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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Contents

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.
- 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.

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NICE
Self-harm
Quality standard
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nice.org.uk/guidance/qs34

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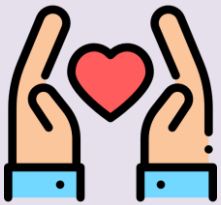
We value your opinion on our research and welcome your feedback on this toolkit, please email: ncish@manchester.ac.uk.

Quality statement 1: Compassion, respect and dignity

Quality statement

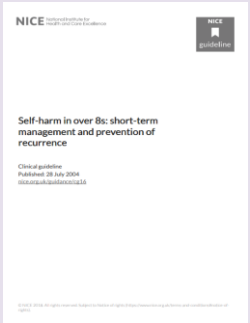
People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.

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 in over 8s: short-term management and prevention of recurrence recommendations [1.1.1.1] and [1.1.2.1].

- NICE clinical guideline on self-harm in over 8s: long-term management recommendations [1.1.1] and [1.1.9].

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 2: Initial assessments

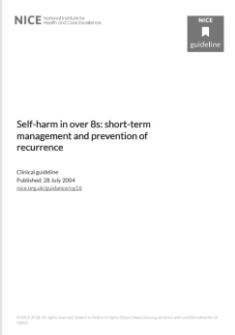
Quality statement

People who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide.

Rationale

An initial assessment can identify whether a person who self-harmed is at immediate physical risk so that steps can be taken to reduce risk, including referral for more urgent care if indicated.

Guidance



- NICE clinical guideline on self-harm in over 8s: short-term management and prevention of recurrence recommendations [1.2.1.1], [1.2.1.2], [1.3.1.1] and [1.4.1.1].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
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: (i) Physical health, (ii) Mental state, (iii) Safeguarding concerns, (iv) Social circumstances, (v) Risks of repetition or suicide.				

Quality statement 3: Comprehensive psychosocial assessments

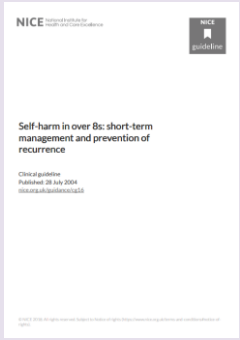
Quality statement

People who have self-harmed receive a comprehensive psychosocial assessment.

Rationale

A comprehensive 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 can start a therapeutic relationship with the healthcare professional and be used to inform an effective management plan.

Guidance



- NICE clinical guideline on self-harm in over 8s: short-term management and prevention of recurrence recommendations [1.7.2.1] and [1.7.3.1].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
There is a system in place for healthcare professionals to undertake comprehensive psychosocial assessments for people who have self-harmed or refer them to a specialist mental health professional for the assessment.				
Protocols for comprehensive psychosocial assessment consider the person's needs, social situation, psychological state, reasons for harming themselves, feelings of hopelessness, depression or other mental health problems, and any thoughts of suicide.				

Quality statement 4: Monitoring

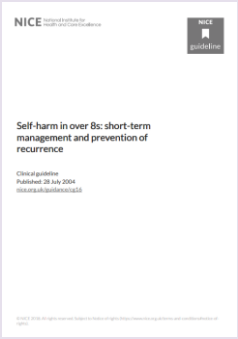
Quality statement

People who have self-harmed receive the monitoring they need while in the healthcare setting, in order to reduce the risk of further self-harm.

Rationale

Monitoring people who have self-harmed when they are in a healthcare setting can reduce distress, ensure that the person feels supported and help reduce the risk of further self-harm while in the healthcare setting.

Guidance



- NICE clinical guideline on self-harm in over 8s: short-term management and prevention of recurrence recommendation [1.4.2.3].

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 monitoring 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.				
There is a system in place to record the monitoring arrangements of people who have self-harmed while they are in the healthcare setting.				

Quality statement 5: Safe physical environments

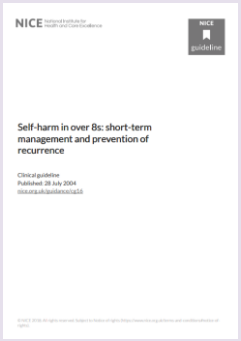
Quality statement

People who have self-harmed are cared for in a safe physical environment while in the healthcare setting, in order to reduce the risk of further self-harm.

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 reduce the risk of further self-harm in the healthcare setting.

Guidance



- NICE clinical guideline on self-harm in over 8s: short-term management and prevention of recurrence recommendation [1.4.2.3].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
An environmental assessment of healthcare settings has been undertaken, that has assessed the environmental risks to people who have self-harmed, including (but not limited to): (i) Ligature points, (ii) Open windows, (iii) Access to sharps, (iv) Access to medications.				
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 6: Risk management plans

Quality statement

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

Rationale

A risk management plan can help people who self-harm reduce their risk of self-harming again. It should be based on a risk assessment and developed with the person who has self-harmed, who should have joint ownership of the plan. They should fully understand the content of the plan, including what can be done if they are at risk of self-harming again and who to contact in a crisis.

