

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

### **Guideline scope**

# **Aggressive behaviour in people receiving NHS or social care: prevention and management**

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## **Update in progress: Full update of guideline NG10, publication date to be confirmed**

This is the final scope for this update, which takes into account comments from registered stakeholders during consultation. To follow the progress of the update, see the [guideline in development page](#).

Our website has information about [how NICE guidelines are developed](#).

New information, evidence and stakeholder views suggest that recommendations in NICE guideline NG10 (violence and aggression: short-term management in mental health, health and community settings) need updating. Topic experts have advised NICE on this. Full details are set out in the [December 2019 surveillance review decision](#). In 2024, the NICE prioritisation board agreed to a full update of the guideline.

## **Approach to updating**

We will take a proportionate approach to updating the guideline in line with [appendix N of the NICE guidelines manual](#).

## **Populations this update covers**

This update will extend the guideline to cover the prevention and management of aggressive behaviour in children (aged 11 or under), young people (aged 12 to 17) and adults (aged 18 or over) who are receiving NHS or social care, and their parents and carers. The current guideline only covers people with mental health conditions.

## **Equality considerations**

See the [equalities and health inequalities assessment for this update](#).

## **Settings this update covers**

This update will extend the guideline to cover all settings in which NHS or social care is provided.

## **Activities, services or aspects of care this update covers**

We will consider making new recommendations or updating existing recommendations on:

- principles for anticipating, understanding and responding to aggressive behaviour
- assessment and prevention approaches to reduce aggressive behaviour
- developing a policy on searching, and carrying out searches
- principles for managing aggressive behaviour, including improving the experience of people who use services, advance decisions and working with the police
- organisational level interventions targeted at reducing aggressive behaviour and the use of restrictive practices, including:
  - staff training in:
    - ◇ verbal de-escalation
    - ◇ non-verbal de-escalation
    - ◇ communication practices
    - ◇ non-restrictive breakaway techniques
    - ◇ goal setting

- psychologically informed environments
- trauma-informed care
- methods of observation
- structured risk assessments to inform clinical decision-making
- recognition of people with severe agitation who are at high risk of physical health emergency
- rapid tranquillisation
- safety of restrictive practices:
  - physical restraint, including:
    - ◊ prone and supine restraint positions
    - ◊ use of products to support restraint (for example, tasing, pods, or bean bags)
    - ◊ breakaway techniques with a restrictive component
  - mechanical restraint
  - surveillance
  - blanket restrictions
  - environmental restraint, including seclusion and segregation
  - cultural restraint
  - psychological restraint
  - chemical restraint
  - exclusion from care
- signs of a physical health emergency during restraint
- experience of restrictive practices
- post-incident debriefing and formal review.

**Table: What NICE plans to do for each area of the current guideline**

Area in the current guideline	Current recommendation numbers	What NICE plans to do
<a href="#">1.1 Principles for managing violence and aggression</a>	1.1.1 to 1.1.12	Update the recommendations based on committee consensus and in line with the Mental Health Units (Use of Force) Act 2018 and the Restraint Reduction Network (RRN) Training Standards 2019. These recommendations may

		also be informed by evidence reviews, particularly the qualitative reviews.
1.1 Principles for managing violence and aggression	1.1.13	Update recommendation based on committee consensus and consider College of Policing (2021) guidance on <a href="#">police use of restraint in mental health and learning disability settings</a> .
<a href="#">1.2 Anticipating and reducing the risk of violence and aggression</a>	1.2.1 to 1.2.7	Review evidence (see review questions 1 and 2) and replace existing recommendations in the section on reducing the use of restrictive practices.
1.2 Anticipating and reducing the risk of violence and aggression	1.2.8 to 1.2.14	Structured risk assessments to inform clinical decision-making, are included as an intervention or a component of a multicomponent intervention, in review questions 1 and 2. Existing recommendations in this section will be replaced.
1.2 Anticipating and reducing the risk of violence and aggression	1.2.15, 1.2.16, 1.3.10, 1.3.11	Stand down recommendations. Oral antipsychotic medication (sometimes referred to as p.r.n medication) to prevent the onset of aggressive behaviour, is an exclusion for this update. This is more appropriately considered in the context of condition-specific guidance for people who are already known by the service and whose care is already managed in the context of their circumstance, condition and comorbidities.
<a href="#">1.3 Preventing violence and aggression</a>	1.3.1 to 1.3.9	Do not review evidence on searching, these recommendations will be updated based on committee consensus.
1.3 Preventing violence and aggression	1.3.12 to 1.3.20	Review evidence (see review questions 1 and 2) and replace existing recommendations on de-escalation.
<a href="#">1.4 Using restrictive interventions in inpatient psychiatric settings (restrictive interventions)</a>	1.4.1 to 1.4.36 and 1.4.46 to 1.4.51	Review evidence (see review questions 5 to 7) and replace existing recommendations on observation, manual restraint, mechanical restraint, and seclusion.
1.4 Using restrictive interventions in inpatient psychiatric settings (rapid tranquillisation)	1.4.37 to 1.4.45 and 1.4.52	Review evidence (see review question 4) and replace existing recommendations in the section on rapid tranquillisation.

