

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Violence and aggression: the short-term management of violent and physically threatening behaviour in mental health, health and community settings.

1.1 Short title

Violence and aggression

2 The remit

This is an update of [Violence](#) (NICE clinical guideline 25).

This update is being undertaken because new evidence has emerged about service users' views on the use of physical intervention and seclusion and the effectiveness, acceptability and safety of available drugs and their dosages for rapid tranquilisation.

3 Clinical need for the guideline

The remit has been expanded to include violence and threatening behaviour in all health and social care settings. It is focused on settings rather than individuals because it is recognised that interaction between health and social care professionals and service users may precipitate inadvertent violence and that successful prevention and treatment may necessitate changes in processes across a setting.

The terms 'violence' and 'aggression' in this scope describe outwardly aggressive behaviour. They are used in the absence of better ways of describing aggressive behaviour and do not imply deliberate intention. NICE recognises that for people with mental health problems, aggressive behaviour

occurs for a number of very complex reasons. The most important of these are often the events and feelings that led up to the behaviour, and precipitating factors will be covered in the guideline.

3.1 *Epidemiology*

On an average psychiatric ward up to 5 episodes per month of manual restraint of patients might be expected, although there is considerable variation. Around 75% of nursing staff experience violent behaviour such as physical assault every year, most commonly in psychiatric settings. Episodes of violence and aggression towards staff are also common in community settings, although many go unreported. Such episodes cause significant morbidity and stress among staff, contributing to sickness absence, low morale and early retirement.

3.2 *Current practice*

The management of violence and aggression towards staff and damage to personal or ward property varies according to setting. In hospital settings the most common response is special observation, followed by manual restraint, seclusion and emergency tranquillisation, usually with antipsychotic drugs. In community settings it is more common for the staff concerned to remove themselves from the scene of violence and ask for police help. Violence is a particular risk when carrying out assessments under the Mental Health Act.

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) Adults (aged 18 and over), children and young people with mental health conditions who are currently service users within healthcare, including mental healthcare, social care and community settings.

Specific consideration will be given to:

- service users with co-existing substance misuse (both hazardous use and dependence) or withdrawal
- black and minority ethnic groups
- girls and women.

- b) Carers of service users with mental health conditions.

4.1.2 Groups that will not be covered

The guideline will also be relevant to, but will not cover, practice regarding:

- a) People who do not have a mental health condition and who are not carers of people with a mental health condition.
- b) People in whom the primary behaviour is self-harm. [Self-harm](#) (NICE clinical guideline 16) focuses specifically on short-term management for this population.
- c) People with a primary diagnosis of learning disability. Although the principles of managing threatening behaviour will be relevant to people with learning disability, [Challenging behaviour in people with learning disability](#), a NICE clinical guideline currently in development, will specifically address this population (see section 5.1.3).

4.2 Healthcare setting

- a) The guideline will cover the management of violence and aggression by healthcare professionals and how care may need to be modified in specific health and social care settings, including:

- inpatient psychiatric settings (including high-, medium- and low-security psychiatric settings and NHS general hospitals)
- emergency and urgent care services
- assertive community teams
- community mental health teams
- primary care.

4.3 *Clinical management*

4.3.1 Key clinical issues that will be covered

Areas from the original guideline that will be updated

- a) Identification of potentially violent and aggressive service users and the evaluation of methods and tools for prediction and risk assessment.
- b) De-escalation methods and other short-term psychosocial intervention methods.
- c) Seclusion.
- d) Physical restraint.
- e) Pharmacological interventions. Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.
- f) Training or education requirements for the above-mentioned interventions.

Areas not in the original guideline that will be included in the update

- g) Anticipation of violence and aggression.
- h) Environmental influences and how to modify them.

- i) The relationship between smoking and violence and aggression in inpatient settings.
- j) Mechanical restraint.
- k) The role of advance directives in the management of violence and aggression.
- l) Post-incident management for staff, service users and witnesses.
- m) Substance misuse.
- n) The interface between mental health services and the police in the immediate management of violence and aggression.
- o) Mental Health Act status.

4.3.2 Clinical issues that will not be covered

Condition-specific information will not be covered in this guideline.

4.4 *Main outcomes*

The following outcomes will be considered by the Guideline Development Group:

- a) Rates of seclusion.
- b) Rates of manual restraint.
- c) Use of antipsychotic drugs.
- d) Use of rapid tranquillisation methods.
- e) Experience of service users and carers.
- f) Rates of injury in service users.
- g) Rates of injury in staff.

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 usually the quality-adjusted life year (QALY), but different measures may also be used, including staff outcomes, depending on the availability of appropriate clinical data identified for this guideline. 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 March 2013.

5 *Related NICE guidance*

5.1 *Published guidance*

5.1.1 *NICE guidance to be updated*

This guideline will update and replace the following NICE guidance:

- [Violence](#). NICE clinical guideline 25(2005).

5.1.2 *Other related NICE guidance*

- [Patient experience in adult NHS services](#). NICE clinical guidance 138 (2012).
- [Service user experience in adult mental health](#). NICE clinical guidance 136 (2011).
- [Drug misuse – opioid detoxification](#). NICE clinical guidance 52 (2007).

- [Drug misuse – psychosocial interventions](#). NICE clinical guideline 51 (2007).
- [Dementia](#). NICE clinical guidance 42 (2006).
- [Self-harm](#). NICE clinical guideline 16 (2004).

5.1.3 Guidance under development

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

- Smoking cessation in secondary care: mental health services. NICE public health guidance. Publication expected November 2013.
- Psychosis and schizophrenia in adults. NICE clinical guideline. Publication expected March 2014.
- Challenging behaviour in people with learning disability. NICE clinical guideline. Publication expected May 2015.

6 Further information

Information on the guideline development process is provided in the following documents, available from the NICE website:

- [How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS](#)
- [The guidelines manual](#).

Information on the progress of the guideline will also be available from the [NICE website](#).