NHS England and NHS Improvement
Wellington House
133-155 Waterloo Road
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SE1 8UG

21 October 2022

Dear colleagues,

Re: Managing risk and safety planning within mental health services

I am writing following the recently updated NICE guidelines for Self-harm: assessment, management and preventing recurrence which stipulate:

- Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- Do not use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.

I know many of you have begun work across your organisations to support the culture and practice change required to move towards more person-centred approaches to safety planning for people with mental health needs.

An overarching aim of the Long Term Plan for Mental Health is to deliver increasingly responsive services, to remove thresholds for access to care and to embed a "no wrong door" mentality across MH services. The expansion and transformation of services should support this important shift in clinical practice and it should no longer be the case that an assessment of risk leads to a door being closed to a patient. There is clear evidence that risk assessment tools are not an effective basis on which to predict future suicidal behaviour and incidents of self-harm, and should therefore, not be used as a basis for deciding whether or not to make care and treatment available for an individual.

- In recent NCISH annual reports, ~80% of patients who died by suicide were rated as 'low risk', demonstrating that the tools have poor predictive value and should not be used to exclude individuals from care and treatment.
- Furthermore, a recent analysis of 72 Prevention of Future Death (PFD) reports across 2021 where the concerns related to the provision of mental healthcare (inpatient and community), highlighted risk assessment as the most common concern raised in PFDs (~28%).

As many of you have shared with us, when services focus on formally rating risk they can often lose sight of the person's sense of safety and therefore miss an opportunity to focus on actions which can meet the person's needs, address their relational context and promote safety to the individual. Patient and family feedback emphasises the importance of: personalised approaches to safety planning (including needs, risks and context); the involvement of the person and their family and carers (where appropriate) and emphasis on sources of support. This is consistent with the position we set out in our Care Programme Approach Position Statement, which was first published in July 2021 and then updated in March 2022

To support services to adhere to upcoming NICE guidance and to enable a definitive change in clinical practice and culture, NHS England will work with NICE, DHSC and experts in suicide and self-harm prevention to further develop evidence-based best practice in safety planning and the management of needs and risks. This work will be co-produced with experts by experience, local clinical leaders and in line with evidenced based practice. I am grateful to those of you who have shared your thinking already with the national team, including colleagues from the Mental Health Directors of Nursing Forum. We will work closely with both the Directors of Nursing Forum and Medical Directors forum, alongside colleagues mentioned above, to co-produce a support offer which will help you and your teams drive change locally.

In the meantime, we are asking all services to review the use of risk assessment tools and scales and develop highly personalised assessment and management of needs, risks, and contexts; what we would like to call safety planning. Whilst colleagues mentioned above co-produce more detailed and up to date best practice, we advise services to refer to NCISH guidance on assessment and response to clinical risk in mental health services, alongside NCISH's '10 Ways to Safer Services' recommendations. Please see Annex below for more sources of support in this space.

With best wishes

Tim Kendall

Professor Tim Kendall
National Clinical Director for Mental Health
NHS England

Annex A: Relevant resources and support

- NCISH has been working with community transformation sites to improve support for people who self-harm and we encourage all MH Trust transformation teams to make use of their offer and range of resources, available here.

- To improve the quality of mental health liaison services, NHSE/I has introduced a CQUIN which provides a financial incentive to influence liaison services (or CYP equivalent teams) to achieve 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines, including:
  - Assessment of needs
  - Risk assessment
  - Developing an integrated care and safety management plan

Implementation of the CQUIN is supported by NCISH who are commissioned to support teams to review working practices with A&E and the rest of the hospital to ensure that people attending having self-harmed are not discharged unsafely. Please ensure your liaison teams are engaged in the CQUIN and support offer.