

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Centre for Clinical Practice**

### **Review of Clinical Guideline (CG16) – Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care**

#### **Background information**

Guideline issue date: 2004

2 year review: 2006 (Update not required after review of evidence)

7 year review: 2011

National Collaborating Centre: Mental Health

#### **Review recommendation**

- The guideline should not be updated at this time.
- However, the guideline needs to cross-refer to CG133 Chapter 9 for updated recommendations relating to consent, capacity and confidentiality, the Mental Capacity Act 2005 and the updated Mental Health Act (1983; amended 1995 and 2007).

#### **Factors influencing the decision**

##### **Literature search**

1. Through an assessment of abstracts from a high-level randomised control trial (RCT) search, new evidence was identified relating to the following clinical areas within the guideline:
  - Service user experience of services
  - Psychosocial assessment after hospital attendance for self-harm

- Psychological, pharmacological and psychosocial interventions for the management of self-harm
2. No new evidence was identified in these areas which would change the direction of current guideline recommendations.
  3. However, a guideline has been developed on the longer-term management of self-harm (CG133 published November 2011) whereby several of the recommendations within CG16, including some recommendations within the chapters covering psychosocial assessment after hospital attendance for self-harm and psychological, pharmacological and psychosocial interventions for the management of self-harm are superseded by CG133 (see [Appendix 1](#) for further information).
  4. From initial intelligence gathering, qualitative feedback from other NICE departments, the views expressed by the Guideline Development Group, as well as the high-level RCT search, an additional focused search was also conducted for the following clinical area:
    - The medical care of people who have self-harmed
  5. No conclusive new evidence was identified through the focused search which would change the direction of current guideline recommendations.
  6. Forty one clinical trials (publication dates unknown) were identified mainly focusing on prevention of repeated self-harm.

### **Guideline Development Group and National Collaborating Centre perspective**

7. A questionnaire was distributed to GDG members and the National Collaborating Centre to consult them on the need for an update of the guideline. One response was received with the respondent highlighting the publication of the guideline on the longer-term management of self-

harm (CG133 published November 2011) whereby several of the recommendations within CG16 are superseded by CG133. Detailed information about the specific recommendations affected can be found in [Appendix 1](#).

8. In addition, the GDG member suggested that a multi-agency project, Better Services for People who Self-harm, based at the Institute of Psychiatry, is in place with the aim of improving the experience of services users in emergency departments and within the ambulance service.

### **Implementation and post publication feedback**

9. In total 99 enquiries were received from post-publication feedback, most of which were routine.
10. Feedback from the NICE implementation team highlighted that the publication of the Self-harm longer term management guideline (CG133 published November 2011) may lead to potential implementation issues due to the overlaps with CG16. However, the website has been updated to reflect these changes:  
<http://guidance.nice.org.uk/CG16>.
11. In addition, qualitative input from the field team indicated that Ambulance trusts felt that the self harm guideline recommendation on the administration of activated charcoal was not necessarily feasible nor in line with current thinking. This feedback contributed towards the development of the clinical question for the focused search.

## Relationship to other NICE guidance

12. NICE guidance related to CG16 can be viewed in [Appendix 2](#).

## Summary of Stakeholder Feedback

### Review proposal put to consultees:

The guideline should not be updated at this time.

The guideline will be reviewed again according to current processes.

13. In total 11 stakeholders commented on the review proposal recommendation during the two week consultation period. The table of stakeholder comments can be viewed in [Appendix 3](#).

14. Five stakeholders agreed with the review proposal and five disagreed with the review proposal. One stakeholder did not state a definitive decision.

