Self-harm: still a burning issue. Developing a guideline for the management of patients who self-harm.

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

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Background - Self-harm injuries are commonly seen by all UK Burns Services and nationally, there is said to be an increase in both suicide attempts by self-immolation and non-suicidal self-harm burn injuries. Historically, attitudes towards and treatment for people with smaller self-harm burns was often different to that of people with accidental burn injuries. In 2023, the National Burn Care Standards (NBCS) explicitly addressed treatment for patients with self-harm injuries and provided clear direction, whilst mandating that a Clinical Guideline for this treatment be in place. This Burns Service decided that our Guideline would be as thorough, directive, and unambiguous as possible, reflecting the intent of the NBCS. Our objective was that this patient group would have their care needs met and delivered in a respectful and compassionate manner.

What we did.
The Burns Unit Clinical Standards Group (CSG) designated a Lead on this Guideline who went on to: -

- Review available literature and existing Trust guidelines.
- Examine examples of practice in other Burns Services.
- Assess what was necessary to adhere to both the NBCS and Trust guidelines.
- Consider specifics we wanted to include or exclude.
- Identify any necessary supplemental documentation required.
- Design a template letter to request MH care providers carry out a MH assessment.
- Plan and write the Guideline, designed for use with both inpatients and outpatients.
- Obtain feedback from Service Users and make appropriate amendments.
- Guideline and template letter reviewed by CSG and approved.
- Guideline and template letter approved by Clinical Governance.
- Provide education for staff regarding changes to practice and what this means for them.

