National Institute for Health and Care Excellence
Quality standard for self-harm consultation comments table
Consultation dates: 7 January 2013- 4 February 2013

Row	Stakeholder	Statement	Section	Comments	Response
1.	Cygnet Health Care	General	Introduction	Could we add that self-harm exists also alongside experiences of trauma & abuse, psychological distress and maybe include diagnosis of post-traumatic stress disorder?	Thank you for your comment. The mental health problems referenced in the introduction section are adapted from NICE clinical guidelines 16 and 133; they are intended only to be examples, not an exhaustive list.
2.	Cygnet Health Care	General	Introduction	Overview - possibly referring to self-harm as a “condition” is slightly misleading, might it be considered as actions in response to levels of psychological distress/ways of managing distress.	Thank you for your comment. This section has been amended.
3.	Hertfordshire Partnership Foundation Trust	General	Introduction	Self harm can also include burning, picking, inserting things into the body or under the skin, blood letting etc	Thank you for your comment. The methods of self-harm referenced in the introduction section are adapted from NICE clinical guidelines 16 and 133; they are intended only to be examples, not an exhaustive list
4.	Domain 2, NHSCB	General	Introduction	Emotionally unstable personality disorder might be a preferable term to ‘borderline personality disorder’.	Thank you for your comment. The wording used is consistent with NICE guidance.
5.	Fens Unit	General	Introduction	Seems essential to me to state that the intention to harm must be deliberate especially when going on to rule out behaviours where harm may arise but not be intention.	Thank you for your comment. The introductory text reflects the underlying guidance source NICE clinical guidelines 16 and 133.
6.	Fens Unit	General	Introduction	I’m not sure there is any merit in singling out self-poisoning but think it could be useful to list kinds of self-injurious behaviours for novice readers	Thank you for your comment. The introductory text reflects the underlying guidance source NICE clinical guidelines 16 and 133. This is intended only to provide examples, not an

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					exhaustive list.
7.	Lancashire Care NHS Foundation Trust	General	General	Both guidelines place emphasis on training, so a statement should be developed around that (the first statement doesn't really do it justice), maybe "Staff who are likely to work with people who self injure, should be trained and competent to understand and manage self harm" AND something about that training having user involvement in development / delivery.	Thank you for your comment. Quality statements are developed with the service user in mind. They should reflect the experience of the service user and the actions they should expect to happen. The introduction to the published quality standard will state that all health and social care professionals involved in assessing, caring for and treating people who self-harm should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
8.	Nottinghamshire Healthcare Trust	General	General	Quality statements 1, 4, 5, 8 and 9. Agree with all these statements and standards and believe they apply equally to Children and Young People.	Thank you for your comment. The quality standard applies equally to children and young people (aged 8 and older). The introduction has been amended to reflect this.
9.	Hertfordshire Partnership Foundation Trust	General	General	All comments taken from NICE Guidelines for Borderline Personality Disorder	Thank you for your comment.
10.	Domain 2, NHSCB	General	General	There is a heavy reliance on local data collection on these statements. Paperwork can be stifling; in Oxford there are already five proformas or electronic record to fill in for each self-harming patient (record book, ED notes, patient notes, self-harm proforma, green suicide study form) plus letters to other health professionals. Where the burden of further administrative work lies needs to be thought through carefully.	Thank you for your comment. The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as requiring quality improvement. They are not a new set of targets or mandatory indicators for performance management. The quality measures may form the basis for audit criteria developed and used locally, which may utilise existing data collection, to

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					improve the quality of care.
11.	Derbyshire Healthcare NHS Foundation Trust	General	General	I enclose some thoughts that may be of use in looking at the draft quality statements. May I say at the outset that I am very impressed by this approach and this will be a way of trying to help to assure that the service for that those that have self harmed receive is of a high calibre and meets the NICE guidelines, clearly a lot of work and effort has already gone into developing these. I enclose some brief thoughts based on my experience of working with self harm over a period of over 20 years as well as a role that I had undertaken up until two years ago as the Suicide Prevention Manager for the East Midlands alongside the work undertaken with the multicentre study of self harm and other local and national contacts in relation to self harm, suicide prevention and liaison psychiatry. I will try to look at the four questions that you have highlighted in relation to the various quality statements when appearing relevant.	Thank you for your comment.
12.	Derbyshire Healthcare NHS Foundation Trust	General	General	I hope the above are of some help in finalising these quality statements and again I would support very much these being introduced and ensuring that services are working towards compliance	Thank you for your comment.
13.	British Medical Association, General Practitioners Committee	General	General	We are concerned that despite good intentions, the quality standards as a whole may simply introduce pro-formas to ensure that certain assessments and procedures are undertaken rather than ensuring that those assessments and procedures are done to a sufficient quality, or changing staff attitudes to those who have self harmed.	Thank you for your comment. The topic expert group refined and prioritised the statements to focus as much as possible on actions that should be taken rather than relying solely on assessments. Statement one will focus on people being treated with dignity and respect, reflecting the importance of staff attitudes in ensuring a positive experience of care.
14.	British Medical Association, General Practitioners	General	General	Given local variations in mental health services, we are also concerned that the guidelines are aspirational and would require considerable investment in Mental Health Services before they could be achieved.	Thank you for your comment. Quality standards are intended to describe aspirational high-priority areas for quality improvement. However, they are not a new set of targets or

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	Committee				mandatory indicators for performance management. NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard and patient information to explain to service users and carers what the quality standard means to them, both available from www.nice.org.uk. We hope that this will help to address your concerns.
15.	Rotherham, Doncaster and South Humber NHS Foundation Trust	General	General	Standard reviewed. Trust policies and procedures amended with the recommendations of the guidance. No significant points to comment on or issues raised in regards to the proposed guidelines.	Thank you for your comment.
16.	Fens Unit	General	General	In general I thought these quality statements were appropriate and thorough. I wonder whether something could be captured though of those individuals who may not feel good enough about themselves to be able to accept help. More onus could perhaps be placed upon service providers to ensure the service user knows they are entitled to and more importantly deserving of care. Many people who self-harm (especially those with personality issues) sabotage attempts to treat them because they don't feel good enough to accept/receive help and, in such cases, to some degree it needs to be foisted upon them for instance by repeated spontaneous offers of help. In many cases, self harm is a chronic problem and I wonder whether more needs to be done to encourage service providers to review what is on offer to the service user otherwise they may assess at first contact and then rely on that assessment to assume the person doesn't want follow up care.	Thank you for your comment. The quality standard is primarily aimed at commissioners and service providers to assess the quality of services for people who self-harm. The quality statements are person-centred but focus on actions that service providers need to undertake in order to demonstrate high quality care.
17.	Royal College of Nursing	General	General	Quality statements 1, 4, 5, 8 and 9. We agree with all these statements and standards and believe they apply equally to	Thank you for your comment. The quality standard applies equally to

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				Children and Young People. We need to ensure that services meet the needs of younger teenagers, especially girls who tend to self harm.	children and young people (aged 8 and older). The introduction has been amended to reflect this and the quality standard reflects the importance of meeting specific needs.
18.	Health and Safety Executive	General	General	After each quality statement, why don't you provide links or references to further information / guidance on how to achieve the statement?	Thank you for your comment. The quality standard contains appropriate reference to the clinical guideline recommendations. NICE has also produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard and patient information to explain to service users and carers what the quality standard means to them, both available from www.nice.org.uk.
19.	Central and Northwest London NHS Foundation Trust	General	General	It would be helpful to have web-links and signposting to relevant clinical guidelines embedded within the standards document.	Thank you for your comment. References to relevant NICE clinical guidelines will have hyperlinks embedded in the quality standard.
20.	Central and Northwest London NHS Foundation Trust	General	General	It would be helpful to have a clearer 'map' of standards and guidelines on the NICE website.	Thank you for your comment. All final quality standards and new clinical guidelines are now published on NICE Pathways, providing a visual interface to navigate NICE products.
21.	Unite	General	General	Data collation and monitoring of presentations of DSH at A&E and in primary care is a key to understanding the volume and specifics of DSH per health economy	Thank you for your comment. The final quality statements will be accompanied by measures that may be used and adapted locally to improve the quality of care.

