

National Institute for Health and Care Excellence

12-year surveillance (2016) – [Self-harm in over 8s: short-term management and prevention of recurrence](#) (2004) NICE guideline CG16

4-year surveillance (2016) – [Self-harm in over 8s: long-term management](#) (2011) NICE guideline CG133

Appendix B: stakeholder consultation comments table

Consultation dates: 13 to 26 July 2016

Do you agree with the proposal not to update NICE guideline CG16?			
Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	Disagree	<p>Comments on proposal not to update the guideline The recommendation of the Surveillance Report is not to make any changes to the guidance. Here are our thoughts on the overall guidance therefore.</p> <p>We feel that the guideline could do with being updated due to following reasons:</p> <p>There appears to be no separation in the guidance as to the varying nature of self-harm. In our experience there has been quite a change in how self-harm is viewed by many young people over the last few years.</p> <p>There have media reports and our members have reported direct feedback from young people about how self harm has become for some, a “badge of honour” where the act of self harm does not necessarily respond to previously mentioned underlying mental health difficulty such as depression. We have experience of self harming behaviours also being linked to a need named by young people, for an identity of someone who self harms and is connected to others through being part of a group of self harmers. (Philippa writes) <i>When I started in Mental Health this was not the case and the</i></p>	<p>Thank you for the comment.</p> <p>Regarding the varying nature of self-harm, NICE guideline CG16 does not make a separation in the management of self-harm based on its nature. The guideline adopted a broad definition of self-harm to cover all its variants: ‘self-poisoning or self-injury, irrespective of the apparent purpose of the act’. Furthermore, there are recommendations regarding psychosocial assessment of needs and risks of people who self-harm (recommendations 1.7.1 – 1.7.4.1). Psychosocial assessment helps health professionals to identify the nature of self-harm and therefore the type of intervention to be used to manage self-harm.</p> <p>There are also recommendations (1.1.1.1 – 1.1.1.6) addressing the importance of understanding how people who self-harm experience the act of self-harm. Therefore, the underlying issues should be taken into account for the treatment plan.</p> <p>During this 12-year surveillance, no new evidence was identified that could affect recommendations related to psychosocial assessment of self-harm and users’ experience.</p>

		<p><i>stigma and distress which was a part of self harming was very apparent. More recently, it feels to me that more self harming behaviours are linked with personality disorder spectrum, where there is little capacity to regulate feeling in response to others, separate self from others or form separate and independent identity. There is no reference to this presentation in the guideline.</i></p> <p>We agree that the underlying issues remain distressing but would require different treatment than those currently identified in the guideline.</p>	
Tees Esk and Wear Valleys NHS Foundation Trust	Disagree	<p>There are new developments in CAMHS crisis services which can offer alternative approaches to assessment and emergency care. It would be good to know whether these examples of services have been reviewed and taken into consideration when deciding whether to review the guideline.</p> <p>Tees, Esk & Wear Valleys NHS Foundation Trust have implemented Child and Adolescent Mental Health Services (CAMHS) Crisis Services and would be happy to discuss the service model and outcomes for young people and their families/ carers.</p> <p>A case study on the CAMHS Crisis Service run by Tees Esk and Wear Valleys NHS Foundation Trust has been published by NHS England:</p> <p>NHS England. County Durham Crisis and Liaison. Available at: https://www.england.nhs.uk/mentalhealth/case-studies/durham-camhs/ (Accessed 15.07.16)</p>	<p>Thank you for the comment.</p> <p>We have reviewed the case study you provided which is relevant to NICE guideline CG16. However, we noticed that the Implementation Plan of the Mental Health Taskforce highlights that NHS England is testing and evaluating models of crisis resolution for children and young people during 2016/2017. Therefore, we will add this to our guideline issues log and consider the results of this evaluation when available.</p>
Royal College of Paediatrics and Child Health	Agree	<p>Guideline appears comprehensive enough and looking at the surveillance whilst there are identified limitation in management there are no evidence to suggest change to the guideline itself.</p>	<p>Thank you for the comment.</p>
Association for Cognitive Analytic Therapy (ACAT)	Agree	<p>No comment.</p>	<p>Thank you for the answer.</p>
<p>Do you agree with the proposal not to update NICE guideline CG133?</p>			
Stakeholder	Overall	Comments	NICE response

