

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.

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 a recent national study reported that 7.3% of girls aged 11 to 16, and 3.6% of boys aged 11 to 16, had self-harmed or attempted suicide at some point. The figures for 17 to 19 year olds were 21.5% for girls and 9.7% for boys. 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, the majority for self-poisoning. For some people, self-harm is a one-off episode but repetition is also common, with 20% of people repeating self-harm within a year. People who have self-harmed are at greatly increased risk of suicide, with a 30- to 50-fold increase in risk in the year after hospital presentation.

Current practice

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

Policy, legislation, regulation and commissioning

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

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

2 Who the guideline is for

This guideline is for:

- healthcare professionals and social care practitioners in primary, secondary and tertiary care, residential care staff, local authorities, commissioners and providers of services, teachers, senior leadership teams and pastoral care staff in educational settings
- people using services, their families and carers, and the public
- third sector organisations
- the criminal justice system.

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](#).

Equality considerations

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

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

The guideline will look at inequalities relating to people within black, Asian and minority ethnic groups, older people, young people, people in contact with the criminal justice system, looked-after children, LGBTQ+ people, and people with neurodevelopmental disorders who may not be properly assessed and may need adjustments to management strategies or therapies.

3 What the guideline will cover

3.1 *Who is the focus?*

Groups that will be covered

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

3.2 *Settings*

Settings that will be covered

- primary, secondary and tertiary healthcare settings (including pre-hospital care, accident and emergency departments, community pharmacies, inpatient care, and transitions between departments and services)
- home, residential and community settings, such as supported accommodation
- supported care settings
- education and childcare settings
- criminal justice system
- immigration removal centres.

3.3 *Activities, services or aspects of care*

Key areas that will be covered

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

- 1 Information and support needs (for people and their families)
- 2 Principles and models for delivering comprehensive care (including transition between services or settings)
- 3 Biopsychosocial assessment
- 4 Risk assessment and formulation
- 5 Treatment and care (psychological, psychosocial and pharmacological interventions)

Note that guideline recommendations for medicines 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 medicine's summary of product characteristics to inform decisions made with individual patients.

- 6 Safe prescribing
- 7 Harm minimisation and therapeutic risk taking
- 8 Skills and supervision

Areas that will not be covered

- 1 The treatment and care of any mental health problem or substance use disorder that may be associated with self-harm, although this guideline will cross refer to relevant NICE guidance
- 2 The treatment and care of repetitive stereotypical self-injurious behaviour, for example, head-banging in people with a significant learning disability.
- 3 The treatment and care of the physical consequences of self-harm, including:
 - immediate first aid for self-poisoning because this is covered in the BNF's guidance on poisoning, emergency treatment, TOXBASE and the UK National Poisons Information Service, although this guideline will cross refer to them
 - the immediate treatment and longer-term management of injuries.

Related NICE guidance

Published

- [Self-harm](#) (2013) NICE quality standard QS34
- [Suicide prevention](#) (2019) NICE quality standard QS189
- [Depression in children and young people: identification and management](#) (2019) NICE guideline NG134
- [Generalised anxiety disorder and panic disorder in adults: management](#) (2011, updated 2019) NICE guideline CG113
- [Post-traumatic stress disorder](#) (2018) NICE guideline NG116

- [Preventing suicide in community and custodial settings](#) (2018) NICE guideline NG105
- [Bipolar disorder: assessment and management](#) (2014, updated 2018) NICE guideline CG185
- [Child maltreatment: when to suspect maltreatment in under 18s](#) (2009, updated 2017) NICE guideline CG89
- [Child abuse and neglect](#) (2017) NICE guideline NG76
- [Eating disorders: recognition and treatment](#) (2017) NICE guideline NG69
- [Mental health of adults in contact with the criminal justice system](#) (2017) NICE guideline NG66
- [Physical health of people in prison](#) (2016) NICE guideline NG57
- [Psychosis and schizophrenia in children and young people: recognition and management](#) (2013, updated 2016) NICE guideline CG155
- [Looked after children and young people](#) (2010, updated 2015) NICE guideline PH28. Currently being updated, publication expected April 2021
- [Violence and aggression: short-term management in mental health, health and community settings](#) (2015) NICE guideline NG10
- [Social anxiety disorder: recognition, assessment and treatment](#) (2013) NICE guideline CG159
- [Antisocial personality disorder: prevention and management](#) (2009, updated 2013) NICE guideline CG77
- [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) (2011) NICE guideline CG115.
- [Borderline personality disorder: recognition and management](#) (2009) NICE guideline CG78
- [Depression in adults: treatment and management](#) (2009, updated 2018) NICE guideline CG90 (currently being [updated](#), publication date to be confirmed)

