

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Self-harm: assessment, management and preventing recurrence

This guideline will update the NICE guidelines on self-harm in over 8s: short-term management and prevention of recurrence (CG16) and self-harm in over 8s: long-term management (CG133), to create a single guideline.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to update the NICE quality standard for self-harm in over 8s.

#### 1 Why the guideline is needed

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guidelines, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

#### Key facts and figures

Self-harm is defined as intentional self-poisoning or injury irrespective of the apparent purpose of the act. Prevalence statistics are unreliable because it is a problem that is sometimes hidden, but community studies suggest that 1 in 5 young women aged 16 to 24 may have harmed themselves. Self-harm can occur at any age, but there is evidence that there has been a recent increase in self-harm among young people in England.

Only a minority of people who have self-harmed present to hospital services, but it remains one of the commonest reasons for hospital attendance. Some estimates suggest upwards of 200,000 presentations in England every year,

1 the majority for self-poisoning. For some people, self-harm is a one-off  
2 episode but repetition is also common, with 20% of people repeating  
3 self-harm within a year. People who have self-harmed are at greatly increased  
4 risk of suicide, with a 30- to 50-fold increase in risk in the year after hospital  
5 presentation.

## 6 **Current practice**

7 Self-harm can present in a variety of locations including community,  
8 educational, custodial, social care and healthcare settings. However, much of  
9 the evidence on management comes from hospitals. Despite the potential  
10 seriousness, only about half of the people who present to emergency  
11 departments after an episode of self-harm are assessed by a mental health  
12 professional. Treatments include psychosocial and pharmacological  
13 interventions and harm minimisation strategies. People who have self-harmed  
14 have often had contact with primary care. About half of the people who attend  
15 an emergency department after an episode of self-harm will have visited their  
16 GP in the previous month.

## 17 **Policy, legislation, regulation and commissioning**

18 Self-harm is a major policy priority. In 2016, the National Suicide Prevention  
19 Strategy was revised to highlight self-harm as an area in its own right. The  
20 [NICE guideline on preventing suicide in community and custodial settings](#) and  
21 the [NHS Health Education England competency frameworks](#) were both  
22 published in 2018 and made extensive reference to self-harm.

23 NICE has separate guidelines on the short-term and long-term management  
24 of self-harm, but a Healthcare Safety Investigation Branch report highlighted  
25 the fact that having 2 separate guidelines could lead to confusion. Since the  
26 publication of these guidelines, there has also been further research, a focus  
27 on self-harm in schools, speculation on the role of social media, and an  
28 interest in technology-based interventions in mental health.

## 29 **2 Who the guideline is for**

30 This guideline is for:

- 1       • Healthcare professionals and social care practitioners in primary,  
2       secondary and tertiary care, local authorities, commissioners and  
3       providers of services teachers and pastoral care staff in educational  
4       settings
- 5       • commissioners of services
- 6       • people using services, their families and carers, and the public.

7

8 It may also be relevant for:

- 9       • third sector organisations
- 10      • the criminal justice system.

11

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

## 15 ***Equality considerations***

16 NICE has carried out an [equality impact assessment](#) during scoping. The  
17 assessment:

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

20

21 The guideline will look at inequalities relating to people within black, Asian and  
22 minority ethnic groups, looked-after children, older people, young people,  
23 LGBTQ+ people, autistic people who may not be properly assessed and may  
24 need adjustments to management strategies or therapies.

## 25 **3       What the guideline will cover**

### 26 **3.1      *Who is the focus?***

#### 27 **Groups that will be covered**

- 28      • All people who have self-harmed, including those with a mental health  
29      problem, neurodevelopmental disorder or a learning disability.

## 1    **3.2        *Settings***

### 2    **Settings that will be covered**

- 3        • primary, secondary and tertiary healthcare settings (including pre-  
4            hospital care, accident and emergency departments, community  
5            pharmacies, inpatient care, and transitions between departments and  
6            services)
- 7        • home, residential and community settings
- 8        • supported care settings
- 9        • schools and other places of education
- 10       • criminal justice system
- 11       • immigration removal centres.

## 12   **3.3        *Activities, services or aspects of care***

### 13   **Key areas that will be covered**

14   We will look at evidence in the areas below when developing the guideline,  
15   but it may not be possible to make recommendations in all the areas.

16   1    Information and support needs (for people and their families)

17   2    Principles and models for delivering comprehensive care (including  
18       transition between services or settings)

19   3    Psychosocial assessment

20   4    Risk assessment

21   5    Management (psychological, psychosocial and pharmacological  
22       interventions)

23       Note that guideline recommendations for medicines will normally fall  
24       within licensed indications; exceptionally, and only if clearly supported by  
25       evidence, use outside a licensed indication may be recommended. The  
26       guideline will assume that prescribers will use a medicine's summary of  
27       product characteristics to inform decisions made with individual patients.

