentional self-harm for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and National Assembly for Wales (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
  
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

### 3 Clinical need for the guideline

- a) Intentional self-harm (often referred to as deliberate self-harm or DSH) results in about 150,000 attendances at accident and emergency departments each year. It is one of the top five causes of acute medical admission.
- b) Rates of self-harm in the UK have increased over the past decade and are amongst the highest in Europe.
- c) Rates of self-harm are much higher among groups with high levels of poverty and in adolescents and younger adults.
- d) Those who have self-harmed are 100 times more likely than the general population to die by suicide in the subsequent year. One-half of the 4000 people who die by suicide each year will have self-harmed at some time in the past.
- e) Self-poisoning with prescription and non-prescription drugs is by far the commonest means of intentional self-harm. The ingestion of large doses of these drugs can cause severe physical damage and is sometimes fatal.
- f) Most people who have intentionally self-harmed, who come to the attention of medical services, are treated initially in a hospital accident and emergency department. More than one-half are discharged without being assessed by a specialist mental health care worker.
- g) Three-quarters of people who have harmed themselves arrive at hospital in the evening.
- h) One-half of people who self-harm have also consumed alcohol; about 10% are alcohol-dependent.
- i) Health services staff frequently have a negative attitude towards those who carry out acts of self-harm, particularly those who harm themselves repeatedly.

## 4 The guideline

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – Information for Stakeholders* describes how organisations can become involved in the development of a guideline.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and National Assembly for Wales (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

### 4.1 Population

#### 4.1.1 Definition of self-harm

The definition of self-harm adopted by the guideline is “intentional self-poisoning or injury, irrespective of the apparent purpose of the act”. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries.

#### 4.1.2 Groups that will be covered

- a) The guideline will be relevant to all people aged 8 years and over who have carried out an act of intentional self-harm, regardless of whether the behaviour is accompanied by a mental illness.
- b) The guideline will be sensitive to the varying approaches of different races and cultures and be aware of the issues of both internal and external social exclusion.

#### **4.1.3 Groups that will not be covered**

- a) The guideline will cover the acute care of self-harm in people with learning disabilities, but not repetitive self-injurious behaviour, such as head banging.

#### **4.2 Healthcare setting**

- a) The guideline will offer guidance about care provided by primary, community and secondary health and social care services.
- b) The guideline will be relevant to all professionals who have direct contact with, and make decisions concerning the care of, people who intentionally self-harm. This includes: primary care doctors, nurses and counsellors; ambulance and paramedical staff; doctors and nurses working in accident and emergency departments; hospital physicians; and psychiatrists, mental health nurses, psychologists, social workers, paediatricians and all health care staff who assess or treat people who have self-harmed.

#### **4.3 Clinical management**

- a) The guideline will address medical and psychiatric assessment, early medical management and prevention of repeated self-harm (secondary prevention).
- b) The guideline will not address separately the management of the mental illnesses that may accompany self-harming behaviour.
- c) The guideline will recognise the role of the family and potential carers in the care of people who have self-harmed.
- d) The guideline will include, where relevant, considerations for people of different age groups (for example, children, older people and the transition between services provided for different age groups, where relevant).

### **4.3.1 Medical assessment and care**

The guideline will provide guidance in the following areas.

- a) The immediate first aid assessment and care of people who have intentionally self-harmed, including criteria for referral to A&E or specialist services, for primary care staff.
- b) The short-term (up to 48 hours) medical assessment, investigation and treatment of the effects of self-harm. This will include the investigation of those where it is not known which substance has been ingested. There will be an emphasis on the early medical management of the effects of self-poisoning with:
  - paracetamol
  - salicylates
  - antidepressants
  - minor tranquillisers and sedatives
  - major tranquillisers.
- c) The factors that predict physical health outcome following self-poisoning.

### **4.3.2 Psycho-social assessment and care**

**4.3.2.1** The guideline will offer guidance on the following areas.

- a) The immediate psychiatric assessment of people who have self-harmed including assessment of suicide risk, the indications for close observation, admission to a psychiatric ward or intensive home treatment.
- b) Demographic, social, psychiatric and any medical factors that predict the likelihood of future acts of self-harm or of suicide.
- c) The potential for therapeutic interventions, both short- and long-term, to prevent further acts of self-harm or of suicide.

- d) Strategies for ensuring that people are treated with dignity, privacy and respect as well as guidance for staff on responding to challenging behaviour.
- e) Information for the patient who is discharged, on local supports (for example, primary care services, social services or self-help groups).

**4.3.2.2** The guideline will not cover the long-term psychiatric care of people who repeatedly self harm.

#### **4.4 Additional considerations**

The guideline will include review criteria for audit, which will enable objective measurements to be made of the extent and nature of local implementation of this guidance, particularly its impact upon practice and outcomes for patients.

#### **4.5 Status**

##### **4.5.1 Scope**

This is the final version of the scope. It has been drafted by the National Collaborating Centre for Mental Health and approved by the Institute following consultation with stakeholders.

##### **4.5.2 Guideline**

The development of the guideline recommendations will begin in May 2002.

## **5 Further information**

Information on the guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*
- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups*

These booklets are available as PDF files from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Information of the progress of the guideline will also be available from the website.

## **Appendix - Remit from the Department of Health and National Assembly for Wales**

"To prepare clinical guidelines for the NHS in England and Wales on the management of intentional self-harm (intentional self-poisoning or self-injury, irrespective of the apparent purpose of the act):

a) Guideline for ambulance staff to include:

- general support
- drugs and treatments that should be used.

b) Guideline for A&E staff to include:

- immediate management in A&E
- criteria for admission or discharge
- referral for a psychiatric assessment
- psycho-social management

c) Guideline for staff in medical wards to include general medical management on the ward."

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