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22.	Unite	General	General	Primary education and awareness raising at an early age needs careful management and should feature in roll out plans	Thank you for your comment. Although the quality statements will be person-centred, and will not cover primary education specifically, the quality standard should help support the implementation of national policy such as Preventing Suicide in England – a cross-governmental outcomes strategy to save lives.
23.	Unite	General	General	Ensuring DSH is included in service specifications at CCG level within both specialist MH service as well as in general acute commissioning plans. Also 'out of hours' and paramedic standard operating procedures should address DSH in some form regarding competencies in managing this issue - with appropriate funding streams and performance management processes to review activity, impact and quality of expertise delivering the service	Thank you for your comment. Although the quality statements will be person-centred, local providers may wish to use the methods you suggest to ensure implementation of the underlying clinical guidelines. We would also highlight NICE's corresponding commissioning support in relation to the quality standard, available from www.nice.org.uk.
24.	Unite	General	General	Providing a suggested toolkit for practitioners that can assess, respond, refer and retain involvement with those who experience DSH should be included in the guidance	Thank you for your comment. The quality statements are based on evidence-based recommendations from the underpinning NICE guidance. The clinical guideline does not contain recommendations on an evidence based toolkit.
25.	Lancashire Care NHS Foundation Trust	General	Consultation question 1	Reduction in infections from cutting (harm minimisation),	Thank you for your comment. The topic expert group did not feel the underlying clinical guideline contained strong enough recommendations on harm minimisation to draft action-focussed quality statements.
26.	NHS Direct	General	Consultation	Draft quality statement 1 – It would be helpful to break down the evidence of feedback that people who self harm are treated	Thank you for your comment. Local providers, in assessing compliance

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			question 1	with compassion in relation to the various clinical areas that they may have contact with. An additional outcome measure could be the percentage of people who self harm who then return to a particular clinical area (there may be a link between people not returning if they feel they have not been treated with dignity and respect, as opposed to an improvement in their self harming behaviour).	against the quality standard, may wish to examine data separately by clinical area.
27.	Priory Group	General	Consultation question 1	The Manchester Triage Scale frequently used in A&E was described as problematic and failing to take into account mental health complexity. JS reported the use of the Mental Health Triage Scale, referred to in previous NICE self harm documentation as more appropriate in its consideration of both physical severity and mental health complexity. The STAR was suggested as a useful assessment tool and use of this may also assist in repeated assessment and intervention for quality statement 9 (moving between services in longer term support). It is essential that the patient should feel that the fact that they self-harm is not the sole focus of their treatment. A sound, holistic, assessment will help them feel that they are being seen as a person with many different facets, all of which are important and given equal priority.	Thank you for your comment. The topic expert group did not feel the underlying clinical guideline contained strong enough recommendations about triage scales to draft action-focussed quality statements. A holistic approach is taken within statement 3 which focuses on psychosocial assessments. Statement 2 focuses on an initial assessment of need and includes consideration of social circumstances.
28.	Royal College of Psychiatrists	General	Consultation question 2	Suggest also include appropriate care by Ambulance Service or other hospital transport providers.	Thank you for your comment. The definitions sections have been updated to include the settings in which the statement is applicable.
29.	Lancashire Care NHS Foundation Trust	General	Consultation question 2	The role of A&E could be made more explicit, they are often the first point of contact in the case of serious injury	Thank you for your comment. The definitions sections have been updated to include the settings in which the statement is applicable.
30.	Association for Family Therapy	General	Consultation	AFT is concerned that the draft QS's current wording and focus highlights support for individuals who have self-harmed, with	Thank you for your comment.

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	and Systemic Practice in the UK		question 2	insufficient regard to engagement of and partnership working with their families, significant others and other networks of care. Engaging and including families and significant others in assessment and treatment may be key to understanding the context of self-harm, assessing risk factors and galvanising individual and relational resources to support treatment of people of all ages. AFT notes the statement, in the QS Introduction, that: 'People who self harm have a 50 – 100 fold higher likelihood of dying by suicide in a 12 month period than people who do not self harm'. AFT also notes that a significant percentage of those who self harm list 'family' and significant relationships as the primary cause of their attempted suicide (for example, Jurich, 2002, indicates that some 63% of adolescents list 'family' as the primary cause). Long standing evidence points to the importance of engaging and involving families and close others in assessment. Carr (2009) indicates that effective approaches for children and young people share a number of common factors including initial engagement with the young person and family/carers in a risk assessment process followed by a clear plan of care to manage risk with the combination of individual therapy and systemic therapy for the family. The evidence base for systemic family therapy approaches to assessment and intervention for children and young people who self harm has also been acknolwledged by its planned inclusion in Phase 2 of Children and Young People's IAPT (Increasing Access to Psychological Therapies). AFT requests that the Quality Standard supports systemic assessment of people's relational contexts and experiences, and recommends appropriate involvement of family and/or close others in assessment and treatment of people of all ages who self harm or are at risk of self harm. CYP IAPT Phase 2 (see http://www.iapt.nhs.uk/cyp-iapt/) Carr, A (2009) The effectiveness of family therapy and	The quality standard and the underlying clinical guidelines acknowledge the importance of the family in the support of people who self-harm. However, involvement is subject to consent and capacity of the service user. The topic expert group chose to focus on actions orientated to the service user to aid measurability. Appropriate involvement of the family should be an integral part of a number of statements, for example, comprehensive psychosocial assessment.

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				systemic interventions for child focussed problems. Journal of Family Therapy, **31,** 3-45 Jurich, A.P (2002) The Journey to and from the Brink of Suicide. Paper presented at the National Council on Family Relations annual conference in Houston. November 11, 2002 Jurich, A.P (2008) Family Therapy with Suicidal Adolescents. Routledge. London	
31.	Association for Family Therapy and Systemic Practice in the UK	General	Consultation question 2	AFT notes the draft quality standard's focus on assessment and treatment of people who *have* self harmed. What about those individuals and client groups at *high risk of* self harm? AFT requests the Quality Standard revise its language to include 'people who have self-harmed, have ideas of self-harm and/or are at high risk of self-harm'. It could also then address the need for higher quality trainings for 'frontline' and other professionals working with 'at risk' groups (including people suffering other mental health conditions such as borderline personality disorder, depression, biopolar disorder, schizophrenia and drug and alcohol disorders) and for measures to include evidence of local arrangements to ensure and provide data from initial assessments of those individuals and groups considered 'at risk'.	Thank you for your comment. The scope of the quality standard is derived from the two NICE clinical guidelines 16 and 133. The guidance does not address interventions for groups at risk of self-harm who have not already self-harmed. However statements do focus on the continuing risks, including risk of risks of repetition and suicide.
32.	Association for Family Therapy and Systemic Practice in the UK	General	Consultation question 2	In AFT's view, specialist commissioning needs to look beyond 'evidence based treatments' to also consider service organisation and the contexts in which treatments are delivered. Using best evidence to configure services to best meet needs requires recognition of the importance of specialist outpatient, outreach and day services taking referrals from and providing consultation to multi-disciplinary practitioners and teams across sectors and tiers. The QS could usefully address the issue of service organisation as an additional and important 'area of care'.	Thank you for your comment. The quality standard intends to describe person-centred action focussed statements. It is not intended to describe configuration of services.
33.	NHS Direct	General	Consultation question 2	Although the overview makes reference to people who assess remotely using algorithms (e.g. NHS Direct/111 service), there does not appear to be direct relevance to this clinical setting in	Thank you for your comment. The definitions sections have been updated to clarify which settings the statements

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				the majority of quality standards (albeit there are some links to quality standards 1, 2 and 3). Whilst some people who self harm and contact NHS telephone helplines may be referred to crisis teams or to Accident and Emergency departments, a significant number of individuals do not warrant this level of care at the time of contact. Consequently no data is routinely collected regarding the numbers of contacts and outcomes.	apply to. Remote services such as NHS Direct are not included in the scope of the quality standard.
34.	Nottinghamshire Healthcare Trust	General	Consultation question 2	Importance of safe prescribing (least quantity and least toxic in overdose) and safe storage of medicines at home.	Thank you for your comment. The topic expert group did not feel that safe prescribing would be considered an aspirational statement. However relevant clinical guideline recommendations still apply alongside the quality standard.
35.	Fens Unit	General	Consultation question 2	All people who self-harm should have a formulation of their self-harming behaviours – without this interventions are likely to be misdirected – this would be easy to evidence	Thank you for your comment. The topic expert group focussed statement 3 on a wider psychosocial assessment.
36.	Royal College of Nursing	General	Consultation question 2	Additional consideration should be made to criminal justice pathway. Detainees and prisoners are at additional risk of self harm as they travel through these processes, from initial arrest, court, transfer to secure mental health services and back to prison. Thought should be made to transportation services too and the necessary risk assessments which are carried out by health care professionals.	Thank you for your comment. Care and support specific to the criminal justice system is outside the scope of this quality standard.
37.	Royal College of Nursing	General	Consultation question 2	As extra thought for British Transport Police (BTP), the RCN is working with BTP to address deaths on rail networks which are high in numbers. There is a suicide prevention group looking at this just now with NHS providers/ MH services and police. Nurses offer a pivotal role in supporting criminal justice service agencies (including the judiciary) to determine someone's risk of self harm and appropriate placement thereafter.	Thank you for your comment. Strategy and interventions based primarily on suicide prevention are outside the scope of this quality standard.