28   6    Safe prescribing

29   7    Harm minimisation and therapeutic risk taking

30   8    Skills and supervision

## 1 **Areas that will not be covered**

- 2 1 The treatment and management of any mental health problem or  
3 substance use disorder that may be associated with self-harm, although  
4 this guideline will cross refer to relevant NICE guidance
- 5 2 The management of repetitive stereotypical self-injurious behaviour
- 6 3 The management of the physical consequences of self-harm, including:
  - 7 • immediate first aid for self-poisoning because this is covered in the  
8 BNF's guidance on poisoning, emergency treatment, although this  
9 guideline will cross refer to it
  - 10 • the immediate treatment and longer-term management of injuries.

## 11 **Related NICE guidance**

### 12 ***Published***

- 13 • [Suicide prevention](#) (2019) NICE quality standard QS189
- 14 • [Depression in children and young people: identification and](#)  
15 [management](#) (2019) NICE guideline NG134
- 16 • [Generalised anxiety disorder and panic disorder in adults:](#)  
17 [management](#) (2011, updated 2019) NICE guideline CG113
- 18 • [Post-traumatic stress disorder](#) (2018) NICE guideline NG116
- 19 • [Preventing suicide in community and custodial settings](#) (2018) NICE  
20 guideline NG105
- 21 • [Bipolar disorder: assessment and management](#) (2014, updated 2018)  
22 NICE guideline CG185
- 23 • [Child maltreatment: when to suspect maltreatment in under 18s](#)  
24 (2009, updated 2017) NICE guideline CG89
- 25 • [Child abuse and neglect](#) (2017) NICE guideline NG76
- 26 • [Eating disorders: recognition and treatment](#) (2017) NICE guideline  
27 NG69
- 28 • [Mental health of adults in contact with the criminal justice system](#)  
29 (2017) NICE guideline NG66
- 30 • [Physical health of people in prison](#) (2016) NICE guideline NG57

- 1 • [Psychosis and schizophrenia in children and young people:](#)  
2 [recognition and management](#) (2013, updated 2016) NICE guideline  
3 CG155
- 4 • [Looked after children and young people](#) (2010, updated 2015) NICE  
5 guideline PH28. Currently being updated, publication expected April  
6 2021
- 7 • [Violence and aggression: short-term management in mental health,](#)  
8 [health and community settings](#) (2015) NICE guideline NG10
- 9 • [Social anxiety disorder: recognition, assessment and treatment](#) (2013)  
10 NICE guideline CG159
- 11 • [Antisocial personality disorder: prevention and management](#) (2009,  
12 updated 2013) NICE guideline CG77
- 13 • [Borderline personality disorder: recognition and management](#) (2009)  
14 NICE guideline CG78
- 15 • [Depression in adults: treatment and management](#) (2009, updated  
16 2018) NICE guideline CG90 (currently being [updated](#), publication date  
17 to be confirmed)
- 18 • [Depression in adults with a chronic physical health problem:](#)  
19 [recognition and management](#) (2009) NICE guideline CG91
- 20 • [Obsessive-compulsive disorder and body dysmorphic disorder:](#)  
21 [treatment](#) (2005) NICE guideline CG31

## 22 ***In development***

- 23 • [Social, emotional and mental wellbeing in primary and secondary](#)  
24 [education](#). NICE guideline. Publication expected May 2021.
- 25 • [Safe prescribing and withdrawal management of prescribed drugs](#)  
26 [associated with dependence and withdrawal](#). NICE guideline.  
27 Publication expected November 2021.

## 28 ***NICE guidance that will be updated by this guideline***

- 29 • [Self-harm](#) (2013) NICE quality standard QS34
- 30 • [Self-harm in over 8s: long-term management](#) (2011) NICE guideline  
31 CG133

- 1 • [Self-harm in over 8s: short-term management and prevention of](#)  
2 [recurrence](#) (2004) NICE guideline CG16

### 3 **NICE guidance about the experience of people using NHS services**

4 NICE has produced the following guidance on the experience of people using  
5 the NHS. This guideline will not include additional recommendations on these  
6 topics unless there are specific issues related to self-harm:

- 7 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 8 • [Patient experience in adult NHS services](#) (2012) NICE guideline  
9 CG138
- 10 • [Service user experience in adult mental health](#) (2011) NICE guideline  
11 CG136
- 12 • [Medicines adherence](#) (2009) NICE guideline CG76

### 13 **3.4 Economic aspects**

14 We will take economic aspects into account when making recommendations.  
15 We will develop an economic plan that states for each review question (or key  
16 area in the scope) whether economic considerations are relevant, and if so  
17 whether this is an area that should be prioritised for economic modelling and  
18 analysis. We will review the economic evidence and carry out economic  
19 analyses, using an NHS and personal social services (PSS) perspective,  
20 although economic analyses will attempt to incorporate wider costs associated  
21 with the care of people who have self-harmed in other settings (for example,  
22 schools, and within the criminal justice system) if appropriate cost data are  
23 identified.

