Resource impact summary report

Resource impact
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This guideline covers assessment, management and preventing recurrence for all people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability. The guideline covers support for people who have self-harmed in clinical and non-clinical settings. The guideline updates NICE guideline CG16 (published July 2004) and NICE guideline CG133 (published November 2011).

The number of people of all ages who presented to hospital following self-harm in 2013 was estimated to be around 567 per 100,000 population (Tsiachristas et al. 2020). People will also present in non-hospital-based settings. The number of people who self-harm is expected to have increased since 2013. Additionally, the COVID-19 pandemic continues to impact on the mental health of the population and has led to an increase in demand for mental health services. The Care Quality Commission, Centre for Mental Health, and Office for Health Improvement and Disparities have all identified an increase in demand for mental health services as a result of the pandemic with young people particularly affected. The local resource impact template which accompanies this report has a field for users to increase the demand for self-harm services since 2013, including any increase caused by the COVID-19 pandemic. Providing appropriate services for people who have self-harmed is a key component of suicide prevention.

Most of the recommendations in the updated guideline reinforce best practice. Where the existing guidance has been fully implemented there should not be a need for additional resource. Where the existing guidelines have not been fully implemented this is likely to require additional resources, which may result in a significant cost at a local and national level.

Some of the guideline areas and recommendations in the update may represent a change to current local practice. Where a change is required to current practice, this may require additional resources to implement, which may also be significant at a local and national level.

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

Depending on current local practice, recommendations which may require additional resources and result in additional costs include:

- People who attend hospital following an episode of self-harm should have a psychosocial assessment (recommendation 1.5.1). The opinion of experts on the guideline committee was that this was currently only happening in around 50% of cases.
- Referring people who have self-harmed for a cognitive behavioral therapy informed intervention aimed at reducing self-harm (recommendation 1.11.3). Experts on the guideline committee believed that this was not available in all areas of the country.
- If there are ongoing safety concerns for the person after an episode of self-harm, the mental health team, GP, team who carried out the psychosocial assessment or the team responsible for their care should provide initial aftercare within 48 hours of the psychosocial assessment (recommendation 1.10.2). Evidence shows that people who have self-harmed are at the greatest risk of recurrence in the first 2 to 3 days following an episode of self-harm, but experts on the guideline committee did not believe that this follow-up was being done in all areas or in all cases.

Implementing the guideline may:

- reduce repeat episodes of self-harm and suicide
- improve engagement with mental health services in people who have self-harmed
- improve access to interventions for people who have self-harmed.

These benefits may also provide some savings to offset some of the potential costs identified above.

Self-harm services are commissioned by NHS England and integrated care systems. Providers are NHS hospital trusts, mental health trusts and GPs.