15. The stakeholders that disagreed with the review proposal commented that:

- The guideline could be updated to include consideration of self-harm in children and young people and people with severe learning difficulties and neurodisability (including blindness). However, the guideline scope is relevant to all people aged 8 years and over who have carried out an act of intentional self-harm. CG16 indicated that there is little research about the prevalence and management of self-harm, of a type that is the focus of the guideline, in people with a learning disability. Through the review of the guideline no new literature was identified relating specifically to this population however, this area will be examined again in the next review of the guideline.
- The guideline does not mention the Mental Capacity Act, whilst the Mental Health Act has been updated. However, the Mental Capacity Act 2005 and the Mental Health Act 2007 are both

discussed within Chapter 9. Consent, capacity and confidentiality of CG133: [Self-harm: longer-term management](#) with provision of recommendations. As such, it is recommended that the following actions be undertaken:

- Add a statement on the NICE website to explicitly cross-refer to CG133 Chapter 9 regarding the matter
- Ask the Editors to put a 'superseded' statement and a link to CG133 in the actual guideline

### **Anti-discrimination and equalities considerations**

16. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The guideline is relevant to all people aged 8 years and over who have carried out an act of intentional self-harm, regardless of whether the behaviour is accompanied by a mental illness. The guideline addresses medical and psychiatric assessment, early medical management and prevention of repeated self-harm (secondary prevention) and offers guidance about care provided by primary, community and secondary health and social care services.

### **Conclusion**

17. Through the process no areas were identified which would indicate a significant change in clinical practice. However, due to the publication of CG133: Longer-term management of self-harm, some of the recommendations have been superseded. The website has been updated to reflect these changes: <http://guidance.nice.org.uk/CG16>.

18. The Self-harm guideline should not be considered for an update at this time.

19. However, the guideline needs to cross-refer to CG133 Chapter 9 for updated recommendations relating to consent, capacity and confidentiality, the Mental Capacity Act 2005 and the updated Mental Health Act (1983; amended 1995 and 2007).

## **Relationship to quality standards**

20. This topic is not currently being considered for inclusion in the scope of a quality standard.

21. This topic is currently being considered as a proposed core library topic.

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Centre for Clinical Practice  
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## Appendix 1

Following publication of CG133: Self-harm (longer term management), the following recommendations in CG16 have been superseded:

Recommendations	Changes
<p><b><u>Short-Term Recommendations 1.7.3.3 &amp; 4</u></b></p> <p>1.7.3.3 If a standardised risk assessment scale is used to assess risk, this should be used only to aid in the identification of people at high risk of repetition of self-harm or suicide.</p> <p>1.7.3.4 Standardised risk-assessment scales should not be used as a means of identifying service users at supposedly low risk who are not then offered services.</p>	<p>Recommendations 1.7.3.3 and 1.7.3.4 from the short term guideline (CG16) should be replaced with recommendations 1.3.11, 1.3.12 and 1.3.13 from the Self-harm (longer term management) guideline (CG133).</p>
<p><b><u>Short-Term Recommendation 1.9.1.13</u></b></p> <p>1.9.1.13 For young people who have self-harmed several times, consideration may be given to offering</p>	<p>This recommendation must be replaced as it is now inaccurate as shown by the recent review of the data. It is not an appropriate use of NHS resources to recommend a treatment that has no data for its efficacy. This</p>

<p>developmental group psychotherapy with other young people who have repeatedly self-harmed. This should include at least six sessions. Extension of the group therapy may also be offered; the precise length of this should be decided jointly by the clinician and the service user.</p>	<p>recommendation should be replaced with '<i>For the further management of young people who have self-harmed, see the Longer Term Management guideline</i>'</p> <p>The psychosocial chapter in the full version of the short term guideline (CG16) will need an addendum to direct readers to the psychosocial chapter in the longer term guideline (CG133).</p>
<p><b><u>Short-Term Recommendation 1.11.1.4</u></b></p> <p>1.11.1.4 For people who have self-harmed and are deemed to be at risk of repetition, consideration may be given to offering an intensive therapeutic intervention combined with outreach. The intensive intervention should allow frequent access to a therapist, when needed, home treatment when necessary, and telephone contact; and outreach should include following up the service user actively when an appointment has been missed to ensure that the service user is not lost from the service. The therapeutic intervention plus outreach should continue for</p>	<p>This recommendation should be replaced with: <i>'For the further management of people who have self-harmed, see the Longer Term Management guideline'</i></p> <p>The psychosocial chapter in the full version of the short term guideline will need an addendum to direct readers to the psychosocial chapter in the longer term guideline (CG133).</p>