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38.	Royal College of Nursing	General	Consultation question 2	Importance of safe prescribing (least quantity and least toxic in overdose) and safe storage of medicines at home.	Thank you for your comment. The topic expert group did not feel that safe prescribing would be considered an aspirational statement. However relevant clinical guideline recommendations still apply alongside the quality standard.
39.	Unite	General	Consultation question 2	Recognition, basic and essential skills, knowledge and confidence for 'clinical generalists' in understanding of the nature of DSH and the difference between DSH and suicidal ideation is vital	Thank you for your comment. It is not within the remit of the quality standard to prescribe training and key skills for healthcare professionals in general. The introduction to the published quality standard will state that all health and social care professionals involved in assessing, caring for and treating people who self-harm should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
40.	Unite	General	Consultation question 2	Consideration needs be given to risk factors and associated behaviours eg substance use and abuse inc alcohol	Thank you for your comment. Statement 6 now focuses on collaboratively developed risk management plans.
41.	Unite	General	Consultation question 2	Stress management, coping skills and strategies for those that use DSH as a way of dealing with difficult personal issues should be part of service priorities – training from specialist teams should be provided to generalists	Thank you for your comment. Statement 6 now focuses on collaboratively developed risk management plans. The introduction to the published quality standard will state that all health and social care professionals involved in assessing, caring for and treating people who self-harm should be sufficiently and appropriately

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					trained and competent to deliver the actions and interventions described in the quality standard.
42.	Unite	General	Consultation question 2	Issues related to those people with a primary diagnosis of an SMI is important and as well as an evidence based best practice approach to supporting people with increased vulnerability	Thank you for your comment. The quality standard applies to all people who self-harm including people with a mental health diagnosis.
43.	Wish: a voice for women's mental health	General	Consultation question 2	There does not seem to be any specific recognition of the very high rates of self-harm within the Criminal Justice System and how this relates to the quality statements.	Thank you for your comment. Care and support specific to the criminal justice system is outside the scope of this quality standard.
44.	Priory Group	General	Consultation question 2	Using MDT holistic approaches in care planning	Thank you for your comment. Statement 6 now focuses on collaboratively developed risk management plans. Appropriate reference is made to NICE clinical guideline 133 recommendations that specifically state the different wider factors associated with risk of repetition or suicide.
45.	Priory Group	General	Consultation question 2	Family based interventions designed to reduce interpersonal dynamic implicated in formulating self harm or to increase protective factors	Thank you for your comment. The quality standard is based on recommendations contained within NICE clinical guidelines 16 and 133. Please refer to the full clinical guidelines for detailed summary of the underpinning evidence base for the clinical recommendations on which the quality standard is based.
46.	Priory Group	General	Consultation question 2	Psychoeducation regarding self harm in addressing motivational issues which may be maintaining self harmful behaviour (such as lack of knowledge about possible longer term effects of self harm). Being involved in the planning of risk	Thank you for your comment. The quality standard is based on recommendations contained within

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				management may also help them identify behaviour, triggers or connections between what happens around, or to them and their self-harming that they were unaware of.	NICE clinical guidelines 16 and 133. Please refer to the full clinical guideline for detailed summary of the underpinning evidence base for the clinical recommendations on which the quality standard is based. Statement 6 now focuses on risk management plans
47.	Priory Group	General	Consultation question 2	Service User involvement and ownership. SU's being encouraged to not only be involved in but lead in their own care and in the delivery of services as experts by experience – similar to treatment models in substance use service.	Thank you for your comment. A number of statements have been redrafted to ensure they adequately reflect service user choice and involvement.
48.	Priory Group	General	Consultation question 2	Assessment of protective (not just risk) factors to enable a more accurate picture.	Thank you for your comment. Statement 3 on comprehensive psychosocial assessments includes reference to appropriate recommendations from NICE clinical guideline 133 including the assessment of skills, strengths and assets.
49.	Priory Group	General	Consultation question 2	Addressing issues of spirituality in assessment and intervention (such as protective or risk issues involved in religious practice).	Thank you for your comment. Statement 3 on comprehensive psychosocial assessment references the recommendations in NICE clinical guideline 133 that include the wider determinants aspects of a person's life.
50.	Priory Group	General	Consultation question 2	It was felt to be important that the patient should feel comfortable when approaching staff and be free from the worry of being judged, knowing that they will be helped and supported in the same way as any other patient.	Thank you for your comment. The topic expert group agree and have progressed quality statement 1 to the final quality standard.
51.	Royal College of	General	Consultation	Statement 1: Evidence: If these patients are not treated with	Thank you for your comment. The

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	Psychiatrists		question 3	understanding and compassion it is likely to have a detrimental impact on their mental state (Hawton 2009). negative reactions can lead to a patient feeling that the clinician is hostile, unsympathetic and uncaring, putting the therapeutic relationship at risk (Thompson 2008)	topic expert group agree and have progressed quality statement 1 to the final quality standard.
52.	Royal College of Psychiatrists	General	Consultation question 3	Statement 7: This will have the potential to empower patients and their carers to contribute to their own personalised care plan. This will ideally will be a needs based one rather than a risk based approach which should incorporate protective factors and encourage a recovery based approach by aiming to also build resilience and coping.	Thank you for your comment. Following consideration of consultation responses, the topic expert has re-focussed this statement specifically on collaborative development of risk management plans.
53.	Hafal	General	Consultation question 3	In answer to question 3 all of the quality statements are important however quality standard 1, if achieved would have a marked effect on both the care of those seeking treatment for the first time but also would increase the likelihood of individuals returning if and when further incidences of self harm occur. If people who have self harmed suspect that they will be judged or treated in an undignified manner for their self harming behaviour(s) then they might never seek the help they require.	Thank you for your comment. The topic expert group agree and have progressed quality statement 1 to the final quality standard.
54.	Lancashire Care NHS Foundation Trust	General	Consultation question 3	Number 1	Thank you for your comment. The topic expert group agree and have progressed quality statement 1 to the final quality standard.
55.	Priory Group	General	Consultation question 3	None are considered most important necessarily, however, statement 9 (longer term care and moving between services) was thought to be less available in comparison to other statements. In particular, this applies to service users who present with repeated self harm but who may not fit service criteria (such as having a diagnosable mental illness or accepted into CMHT's).	Thank you for your comment. The topic expert group agree and have progressed quality statement 9 to the final quality standard.
56.	NHS Direct	General	Consultation	Draft quality statement one is the most important as it is fundamental to the successful care and treatment of people	Thank you for your comment. The topic expert group agree and have

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			question 3	who self harm. It may be more appropriate to state that people with self harm are cared for with respect and dignity rather than saying 'the same as any patient' as this should be the case without question and including this statement feels somewhat discriminatory.	progressed quality statement 1 to the final quality standard. The topic expert agreed the final wording of the statement as 'People who have self-harmed are cared for with compassion and the same respect and dignity as any service user'. The topic expert group felt that service users often report staff attitudes as contributing factors in a poor experience of care. The group wished to highlight that this is of particular importance to people who self-harm.
57.	Lancashire Care NHS Foundation Trust	General	Consultation question 4	Satisfaction questionnaires, reduction in number of incidents whilst in inpatient setting, reduction in admissions for self injury.	Thank you for your comment. Satisfaction questionnaires have been included where appropriate. Reduction in incidents of self-harm in healthcare settings has been included in two quality statements. Reduction in admissions was not included in the final quality standard as a statement specific outcome measure as admissions may be necessary.
58.	NHS Direct	General	Consultation question 4	All appear appropriate and welcome the involvement of service users in the process.	Thank you for your comment.
59.	Priory Group	General	Consultation question 4	None identified as inappropriate however the measures referred to seem broadly defined and this may make replication between services and transitions (statement 9) less able to be evaluated. Quality statement 9 should include that the patient will feel that they have some control over their future. They will be secure in the knowledge that the things that have worked during their stay will be handed over to their next placement because they will be involved in that handing over. Such involvement will help their long-term engagement and increase	Thank you for your comment. Quality measures included in the quality standard are intended to measure the statement only. Wider outcomes and experiences of care by people who self-harm may be important for local data collection and information about service provision.

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				their chances of success. The provision of some indicator of the current evidence base as to the approaches to self harming behaviour, between a physical interventionist approach as opposed to one which is less so and what it suggests is most effective should be included?	Quality standards do not provide a review of the evidence base. Appropriate reference is made to the underlying clinical guideline recommendations. Please refer to the full clinical guidelines for detailed summary of the underpinning evidence base for the clinical recommendations on which the quality standard is based.
60.	Royal College of Psychiatrists	1	Statement	Please include a reference as to the importance of engaging compassionately with a patient following self-harm as soon as they enter ED, ie by receptionist staff, at triage etc as a proportion of patients do leave against medical advice before being assessed as there is an attrition rate at every step of the care pathway. Please include that it is good practice for ED to provide the compassionate RCPsych resource 'Feeling on the edge and helping you get through it' developed for patients who attend ED or the general hospital following self harm www.rcpsych.ac.uk	Thank you for your comment. The statement has been amended to reflect that all staff in contact with people who self-harm should treat people with compassion, respect and dignity. This is not limited to healthcare professionals. NICE commissioning support will contain reference to useful additional resources.
61.	Lancashire Care NHS Foundation Trust	1	Statement	Change wording to: "people who have self harmed are cared for with compassion, respect and dignity". It should go without saying that this is the same as other people. We consider this the most important statement.	Thank you for your comment. The topic expert group felt that service users often report staff attitudes as contributing factors in a poor experience of care. The group wished to highlight that this is of particular importance to people who self-harm.
62.	Association for Family Therapy and Systemic Practice in the UK	1	Statement	Statement 1 could usefully note the importance of training to support compassionate responses from staff (understanding self-harm as a self-protective strategy). Outcome: Evidence of developed understanding from feedback from training.	Thank you for your comment. The quality measures address training on compassion, dignity and respect that includes specific reference to self-harm.

