

The National Confidential Inquiry into Suicide and Safety in Mental Health

Services for self-harm:
A toolkit for self-assessment based on the NICE Quality Standard

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About this toolkit

- > This toolkit has been developed by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) from the [NICE Quality Standard \(QS34\)](#) covering the initial management of self-harm and the provision of longer-term support for children and young people (aged 8 to 18) and adults (aged 18+) who self-harm. In September 2022, this quality standard was aligned with the updated [NICE guideline on self-harm](#).
- > NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measureable statements, which draw on existing guidance.
- > In this toolkit we present the 8 quality statements in a format that is intended to be used as a basis for self-assessment by mental health care providers and allows providers to record progress and any associated comments regarding each quality statement.
- > NCISH has made minor alterations to the wording to reflect both the quality measure and what each quality standard means for different audiences.
- > For further information on the NICE self-harm quality standard, please visit <https://www.nice.org.uk/guidance/qs34>.

Important note

This toolkit is intended to be used as a basis for self-assessment by mental health care providers, and responses should ideally be based on recent local audit data or equivalent evidence. We recommend each element is reviewed annually.

This toolkit is not for commercial use.

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We value your opinion on our research and welcome your feedback on this toolkit, please email:

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Quality statement

People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.

Rationale



Everyone who uses healthcare services should be treated with compassion, respect and dignity. For people who have self-harmed, however, staff attitudes are often reported as contributing to poor experiences of care. Punitive or judgmental staff attitudes can be distressing for people who have self-harmed and may lead to further self-harm or avoidance of medical attention.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.7.1], [1.14.1], and [1.14.2].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
There is staff training in place on treating people with compassion, respect and dignity that includes specific reference to people who self-harm.				
There is a system in place to monitor the number of staff who have received training on treating people with compassion, respect and dignity, with specific reference to people who self-harm.				

Quality statement

People who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and immediate concerns about their safety.

Rationale



An initial assessment can identify ways to keep the person safe after an episode of self-harm and can be used to inform safety plans and referral. People who have self-harmed value, positive, compassionate support after an episode of self-harm.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.3.1], [1.7.1], [1.7.9], and [1.7.12].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
<p>There is a policy in place to ensure that all people who present to services after an episode of self-harm have an initial assessment of:</p> <ul style="list-style-type: none"> (i) Physical health, (ii) Mental state, (iii) Safeguarding concerns, (iv) Social circumstances, (v) Immediate concerns about their safety. 				

Quality statement

People who have self-harmed receive a psychosocial assessment.

Rationale



A psychosocial assessment is aimed at identifying personal factors that might explain an act of self-harm. It should be carried out each time a person presents with an episode of self-harm. It should start a collaborative therapeutic relationship and be used to inform an effective management plan.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.5.1], [1.5.9 to 1.5.12], [1.5.15], and [1.6.6].

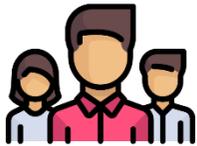
Quality measure

	Response		Date next review due	Comments
	Yes	No		
There is a system in place for healthcare professionals to undertake psychosocial assessments for people who have self-harmed or refer them to a specialist mental health professional for the assessment.				
Protocols for psychosocial assessment consider the person's strengths, vulnerabilities and needs (this includes historic, changeable and current, future and protective or mitigating factors), and reasons for harming themselves.				

Quality statement

People who have self-harmed receive the observation they need while in the healthcare setting.

Rationale



Observation of people who have self-harmed when they are in a healthcare setting can reduce distress, ensure that the person feels supported and maintain physical safety.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.7.12], [1.7.16], [1.7.23], and [1.8.12].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
There are arrangements in place to ensure that people who have self-harmed receive the observation they need while in the healthcare setting, i.e. are checked regularly by healthcare staff, and are accompanied when required (by healthcare professionals or by family/carers supported by healthcare professionals), when they are in hospital or another part of the health service, to make sure they are safe.				
There is a system in place to record the observation arrangements of people who have self-harmed while in the healthcare setting.				

Quality statement

People who have self-harmed are cared for in a safe physical environment while in the healthcare setting.

Rationale



Caring for people who have self-harmed in a safe physical environment within the healthcare setting can reduce distress, help them to feel supported and maintain physical safety in the healthcare setting.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.7.16], [1.12.6], and [1.12.7].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
An environmental assessment of healthcare settings has been undertaken, that has assessed the safety of the environment for people who have self-harmed, including consideration given to removing items that may be used to self-harm. The person who has self-harmed should be involved in this decision.				
There is an acknowledgement in relevant policies that what is considered a safe physical environment will depend upon the individual needs and safety requirements of each service user.				

Quality statement

People receiving continuing support for self-harm have a collaboratively developed care plan.

Rationale



A care plan can help support recovery of people who self-harm. It documents the person's needs and safety considerations and should be developed with the person and their family and carers.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.5.15] and [1.5.17].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
For every service user receiving continuing support for self-harm there is a collaboratively developed care plan in place that helps to support their recovery.				

Quality statement

People receiving continuing support for self-harm have a discussion with their healthcare professional about the potential benefits of psychological interventions specifically structured for people who self-harm.