1.4 Using restrictive interventions in inpatient psychiatric settings (post-incident debrief and formal review)	1.4.53 to 1.4.63	Review evidence (see review questions 8 and 9) and replace existing recommendations in the section on post-incident debrief and formal review.
<a href="#">1.5 Managing violence and aggression in emergency departments</a>	1.5.1, 1.5.2	Stand down recommendations on liaison mental health because this update extends the population beyond those with a mental health condition.
1.5 Managing violence and aggression in emergency departments	1.5.3 to 1.5.10	The evidence reviews are not restricted by setting and will include evidence from emergency departments (where available). Based on the evidence reviews, these recommendations will be replaced. When drafting recommendations, the committee will consider implementation factors and the potential need to tailor recommendations for each type of setting.
<a href="#">1.6 Managing violence and aggression in community and primary care settings</a>	1.6.1 to 1.6.6	The evidence reviews are not restricted by setting and will include evidence from community and primary care settings (where available). Based on the evidence reviews, these recommendations will be replaced. When drafting recommendations, the committee will consider implementation factors and the potential need to tailor recommendations for each type of setting.
<a href="#">1.7 Managing violence and aggression in children and young people</a>	1.7.1 to 1.7.26	The evidence reviews are not restricted by age and will include evidence from children and young people (where available). Based on the evidence reviews, these recommendations will be replaced. When reviewing the evidence and drafting recommendations, the committee will consider the need for different recommendations for children and young people, compared to adults.

Recommendations that are being retained from the current guideline may be revised to update language, reflect current policy or practice, and to ensure consistency.

## **Areas covered by other guidelines**

The following areas are covered by other NICE guidelines. This update will therefore not include specific evidence reviews on these areas, but the committee may cross refer to the relevant guideline:

- Assessing, managing and preventing recurrence of self-harm (covered in the [NICE guideline on self-harm](#))
- Anticipating, preventing and managing behaviour that challenges in people with autism spectrum disorder (covered in the [NICE guidelines on autism spectrum disorder in under 19s](#) and [autism spectrum disorder in adults](#))
- Anticipating, preventing and managing behaviour that challenges in people with learning disabilities (covered in the [NICE guideline on challenging behaviour and learning disabilities](#))
- Rapid tranquillisation during pregnancy (covered in the [NICE guideline on antenatal and postnatal mental health](#))
- Management of agitation or aggression in dementia (covered in the [NICE guideline on dementia](#))
- Assessing risk of violence in people with antisocial personality disorder (covered in the [NICE guideline on antisocial personality disorder](#)).

## **Exclusions for this update**

- Oral antipsychotic medication (sometimes referred to as p.r.n medication) to prevent the onset of aggressive behaviour because this is more appropriately considered in the context of condition-specific guidance.

## **Draft review questions for this update**

We have developed the following draft review questions. These may change during guideline development, but the areas covered will remain as listed in the final scope.

The areas covered and draft questions will be used to develop more detailed review protocols.

## **Organisational level interventions targeted at reducing aggressive behaviour and the use of restrictive practices**

1. What is the effectiveness of organisational level interventions targeted at reducing aggressive behaviour and the use of restrictive practices?
2. What are the facilitators and barriers to implementing organisational level interventions targeted at reducing aggressive behaviour and the use of restrictive practices from the perspective of staff using these interventions?

## **Recognition of people with severe agitation who are at high risk of physical health emergency**

3. What are the best criteria for recognising and responding to people who present with severely agitated behaviour and are at risk of a physical health emergency (sometimes referred to as acute behavioural disturbance [ABD])?

## **Rapid tranquillisation**

4. What are the benefits and harms of medication in the acute management of agitated and aggressive behaviour?

## **Safety of restrictive practices**

5. What is the safety of restrictive practices for the short-term management of aggressive behaviour?
6. What are the signs of a physical health emergency in people who are being restrained?

## **Experience of restrictive practices**

7. What is the experience of restrictive practices from the perspective of people who use services, their parents and carers, and staff who are implementing these measures?

## **Post-incident debriefing and formal review**

8. What are the benefits and harms of post-incident debriefing for people who have received restrictive practices in the management of aggressive behaviour?
9. What is the experience of post-incident debriefing or formal review after use of restrictive practices?

## **Main outcomes for this update**

The main outcomes that may be considered when searching for and assessing the evidence are:

- Use of restrictive practices
- Aggressive behaviour
- Aggression or agitation scores
- Response to rapid tranquillisation
- Adverse events
- Post-traumatic stress disorder (PTSD)
- Self-harm
- Experience of people who use services, their parents and carers, and staff.

## **Economic aspects**

We take economic aspects into account when making recommendations. For each review question (or key areas in the scope), we review the economic evidence and, where appropriate, carry out economic modelling and analyses, to assess the value for money (cost effectiveness) of interventions. This is done using an NHS and personal social services perspective.

## **NICE guidance and quality standards that may be affected by this guideline update**

- [Violent and aggressive behaviours in people with mental health problems](#) (2017). NICE quality standard QS154



## What the guideline currently covers

This section applies to the scope for the current 2015 guideline.

### Populations

- 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
- Carers of service users with mental health conditions.

Specific consideration is given to the following subgroups:

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

### Exclusions

- People who do not have a mental health condition and who are not carers of people with a mental health condition
- People in whom the primary behaviour is self-harm
- People with a primary diagnosis of learning disability.

### Equality considerations

NICE has carried out an [equality impact assessment for violence and aggression](#). The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any populations are excluded from the scope.

### Settings

The guideline covers 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.

## **Activities, services or aspects of care**

We looked at evidence in the areas below when developing the recommendations:

1. Anticipating and reducing the risk of violence and aggression
2. Preventing violence and aggression
3. Using restrictive interventions in inpatient psychiatric settings
4. Managing violence and aggression in emergency departments
5. Managing violence and aggression in community and primary care settings
6. Managing violence and aggression in children and young people.

The guideline also includes principles for managing violence and aggression that were not based on a specific evidence review but emerged across the reviews and from guideline committee consensus.

## **Review protocols**

For detailed review protocols, see [the full guideline, which covers the evidence behind the 2015 recommendations](#).

## **Economic aspects**

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope),

we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

## Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in the manual and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on improving the experience of care for people using the NHS and best practice in health and social care. This guideline will not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

## Where this guidance applies

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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