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63.	Hertfordshire Partnership Foundation Trust	1	Statement	Could include being non-judgemental. Also, exploring the person's reasons for distress. Not jumping in with solutions. Encouraging reflection on solutions.	Thank you for your comment. The topic expert group felt that the current wording reflected the need for staff to be non-judgemental. Separate quality statements emphasise a full psychosocial assessment is needed to ensure exploring reasons for distress, and working with the service user to develop management plans.
64.	Domain 2, NHSCB	1	Statement	This is a very important statement and extremely welcome	Thank you for your comment.
65.	Derbyshire Healthcare NHS Foundation Trust	1	Statement	Question 1 In regard to potential outcomes in relation to this statement I guess a useful way of being able to monitor that professionals have received appropriate training is in terms of their evidence of training through their portfolio's or their learning records in that both individuals and Trust should be able to submit breakdowns of compliance in receiving appropriate training. Also to acknowledge the professionals own individual responsibility of ensuring that if they are undertaking activities that they should have received sufficient training and supervision for this. Question Two I do think we need to be very careful and supportive in regard to service user's involvement. Whilst I have used and continue to see service users as a very important contributor in involvement with the training both in its development as well as delivery through my experience I am also mindful that it is also a difficult area. There is the possibility that some service users can become re-traumatised by the involvement in activities of this nature by constantly being reminded of the experiences they have had and may in time produce some obstacles in being able to move forward. There are also times when the experience may be many years ago and again the service user may be struggling at moving forward in regard to this. Not wishing to be too controversial in this but due to the contacts I have had over the years I am	Thank you for your comment. The measures for statement 1 reflect the importance of training to ensure service users who self-harm are treated with compassion, dignity and respect. Following consideration of the consultation comments, service user involvement in training has been removed from the quality measures for statement 1. It is still an important consideration however and it is for local providers to consider how best to involve service users throughout all training programmes. Regarding feedback from service users: services should use such measures with an understanding of service user choice and respect decisions not to participate in surveys and other methods of feedback.

Row	Stakeholder	Statement	Section	Comments	Response
				saddened that I have lost a number of colleagues as well as service users that I have had contact with who have not only self harmed but have unfortunately died as a result. It's somewhat an over representative sample of staff and service users that have been involved in the area of self harm awareness, self harm training and self harm information, so I do think we need to be careful that we are not re-traumatising, that we are not interfering with peoples growth and development but we need to ensure that when we are involving service users there is a high degree of support for them. I note from one service user organisation locally that they recommend that service users do not deliver any training until they have "entered the stage of recovery". I would recommend that consideration is given for being clearer about the support required and to acknowledge in some areas that some teams may be struggling at finding appropriate service users who represent their population i.e. not only those who are open to Mental Health Services but a high number of people who enter hospital with self harm who are not involved and do not require the involvement of any long term Mental Health Services. Question Three Despite the answer to question two I do still see that moulding awareness raising and involvement from those who have experienced our services are probably the most important part of the respect and dignity approach. Question Four In regard to measures there is clearly the opportunity of questionnaires, service user feedback, focus groups but again we need to be careful about not re-traumatising or preventing somebody moving forward who wants to or needs to leave their experiences behind them and move on.	
66.	Department of Health	1	Statement	I think this is OK, but it might help to clarify that this includes acute hospital staff in A&E departments, acute medical wards etc. Also, I think the aspiration to ask people about their perceptions of dignity in care is right but the reality is that, for many, the episode will have been a "one-off" and getting the survey returns for such people is notoriously difficult (the return	Thank you for your comment. The definitions section has been amended to be clear that this statement applies to all staff and healthcare settings. It is hoped that when obtaining feedback from service users, providers

Row	Stakeholder	Statement	Section	Comments	Response
				rate is generally very low indeed).	account for difficulties in obtaining responses and respect service user choice not to participate.
67.	Central and Northwest London NHS Foundation Trust	1	Statement	Draft quality statement should include an explicit statement referring to a patient's right to confidentiality and access to their medical records.	Thank you for your comment. Quality statements describe aspirational high-priority areas for quality improvement. Confidentiality and access to medical records were not prioritised as they are currently legal requirements upon service providers.
68.	Wish: a voice for women's mental health	1	Measure	It is positive to see that people who self-harm are to be involved in the training of clinical staff. It is important that this should reflect a range of experiences, not just the perspective of one individual, as self-harm is multi-faceted and complex.	Thank you for your comment. Following consideration of the consultation comments, service user involvement in training has been removed from the quality measures for statement one. It is still an important consideration however and it is for local providers to consider how best to involve service users throughout all training programmes.
69.	Wish: a voice for women's mental health	1	Measure	It is vital that clinical staff are always mindful of how responses to self-harm are perceived: Wish's experience is that a zero tolerance approach for in-patients, whereby women have all their belongings (sometimes including clothing) removed in response to actual or possible self-harm, is experienced as a highly punitive approach, increasing feelings of guilt, anxiety, anger and risking Retraumatisation for women who have experienced sexual violence. Women do not feel respected when personal items are removed, and dignity is severely compromised by the removal of clothing. Wish would like to see explicit acknowledgement of the impact on respect and dignity, and a requirement for considering ways of reducing this impact.	Thank you for your comment. The topic expert group agree and have progressed quality statement 1 to the final quality standard.
70.	Hafal	1	Data sources	Obviously training is vastly important and quite rightly activity	Thank you for your comment. The

Row	Stakeholder	Statement	Section	Comments	Response
				data should be collated and measured but it would also seem important that specific data regarding quality of care (including matters regarding respect and dignity) from those receiving a service as a result from self harm should be collected. This would seem to be the only meaningful measure that training has had an effect.	quality measures include feedback from service users as a possible method of assessing the quality of care provided.
71.	Hafal	1	Audience descriptor	In order to ensure service users are treated with respect and dignity Service providers and health and social care professionals should assure feedback about service received is actively encouraged and also that service users are aware of complaints procedures.	Thank you for your comment. All audience descriptors have been amended following topic expert group discussions. We have suggested an outcome measure for statement 1 about the local use of feedback from service users about the way they were treated when they self-harmed.
72.	Royal College of Psychiatrists	2	Statement	Please also include a reference to identifying whether the patient has a mental illness (including possibly explicitly screening for new presentation of a mood disorder). Please add 'identification of protective factors and strengths'	Thank you for your comment. The definition section has been expanded to include reference to the presence of mental health problems. Identification of protective factors and strengths would be addressed by statement 3 on comprehensive psychosocial assessment.
73.	Lancashire Care NHS Foundation Trust	2	Statement	Fine, but there is duplication with 3 re risk assessment.	Thank you for your comment. The topic expert group also felt there was overlap between draft statements 2 and 3. These have now been merged into one statement.
74.	Nottinghamshire Healthcare Trust	2	Statement	Young People (under 16) will be admitted overnight to a paediatric ward and assessed fully the following day by CAMHS prior to discharge. Denominator - The number of presentations to ED. Numerator – The number of admissions to paediatric wards/referrals to	Thank you for your comment. The topic expert group felt that children and young people who have self-harmed should still receive an initial assessment.

Row	Stakeholder	Statement	Section	Comments	Response
				CAMHS.	
75.	Nottinghamshire Healthcare Trust	2	Statement	People who self-harm have an initial assessment of their physical health, mental state, social circumstances, *risk of repeat self-harm* and risk of suicide.	Thank you for your comment. This amendment has been made.
76.	Hertfordshire Partnership Foundation Trust	2	Statement	Identify acute risk factors, such as recent loss or interpersonal conflict, recent discharge from hospital, substance misuse	Thank you for your comment. The statement has been amended to include risks of repetition and suicide.
77.	Domain 2, NHSCB	2	Statement	"Proportion of people who have self-harmed who have an initial assessment of their physical health, mental state, social circumstances and risk of suicide". The ability of mental health professionals or risk tools to predict suicide in a particular case is very poor due to the very low base rate (even amongst those with elevated risk due to previous self-harm). Statements such as this should be tempered to "and POTENTIAL risk of suicide".	Thank you for your comment. The topic expert group felt that in assessing the risks, the 'potential' risks are implied.
78.	Derbyshire Healthcare NHS Foundation Trust	2	Statement	In terms of both question one and question four again service user audits and data similar to that provided from the MultiCentre Monitoring Study could be a useful way of being able to measure the outcomes and provide the data. Acknowledging that a lot of this data may be present within the Acute Hospital systems for the initial assessment. Question Three The most important part of this is that the initial assessment occurs but it needs to be tapped into draft statement one in regard to training and awareness raising, but also providing the evidence that it has occurred. It is possible both within this statement and with the others that linking in with the National Patient Safety A&E Audit in regard to self harm and suicide prevention and also the tool that they have established for community teams could be a useful way of measuring.	Thank you for your comment. We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. If national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of care.
79.	Fens Unit	2	Statement	Perhaps need to be more explicit about need to assess impact upon others – this would make consideration of safeguarding	Thank you for your comment. This statement has been merged with draft

