

New guidance for management of self-harm issued

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(Medical Xpress) -- The healthcare guidance body NICE has today published a new clinical guideline on the longer-term care of adults, children and young people who self-harm. The guideline development group was chaired by Professor Navneet Kapur in The University of Manchester's Centre for Suicide Prevention.

This new guideline follows on from the NICE guideline on the short-term physical and psychological management and secondary prevention of [self-harm](#) in primary and secondary care (NICE clinical guideline 16). The new recommendations focus on the longer-term psychological treatment and management of self-harm.

Dr Fergus Macbeth, Director of the Centre for Clinical Practice at NICE, said: "Self-harm is a very broad term for a behaviour that can be expressed by those affected in very individual ways, which is why it is so important that each person receives the right care plan for them. The previous NICE guideline on the short-term treatment of self-harm focused on the first 48 hours of an episode and the care they received in the Emergency Department. This new guideline aims to help healthcare professionals support, in the longer term, people who are known to self-harm in reducing and then stopping the behaviour."

Professor Kapur, Professor of Psychiatry and Population Health in the University's School of Community-Based Medicine, said: "People may keep self-harm a secret which means it is difficult to know how widespread it is. Many cases are unreported unless medical treatment is

required. However, it is thought to be common, especially amongst young people, with one UK study finding that 1 in 10 girls aged 15-16 had self-harmed in the previous year. This new guideline is an important step in improving health professionals' understanding of self-harm and thereby helping to ensure people receive the treatment and support they need.”

You can listen to a podcast about self-harm by Professor Kapur [here](#) (link takes you to the NICE website).

Key recommendations include:

-- Working with people who self-harm: Health and social care professionals working with people who self-harm should aim to develop a trusting, supportive and engaging relationship with them, be aware of the stigma and discrimination sometimes associated with self-harm and ensure that people are fully involved in decision-making about their treatment and care.

-- Risk assessment: When assessing the risks of repetition of self-harm or suicide, identify and agree with the person who self-harms the specific risks for them, taking into account:

- * methods and patterns of current and past self-harm

- * specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm

- * coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other antecedents

-- Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.

-- Care plans: Care plans should be multidisciplinary and developed collaboratively with the person who self-harms and, provided the person agrees, with their family, carers or significant others. The care plan should identify realistic and optimistic long-term goals, including employment and occupation and identify short-term treatment goals (linked to the long-term goals) and steps to achieve them

-- Interventions for self-harm: Consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. The intervention should be tailored to individual need and could include cognitive-behavioural, psychodynamic or problem-solving elements. Therapists should be trained and supervised in the therapy they are offering to people who self-harm. Therapists should also be able to work collaboratively with the person to identify the problems causing distress or leading to self-harm.

-- Treating associated mental health conditions: Provide psychological, pharmacological and psychosocial interventions for any associated conditions as described in the relevant NICE guidelines, for example, borderline personality disorder (NICE clinical guideline 78), depression (NICE clinical guideline 90), bipolar disorder (NICE clinical guideline 38).

Professor Tim Kendall, Consultant Adult Psychiatrist, Director of the National Collaborating Centre for Mental Health (NCCMH) and Medical Director at Sheffield Health and Social Care Trust, said: “Self-harm is very common and involves a wide range of methods, the most common being self-poisoning with prescribed or over the counter medicines, or by cutting. People self-harm for numerous reasons, and although self harm is not usually an attempt at committing suicide, it is a way of expressing deeper emotional feelings, such as low self-esteem, the emotional results of previous abuse and hurts. However, people who

self harm are much more likely to die by suicide, and many suffer from long term physical effects of self injury and self poisoning, as well as psychiatric problems such as depression. It is very important that we help identify people who self harm sooner and to help them come to terms with the underlying problems and access treatment when they need it. This guideline is a really important step to achieving this”.

Dr Suzanne Kearney, GP in Aylesbury and guideline developer, said: “Although most people who self-harm do not wish to end their lives, it does increase the likelihood that the person will eventually die by suicide by between 50- and 100-fold. NICE has already published [guidance](#) on what services should be offered to people immediately after an episode of self-harm; with this new guideline on the longer term management, we hope to provide healthcare professionals with clear recommendations on how to work with people who self-harm and enable them to choose the right treatment for their individual needs.”

Mr Gareth Allen, guideline developer representing service user and carer interests, added: “Every person who self-harms is different; they do it for individual reasons and have their own individual needs. It is hoped the recommendations made in this new guideline will help healthcare professionals identify the needs and risks that should be considered when assessing a person who has self-harmed and the types of treatment available.”

More information: The guidance is available on the NICE website: www.nice.org.uk/guidance/CG133

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