Self Harm and NICE Guidelines

Paul Gill
Liaison Psychiatrist, Sheffield
Chair, PLAN AC
Self Harm & NICE

• 2 Guidelines:
  – 2004: First 48 hours
    http://guidance.nice.org.uk/CG16
  – 2011: Longer term management
    http://guidance.nice.org.uk/CG133

So how have things changed?
Self-harm: short term treatment and management

The treatment and management of self-harm in emergency departments

November 2011
Key priorities for implementation

- Respect, understanding and choice
- Staff training
- Activated charcoal
- Triage
- Treatment
- Assessment of needs
- Assessment of risk
- Psychological, psychosocial and pharmacological interventions
Self-harm:
longer-term management

Implementing NICE guidance

November 2011

NICE clinical guideline 133
Key priorities for implementation

- Working with people who self-harm
- Psychosocial assessment
- Risk assessment
- Risk assessment tools and scales
- Care plans
- Risk management plans
- Interventions for self-harm
- Treating associated mental health conditions.
Key priorities for implementation

– Respect, understanding and choice
– Staff training
– Activated charcoal
– Triage
– Treatment
– Assessment of needs
– Assessment of risk
– Psychological, psychosocial and pharmacological interventions
Respect, understanding and choice (CG 16)

People who have self-harmed should be treated with the same care, respect and privacy as any patient.

Take full account of the likely distress associated with self-harm.

All staff caring and providing treatment for people who self-harm should have regular clinical supervision in which the emotional impact upon staff members can be discussed.
Staff training (CG 16)

• Clinical and non-clinical staff in any setting should have appropriate training.

• Involve people who self-harm in the planning and delivery of staff training.

• Make training available in the assessment of mental health needs and the preliminary management of mental health problems.
Training (CG 133)

• Health and social care professionals should be:
  • trained in the assessment, treatment and management of self-harm, and
  • educated about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes.

• Routine access to senior colleagues for supervision, consultation and support should be provided for professionals who work with people who self-harm.
Service planning (CG 16)

• Involve people who self-harm in planning and evaluating services.

• Integrate physical and mental healthcare services – joint plan by emergency departments, PCTs and local mental health services.

• Consider integrating mental health professionals into the emergency department.

• Psychiatric services available 24 hours a day – liaison between emergency department and local mental health services.
Risk assessment tools and scales (CG 133)

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

Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.

Risk assessment tools may be considered to help structure risk assessments as long as they include the areas identified in recommendation 1.3.6 on slides 19 and 20.
The NICE self-harm pathway covers:

- planning of services
- general principles of care
- assessment, treatment and management
- longer-term treatment and management.

Click here to go to NICE Pathways website.
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Discussion

• What can we do to help address the stigma and discrimination associated with self-harm?

• Do we include within our assessment of needs all that we should? If not, what steps do we need to take?

• How can we address the issues associated with the transition from CAMHS to adult services for young people who self-harm?

• What is our current practice in terms of using risk assessment tools and scales? How can this be improved?
Thank you