NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NICE guidelines and their relevance to inpatient mental health care from 2000–2023

Explanatory document

Cite as: National Collaborating Centre for Mental Health. NICE guidelines and their relevance to inpatient mental health care from 2000–2023: Explanatory document. London: National Collaborating Centre for Mental Health; 2025.

Contents

Introduction

The Lampard Inquiry is a statutory public inquiry established to investigate the circumstances surrounding the deaths of mental health inpatients under the care of NHS trusts in Essex between 1 January 2000 and 31 December 2023.[1]

As part of the contextual information for Inquiry members, the National Collaborating Centre for Mental Health (NCCMH) has been commissioned to produce an introductory overview of guidelines developed by National Institute for Health and Care Excellence (NICE), and their relevance to inpatient mental health care, offering context and background around the guidelines' role in advising on clinical best practice and service delivery. The introductory overview is in the form of a recorded lecture and slides (available here), accompanied by this explanatory document.

Content summary

We first introduce NICE guidelines, describing their key principles and aims, and the process by which they are developed and reviewed.

We then highlight guidelines produced between 2000 and 2023 that may be most relevant to the Inquiry, in that they focus on mental health conditions prevalent among patients on inpatient wards, or on inpatient settings and the care provided immediately before and after an admission. We give examples of specific guidelines and their recommendations, key guideline elements, and changes or trends in recommendations over time.

Finally, we give some broader context and look at where NICE guidelines have influence within the NHS and beyond, successes and challenges with implementing NICE guideline recommendations, and future challenges.

Presenters

The lecture is delivered by two of the NCCMH's Directors, Professor Stephen Pilling and Professor Tim Kendall. Together, they produced the first NICE guideline (Schizophrenia, CG1) in 2002 and went on to publish many further NICE guidelines together.

Professor Stephen Pilling is a highly experienced clinical psychologist and Head of the Clinical Educational and Health Psychology Department at University College London. As a Director of the NCCMH at the Royal College of Psychiatrists, he has had a significant role in producing many NICE guidelines related to mental health care, and currently holds a role as Consultant Clinical Advisor on Mental Health to NICE. He has worked extensively in the NHS as a consultant clinical psychologist, where he set up and led various mental health services. His work continues to contribute to mental health research, education, service improvement, and to shaping the training and practice of psychological therapies in the UK and beyond.

Professor Tim Kendall is a highly respected consultant psychiatrist at Sheffield Health and Social Care NHS Foundation Trust and is the National Clinical Lead for New Models of Mental Health care. He served as the National Clinical Director for Mental Health in England between 2016 and 2024, and, prior to that, produced NICE guidelines for 15 years. His extensive experience in developing NICE guidelines includes chairing the first NICE guideline on the management of schizophrenia, and subsequently leading on over 30 NICE guidelines including those for ADHD (attention deficit hyperactivity disorder) and dementia.

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) is an independent public body of the Department of Health and Social Care. Its key role is to provide independent, rigorous and systematic evaluation of the available evidence related to health conditions and the provision of health services. Based on this evidence, NICE produces guidance and recommendations for all those involved in the receipt and provision of health care, including clinicians, people who use services, and their families and carers. NICE also focuses on encouraging the uptake of best clinical practice through these guidelines, and on the improvement of health outcomes for all.[2]

Widespread professional and public involvement and support has been embedded throughout all NICE's work. NICE not only collaborates with medical royal colleges and system partner organisations but also with people with lived experience of mental health conditions.[2,3]

Section 1: Introduction to NICE guidelines

What are NICE guidelines?

NICE guidelines are evidence-based recommendations for health and care in England and Wales. The guidelines are generally centred around a particular health diagnosis or clinical need. They aim to improve health and social care by providing guidance on the most effective ways to prevent, diagnose and treat various conditions.[4]

NICE has developed robust processes to govern guideline development, which are updated regularly and routinely consulted upon.[5] Initially, this involves identifying a topic area and bringing together a relevant group of expert clinicians, researchers and experts by experience to work on the guideline, supported by experts in guideline development. Together, this committee identifies all relevant evidence related to the guideline topic area. This might include studies on certain treatments, and their effectiveness, harms, cost–benefit and the experience of people receiving the treatment. This evidence is then transparently and systematically analysed, evaluated and integrated into a narrower evidence base, which is used to develop recommendations. These recommendations may be for specific treatments, as well as for the optimal delivery of health care and the optimal use of resources.[5,6] For further information, see the Guideline development process section below.

