# Self-harm overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/self-harm
NICE Pathway last updated: November 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.


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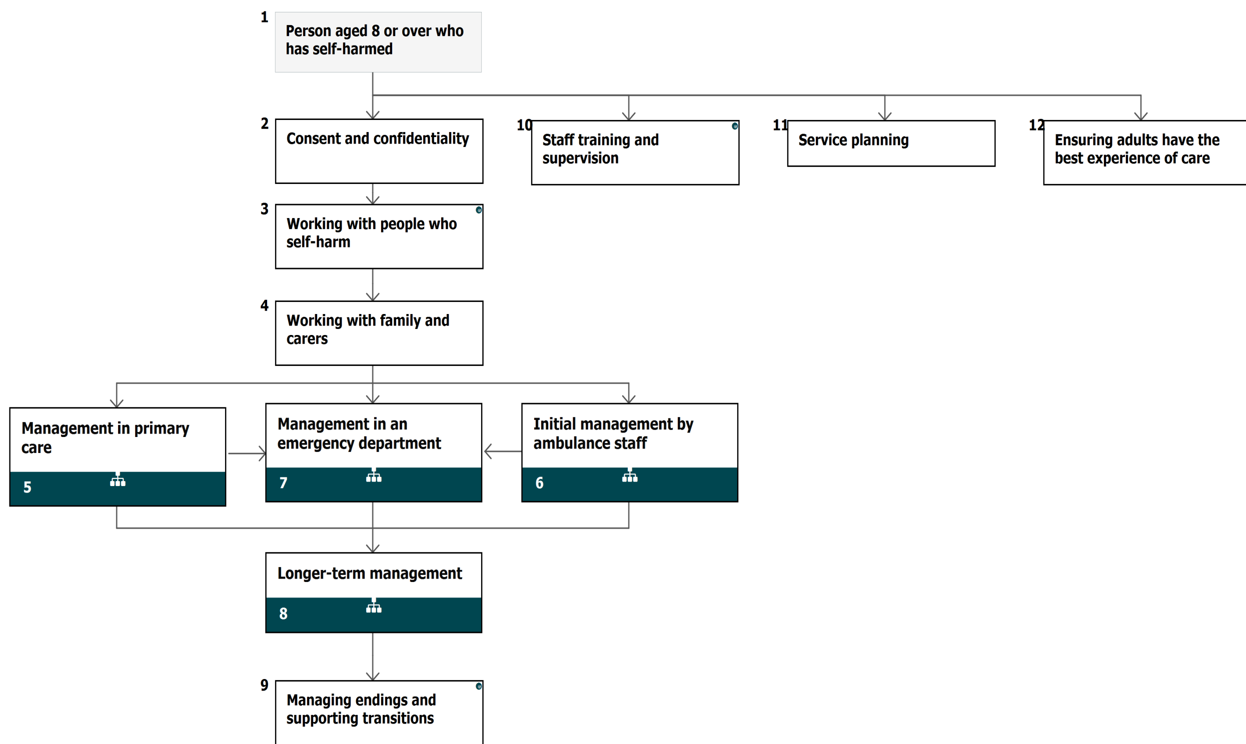



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## 1 Person aged 8 or over who has self-harmed

No additional information

## 2 Consent and confidentiality

Primary healthcare practitioners, ambulance staff, triage nurses and emergency department medical staff should assess and document mental capacity as part of the routine assessment of people who have self-harmed. Within the bounds of patient confidentiality, and subject to the patient's consent, staff should attempt to obtain relevant information from relatives, friends, carers and other key people, to inform the assessment.

In the assessment and treatment of people who have self-harmed, mental capacity should be assumed unless there is evidence to the contrary.

Staff should provide full information about the treatment options, and make all efforts necessary to ensure that someone who has self-harmed can give, and has the opportunity to give, meaningful and informed consent before any and each procedure (for example, taking the person to hospital by ambulance) or treatment is initiated.

If a person is assessed as being mentally incapable, staff have a responsibility, under common law, to act in that person's best interests. If necessary, this can include taking the person to hospital, and detaining them to allow assessment and treatment against the person's stated wishes.

Staff should take into account that a person's capacity to make informed decisions may change over time. Whether it has been possible to obtain consent or not, attempts should be made to explain each new treatment or procedure and obtain consent before it is initiated.

Staff working with people who self-harm should understand when and how the Mental Health Act can be used to treat the physical consequences of self-harm.

Staff working with people who self-harm should have easy access to legal advice about issues relating to capacity and consent at all times.

NICE has written information for the public explaining its guidance on self-harm: short-term treatment and management.


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## 3 Working with people who self-harm

People who have self-harmed should be treated with the same care, respect and privacy as any patient. In addition, healthcare professionals should take full account of the likely distress associated with self-harm.

Wherever possible, people who have self-harmed should be offered the choice of male or female staff for both assessment and treatment. When this is not possible, the reasons should be explained to the service user and written in their notes.

When assessing people who self-harm, healthcare professionals should ask service users to explain their feelings and understanding of their own self-harm in their own words.

When caring for people who repeatedly self-harm, healthcare professionals should be aware that the individual's reasons for self-harming may be different on each occasion and therefore each episode needs to be treated in its own right.

Healthcare professionals should involve people who self-harm in all discussions and decision-making about their treatment and subsequent care. To do this, staff should provide people who self-harm with full information about the different treatment options available.

People who have self-harmed should be offered treatment for the physical consequences of self-harm, regardless of their willingness to accept psychosocial assessment or psychiatric treatment.

