

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## SCOPE

### **1 Guideline title**

Self-harm: the longer term management of self-harm

#### **1.1 Short title**

Self-harm (longer term management)

### **2 The remit**

The Department of Health has asked NICE: 'To prepare a clinical guideline on the management of self-harm (intentional self-poisoning or self-injury, irrespective of the apparent purpose of the act) to include the role of mental health professionals in ensuring service users who have self-harmed receive appropriate treatment for underlying problems that may have led to the act of self-harm.' It will cover the longer term management of self-harm in a variety of settings.

This guideline follows on from 'Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care' (NICE clinical guideline 16).

### **3 Clinical need for the guideline**

#### **3.1 Epidemiology**

- a) The prevalence of self-harm is difficult to estimate. A national interview survey in 1999 suggested between 4.6% and 6.6% of people in the UK have self-harmed. A more recent international survey of young people aged 15–16 found the prevalence of self-harm (in the past year) in the UK was 3.2% in boys and 11.1% in

girls. The lifetime prevalence for self-harm in the UK was 4.8% in boys and 16.7% in girls.

- b) A survey of general hospitals in Oxford, Manchester and Leeds found 7344 people presented with a total of 10,498 episodes of self-harm. Most episodes (80%) were due to self-poisoning and the rest to self-injury (mainly self-cutting). Although most research to date has been hospital-based, it is likely that many self-harm episodes do not come to the attention of health services.
- c) A recent systematic review in the UK found that there was a higher prevalence of self-harm in South Asian women than in either South Asian men or white women.

### **3.2 Current practice**

- a) Self-harm is usually managed in secondary care. This includes hospital medical care and mental health services. About half of the people who present to an accident and emergency (A&E) department after self-harming are assessed by a mental health professional. Treatments include psychosocial interventions, pharmacological interventions and harm minimisation.
- b) People who self-harm often also have contact with primary care. About half of the people who attend an emergency department after self-harming will have visited their GP in the previous month. A similar proportion will visit their GP within 2 months of attending an A&E department after self-harming.

## **4 The guideline**

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the 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.

The areas that will be addressed by the guideline are described in the following sections.

## **4.1      *Population***

### **4.1.1    Groups that will be covered**

- a)       All people aged 8 years or older who self-harm.

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

- a)       Children younger than 8 years.
- b)       People with a neurodevelopmental disorder with repetitive stereotypical self-injurious behaviour (SIB), for example head-banging in people with a significant learning disability.

## **4.2      *Healthcare setting***

- a)       Care received in primary, secondary, tertiary and community healthcare settings from healthcare professionals who have direct contact with people who self-harm, and who make decisions about risk assessment, needs assessment, treatment and management of care for people who self-harm.
- b)       The guideline will not provide specific recommendations for A&E departments, paramedic services, prison medical services, the police and those who work in the criminal justice, social care and education sectors, but the guideline will be relevant to their work.

## **4.3      *Clinical management***

### **4.3.1    Key clinical issues that will be covered**

- a)       Medium and longer term care management of people who self-harm.
- b)       Ongoing psychosocial assessment for the longer term management of people who have self-harmed. This will include an assessment of needs and risk and how these are integrated.

- c) Psychosocial interventions for the specific treatment of self-harm compared with control groups and other active interventions. For example, but not exclusively, self-help, problem-solving therapy, mentalisation-based treatment, cognitive behavioural therapy, dialectical behaviour therapy, cognitive analytic therapy, psychodynamic psychotherapy and family therapy.
- d) Pharmacological interventions for the specific treatment of self-harm compared with control groups and psychological interventions. For example, antidepressants, anxiolytics and antipsychotics when used as a specific treatment for self-harm.
- e) Safe prescribing for people with a history of self-harm.
- f) Treatment of groups who may have specific care needs. For example, those from black and minority ethnic groups, people who self-injure, young people and older adults.
- g) Harm minimisation and other strategies aimed at reducing the risks and/or harm associated with self-harm. For example, advice on safer cutting, distraction techniques and exploring alternatives to self-harm.
- h) Possible adverse effects associated with treating self-harm.
- i) Training for healthcare professionals treating people who self-harm.
- j) When to refer to other NICE guidelines for the treatment and management of any accompanying or underlying mental health problems.