### 24 **3.5 Key issues and draft questions**

25 While writing this scope, we have identified the following key issues and draft  
26 review questions related to them:

- 27 1 Information and support needs (for people and their families)  
28 1.1 What are the information and support needs of people who have  
29 self-harmed?

- 1 1.2 What are the information and support needs of the families and  
2 carers of people who have self-harmed?
- 3 2 Principles and models for delivering comprehensive care (including  
4 transition between services or settings)
- 5 2.1 What are the principles underpinning safe and effective care for  
6 people who have self-harmed?
- 7 2.2 What is the most effective approach to obtain consent, ensure  
8 confidentiality and promote safeguarding for people who have self-  
9 harmed?
- 10 2.3 What are the most effective models of care for people who have self-  
11 harmed?
- 12 3 Psychosocial assessment
- 13 3.1 Does a psychosocial assessment improve outcomes for people who  
14 have self-harmed?
- 15 3.2 How should assessment for people who have self-harmed be  
16 undertaken in primary care?
- 17 3.3 How should assessment for people who have self-harmed be  
18 undertaken by social care practitioners?
- 19 3.4 How should assessment for people who have self-harmed be  
20 undertaken by community pharmacists?
- 21 3.5 How should assessment for people who have self-harmed be  
22 undertaken by paramedics?
- 23 3.6 How should assessment for people who have self-harmed be  
24 undertaken during triage in the emergency department?
- 25 3.7 How should assessment for people who have self-harmed be  
26 undertaken in schools, colleges and universities?
- 27 3.8 How should assessment for people who have self-harmed be  
28 undertaken in the criminal justice system and immigration removal  
29 centres?
- 30
- 31 3.9 How should assessment for people who have self-harmed be  
32 undertaken in acute general hospitals?
- 33 3.10 How should assessment for people who have self-harmed be  
34 undertaken in community mental health services?



- 1 3.11 How should assessment for people who have self-harmed be  
2 undertaken in inpatient mental health services?
- 3 4 Risk assessment
- 4 4.1 What are the benefits and harms of a risk assessment including  
5 those models or tools that combine elements of machine learning and  
6 artificial intelligence for people who have self-harmed?
- 7 5 Management (psychological, psychosocial and pharmacological  
8 interventions)
- 9 5.1 What are the components of effective follow-up for people who have  
10 self-harmed?
- 11 5.2 What psychological and psychosocial interventions (including  
12 electronic health-based interventions) are effective for people who have  
13 self-harmed?
- 14 5.3 What pharmacological interventions are effective for people who  
15 have self-harmed?
- 16 6 Safe prescribing
- 17 6.1 What are the key principles of safer prescribing for people who have  
18 self-harmed?
- 19 7 Harm minimisation and therapeutic risk taking
- 20 7.1 What is the effectiveness of harm minimisation strategies for people  
21 who have self-harmed?
- 22 7.2 What is the effectiveness of therapeutic risk-taking strategies for  
23 people who have self-harmed?
- 24 8 Skills and supervision
- 25 8.1 What skills are required for staff in non-specialist settings who  
26 assess and treat people who have self-harmed?
- 27 8.2 What supervision is required for staff in non-specialist settings who  
28 assess and treat people who have self-harmed?
- 29 8.3 What skills are required for staff in specialist mental health settings  
30 who assess and treat people who have self-harmed?
- 31 8.4 What supervision is required for staff in specialist mental health  
32 settings who assess and treat people who have self-harmed?

### 1 **3.6 Main outcomes**

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

- 4 1 Self-harm and self-harm repetition (for example, self-poisoning or self-  
5 cutting)
- 6 2 Suicide
- 7 3 Quality of life
- 8 4 Service user-determined outcomes
- 9 5 Social functioning
- 10 6 Psychological functioning
- 11 7 Mortality because of other causes
- 12 8 Resource use
- 13 9 Educational performance
- 14 10 Impact on families and carers

## 15 **4 NICE quality standards and NICE Pathways**

### 16 **4.1 NICE quality standards**

17 **NICE quality standards that may need to be revised or updated when**  
18 **this guideline is published**

- 19 • [Self-harm](#) (2013) NICE quality standard QS34

### 20 **4.2 NICE Pathways**

21 When this guideline is published, we will update the existing NICE Pathway on  
22 [self-harm](#). NICE Pathways bring together everything NICE has said on a topic  
23 in an interactive flowchart.

## 24 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The  
consultation dates are 30 October to 27 November 2019.

The guideline is expected to be published in January 2022.

You can follow progress of the [guideline](#).

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

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