Row	Stakeholder	Statement	Section	Comments	Response
				in relation to others sound less jarring where it occurs later	statement 3 and now includes reference to safeguarding concerns.
80.	Five Borough Partnership NHS Foundation Trust	2	Statement	At what level does this need to take place, primary, secondary or acute care?	Thank you for your comment. The definitions section has been updated to state that it applies to people first seen by primary care, ambulance services or emergency departments. It also applies to the first assessment of new episodes of self-harm in inpatient settings.
81.	Five Borough Partnership NHS Foundation Trust	2	Statement	The initial assessment should take into account what works for the services user.	Thank you for your comment. The initial assessment intends to identify factors that could mean physical risks to the service user or referral for more urgent care. It should account for service user preference where appropriate however it is not intended to be the more comprehensive psychosocial assessment as covered by statement 3.
82.	Five Borough Partnership NHS Foundation Trust	2	Statement	Does not address the emotive debate between harm minimisation and reducing / stopping self-harm. This does not address specific defined differences between self-harm and self-injury; *"namely self-injury will be used to describe someone who injures themselves to feel better, while self-harm will be used to describe an instance when someone wants to harm themselves"* Learning Zone , May 23 2012 Vol.26 no. 38	Thank you for your comment. The topic expert group did not feel that recommendations in the underlying clinical guidance on harm minimisation could be drafted into an effective quality statement that described actions that should be undertaken for all service users.
83.	Five Borough Partnership NHS Foundation Trust	2	Statement	The numerator in the Draft quality statement on page 5 of 22 differs from the numerator in the Quality standard topic: Self-harm document page 5 of 42.(does this Draft Quality statement not refer to page 13 of 42?, it still differs, the CG 1.4.1.1 refers to 'emergency departments' as assessing physical risks not wider services, this debate aside I think that the assessment as	Thank you for your comment. The definitions section has been amended to be clear that this statement applies to all healthcare settings where people are being initially assessed following

Row	Stakeholder	Statement	Section	Comments	Response
				defined in the draft quality standard should still be followed. It would also apply to differentiations between self-injury and self-harm as above – we should view all episodes as unique and assess for changes in patterns/presentations etc)	an episode of self-harm.
84.	Lundbeck	2	Statement	Lundbeck welcomes the quality statement: People who have self-harmed have an initial assessment of their physical health, mental state, social circumstances and risk of suicide. Lundbeck is an ethical research-based pharmaceutical company specialising in central nervous system (CNS) disorders, such as depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's and Parkinson's disease. We also have an interest in alcohol policy. It has been estimated that there are 170,000 self-harm presentations at hospitals each year in England and self-harm has been quoted as one of the five top causes of acute hospital admissions. (Royal College of Psychiatrists, *Self-harm, suicide and risk: helping people who self harm*, 2010). Lundbeck proposes that people who have self-harmed should be assessed for alcohol misuse during the initial assessment. Evidence suggests that a significant proportion of people self-harm with alcohol. A study in Scotland found that of the 3,004 patients who presented at emergency departments following an episode of self-harm, alcohol was cited as a contributory factor in 40% of attendances. (Healthcare Quality Improvement Scotland, *Harmful drinking 3: alcohol and self*, 2007) A study at a district general hospital in England assessed people who had self-harmed using the alcohol screening tool, AUDIT. It found that one in three of those assessed were identified as people whose use of alcohol indicated a need for a specialist assessment, diagnosis, and possible treatment for their alcohol problem. It described 41% of patients requiring more than simple advice and education on alcohol misuse. The authors recommend the routine screening for alcohol misuse using tool such as AUDIT. (Holdsworth N, Griffiths H & Crawford D, *Discriminating levels of alcohol use associated*	Thank you for your comment. The definition section contains reference to assessing the mental state of people who have self-harmed, which could include the misuse of alcohol.

Row	Stakeholder	Statement	Section	Comments	Response
				with self-harm in individuals presenting to a district general hospital, The Psychiatrist (2010)34: 226-230) Lundbeck suggests that quality statement on initial assessment is amended to include the routine use of an alcohol screening tool, such as AUDIT as indicated below: *People who have self-harmed have an initial assessment of their physical health, mental state, social circumstances and risk of suicide, including routine use of an alcohol screening tool.*	
85.	Royal College of Nursing	2	Statement	Young People (under 16) will be admitted overnight to a paediatric ward and assessed fully the following day by CAMHS prior to discharge.	Thank you for your comment. The topic expert group felt that children and young people who have self-harmed should still receive an initial assessment.
86.	Royal College of Nursing	2	Statement	People who self-harm have an initial assessment of their physical health, mental state, social circumstances, suggest add - *risk of repeat self-harm* and risk of suicide.	Thank you for your comment. This amendment has been made.
87.	Department of Health	2	Statement	Again, I think it would be helpful to emphasise the breadth of staff to whom this applies, but there is also a risk that such heavy reliance on local data collections will lead to a significant increase in the bureaucratic burden for emergency care staff. I think commissioners and providers should be prepared for this.	Thank you for your comment. The definitions section has been updated to state that it applies to people first seen by primary care, ambulance services or emergency departments. It also applies to the first assessment of new episodes of self-harm in inpatient settings.
88.	Royal College of Nursing	2	Measure	Denominator - The number of presentations to Emergency Department. Numerator – The number of admissions to paediatric wards/referrals to CAMHS	Thank you for your comment. The topic expert group felt that children and young people who have self-harmed should still receive an initial assessment.
89.	Association for Family Therapy	2	Definition	AFT requests this include systemic assessment of an individual's significant relationships, family experiences and	Thank you for your comment. The definitions section contains reference

Row	Stakeholder	Statement	Section	Comments	Response
	and Systemic Practice in the UK			social contexts. Systemic assessments not only provide rich information about family and partner attitudes and capacity to support the individual, but can also alert care teams to active or potential risk factors, vulnerabilities, strengths and resources to support treatment and recovery	to a service user's social circumstances, including family members and dependants.
90.	Five Borough Partnership NHS Foundation Trust	2	Definition	'New Episode' needs to be defined. Is this a new episode of self-harm of a service user known to the services and receiving treatment or a new episode of a service user new to the services?	Thank you for your comment. The denominators have been amended and now refer to each new episode of self-harm irrespective of whether the service user is already known to services.
91.	Lundbeck	2	Definition	Lundbeck proposes that 'assessment for alcohol misuse' should be included in the list of factors to be recorded in the initial assessment of the mental state of a person that has self-harmed.	Thank you for your comment. The definition section contains reference to assessing the mental state of people who have self-harmed, which could include the misuse of alcohol.
92.	Lundbeck	2	Audience descriptor	As per the comments above, Lundbeck proposes that the description of the quality statement incorporates the routine use of alcohol screening tools for people who have self harmed, as indicated below: Service providers ensure initial assessments of people who have self-harmed involve the assessment of physical health, mental state, social circumstances and risk of suicide, including routine use of an alcohol screening tool. Healthcare professionals ensure that the initial assessment of people who have self-harmed covers physical health, mental state, social circumstances and risk of suicide, including routine use of an alcohol screening tool. Commissioners ensure they commission services that undertake an initial assessment of physical health, mental state, social circumstances and risk of suicide for people who have self-harmed, including routine use of an alcohol screening tool.	Thank you for your comment. The definition section contains reference to assessing the mental state of people who have self-harmed, which could include the misuse of alcohol. The underlying guidance contains no recommendations on alcohol screening tools for people who have self-harmed. The quality standard is based on recommendations contained within NICE clinical guidelines 16 and 133. Please refer to the full clinical guidelines for detailed summary of the underpinning evidence base for the clinical recommendations on which the quality standard is based.

Row	Stakeholder	Statement	Section	Comments	Response
				People who have self-harmed have their physical health, mental state, social circumstances and risk of suicide assessed, including routine use of an alcohol screening tool.	
93.	Royal College of Psychiatrists	3	Statement	Please make explicit reference to the need to ensure that any patients attending ED following self-harm do not have any 'access to means'.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statements on initial assessment and comprehensive psychosocial assessments. The final quality standard contains two statements on monitoring to reduce the risk of self-harm while in the healthcare setting and the provision of care in safe physical environments.
94.	Association for Family Therapy and Systemic Practice in the UK	3	Statement	This statement stresses the importance of assessing people's 'risks to themselves and others'. AFT suggests this statement could also include clear recognition of the importance of a relational, systemic frame to assessments, identifying not only active and potential risks and vulnerabilities in people's lives and relationships but also strengths and protective factors in people's lives and contexts of care. An assessment of relational factors that may be associated with self-harm and recovery needs to be included as part of the 'comprehensive psychosocial assessment' detailed in Statement 5.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statements on initial assessment and comprehensive psychosocial assessments.
95.	Derbyshire Healthcare NHS Foundation Trust	3	Statement	The only major comment is in terms of being able to measure and report is the logs and record of people having received the training. I do wonder whether if slightly more emphasis should be given to the risks in regard to younger people and children who may be present within a setting where self harm is occurring and ensuring that that is acknowledged.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments.
96.	Department of Health	3	Statement	Again, I think it would be helpful to emphasise the breadth of staff to whom this applies, but there is also a risk that such heavy reliance on local data collections will lead to a significant increase in the bureaucratic burden for emergency care staff. I think commissioners and providers should be prepared for this.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments. The definitions sections of these