National Burn Care Standards and self-harm

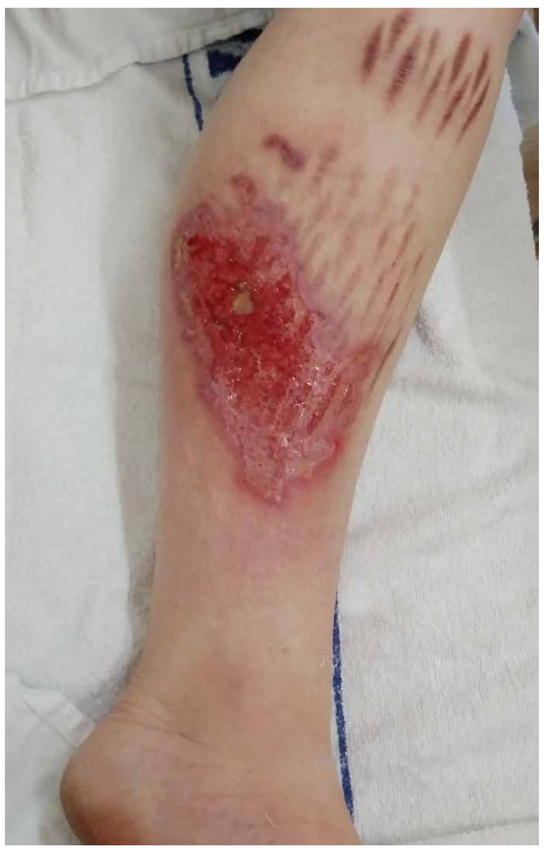
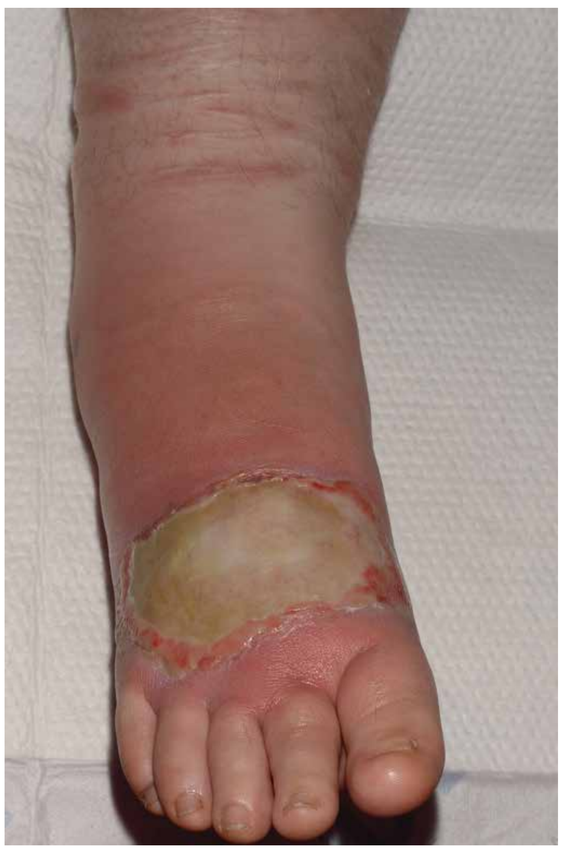
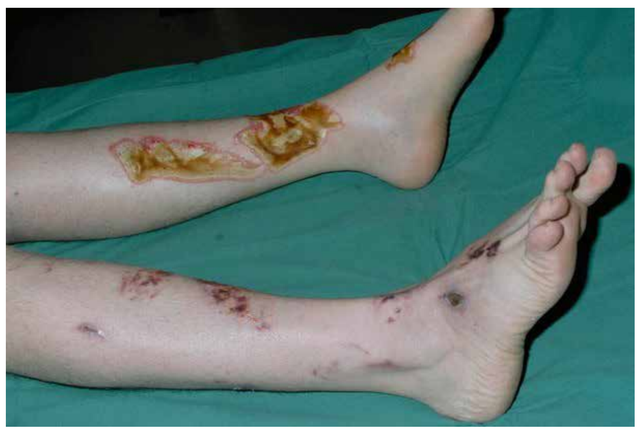
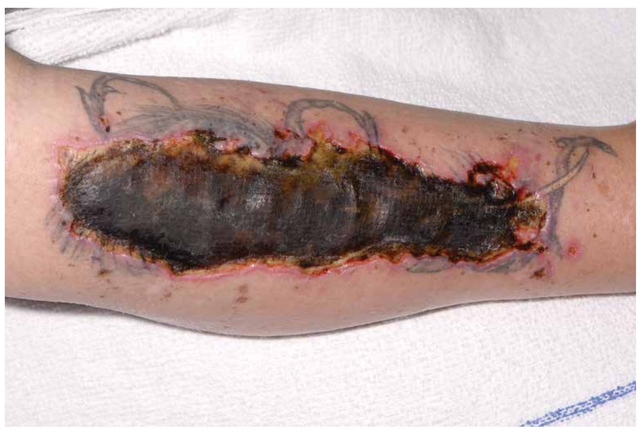
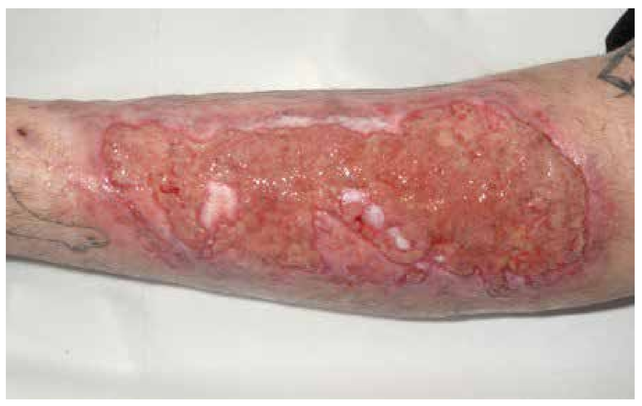
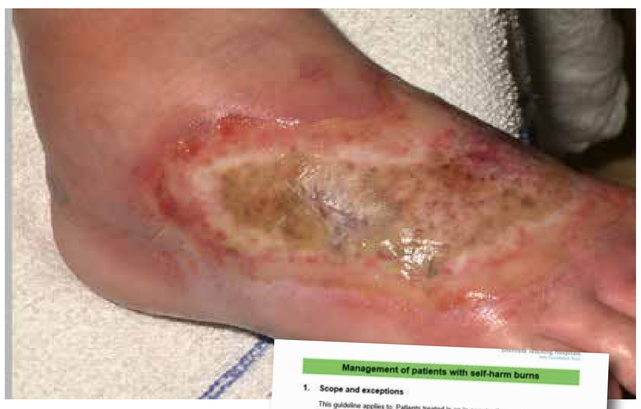
B33 – Where clinically appropriate, patients presenting with self-harm injuries should be treated in the same way as non-intentional injuries, with patients being offered the same treatment choices.