Guidance

- NICE clinical guideline on self-harm in over 8s: long-term management

  recommendations [1.4.3] and [1.4.4].

Quality measure

	Response		Date next review due	Comments
	Yes	No		
For every service user receiving long-term support for self-harm there is a collaboratively developed risk management plan in place that helps them reduce their risk of harming themselves again.				

Quality statement 7: Psychological interventions

Quality statement

People receiving continuing support for self-harm have a discussion with their lead 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 in over 8s: long-term management recommendation [1.4.8].

Quality measure

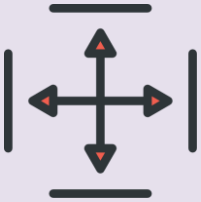
	Response		Date next review due	Comments
	Yes	No		
A system is in place for healthcare professionals to refer people receiving continuing support for self-harm for 3 to 12 sessions of a psychological intervention specifically structured for people who self-harm.				
Relevant protocols emphasis the importance of discussing the potential benefits of psychological interventions for self-harm with people receiving long-term support after self-harming.				

Quality statement 8: Moving between services

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, service users can feel isolated and unsupported, and be at increased risk of further self-harm. It is important that service users are involved in agreeing how their support will be managed and understand who they can contact in a crisis.

Guidance

- NICE clinical guideline on self-harm in over 8s: long-term management recommendation [1.1.25].

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 services.				

Definitions

Comprehensive psychosocial assessment	NICE clinical guidelines 16 and 133 state that a psychosocial assessment is the assessment of needs and risks to understand and engage people who self-harm and initiate a therapeutic relationship. Recommendations 1.3.1 to 1.3.6 in NICE clinical guideline 133 give further details on undertaking comprehensive psychosocial assessments. The comprehensive psychosocial assessment should be offered to people being treated in primary care, emergency departments and in-patient settings, and may require referral to a specialist mental health professional.
Continuing support for self-harm	Children or young people (aged 8 years and older) and adults who have carried out an act of self-poisoning or self-injury, irrespective of motivation, and are receiving longer-term psychological treatment and management. It includes people with both single and recurrent episodes of self-harm. It does not include people having immediate physical treatment for self-harm in emergency departments.
Initial assessment	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. 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.
Lead healthcare professional	The professional with overall responsibility for the care and support of a person who has self-harmed. This could include, but is not limited to, professionals from primary care and community mental health services.
Mental state	Factors that should be recorded in an initial assessment of mental state include, but are not limited to: (i) mental capacity; (ii) level of distress; (iii) presence of mental health problems; (iv) willingness to remain for further psychosocial assessment.
Monitoring	Includes observation and accompaniment of people who have self-harmed, either by healthcare professionals or by their families or carers with support from healthcare professionals. Monitoring applies to people being treated in primary care, ambulance services, emergency departments and in-patient settings.

Definitions

Physical health	Factors that should be recorded in an initial assessment of physical health include, but are not limited to: (i) level of consciousness; (ii) physical injuries; (iii) level of pain; (iv) details of the nature and quantity of overdose.
Psychological interventions	NICE clinical guideline 133 recommendation 1.4.8 states: Consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. In addition: - The intervention should be tailored to individual need, and could include cognitive-behavioural, psychodynamic or problem-solving elements; - Therapists should be trained and supervised in the therapy they are offering to people who self-harm; - Therapists should also be able to work collaboratively with the person to identify the problems causing distress or leading to self-harm.
Risk management plan	NICE clinical guideline 133 recommendation 1.4.4 states that a risk management plan should: - Address each of the long-term and more immediate risks identified in the risk assessment; - Address the specific factors (psychological, pharmacological, social and relational) identified in the assessment as associated with increased risk, with the agreed aim of reducing the risk of repetition of self-harm and/or the risk of suicide; - Include a crisis plan outlining self-management strategies and how to access services during a crisis when self-management strategies fail; - Ensure that the risk management plan is consistent with the long-term treatment strategy.
Safeguarding	The protection of vulnerable people from harm. It can apply to people of all ages, including adults, older people, children and young people. It includes consideration of risks to the person who has self-harmed, any children or adults in the person's care and to other family members or significant others.

Definitions

Safe physical environment	People who have-self-harmed should be offered an environment that is safe, supportive and minimises any distress. Examples of environmental risks to people who self-harm include, but are not limited to: (i) ligature points; (ii) open windows; (iii) access to sharps; (iv) access to medications. A safe physical environment refers to primary care settings, ambulance services, emergency departments and in-patients settings where people who have self-harmed are being cared for.
Social circumstances	Factors that should be recorded in an initial assessment of social circumstances include, but are not limited to: (i) family members, significant others or carers who can provide support; (ii) dependents; (iii) housing; (iv) personal or financial problems.
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.