Row	Stakeholder	Statement	Section	Comments	Response
					statements include guidance on the settings in which the statement applies. The quality standard is not intended to impose a burden in terms of local data collections, although the suggested measures that accompany the quality statements may provide the basis of local audit to ensure the provision of high quality care.
97.	Wish: a voice for women's mental health	3	Statement	"Risks to themselves" should include the possibility of escalating risk by preventing self-harm.	Thank you for your comment. The final quality standard will include statements on the assessment of risks, and on continuing support through collaboratively-developed risk management plans.
98.	Lancashire Care NHS Foundation Trust	3.	Statement	Some duplication with 2. You might want to take into account increased risk in older adult population.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments. The definitions section highlights that safeguarding issues includes people of all ages, including older people.
99.	Nottinghamshire Healthcare Trust	3	Measure	Young people may present safeguarding concerns due to the social circumstances in which they live or the frequency/lethality of their behaviour. Denominator - The number of referrals to Social Care. The numerator – The number of referrals accepted by Social Care/multi-agency plans developed.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments. The topic expert group have considered all suggestions for additional measures. Measures that accompany quality statements should only refer to concepts within the wording of the statements.

Row	Stakeholder	Statement	Section	Comments	Response
100.	Royal College of Nursing	3	Measure	Denominator - The number of referrals to Social Care. The numerator – The number of referrals accepted by Social Care/multi-agency plans developed.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments. The topic expert group have considered all suggestions for additional measures. Measures that accompany quality statements should only refer to concepts within the wording of the statements.
101.	Five Borough Partnership NHS Foundation Trust	3	Definition	What is considered safeguarding in relation to self-harm e.g. Is harm minimisation approach regarded as safeguarding?	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments. The definitions section highlights a definition of safeguarding.
102.	Five Borough Partnership NHS Foundation Trust	3	Definition	The draft quality standard includes the line: *'It includes consideration of risks to the person who has self-harmed and to any children or adults in the person's care.'* Is this wide enough in approach, for Young People it may affect others that they are involved with e.g. siblings/friendship group rather than those in their care'.	Thank you for your comment. This has been amended.
103.	Royal College of Nursing	3	Definition	Young people may present safeguarding concerns due to the social circumstances in which they live or the frequency/lethality of their behaviour.	Thank you for your comment. Draft statement 3 on safeguarding has been merged into the statement on initial assessments.
104.	Central and Northwest London NHS Foundation Trust	4	Statement	'Care plan' and 'Care pathway' have definitions that are difficult to understand and differentiate from each other.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt there would be difficulties in definition and that statements should focus on

Row	Stakeholder	Statement	Section	Comments	Response
					the service user, not structural arrangements.
105.	Lancashire Care NHS Foundation Trust	4	Statement	This would be difficult to implement, particularly in the case of dual diagnosis ie PD. Consider leaving out / or just ask people to refer to the NICE pathway.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt there would be difficulties in definition and that statements should focus on the service user, not structural arrangements.
106.	Derbyshire Healthcare NHS Foundation Trust	4	Statement	Again in relation to question one and four, tools to actually capture data that the care pathway is in use and evidence that it is occurring could be used. Otherwise I would suggest this is a well written statement.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt there would be difficulties in definition and that statements should focus on the service user, not structural arrangements.
107.	Five Borough Partnership NHS Foundation Trust	4	Statement	This is a very quantitative statement. The statement is not requesting that an evidence based care pathway is in put in place and followed. This statement is not very person controlled.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt there would be difficulties in definition and that statements should focus on the service user, not structural arrangements.
108.	Five Borough Partnership NHS Foundation Trust	4	Statement	A care pathway helps professionals and service users decide collaboratively which actions to take.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt

Row	Stakeholder	Statement	Section	Comments	Response
					there would be difficulties in definition and that statements should focus on the service user, not structural arrangements.
109.	Department of Health	4	Statement	Again, I think it would be helpful to emphasise the breadth of staff to whom this applies, but there is also a risk that such heavy reliance on local data collections will lead to a significant increase in the bureaucratic burden for emergency care staff. I think commissioners and providers should be prepared for this.	Thank you for your comment. Following consideration of consultation comments, draft statement 4 was not progressed to the final quality standard. The topic expert group felt there would be difficulties in definition and that statements should focus on the service user, not structural arrangements.
110.	Lancashire Care NHS Foundation Trust	5	Statement	Absolutely yes. However this might not always be appropriate if the self injury was just a one off.	Thank you for your comment. The topic expert group felt it important that all people should receive a comprehensive psychosocial assessment, accounting for service user choice. This is reflected in the measures.
111.	Hertfordshire Partnership Foundation Trust	5	Statement	May be enhanced by interviewing a family member or significant other	Thank you for your comment. The topic expert group felt it was important for this statement to focus on the service user.
112.	Derbyshire Healthcare NHS Foundation Trust	5	Statement	In relation to question two I wonder whether there should be a way of highlighting that the offer of a comprehensive psychosocial assessment occurs as soon as possible and practical within the patient journey and to highlight that the assessment should not be delayed whilst waiting for the patient to be medically fit for discharge. Earlier comments regarding training and ensuring that those who are undertaking the psychosocial assessment are sufficiently trained and supervised perhaps needs to be considered within this.	Thank you for your comment. Timeframes such as 'occurs as soon as possible' are difficult to measure. It may also be appropriate that the service user is referred to a specialist for assessment. The definitions section accompanying the quality statement on psychosocial assessment will also refer to the potential for this assessment to be offered within

Row	Stakeholder	Statement	Section	Comments	Response
					primary care, emergency department or inpatient settings. The quality standard should be read in the context of national and local guidelines on training and competencies. All health care professionals involved in assessing, caring for and treating people who self-harm should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.
113.	British Medical Association, General Practitioners Committee	5	Statement	We are concerned that whilst this would be standard practice in most cases of self harm, there may be some cases where it would not be necessary to refer, so we would suggest that 'normally' is inserted before 'offered'.	Thank you for your comment. The measures contain a caveat explaining that an audit standard of less than 100% may be expected to account for cases where the service user does not accept the offer of a comprehensive psychosocial assessment or referral to a specialist mental health professional.
114.	Wish: a voice for women's mental health	5	Equality	There has to be a consideration of gender, given the high association between the diagnosis of Borderline Personality Disorder and Self-harm, and the highly gendered diagnosing of BPD – this is diagnosed three times more often in women than in men. It also has to be viewed within the context of being a coping mechanism for women.	Thank you for your comment. Quality statements are intended to apply to all people who self-harm, irrespective of gender. Any equality considerations will be highlighted in the appropriate equality and diversity impact assessment.
115.	Association for Family Therapy and Systemic Practice in the UK	5	Definition	This 'comprehensive psychosocial assessment' should include an assessment and understanding of people's significant spheres of life (such as school or employment) and the capacity of social / family system to support safety and treatment. This is important not only for assessment of children and young people but for people of all ages who have self-harmed or who are at high risk of self-harming behaviours.	Thank you for your comment. The definitions section refers to the appropriate section in NICE clinical guideline 133. This contains recommendations that do highlight social circumstances, home situation, significant relationships and other factors that are important to take into

Row	Stakeholder	Statement	Section	Comments	Response
				Long-standing evidence demonstrates the effectiveness of family meetings in the immediate aftermath of an act of deliberate self harm by an adolescent. Evidence suggests that if the meeting can take place quickly, soon after the event, when feelings are running high, there is a particularly useful opportunity to acknowledge and respond to underlying conflicts and tensions in the family, and support the family/network of care to improved communication and negotiation.	account.
116.	Domain 2, NHSCB	5	Definition	What is a 'specialist mental health professional' for the purpose of this QS? Many liaison services will be staffed by GP trainees doing a psychiatry rotation	Thank you for your comment. A definition has been included explaining that a specialist mental health professional is a health professional employed to provide expertise in mental health care.
117.	Fens Unit	5	Definition	Psychosocial assessment need to include formulation of self-harm and in particular the function of the self-harm. One could argue that as with addictive behaviours, individuals habituate and what originally developed as a means of self-soothing can shift to become a behaviour that is designed to impact on others which would lead to an entirely different kind of behaviour. Addressing self-harm as a form of bullying (when this is the primary motivation) can be very successful in such cases but would be inappropriate when the behaviour is used to self-regulate	Thank you for your comment. The definitions section is based on the appropriate section in NICE clinical guideline 133. Please refer to the full clinical guideline for detailed summary of the underpinning evidence base for the clinical recommendations on which the quality standard is based.
118.	Five Borough Partnership NHS Foundation Trust	5	Definition	Who are you defining as a 'specialist mental health professional'? Does this mean someone from a mental health or a primary care mental health nurse as opposed to a district nurse?	Thank you for your comment. A definition has been included explaining that a specialist mental health professional is a health professional employed to provide expertise in mental health care.
119.	Five Borough Partnership NHS Foundation Trust	5	Definition	A comprehensive psychosocial assessment is requested, it would be advantageous if you included what would constitute as a minimum set for a psychosocial assessment. (This is defined in the full Quality standard as 'assessment should	Thank you for your comment. The definitions section is based on the appropriate section in NICE clinical guideline 133.