	response		
Association of Child Psychotherapists (ACP)	Disagree	<p>Comments on proposal not to update the guideline</p> <p>Our overall concern of the guidance as it still stands is too much emphasis on Self Harm as a diagnosis or label in itself rather than as a symptom of emotional distress. There is also much more about the assessment of self harm rather than guidance on how to grapple with the treatment issues. When this is addressed it is with a focus on 'treating' the self-harm, with limited references to the psychological causes (1.4.2, 1.4.4.) and therefore what therapeutic interventions might be helpful.</p> <p>We agree assessment and prevention of further self-harm needs to be addressed specifically but there is too much emphasis on this aspect of treatment, rather than on underlying issues.</p>	<p>Thank you for the comment.</p> <p>Recommendation 1.3.5 of NICE guideline CG133 suggests exploring the meaning of self-harm for the person taking into account that reasons are individual and particular for each episode of self-harm. Exploring the meaning of self-harm might help to identify the psychological causes which could be related to mental health conditions. Recommendation 1.5.1 refers to published NICE guidance to treat associated mental health conditions including psychological, pharmacological and psychosocial interventions. Some examples of published NICE guidance are for the treatment of depression (NICE guideline CG90) and borderline personality disorder (NICE guideline CG78).</p> <p>We did not find new evidence relevant to recommendations 1.4.2 and 1.4.4. Therefore, these recommendations will not be updated.</p>
Tees Esk and Wear Valleys NHS Foundation Trust	Agree	It may be appropriate to review CG16 in the first instance.	<p>Thank you for the comment.</p> <p>Please see our answer above related to NICE guideline CG16.</p>
Association for Cognitive Analytic Therapy (ACAT)	Disagree	<p>I would like to draw your attention to the work of Professor Andrew Chanen, Deputy Director of Research Head, Personality Disorder Research, Director of Clinical Services, Orygen Youth Health Services, Orygen Youth Health, 35 Poplar Road Parkville VIC 3052, Australia.</p> <p>I attach a study protocol that may be relevant to this guidance. The study is nearing completion. The main outcome paper is due mid 2017.</p> <p> Trials2015Chanen.pdf f</p>	<p>Thank you for highlighting the study protocol.</p> <p>We will review the results of this trial during the next surveillance review of NICE guideline CG133.</p>
<p>Do you agree with the proposal to put NICE guideline CG16 on the static list?</p>			

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	No answer	No Comment.	Thank you.
Tees Esk and Wear Valleys NHS Foundation Trust (ACP)	Disagree	<p>There are new developments in CAMHS crisis services which can offer alternative approaches to assessment and emergency care. It would be good to know whether these examples of services have been reviewed and taken into consideration when deciding whether to review the guideline.</p> <p>A case study on the CAMHS Crisis Service run by Tees Esk and Wear Valleys NHS Foundation Trust has been published by NHS England:</p> <p>NHS England. County Durham Crisis and Liaison. Available at: https://www.england.nhs.uk/mentalhealth/case-studies/durham-camhs/ (Accessed 15.07.16)</p>	<p>Thank you for the comment.</p> <p>Please see our answer above related to NICE guideline CG16.</p>
Association for Cognitive Analytic Therapy (ACAT)	Agree	No comments.	Thank you for the answer.

Do you agree with the proposal to remove the research recommendation for NICE guideline CG133:

For healthcare professionals who work with people who self-harm, does the provision of training in assessment and management improve outcomes compared with no additional specialist training?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	Agree	<p>Comments on proposal to remove these research recommendations from the NICE version and research database</p> <p>While we feel it is helpful to draw clinician's attention to the need to assess the mental health issues, not all children and young people who self-harm have the issues listed in 1:5:1. We feel that the guideline does not really address what research might be helpful in order to understand the available treatment options, which could be</p>	Thank you for the comment.

		<p>helpful for self-harm.</p> <p>We agree that the research options which are going to be removed should be.</p>	
Tees Esk and Wear Valleys NHS Foundation Trust	Disagree	I think this would be an interesting and valid piece of research.	<p>Thank you for the comment.</p> <p>We decided to retain this research recommendation based on the feedback on its importance.</p>
Royal College of Paediatrics and Child Health	Disagree	<p>The role of general paediatricians in the assessment of children admitted to hospital having self-harmed is currently under discussion, and more research into outcomes around non-psychiatrists making these assessments is needed – for this reason, this recommendation should not be removed at this point.</p> <p>Training in assessment and management is essential for health professionals managing children with self-harm. Not only does it improve outcomes experience it improves the health professionals confidence and thus improve both patient and healthcare outcomes.</p>	<p>Thank you for the comment.</p> <p>We decided to retain this research recommendation based on the feedback on its importance.</p>
Association for Cognitive Analytic Therapy (ACAT)	Agree	No comment.	Thank you for the answer.