- [Depression in adults with a chronic physical health problem: recognition and management](#) (2009) NICE guideline CG91
- [Drug misuse in over 16s: psychosocial interventions](#) (2007) NICE guideline CG51
- [Drug misuse in over 16s: opioid detoxification](#) (2007) NICE guideline CG52
- [Obsessive-compulsive disorder and body dysmorphic disorder: treatment](#) (2005) NICE guideline CG31

In development

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

NICE guidance that will be updated by this guideline

- [Self-harm in over 8s: long-term management](#) (2011) NICE guideline CG133
- [Self-harm in over 8s: short-term management and prevention of recurrence](#) (2004) NICE guideline CG16

NICE guidance about the experience of people using NHS services

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

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

3.4 Economic aspects

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

3.5 Key issues and draft questions

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

- 1 Information and support needs (for people and their families)
 - 1.1 What are the information and support needs of people who have self-harmed?
 - 1.2 What are the information and support needs of the families and carers of people who have self-harmed?
- 2 Principles and models for delivering comprehensive care (including transition between services or settings)
 - 2.1 What are the principles underpinning safe, equitable and effective care for people who have self-harmed?
 - 2.2 What is the most effective approach to obtain consent, ensure confidentiality and promote safeguarding when people have self-harmed?
 - 2.3 What are the most effective models of care for people who have self-harmed?
 - 2.4 What are the most effective ways of involving family and carers when people have self-harmed?
- 3 Biopsychosocial assessment

3.1 How should assessment for people who have self-harmed be undertaken in non-specialist settings, such as:

- primary care
- social care
- community pharmacy
- ambulances
- emergency departments
- schools, colleges and universities
- the criminal justice system and immigration removal centres
- acute general hospitals?

3.2 How should assessment for people who have self-harmed be undertaken in specialist settings, such as:

- community mental health services
- in-patient mental health services?

3.3 What are the benefits and harms associated with admission to acute general hospital for people who have self-harmed but are medically fit for discharge?

4 Risk assessment and formulation

4.1 What are the benefits and harms of a risk assessment and formulation including those models or tools that combine elements of machine learning and artificial intelligence for people who have self-harmed?

5 Treatment and care (psychological, psychosocial and pharmacological interventions)

5.1 What are the components of effective follow-up for people who have self-harmed?

5.2 What psychological and psychosocial interventions (including safety plans and electronic health-based interventions) are effective for people who have self-harmed?

5.3 What pharmacological interventions are effective for people who have self-harmed?

6 Safe prescribing

- 6.1 What are the key principles of safe prescribing for people who have self-harmed?
- 7 Harm minimisation and therapeutic risk taking
 - 7.1 What is the effectiveness of harm minimisation strategies for people who have self-harmed?
 - 7.2 What is the effectiveness of therapeutic risk-taking strategies for people who have self-harmed?
- 8 Skills and supervision
 - 8.1 What skills are required for staff in specialist mental health settings who assess and treat people who have self-harmed?
 - 8.2 What supervision is required for staff in specialist mental health settings who assess and treat people who have self-harmed?
 - 8.3 What skills are required for staff in non-specialist settings who assess and treat people who have self-harmed?
 - 8.4 What supervision is required for staff in non-specialist settings who assess and treat people who have self-harmed?

3.6 Main outcomes

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

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

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

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

- [Suicide prevention](#) (2019) NICE quality standard QS189
- [Bipolar disorder, psychosis and schizophrenia in children and young people](#) (2015) NICE quality standard 102
- [Bipolar disorder in adults](#) (2015) NICE quality standard 95
- [Psychosis and schizophrenia in adults](#) (2015) NICE quality standard 80
- [Depression in children and young people](#) (2013) NICE quality standard 48
- [Self-harm](#) (2013) NICE quality standard QS34
- [Drug use disorders in adults](#) (2012) NICE quality standard 23
- [Alcohol-use disorders: diagnosis and management](#) (2011) NICE quality standard 11
- [Depression in adults](#) (2011) NICE quality standard 8

4.2 NICE Pathways

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

5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

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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