Rationale



There is some evidence that psychological therapies specifically structured for people who self-harm can be effective in reducing repetition of self-harm. The decision to refer for psychological therapy should be based on a discussion between the service user and healthcare professional about the likely benefits.

Guidance



NICE clinical guideline on [self-harm: assessment, management and preventing recurrence \[NG225\]](#); recommendations [1.11.3] and [1.11.4].

NICE clinical guideline on [service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services \[CG136\]](#); recommendation [1.1.5].

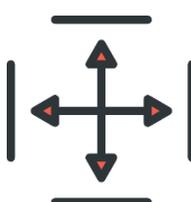
Quality measure

	Response		Date next review due	Comments
	Yes	No		
A system is in place for healthcare professionals to refer people receiving continuing support for self-harm for at least 4 sessions of a psychological intervention specifically tailored for people who self-harm.				
Relevant protocols emphasis the importance of discussing the potential benefits of psychological interventions specifically structured for self-harm with people receiving continuing support for self-harm.				

Quality statement

People receiving continuing support for self-harm and moving between mental health services have a collaboratively developed plan describing how support will be provided during the transition.

Rationale



Moving to different mental health services (e.g. from services for younger people to services for adults) can be a difficult period for people who self-harm. Unless there are plans to manage these transitions, people can feel isolated and unsupported, and be at increased risk of further self-harm. It is important that people using services are involved in agreeing how their support will be managed and understand who they can contact in a crisis.

Guidance



NICE clinical guideline on [service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services \[CG136\]](#); recommendation [1.7.1].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
There is a system in place to collaboratively plan in advance and coordinate effectively with other providers when people who have self-harmed move between mental health services.				

Definitions

<p>Care plan</p>	<p>The plan of treatment or healthcare to be provided to the service user. It typically documents the needs and safety considerations of the service user, the interventions that will support their recovery, as well as the key professionals involved in their care.</p>
<p>Continuing support for self-harm</p>	<p>People who have carried out intentional self-poisoning or injury, irrespective of the apparent purpose of the act, and who are receiving longer-term psychological treatment and management. This includes people with both single and recurrent episodes of self-harm. It does not include people having immediate physical treatment or management for self-harm in emergency departments.</p>
<p>Initial assessment</p>	<p>The first assessment by a healthcare professional after an episode of self-harm. It applies to people first seen in primary care, ambulance services or emergency departments or minor injury units. It also applies to the first assessment of episodes of self-harm in in-patient settings. An initial assessment should be undertaken each time a person presents with an episode of self-harm. It should include, relevant to the setting:</p> <ul style="list-style-type: none"> • Information about the home environment; • The history leading to self-harm; • The severity of the injury and how urgently medical treatment is needed; • Whether there is immediate concern about the person’s safety; • Whether the person has a care plan; • The appropriate nursing observational level; • Information about the social and family network; • Any medicines found at their home; • The person’s emotional and mental state, and level of distress; • The person’s willingness to accept medical treatment and mental healthcare; • Whether there are any safeguarding concerns; • If there is a need to refer the person to a specialist mental health service for assessment.

<p>Observation</p>	<p>A therapeutic intervention most commonly used in hospital settings, which allows staff to monitor and assess the mental and physical health of people who might harm themselves and/or others. It should be seen as an opportunity for active engagement as well as sensitive supervision. Observation applies to people being treated in primary care, ambulance services, emergency departments, minor injury units and in-patient settings.</p>
<p>Psychosocial assessment</p>	<p>NICE clinical guidelines 225 state that a psychosocial assessment is a comprehensive assessment that includes an evaluation of the person’s needs, safety considerations and vulnerabilities that is designed to identify those personal psychological and environmental (social) factors that might explain an act of self-harm. Recommendations 1.5.1 to 1.5.17 in NICE clinical guideline 225 give further details on undertaking a psychosocial assessment.</p>
<p>Psychological interventions</p>	<p>NICE clinical guideline 255 recommendations 1.11.3 and 1.11.4 state:</p> <p>Offer a structured, person-centred, cognitive behavioural therapy (CBT)-informed psychological intervention (e.g. CBT or problem-solving therapy) that is specifically tailored for adults who self-harm. Ensure that the intervention:</p> <ul style="list-style-type: none"> - Starts as soon as possible; - Is typically between 4 and 10 sessions; more sessions may be needed depending on individual need; - Is tailored to the person’s needs and preferences. <p>For children and young people with significant emotional dysregulation difficulties who have frequent episodes of self-harm, consider dialectal behavioural therapy for adolescents (DBT-A). Take into account the age of the child or young person and any planned transition between services.</p>
<p>Safe physical environment</p>	<p>People who have self-harmed should be offered an environment that is safe and balances respect for the person’s autonomy against the need for restrictions. Consideration should be given to removing items that may be used to self-harm. The person who has self-harmed should be involved in this decision. A safe physical environment refers to primary care settings, ambulance services, emergency departments, minor injury units and in-patients settings where people who have self-harmed are being cared for.</p>

Definitions

Staff

Everyone employed by or working in a service that provides care and support for people who have self-harmed. It is not restricted to qualified healthcare professionals, and could include reception staff, administrative staff and others. It applies to primary care settings, ambulance services, emergency departments, minor injury units, community services and in-patient settings.