at least 3 months.	
<p><b><u>Short-Term Recommendation 1.11.1.5</u></b></p> <p>1.11.1.5 For people who self-harm and have a diagnosis of borderline personality disorder, consideration may be given to the use of dialectical behaviour therapy. However, this should not preclude other psychological treatments with evidence of effectiveness for people with this diagnosis, but not reviewed for this guideline.</p>	<p>This recommendation should be deleted due to the publication of CG133.</p>

## Appendix 2

The following NICE guidance is related to CG16:

Guidance	Review date
CG26: The management of post-traumatic stress disorder in adults and children in primary and secondary care, March 2005.	Review decision December 2011: The guideline should not be updated at this time.  To be reviewed: 2014.
CG78: Borderline personality disorder: treatment and management, January 2009.	Review decision date: January 2012: The guideline should not be updated at this time.  To be reviewed: 2015.
CG133: Self-harm: the longer term management of self-harm, November 2011.	Several of the recommendations within CG16 are superseded by this guideline.  Detailed information about the specific recommendations affected can be found in <a href="#">Appendix 1</a> .

## Appendix 3

National Institute for Health and Clinical Excellence

Self-harm  
Guideline Review Consultation Comments Table  
19 December 2011 – 9 January 2012

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
Royal College of Psychiatrists	Should not be updated	Not enough new in the literature to warrant an update			Thank you for your comment.
RCPCH	No	This guideline could be updated to include consideration of self-harm in children and young people with severe learning difficulties and neurodisability (including blindness). The scope of this guideline claims to cover acute self-harm in those with learning disabilities but there is no further mention of this group. Admittedly some, but not all, self-harm in those with learning disabilities is repetitive self-injury and this guideline explicitly does not cover this issue.	Yes – as discussed.		Thank you for your comment.  The guideline is relevant to all people aged 8 years and over who have carried out an act of intentional self-harm, regardless of whether the behaviour is accompanied by a mental illness. The guideline addresses medical and psychiatric assessment, early medical management and prevention of repeated self-harm (secondary prevention) and offers guidance about care provided by primary,

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
					<p>community and secondary health and social care services.</p> <p>CG16 indicated that there is little research about the prevalence and management of self-harm, of a type that is the focus of the guideline, in people with a learning disability. Through the review of the guideline no new literature was identified relating specifically to consideration of self-harm in children and young people with severe learning difficulties and neurodisability (including blindness). This area will be examined again in the next review of the guideline.</p>
RCPCH	No	<p>While we can understand the economic reasons for not updating CG16 yet, and the implications of the recent release of CG133, the decision is unfortunate for young people in the age bracket 16-18 years. They are poorly served in many areas of the UK, for instance where paediatric wards do not admit over the age of 16 years, or where CAMHS services do not see young people over 16 years unless they are in full-time education. It is generally accepted that adult services are not well adapted to the needs of under-18-year-olds. As this group of</p>	<p>As discussed: young people aged 16 to 18 years.</p>	<p>As discussed: young people aged 16 to 18 years.</p>	<p>Thank you for your comment.</p> <p>The scope of the guideline is relevant to all people aged 8 years and over who have carried out an act of intentional self-harm, regardless of whether the behaviour is accompanied by a mental illness. Through the review of the guideline three studies</p>