#### **4.3.2 Clinical issues that will not be covered**

- a) Acute physical, psychiatric and psychological care of people who have just self-harmed. For the immediate care of people who have self-harmed, please see 'Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care' (NICE clinical guideline 16).

- b) The treatment and management of any mental health problem or substance use disorder that may accompany, underlie or be associated with self-harm. However, the guideline will refer to other relevant NICE guidance (see section 5.1.2).
- c) Longer-term management of the physical consequences of self-harm, such as reconstructive surgery, pain management and infection arising from injuries.

#### **4.4 Main outcomes**

- a) Self-harm and self-harm repetition (for example, self-poisoning or self-cutting).
- b) Suicide.
- c) Quality of life.
- d) Service user determined outcomes.
- e) Secondary outcomes such as social and psychological functioning, other causes of mortality, and resource use.

#### **4.5 Economic aspects**

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

#### **4.6 Status**

##### **4.6.1 Scope**

This is the final scope.

## **4.6.2 Timing**

The development of the guideline recommendations will begin in November 2009.

# **5 Related NICE guidance**

## **5.1 *Published guidance***

### **5.1.1 NICE guidance to be updated**

When reviewing the evidence for this guideline a need maybe identified to update the section on Psychological, pharmacological and psychosocial interventions for the management of self-harm in Self-harm: NICE clinical guideline 16 (2004). Available from [www.nice.org.uk/CG16](http://www.nice.org.uk/CG16)

### **5.1.2 Other related NICE guidance**

- Schizophrenia (update). NICE clinical guideline 82 (2009). Available from [www.nice.org.uk/CG82](http://www.nice.org.uk/CG82)
- Borderline personality disorder. NICE clinical guideline 78 (2009). Available from [www.nice.org.uk/CG78](http://www.nice.org.uk/CG78)
- Antisocial personality disorder. NICE clinical guideline 77 (2009). Available from [www.nice.org.uk/CG77](http://www.nice.org.uk/CG77)
- Bipolar disorder. NICE clinical guideline 38 (2006). Available from [www.nice.org.uk/CG38](http://www.nice.org.uk/CG38)
- Obsessive compulsive disorder (OCD) and body dismorphic disorder (BDD). NICE clinical guideline 31 (2005). Available from [www.nice.org.uk/CG31](http://www.nice.org.uk/CG31)
- Depression in children and young people. NICE clinical guideline 28 (2005). Available from [www.nice.org.uk/CG28](http://www.nice.org.uk/CG28)
- Post-traumatic stress disorder. NICE clinical guideline 26 (2005). [www.nice.org.uk/CG26](http://www.nice.org.uk/CG26)
- Violence. NICE clinical guideline 25 (2005). Available from [www.nice.org.uk/CG25](http://www.nice.org.uk/CG25)
- Depression (amended). NICE clinical guideline 23 (amended 2007). Available from [www.nice.org.uk/CG23](http://www.nice.org.uk/CG23)

- Anxiety (amended). NICE clinical guideline 22 (amended 2007). Available from [www.nice.org.uk/CG22](http://www.nice.org.uk/CG22)
- Eating disorders. NICE clinical guideline 9 (2004). Available from [www.nice.org.uk/CG9](http://www.nice.org.uk/CG9)

## **5.2      *Guidance under development***

NICE is currently developing the following related guidance (details available from the NICE website).

- Depression in adults (update). NICE clinical guideline. Publication expected October 2009.
- Depression in adults with a chronic physical health problem. NICE clinical guideline. Publication expected October 2009.

## **6            Further information**

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders' the public and the NHS'
- 'The guidelines manual'.

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