Do you agree with the proposal to remove the research recommendation for NICE guideline CG133:

For people who self-harm (including young people), does the provision of psychosocial assessment with a validated risk scale, compared with psychosocial assessment alone, improve outcomes?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	Agree	<p>Comments on proposal to remove these research recommendations from the NICE version and research database</p> <p>(1.4.8)3-12 sessions may be more than enough for some children and young people but if these do not resolve the problem there is no guidance in NICE as to what would be helpful next. Some children and young people when given the space and a skilled professional can talk about what is worrying them very quickly and easily, for</p>	<p>Thank you for the comment.</p> <p>Although we can suggest removing research recommendations, we cannot suggest any new additions.</p> <p>New additions can only be proposed by guideline committees during guideline development, including updates.</p>

		<p>some especially where there is abuse and neglect or indeed they have grown up in an family who do not talk about feelings it takes a lot longer to help them find a way to talk about their emotional distress rather than acting it out. It would be helpful to broaden research recommendations and commission more research on chronic self-harm and what might be helpful.</p> <p>We agree that the research options which are going to be removed should be</p>	
Tees Esk and Wear Valleys NHS Foundation Trust	Disagree	I think this would be an interesting and valid piece of research.	<p>Thank you for the comment.</p> <p>Although this research recommendation will be removed from the NICE version of the guideline and the NICE database for research recommendations, the research recommendations will remain in the full versions of the guidelines.</p>
Royal College of Paediatrics and Child Health	Agree - for Provision of Psychosocial assessment as well as a risk scale	Assessing psychosocial assessment with a validated risk in clinical practice is done appropriately by a trained and confident health professional improves outcome.	Thank you for the comment.
Association for Cognitive Analytic Therapy (ACAT)	Agree	No comment.	Thank you for the answer.
<p>Do you agree with the proposal to remove the research recommendation for NICE guideline CG133:</p> <p>For people who have self-harmed, does the provision of a psychological therapy with problem-solving elements, compared with treatment as usual, improve outcomes? What is the differential effect for people with a past history of self-harm, compared with people who self-harm for the first time?</p>			
Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	No answer	<p>Comments on proposal to remove these research recommendations from the NICE version and research database</p> <p>Unable to make a clear statement re agree or disagree but we would</p>	<p>Thank you for the comment.</p> <p>Although we can suggest removing research recommendations, we cannot suggest any new additions.</p>

		add the comment that research into psychological therapies which explore attachment patterns and family narratives rather than predominantly problem solving strategies, would be helpful.	New additions can only be proposed by guideline committees during guideline development, including updates.
Tees Esk and Wear Valleys NHS Foundation Trust	Agree	No Comment.	Thank you for the answer.
Royal College of Paediatrics and Child Health	Disagree	Self-harm for the first time is an opportunity for health care professionals to explore potential future further self-harm. Providing psychological therapy in the form of problem-solving elements.	Thank you for the comment. We decided to retain this research recommendation based on the feedback on its importance.
Association for Cognitive Analytic Therapy (ACAT)	Agree	No Comment.	Thank you for the answer.

Do you agree with the proposal to remove the research recommendation for NICE guideline CG133:

What are the different approaches to harm reduction following self-harm in NHS settings?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)	No answer	Comments on proposal to remove these research recommendations from the NICE version and research database We have no feedback from our members about different approaches to harm reduction so are unable to comment here.	Thank you.
Tees Esk and Wear Valleys NHS Foundation Trust	Disagree	With new developments in risk management and harm minimisation, further exploration of this would be likely to enhance knowledge and understanding.	Thank you for the comment. We decided to retain this research recommendation based on the feedback on its importance.
Royal College of Paediatrics and Child Health	Disagree	Mental health like other physical illnesses poses a huge burden on the country. Like any other health care concern, health surveillance and public educations, information providing and teaching in schools and other settings always improve health outcomes.	Thank you for the comment. We decided to retain this research recommendation based on the feedback on its importance.

Association for Cognitive Analytic Therapy (ACAT)	Agree	No comment.	Thank you for the answer.
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Do you have any comments on areas excluded from the scope of NICE guideline CG16?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)		No comments to make	Thank you for the answer.
Tees Esk and Wear Valleys NHS Foundation Trust		None	Thank you for the answer.
Association for Cognitive Analytic Therapy (ACAT)		None	Thank you for the answer.

Do you have any comments on areas excluded from the scope of NICE guideline CG133?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)		No comments to make	Thank you for the answer.
Tees Esk and Wear Valleys NHS Foundation Trust		None	Thank you for the answer.
Association for Cognitive Analytic Therapy (ACAT)		None	Thank you for the answer.

Do you have any comments on equalities issues on NICE guideline CG16?

Stakeholder	Overall	Comments	NICE response
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	response		
Association of Child Psychotherapists (ACP)		No comments to make	Thank you for the answer.
Tees Esk and Wear Valleys NHS Foundation Trust		None	Thank you for the answer.
Association for Cognitive Analytic Therapy (ACAT)		None	Thank you for the answer.

Do you have any comments on equalities issues on NICE guideline CG133?

Stakeholder	Overall response	Comments	NICE response
Association of Child Psychotherapists (ACP)		No comments to make	Thank you for the answer.
Tees Esk and Wear Valleys NHS Foundation Trust		None	Thank you for the answer.
Association for Cognitive Analytic Therapy (ACAT)		None	Thank you for the answer.