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		young people is not specifically mentioned in the original version of guideline CG16, this aspect should be updated, or this group will continue to be poorly served by the guideline.			were identified relating to psychological interventions for the management of self-harm among children and adolescents. However, no literature was identified specifically relating to provision of services for 16-18 year old people who have self-harmed. This area will be examined again in the next review of the guideline.
UKCP	updated	The conclusions in the consultation document seem appropriate based on the evidence considered. NICE's methodology provides a limited range of evidence for review and consequently issues may be missed.			Thank you for your comment.  Please note an overview of the process for reviewing NICE published clinical guidelines can be found at <a href="http://www.nice.org.uk/about/nice/whatwedo/aboutclinicalguidelines/ReviewingPublishedCGs.jsp">http://www.nice.org.uk/about/nice/whatwedo/aboutclinicalguidelines/ReviewingPublishedCGs.jsp</a>
UKCP		The guideline from CG 133 lacks important specificity regarding the intensive therapeutic intervention following suicide attempts –what is therapeutic frequent access to a therapist? What are the parameters around telephone contact? Too much contact and availability can be as counter productive as too little.			Thank you for your comment.  CG16 has not been replaced by CG133: <a href="#">Self-harm: longer-term management</a> (November 2011) however, some recommendations have been

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		There is an opportunity here to consider the refining of this guideline rather than replacing CG16 with CG133			<p>superseded (further details can be found in <a href="#">Appendix 1</a>).</p> <p>The medical care of people who have self-harmed is still covered by CG16. This area was examined through the review of the guideline however no conclusive new evidence was identified which would invalidate current guideline recommendations. The recommendations from both CG16 and CG133 have been incorporated into a NICE pathway which can be viewed here:  <a href="http://pathways.nice.org.uk/pathways/self-harm">http://pathways.nice.org.uk/pathways/self-harm</a></p>
MHF	Yes	1.1.3.5 If a person is assessed as being mentally incapable, staff have a responsibility, under common law, to act in that person's best interests. If necessary, this can include taking the person to hospital, and detaining them to allow assessment and treatment against the person's stated wishes.	The Mental Capacity Act (MCA) should be mentioned in section 1.1.3. It refers to the Mental Health Act but not the MCA. The section partially reflects the 5 guiding principles of the MCA but incorrectly mentions best		<p>Thank you for your comment.</p> <p>The Mental Capacity Act 2005 and the Mental Health Act 2007 are both discussed within Chapter 9. Consent, capacity and confidentiality of CG133: <a href="#">Self-harm: longer-term management</a> with the following recommendations provided:</p>

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
			<p>interests in relation to common law, whereas it's a key principle of the MCA (which trumps common law). Overall, this section is not fit for purpose. The whole section needs to be re-written to properly reflect what the MCA requires of practitioners, particularly in terms of the 5 principles, assessment of capacity, best interests, carrying out care and treatment for people who lack capacity, deprivation of liberty (and the safeguards associated with this + the interface with the MHA), advance decisions to refuse treatment and LPAs.</p>		<p>9.6.1.1 Health and social care professionals who work with people who self-harm should be trained to:</p> <ul style="list-style-type: none"> <li>• understand and apply the principles of the Mental Capacity Act (2005) and Mental Health Act (1983; amended 1995 and 2007)</li> <li>• assess mental capacity, and</li> <li>• make decisions about when treatment and care can be given without consent</li> </ul> <p>9.6.1.5 Understand when and how the Mental Health Act (1983; amended 1995 and 2007) can be used to treat the physical consequences of self-harm.</p> <p>9.6.1.7 Health and social care professionals who have contact with children and young people who self-harm should be trained to:</p> <ul style="list-style-type: none"> <li>• understand the</li> </ul>

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					<p>different roles and uses of the Mental Capacity Act (2005), the Mental Health Act (1983; amended 1995 and 2007) and the Children Act (1989; amended 2004) in the context of children and young people who self-harm</p> <ul style="list-style-type: none"> <li>• understand how issues of capacity and consent apply to different age groups</li> <li>• assess mental capacity in children and young people of different ages.</li> </ul> <p>They should also have access at all times to specialist advice about capacity and consent.</p> <p>As such, we are considering cross references/links between CG16 and CG133 regarding updated recommendations relating to consent.</p>
MHF	Yes	The guidance cover ethnicity, as there is good evidence around south Asian women and prevalence that indicates a targeted and culturally			Thank you for your comment.