B32.C - Patients who attend as outpatients with self-harm injuries must have a mental health assessment at the earliest opportunity. To facilitate this, the professional involved in the initial burn care should liaise with the patient's GP or mental health service (if they have one) to ask for this to be arranged.

E04.J – There should be a Guideline covering self-harm injuries

Results - Since the Guideline's introduction, significantly more conversations are taking place with outpatients who have self-harmed about skin grafting, with staff feeling more confident to do so. More open conversations are taking place about how our outpatients are supported in the community regarding their Mental Health. Burns staff now prompt ED referrers to request a MH assessment be carried out whilst the patient is with them and check whether this has happened when we first see the patient. Two outpatients have been admitted into MH care after we had contacted the named MH practitioner by phone (with the patients' consent) requesting that they see their patient and carry out a MH assessment. Patients are offered the same choices about skin grafting as other patients and are also offered the same choices about type of anaesthetic and after-care. The patients have commented that they don't feel judged here; they feel well looked after and supported to make choices about their own care. This is something we would like to examine further and more formally. We would also like to collaborate with other Burns Services to share experiences and practices.

Conclusion - Staff and patients are overwhelmingly positive about the changes we have made. They feel that now there is a Guideline in place, they know what they need to do and what they need to discuss with patients, knowing that the care provided will not depend on someone's opinion. Although we are grafting more patients who have self-harmed and several of them multiple times, there are still barriers to this occurring. Not all patients want grafting and are supported in this choice too. Sometimes, logistical reasons relating to MH get in the way. Nothing is perfect but we feel we have made a good start with our Guideline that firmly steers us in the right direction. Personally, I look on this Guideline as a collaboration between Burns professionals and our patients from this client group, and believe that this should be the basis of all the burns care we provide.

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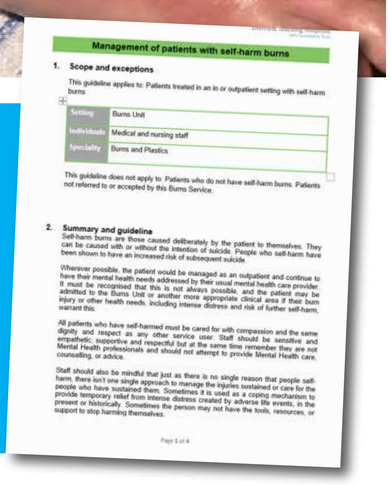
Management of patients with self-harm burns

1. Scope and exceptions

This guideline applies to: Patients treated in an in or outpatient setting with self-harm burns

Setting	Burns Unit
Individuals	Medical and nursing staff
Specialty	Burns and Plastics

This guideline does not apply to: Patients who do not have self-harm burns. Patients not referred to or accepted by this Burns Service.

2. Summary and guideline

Self-harm burns are those caused deliberately by the patient to themselves. They can be caused with or without the intention of suicide. People who self-harm have been shown to have an increased risk of subsequent suicide.

Wherever possible, the patient would be managed as an outpatient and continue to have their mental health needs addressed by their usual mental health care provider. It must be recognised that this is not always possible, and the patient may be admitted to the Burns Unit or another more appropriate clinical area if their burn injury or other health needs, including intense distress and risk of further self-harm, warrant this.

All patients who have self-harmed must be cared for with compassion and the same dignity and respect as any other service user. Staff should be sensitive and empathetic; supportive and respectful but at the same time remember they are not Mental Health professionals and should not attempt to provide Mental Health care, counselling, or advice.

Staff should also be mindful that just as there is no single reason that people self-harm, there isn't one single approach to manage the injuries sustained or care for the people who have sustained them. Sometimes it is used as a coping mechanism to provide temporary relief from intense distress created by adverse life events, in the present or historically. Sometimes the person may not have the tools, resources, or support to stop harming themselves.

Page 1 of 4