Row	Stakeholder	Statement	Section	Comments	Response
				determine a person's mental capacity, their willingness to remain for further (psychosocial) assessment, tier level of distress and the possible presence of mental illness. (page 16 of 42) and further expanded on in page 24 which includes social, psychological and motivational factors, current suicidal intent and hopelessness as well as full mental state and social needs assessment.)	
120.	Lancashire Care NHS Foundation Trust	6	Statement	Yes	Thank you for your comment.
121.	Association for Family Therapy and Systemic Practice in the UK	6	Statement	AFT welcomes the draft Quality Standard's recognition that 'a safe and supportive environment' can include that provided by 'families and carers of people who have self-harmed with the support of acute care staff'. AFT is concerned that without appropriate and adequate systemic training, acute care staff may lack confidence and skills in engaging and working effectively and safely in partnership with families and carers. Supporting families and carers to support those who have or are at risk of self-harm requires specialist care outpatient, outreach and day services (see General Question 2, above)	Thank you for your comment. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
122.	Derbyshire Healthcare NHS Foundation Trust	6	Statement	In relation to question four I wonder whether it ought to be written in that the Acute Hospital should have a clear observation policy describing the local arrangements for both the undertaking of environmental assessments as well as how the risk is managed for those patients in the ward/ED areas. This would then provide the opportunity of auditing against the standard set in the observation policies and by the undertaking of the recognised ligature audits or the use of the tools from the National Patient Safety Agency can be a way of measuring the outcomes and that these are being complied with.	Thank you for your comment. This statement has been split into two addressing monitoring and the physical environment. The structure measure for the statement on the physical environment covers the local arrangements in place to undertake environmental assessments.
123.	Five Borough Partnership NHS Foundation Trust	6	Statement	Quality standard page 20 of 42 refers to 'people who are waiting for medical or surgical treatment in an emergency department. The Structure and process sections clearly	Thank you for your comment. This statement has been split into two addressing monitoring and the physical environment. The topic expert group

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				indicate that the statement applies to emergency departments.	felt that the statement should apply to all settings caring for people who have self-harmed. The definitions section has been expanded to include this.
124.	Five Borough Partnership NHS Foundation Trust	6	Statement	We have not included reference to CG 1.1.2.9 psychiatric liaison available 24 hours/day (page 22 of 42), what is the provision for this?	Thank you for your comment. The topic expert group prioritised the areas of care they felt were most important for service users, based on the development sources listed. The topic expert group prioritised areas of care where practice is variable, or where implementation could have a significant impact on care for people who self-harm and improved outcomes, and where there is potential to generate measurable indicators.
125.	Health and Safety Executive	6	Statement	Draft quality statement 'People in acute care who have self harmed….' – Will staff always know if a person has self harmed from the records they have? Would it be better to say ' People in acute care who are at risk of self harm…' What are you expectations re the scope of the assessments. Are you expecting trusts to risk assessment all areas, i.e. MAU and A&E and eliminate all self harm risks, ligature points, window openings. Or, are you expecting a trust to have a specific ward that has been assessed and self harm risks removed? Happy to discuss further.	Thank you for your comment. The topic expert group feel that to ensure this statement is measurable it should focus on people who have self-harmed. The environmental assessment should be relative to each individual setting.
126.	Wish: a voice for women's mental health	6	Equality	Again, from a gendered perspective, some women find "supervision" to be intrusive, particularly close supervision, which can impact on dignity. It is important that individuals are central to identifying how supervision can best meet their needs. The gender of those supervising should also be considered. In addressing risk in the immediate environment, this should be assessed on an individual basis, as for some people, a sterile,	Thank you for your comment. The statement on monitoring states that it should be according to need. The statement on physical environments concerns ensuring that the environment helps reduce risk to individual service users.

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				stripped out area with no personal belongings allowed to remain causes further distress – blanket responses are inappropriate and potentially increase risk overall.	
127.	Nottinghamshire Healthcare Trust	6	Definition	It would be helpful to define 'acute' care – does this mean any mental health acute ward, a medical ward or both? Does it also include Emergency Department?	Thank you for your comment. The statements have been amended to be clear that they apply to any healthcare setting. The definition sections have been updated to state that they apply to people being treated in primary care, ambulance services, emergency departments and inpatient setting.
128.	Five Borough Partnership NHS Foundation Trust	6	Definition	Please define acute? Is this acute care on general wards or acute care on mental health wards? If this is acute care on general wards it may be difficult to achieve.	Thank you for your comment. The statements have been amended to be clear that they apply to any healthcare setting. The definition sections have been updated to state that they apply to people being treated in primary care, ambulance services, emergency departments and inpatient setting.
129.	Royal College of Nursing	6	Definition	It would be helpful to define 'acute' care – does this mean any mental health acute ward, a medical ward or both? Does it also include Emergency Department?	Thank you for your comment. The statements have been amended to be clear that they apply to any healthcare setting. The definition sections have been updated to state that they apply to people being treated in primary care, ambulance services, emergency departments and inpatient setting.
130.	Royal College of Psychiatrists	7	Statement	Please also include that wherever possible patients should be empowered to help to monitor and reduce their own risk and develop a personalised 'safety plan'. All people seen following self-harm would also benefit from the RCPsych new patient resource 'Feeling overwhelmed and helping you stay safe'. www.rcpsych.ac.uk Please make explicit reference that wherever possible carers should also be involved in	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed. The rationale for the statement explains that it should be developed with the person who has self-harmed, who

Row	Stakeholder	Statement	Section	Comments	Response
				contributing to longer term risk mitigation.	should have joint ownership of the plan. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
131.	Lancashire Care NHS Foundation Trust	7	Statement	Maybe reword to "...developing a care plan that takes into account their level of risk"	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed.
132.	Association for Family Therapy and Systemic Practice in the UK	7	Statement	Revising the wording of this statement will emphasise the importance of involving those significant in the person's life: 'People who accept longer term support and, where appropriate, significant others identified in assessment as important to their recovery and network of support, are involved in developing a care plan that includes risk management'.	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed. The rationale for the statement explains that it should be developed with the person who has self-harmed, who should have joint ownership of the plan. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
133.	Nottinghamshire Healthcare Trust	7	Statement	People who accept longer-term support for self-harm are involved in developing a care plan that includes risk management. Parents/family would be involved in this process where appropriate.	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed. The involvement of parents and carers is subject to service user consent and competency. The topic expert group felt to aid measurability the statements should focus on the service user. The equality section of the quality

Row	Stakeholder	Statement	Section	Comments	Response
					standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
134.	Derbyshire Healthcare NHS Foundation Trust	7	Statement	In relation to question four again local audits of notes, service users' feedback could be ways in which this could be measured and ensure compliance is achieved. And again I would support very much these being introduced and ensuring that services are working towards compliance.	Thank you for your comment. If national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of care.
135.	Five Borough Partnership NHS Foundation Trust	7	Statement	We think the statement would read better if the word *'involved'* was replaced with *'a collaborative participant'*. *People who accept longer-term support for self-harm are a collaborative participant in developing a care plan that includes risk management.* The numerator and denominator in the Draft quality statement on page 15 of 22 differs from the numerator and denominator in the Quality standard topic: Self-harm document page 18 of 42.	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed.
136.	Five Borough Partnership NHS Foundation Trust	7	Statement	Care planning for CAMHS needs to reflect CG 1.9.1.8 and 133.1.1.18 as per page 29 of 42 in the quality standard; we need to add this to the Source clinical guideline references section of the draft standard. ? the same for LLAMS	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed. The involvement of parents and carers is subject to service user consent and competency. The topic expert group felt to aid measurability the statements should focus on the service user. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
137.	Royal College of	7	Statement	People who accept longer-term support for self-harm are	Thank you for your comment. The

Row	Stakeholder	Statement	Section	Comments	Response
	Nursing			involved in developing a care plan that includes risk management. Parents/family would be involved in this process where appropriate.	involvement of parents and carers is subject to service user consent and competency. The topic expert group felt to aid measurability the statements should focus on the service user. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
138.	Wish: a voice for women's mental health	7	Statement	Risk management should include consideration of harm minimisation approaches – not all individuals want to stop self-harming and prevention can be unrealistic, setting individuals up to fail. As above, risk management must be individualised and undertaken with the person who self-harms.	Thank you for your comment. The topic expert group did not feel that recommendations in the underlying clinical guidance on harm minimisation could be drafted into an effective quality statement that described actions that should be undertaken for all service users. The rationale for the statement explains that it should be developed with the person who has self-harmed, who should have joint ownership of the plan.
139.	Hafal	7	Measure	Regarding the outcome, if service users feel involved in the development of their care plan then they should be able to sign a statement to that effect as part of their plan. This would foster ownership and empower the service user to engage more fully in the plan. In addition to the outcome stated there should also be evidence to show that the care plans are revised at the minimum of every 12 months.	Thank you for your comment. This statement has been amended to focus more on risk management plans that are collaboratively developed. The rationale for the statement explains that it should be developed with the person who has self-harmed, who should have joint ownership of the plan. The key focus of the statement is that collaborative plans are in place.
140.	Department of	7	Definition	This seems fine to me in principle, but "longer-term" is not defined here. If it is aimed at people who repeatedly self-harm,	Thank you for your comment. The