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		appropriate approach is required.			
MHF	Yes	It should also include is the stigma people who self-harm still face in primary and secondary care, both in relation to the treatment of self-harm and in relation to their treatment for other conditions.			<p>Thank you for your comment.</p> <p>Through the review of the guideline two studies were identified relating to service user experiences whereby the results of the studies support the current guideline recommendations.</p> <p>This area will be examined again in the next review of the guideline.</p>
MHF	Yes	<p>The focus very often remains on the self-harm, not the underlying causes (e.g. emotional and psychological trauma). A successful strategy for responding to self-harm must be based on this fundamental understanding.</p> <p>Peer support: Our inquiry revelled that many young people prefer to turn to other young people for support.</p> <p>Need for a range of options: A key message from young people is that they want a range of options, a one size fits all approach will not work.</p> <p>Self-help: the Inquiry heard from young people that</p>			<p>Thank you for your comment.</p> <p>The long-term psychiatric care of people who repeatedly self-harm is not within the scope of CG16. This is covered by CG133: Longer-term management of self-harm.</p> <p>Through the review of the guideline three studies were identified relating to psychological interventions for the management of self-harm among children and</p>

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		<p>self-help was critical. They stressed the crucial importance of being able to distract themselves from self-harm even for a short period of time, for some distraction can be a first step towards tackling their self-harm and it should be treated as a positive step.</p>			<p>adolescents. However, no conclusive new evidence was identified which would change the direction of current guideline recommendations. Due to the publication of the longer-term management of self-harm (CG133 published November 2011) several of the recommendations within CG16, including some recommendations within the psychosocial chapter, are superseded by CG133. As such, the following recommendation in CG16 has been replaced with the section on the further management of people who have self-harmed, in the Longer-Term Management guideline:</p> <ul style="list-style-type: none"> <li>• For young people who have self-harmed several times, consideration may be given to offering developmental group psychotherapy with other young people who have repeatedly self-harmed. This</li> </ul>

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
					<p>should include at least six sessions. Extension of the group therapy may also be offered; the precise length of this should be decided jointly by the clinician and the service user</p> <p>This area will be examined again in the next review of the guideline.</p>
MHF	Yes	Section 4.12.1.5 of the full guideline: A study using an appropriate and rigorously applied qualitative, and Section 4.12.1.7 Service users should be included in the design and evaluation of each pilot.	The project Right Here Brighton and Hove which involves young LGBT people is currently mapping their experience of primary healthcare contact when it comes to mental health issues in their local area. The results that will be learned from this can be useful to an overall picture of experiences of services as the project involves		<p>Thank you for your comment.</p> <p>The methods used for guideline development can be viewed here:  <a href="http://www.nice.org.uk/about/nice/howwe/work/developing/nice/clinicalguidelines/clinicalguideline-developmentmethods/GuidelinesManual2009.jsp">http://www.nice.org.uk/about/nice/howwe/work/developing/nice/clinicalguidelines/clinicalguideline-developmentmethods/GuidelinesManual2009.jsp</a></p> <p>The manual explains how NICE develops clinical guidelines and provides advice on the technical aspects of guideline development.</p> <p>Through the review of the</p>

