

Commentary

New guidance for self-harm: an opportunity not to be missed: commentary, Mughal et al

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Keywords

NICE; self-harm; empathy.

Copyright and usage







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Response

We thank Professor House for his thoughtful and interesting response. We agree it's helpful to define and unpick what terms mean. Empathy, with its origins from the Greek 'empathia' [physical affection, passion] can also be defined as 'the ability to understand and appreciate another person's feelings'.¹ We feel it is certainly possible for clinicians to recognise and appreciate the feelings of an individual service user but as House notes there are often gaps in clinicians' understanding of the functions of self-harm. We would also agree that postgraduate training has a key role to play here especially when co-designed and delivered with lived experience expertise.

In our editorial, we outlined the importance of concepts related to empathy such as compassionate care (can be defined as 'the feeling or emotion, when a person is moved by the suffering or distress of another, and by the desire to relieve it'² and can include showing sympathy and concern for others), and non-judgemental care. None of this is new – compassion and empathy are the focus of a rich body of literature that investigates everything from their neuroscientific basis to their social and clinical aspects, but these can be better ingrained into psychiatric practice.^{3,4}

We liked the three attributes House suggested because we think their acquisition will improve patient care and experience. But they go far beyond empathy and stray into other aspects of care which we tried as a Committee to cover in the full guidance.⁵ Producing national guidelines is never straightforward and ultimately they remain (as the name suggests) a guide, rather than mandatory instructions. In this context, we would argue that there is room for 'blurry, feel-good' concepts such as empathy, and of course sympathy, as well as more concrete curriculum specifications.

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Data availability

Data availability is not applicable to this article as no new data were created or analysed.

Author contribution

F.M. drafted a response to the letter received from Professor House with N.K. All co-authors provided critical input and agreed on submission.

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Declaration of interest

All authors were members of the Guideline Committee for the NICE 2022 self-harm guideline, and N.K. was the expert topic advisor. N.K. is a member of the DHSC National Suicide Prevention Strategy Advisory Group and a member of the *BJPsych* editorial board and did not take part in the review or decision-making process of this paper. R.C.O. is a Co-Chair of the Academic Advisory Group to the Scottish Government's National Suicide Prevention Leadership Group; an advisor on the development of the new Scottish self-harm strategy; a Trustee and Science Council Member of MQ Mental Health Research; President of the International Association for Suicide Prevention; and a Trustee of James' Place. A.B.T. is Interim Chair of the Royal College of Psychiatrists' Faculty of Liaison Psychiatry.

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