

**National Institute for Health and Clinical Excellence**

**Self-harm (longer term management)**

**Stakeholder Comments – Draft scope**

<p><b>Please enter the name of your registered stakeholder organisation below.</b></p> <p>NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the <a href="#">NICE website</a> or contact the <a href="#">registered stakeholder organisation</a> that most closely represents your interests and pass your comments to them.</p>		
<p><b>Stakeholder organisation:</b></p>		<p align="center"><b>Association of Child Psychotherapists</b>                  120 West Heath Road, London NW3 7TU                  Tel: 020 8458 1609 Fax: 020 8458 1482                  Email: <a href="mailto:angie.lee-lazone@childpsychotherapy.org.uk">angie.lee-lazone@childpsychotherapy.org.uk</a>  <a href="http://www.childpsychotherapy.org.uk">www.childpsychotherapy.org.uk</a></p>
<p><b>Name of commentator:</b></p>		<p align="center"><b>Beverley Tydeman, Chair,                  Association of Child Psychotherapists</b></p>
<p align="center"><b>Comment No.</b></p>	<p align="center"><b>Section number</b></p> <p align="center">Indicate <b>number</b> or <b>'general'</b> if your comment relates to the whole document</p>	<p align="center"><b>Comments</b></p> <p align="center">Please insert each new comment in a new row.</p> <p align="center">Please do not paste other tables into this table, as your comments could get lost – type directly into this table</p>
1	2	<p>We welcome the draft scope's emphasis on the longer-term management of self harm and the recognition that the guideline should consider appropriate treatment for "underlying problems that may have led to the act of self-harm". Children and young people who self-harm may have underlying mental health problems which need to be addressed on a longer-term basis. They may also be struggling with experiences of neglect, abuse or maltreatment or, particularly in adolescence, with difficulties around gender identity or sexuality.</p>
2	3.2 a)	<p>The figure presented here that only about half the people who present at an accident and emergency department after self-harming are assessed by a mental health professional is shockingly low. In our experience, even where individuals are seen and assessed by a mental health professional such as a psychiatric nurse, there is often no follow-up care. Whilst being aware of the reality, the ACP believe that assessment by a mental health professional is essential in cases such as these, to enable underlying problems to be identified and referral sought to appropriate follow-up treatment.</p>

3	4.1.1	We note that the guideline will not cover children younger than eight years old and would be interested in the rationale behind this. In our experience, children younger than eight can exhibit self-harming behaviour, for example by being accident prone, although it may not be diagnosed as self harm. The two-year National Enquiry into Self Harm, launched in 2004 by the Mental Health Foundation and the Camelot Foundation, for example, found that although the average onset of self-harm is 12 years old, children as young as five engaged in self-harming behaviours such as banging their heads in the playground (see <a href="http://www.mentalhealth.org.uk/campaigns/self-harm-inquiry/">http://www.mentalhealth.org.uk/campaigns/self-harm-inquiry/</a> for Truth Hurts, the report of the national enquiry and <a href="#">here</a> for coverage of the findings in The Guardian).
4	4.3.1 c)	We welcome the range of psychosocial interventions that will be covered in the guideline. Children, young people and adults who self harm require a range of treatment options according to their specific circumstances. Children and young people will benefit from psychodynamic psychotherapeutic and systemic family therapeutic interventions in particular, which are able to work with parents and other family members as well as the often complex wider networks around them including schools, social workers and other mental health professionals.
5	4.3.1 d)	Pharmacological interventions will be far less relevant for the younger age group.
6	4.3.1 e)	We welcome the recognition here of the need for safe prescribing for people with a history of self-harm. The risk of the misuse of pharmacological interventions such as anti-depressants should be taken very seriously.
	4.3.1 f)	We would suggest that other treatment groups who may have specific care needs include adolescents struggling with difficulties around gender identity or sexuality and children and young people, who will need different interventions based on their developmental stage.
7	4.3.1 h)	Again, we welcome the emphasis here on accompanying or underlying mental health problems, which, while not being covered by this guideline, will be dealt with by reference to other NICE guidance.

Please add extra rows as needed

**Please email this form to: [selfharm@nice.org.uk](mailto:selfharm@nice.org.uk)**

**Closing date: 5pm on Friday 4 September**

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.