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			<p>service users and young people. from the LGBT community. Also the model can be replicated by agencies working more exclusively with vulnerable groups.</p>		<p>guideline two studies were identified relating to service user of experiences whereby the results of the studies support the current guideline recommendations. This area will be examined again in the next review of the guideline.</p>
MHF	Yes	<p>Section 2.7.4 of the full guideline - People with a learning disability  For those working with people with a learning disability, the term self-harm usually refers to 'self-injurious behaviour' (SIB), which includes 'head banging' and 'nail biting'. The prevalence of SIB varies between 17% and 24% and is more common in women and girls, those with very low IQ, with communication difficulties and with certain genetic disorders (Deb, 1998; Deb et al., 2001). The management of SIB in people with a learning disability is outside of the scope of this guideline.  There has been little research about the prevalence and management of self-harm, of a type that is the focus of this guideline, in people with a learning disability.</p>	<p>This statement is inaccurate and only takes into account people with severe learning disabilities – people with mild/moderate LD are very much at risk of self-harm, and this should be included in this guidance. See below.  <a href="http://www.selfinjuriysupport.org.uk/files/docs/hidden-pain/hidden-pain-full-report.pdf">http://www.selfinjuriysupport.org.uk/files/docs/hidden-pain/hidden-pain-full-report.pdf</a>  <a href="http://chesterrep.openrepository.com/cdr/bitstream/10034/76738/1/lovell-">http://chesterrep.openrepository.com/cdr/bitstream/10034/76738/1/lovell-</a></p>		<p>Thank you for your comment.</p> <p>CG133: <a href="#">Self-harm: longer-term management</a> provides specific recommendations for people with learning disabilities at risk of self-harm:</p> <p>10.1.3 Self-harm and learning disabilities</p> <ul style="list-style-type: none"> <li>• 10.1.3.1 People with a mild learning disability who self-harm should have access to the same age-appropriate services as other people covered by this guideline.</li> <li>• 10.1.3.2 When self-harm in people with a mild learning disability</li> </ul>

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			<a href="http://www.bild.org.uk/docs/05faqs/Factsheet%20Self%20Injuries%20Behaviour.pdf">learning%20disability%20against%20itself.pdf</a> <a href="http://www.bild.org.uk/docs/05faqs/Factsheet%20Self%20Injuries%20Behaviour.pdf">http://www.bild.org.uk/docs/05faqs/Factsheet%20Self%20Injuries%20Behaviour.pdf</a>		<p>is managed jointly by mental health and learning disability services, use the Care Programme Approach (CPA).</p> <ul style="list-style-type: none"> <li>• 10.1.3.3 People with a moderate or severe learning disability and a history of self-harm should be referred as a priority for assessment and treatment conducted by a specialist in learning disabilities services.</li> </ul> <p>Through the review of CG16 no literature was identified specifically focusing on self-harm in people with learning disabilities. This area will be examined again in the next review of the guideline.</p>
RCN	Update	The Royal College of Nursing welcomes the opportunity to contribute to this consultation. We propose that the guideline will benefit from an update.			<p>Thank you for your comment.</p> <p>Through our review of the guideline no areas were identified which would indicate a significant change in clinical</p>

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
					<p>practice. As such, we concluded that the guideline should not be considered for an update at this time. However, due to the publication of CG133: Longer-term management of self-harm, some of the recommendations have been superseded. The website has been updated to reflect these changes: <a href="http://guidance.nice.org.uk/CG16">http://guidance.nice.org.uk/CG16</a>.</p>
RCN		<p>This is a very emotive issue in prison, primary healthcare and police custody healthcare settings (particularly as police healthcare transfers to wider NHS soon). People present themselves in these settings in a variety of ways and not always clearly.</p> <p>Psychological distress is often a precursor for underlying self harm behaviours and often presents as anger.</p> <p>Also people with Learning Disability display their distress in different ways too and therefore reasonable adjustments need to be taken into account when dealing with complex and challenging behaviour which also includes self harm. This also applies to people with autism!</p>			<p>Thank you for your comment.</p> <p>Through the review of the literature no studies were identified which were conducted in prison or police custody healthcare settings or included people with learning difficulties. These areas will be examined again in the next review of the guideline.</p>