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	Health			then perhaps it should be clarified.	definitions section has been updated.
141.	Cygnet Health Care	8	Statement	Psychological Interventions; could all references in this chapter making reference to psychological interventions structured for people who self – harm, perhaps be re worded to state the interventions are specific to the individuals unique experiences, levels of distress and reasons for engaging in self harm?	Thank you for your comment. The quality standard uses the same terminology as NICE clinical guideline 133 to ensure consistency. The definition of psychological interventions states that the intervention should be tailored to individual need.
142.	Association for Family Therapy and Systemic Practice in the UK	8	Statement	AFT proposes specific mention of the importance of services to older adults. The IAPT four year plan of action published in 2011 notes that only 4% of people using IAPT services over a 12 month period between 2008 and 2009 were over 65 years of age. Based on the prevalence of depression, that figure should be about 12%, ie older adults are significantly under-represented. The Plan of Action recognises the need to ensure that older adults have improved access to psychological treatments and the foreword states that the benefits of talking treatments need to be broadened: “to people with long-term physical or mental health conditions. We can no longer have a health service that treats people physically but leaves them struggling mentally.” A useful measure would be to monitor the proportion of older adults who self-harm who are offered psychological interventions.	Thank you for your comment. The equality impact assessment and corresponding sections in the quality standard highlight the importance of ensuring the needs of older people are addressed.
143.	Hertfordshire Partnership Foundation Trust	8	Statement	People with personality disorder should not be offered short term interventions of less than 3 months duration	Thank you for your comment. This quality statement does not negate other effective evidence based interventions for people with specific mental health problems. The statement recognises that there may be different potential benefits for different people from psychological interventions.

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144.	Derbyshire Healthcare NHS Foundation Trust	8	Statement	In relation to question two I think more emphasis should be given to acknowledge that in reality it is the problems that are identified from assessment that will indicate the psychological interventions that are required. In turn these may help benefit the person to understand their problems and difficulties which in turn may help to address some of the self harm difficulties as opposed to seeing that there is a particular therapy or intervention for people who self harm. I tend to see professionals trying to develop particular programmes for people who have self harmed to fit their theoretic approaches as opposed to seeing the self harm as the symptom of other difficulties and not the problem in itself. Maybe this is perhaps part of the difficulty within the NICE guidelines but it would be useful to ensure that we are addressing individuals' problems and difficulties and not necessarily just their behaviour.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133.
145.	British Medical Association, General Practitioners Committee	8	Statement	We are concerned that only offering psychological therapies to those who accept long term support will create a self-selecting group. Arguably, the most chaotic repeated self harmers may potentially benefit the most from simple psychological interventions, but are the hardest to engage.	Thank you for your comment. The last three statements have been amended to begin "people receiving continuing support…"
146.	Fens Unit	8	Statement	Is 3 sessions really going to achieve anything significant in the majority of cases? Could some guidance be offered in relation to this? I'm sure there are some cases where one could intervene early enough but would be useful to cite criteria for such interventions to prevent cash strapped service providers from restricting what is offered to 3 sessions.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133 recommendation 1.4.8.
147.	Five Borough Partnership NHS Foundation Trust	8	Statement	What evidence based is there to determine a minimum of 3 sessions of psychosocial intervention specifically structured for people who self-harm, for long term care? Are these 3 sessions group therapy based or individual sessions?	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133 recommendation 1.4.8.
148.	Five Borough Partnership NHS Foundation Trust	8	Statement	This fails to capture LLAMs, CAMHS and LD therapies.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133

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					recommendation 1.4.8.
149.	Five Borough Partnership NHS Foundation Trust	8	Statement	The evidence base is in the full NICE CG 133 document, It does reference CAMHS, LLAMS and LD.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133 recommendation 1.4.8.
150.	Wish: a voice for women's mental health	8	Statement	"aim of reducing Self-harm" – as above, this may not be everyone's goal. Professionals should be able to work in a supportive way with individuals who do not share this aim, and should not necessarily have the offer of psychological interventions removed if they are not prepared to work to this aim.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133 recommendation 1.4.8
151.	Lancashire Care NHS Foundation Trust	8	Measure	The outcome is a bit wordy…maybe "evidence that those who have had Psychological interventions found it beneficial in helping them stop, or reduce their self harming behaviours"	Thank you for your comment. The focus of the statement is the discussion of psychological therapies, not the effectiveness of them.
152.	Department of Health	8	Measure	The quality statement and the quality measure do not match. The aim is that possibly relevant psychological therapies are discussed (they may or may not be appropriate, depending on circumstances) but the measure is about how much therapy is actually given. I do think this anomaly needs addressing.	Thank you for your comment. The measures have been updated.
153.	Association for Family Therapy and Systemic Practice in the UK	8	Definition	AFT requests that the list of potentially useful psychological interventions includes Systemic Family Therapy, now broadly accepted as an important evidence based approach for the support and treatment of children and young people and adults who self harm or are at high risk of self harming.	Thank you for your comment. Quality statement 7 has been drafted to reflect NICE clinical guideline 133 recommendation 1.4.8.
154.	Five Borough Partnership NHS Foundation Trust	8	Definition	Long term support needs to be defined? What is the criteria to receive long term support?	Thank you for your comment. The definition section has been updated with a definition of continuing support.
155.	Lancashire Care NHS Foundation	9	Statement	As a minimum their care plan should be shared	Thank you for your comment. The quality statement includes a

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	Trust				requirement that service users have a transition plan.
156.	Association for Family Therapy and Systemic Practice in the UK	9	Statement	Other quality standards relevant to the care of vulnerable young people have emphasised the importance of the 'team around the child'. AFT suggests this 'team' model could be usefully applied to 'moving between services' for people of all ages, to support coherent joint working of professionals between services such as CAMHS and Social Care. This 'team around the person' has been defined in other Quality Standards as 'a collaborative team of key professionals and frontline staff'. AFT suggests that family/carers/significant others should be included as part of the 'team' wherever possible and appropriate.	Thank you for your comment, The topic expert group focussed this statement on collaboratively developed plans. The structure measure for the quality standard intends to measure evidence of local arrangements to ensure that providers collaboratively plan in advance and coordinate effectively when people who have self-harmed move between mental health services. The equality section of the quality standard (section 5) has been updated to reflect the appropriate involvement of family, carers and others.
157.	Derbyshire Healthcare NHS Foundation Trust	9	Statement	In relation to question four, again I suspect that audits, service user involvement in surveys and feedback may be a way of trying to measure compliance with this. I hope the above are of some help in finalising these quality statements	Thank you for your comment.
158.	Five Borough Partnership NHS Foundation Trust	9	Statement	Can we reflect Transition policies here, something around the 'plan in advance these changes' as referenced in the Quality Standard page 39 of 42.	Thank you for your comment. This has been amended.
159.	Royal College of Nursing	9	Statement	Moving between services needs to be well thought through to ensure that teenagers do not drop off the radar during transition from child to adult services.	Thank you for your comment. Transition from child to adult service has been included as a specific example.
160.	Department of Health	9	Statement	Again this is fine in principle, but it does have the potential to require significant bureaucratic burden in the measurement.	Thank you for your comment. The quality measures may form the basis for audit criteria developed and used

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					locally, which could utilise existing data collection, to improve the quality of care.
161.	Central and Northwest London NHS Foundation Trust	9	Statement	Standard should include evidence of written handover documentation, including a care plan, between teams when moving between services.	Thank you for your comment. The topic expert group have focussed on the service user having a collaboratively developed plan. The structure measure for the quality standard intends to measure evidence of local arrangements to ensure that providers collaboratively plan in advance and coordinate effectively when people who have self-harmed move between mental health services.
162.	Central and Northwest London NHS Foundation Trust	9	Statement	"People who accept longer-term support for self-harm are involved in producing a written plan about their continuing care when moving between services" It is unclear whether 'written plan' refers to the 'care plan' or a separate plan.	Thank you for your comment. The plan could be but is not necessarily a component of a management plan.
163.	Wish: a voice for women's mental health	9	Statement	Commissioners should address different approaches to self-harm when discussing with an individual who self-harms any proposed move between services. Literacy needs should be considered in producing written plans as this can cause anxiety and yet is not uncommon, in Wish's experience, within the Mental Health system, particularly secure services.	Thank you for your comment. The equality and diversity section (section 5) includes reference to ensuring communication is appropriate to need.
164.	Hafal	9	Measure	The outcome should also state that the care plan should be revised with healthcare professionals from each service and the service user. This is especially important when managing the transition of a younger person from CAMHS to adult services.	Thank you for your comment. The statement emphasises the need for a collaboratively develop plan.