Ensure that people who self-harm, and their families, carers and significant others where this is agreed with the person, have access to information for the public on self-harm: short-term treatment and management.

**Special considerations for over 65s**

All people older than 65 years of age who have self-harmed should be assessed by mental healthcare practitioners experienced in the assessment of older people who self-harm. Assessment should follow the same principles as for younger adults who self-harm, but should also pay particular attention to the potential presence of depression, cognitive impairment and physical ill health, and should include a full assessment of their social and home situation.

All acts of self-harm in people older than 65 years of age should be regarded as evidence of suicidal intent until proven otherwise because the number of people in this age range who go on


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to complete suicide is much higher than in younger adults. (See what NICE says on suicide prevention.)

Given the high risks amongst older adults who have self-harmed, consideration should be given to admission for mental health risk and needs assessment, and time given to monitor changes in mental state and levels of risk.

In all other respects, the assessment and treatment of older adults who have self-harmed should follow the recommendations given for adults.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Compassion, respect and dignity

## 4 Working with family and carers

Healthcare professionals should provide emotional support and help if necessary to the relatives/carers of people who have self-harmed, as they may also be experiencing high levels of distress and anxiety.

People who self-harm should be allowed, if they wish, to be accompanied by a family member, friend or advocate during assessment and treatment. However, for the initial psychosocial assessment, the interview should take place with the service user alone to maintain confidentiality and to allow discussion about issues that may relate to the relationship between the service user and carers.

## 5 Management in primary care

See Self-harm / Managing self-harm in primary care

## 6 Initial management by ambulance staff

See Self-harm / Initial management of self-harm by ambulance staff


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## 7 Management in an emergency department

See Self-harm / Managing self-harm in emergency departments

## 8 Longer-term management

See Self-harm / Longer-term management of self-harm: assessment and treatment

## 9 Managing endings and supporting transitions

Anticipate that the ending of treatment, services or relationships, as well as transitions from one service to another, can provoke strong feelings and increase the risk of self-harm, and:

- Plan in advance these changes with the person who self-harms and provide additional support, if needed, with clear contingency plans should crises occur.
- Record plans for transition to another service and share them with other health and social care professionals involved.
- Give copies to the service user and their family, carers or significant others if this is agreed with the service user.

CAMHS and adult health and social care professionals should work collaboratively to minimise any potential negative effect of transferring young people from CAMHS to adult services:

- Time the transfer to suit the young person, even if it takes place after they reach the age of 18 years.
- Continue treatment in CAMHS beyond 18 years if there is a realistic possibility that this may avoid the need for referral to adult mental health services.

Mental health trusts should work with CAMHS to develop local protocols to govern arrangements for the transition of young people from CAMHS to adult services, as described in this guidance.

See what NICE says on transition from children's to adults' services.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

8. Moving between services


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## 10 Staff training and supervision

All healthcare professionals who have contact, in the emergency situation, with people who have self-harmed should be adequately trained to assess mental capacity and to make decisions about when treatment and care can be given without consent.

Clinical and non-clinical staff who have contact with people who self-harm in any setting should be provided with appropriate training to equip them to understand and care for people who have self-harmed.

People who self-harm should be involved in the planning and delivery of training for staff.

Providing treatment and care for people who have self-harmed is emotionally demanding and requires a high level of communication skills and support. All staff undertaking this work should have regular clinical supervision in which the emotional impact upon staff members can be discussed and understood.

**Staff working with under 18s**

Staff who have emergency contact with children and young people who have self-harmed should be adequately trained to assess mental capacity in children of different ages and to understand how issues of mental capacity and consent apply to this group. They should also have access at all times to specialist advice about these issues.

Child and adolescent mental health service practitioners involved in the assessment and treatment of children and young people who have self-harmed should:

- be trained specifically to work with children and young people, and their families, after self-harm
- be skilled in the assessment of risk
- have regular supervision
- have access to consultation with senior colleagues.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Compassion, respect and dignity


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## 11 Service planning

Strategic health authorities, PCTs, acute trusts and mental health trusts should ensure that people who self-harm are involved in the commissioning, planning and evaluation of services for people who self-harm.

Emergency departments, PCTs and local mental health services, in conjunction with local service users and carers wherever possible, should jointly plan the configuration and delivery of integrated physical and mental healthcare services within emergency departments for people who self-harm.

Emergency departments catering for children and young people under 16 years of age, PCTs and local children's mental health services, in conjunction with local carers and service users, should jointly plan the configuration and delivery of integrated physical and mental healthcare services within emergency departments for children and young people who self-harm.

In jointly planning an integrated emergency department service for people who self-harm, service managers should consider integrating mental health professionals into the emergency department, both to improve the psychosocial assessment and initial treatment for people who self-harm, and to provide routine and regular training to non-mental-health professionals working in the emergency department.

Emergency department and local mental health services should jointly plan effective liaison psychiatric services available 24 hours a day.

## 12 Experience of care

Use these recommendations with NICE's recommendations on:

- patient experience in adult NHS services
- service user experience in adult mental health services.


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## Glossary

### CAMHS

child and adolescent mental health services

### CPA

care programme approach

### NPIS

National Poisons Information Service

### PCTs

primary care trusts

### Significant others

refers not just to a partner but also to friends and any person the service user considers to be important to them

### SSRIs

selective serotonin reuptake inhibitors

## Sources

Self-harm in over 8s: long-term management (2011) NICE guideline CG133

Self-harm in over 8s: short-term management and prevention of recurrence (2004) NICE guideline CG16


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## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to


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have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.


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