NICE was established with a view to reduce variations in care across England and Wales.[7] NICE guidelines play a crucial role in this, by helping to ensure that patients receive, and clinicians provide, high-quality, evidence-based treatment.[8] The guidelines are intended to support decision-making for both clinicians and people using services, to underpin the provision of high-quality healthcare.[9]

Principles of NICE guidelines

NICE guidelines are designed to aid clinical judgement rather than replace it.[10] They provide a framework for best practice, while allowing flexibility to ensure that care is tailored to meet individual patient need.[11] The guidelines emphasise the importance of clinical judgement, consideration of patient preferences and values, and the context of care.[12]

It is important to note that the use of NICE guidelines cannot be mandated. Clinicians are not required to follow the guidelines and their recommendations, rather they are encouraged to use the guidelines as tools to aid their clinical decision-making.[13]

Purpose of NICE guidance (‘What guidelines can do’)

Here, we outline six important functions of NICE guidance:

1. Helping us to move from ‘eminence-led’ to ‘evidence-based’ practice. Clinical practice has previously placed a lot of emphasis on the professional autonomy of the doctor, and on individual clinical practice being developed through learning from more eminent or experienced practitioners.[14] Clinical guidelines offer an alternative, so that clinicians can make decisions grounded in the best available evidence and subsequently reduce variations in care provision.[10]

2. Summarising large bodies of evidence to facilitate clinical application. It would be impossible for individual clinicians to review the large (and ever increasing) breadth of evidence, and evaluate its varying

quality and applicability, when making an individual treatment decision. By evaluating and synthesising all relevant evidence in each guideline topic area,[2] NICE provide a streamlined collection of evidence and associated recommendations, making it possible for clinicians and people who use services to access and understand.

3. Steer individual treatment choices within an understanding of 'best care'. Much of the high-quality evidence that guidelines are based on are randomised controlled trials (RCTs) and other experimental trials, which give a statistical average of differences between a treatment and its comparator. From these studies, inferences can be drawn about what treatment is *likely* to work, identifying 'best care', but the study results can never definitively indicate what *will* work. This means that the guidelines can steer but not specify individual treatment choices.

4. Underpin 'quality standards' for healthcare services. Quality standards are concise sets of evidence-based statements, designed to drive quality improvements in health, public health and social care. They highlight priority areas in which there are significant variations in practice, and provide clear, measurable indicators to help healthcare providers assess and improve their services. Standards offer a benchmark for high-quality care, and are used for audits and measuring the extent to which services reach the standards. The guidelines and standards can also be used to identify any practice that might be seen as requiring improvement.[15]

5. Improve practice for individual clinicians in various ways, including through a number of quality improvement programmes that use the recommendations from NICE guidelines. Improvements might be through training clinicians or other staff to administer particular interventions or assisting the team with retiring interventions for which there is weak evidence to support their use.

6. Steer decisions about spending on health services. Commissioning bodies, such as integrated care boards (ICBs), tend to focus on commissioning services that deliver NICE-concordant care – partly so that care might be delivered efficiently, meaning that cost savings can be seen later.[16–18] The guidelines also form the basis of the advice that clinicians give to politicians and policymakers, which influences the decisions made around the spending of money in health and care services.

Limits of NICE guidance *('What guidelines can't do')*

NICE guidance has some key limitations. Below, we highlight three areas for consideration (though these are not exhaustive).

Guidelines do not (1) replace clinical decision-making, nor do they (2) replace patient choice.[10] It is the role of the clinician to use the guidelines to underpin their clinical decision-making as far as possible, and also to find out what the patient's preference is and identify what other support they might need to improve their quality of life.

(3) Guidelines cannot reliably account for multimorbidity or comorbidity. Guidelines tend to be focused on particular individual conditions, and most of the evidence they include does not fully consider the complexity involved with multimorbidity (multiple long-term conditions).[19] This limits the confidence of what a guideline can recommend for people who have multiple problems, which may be particularly important when focusing on inpatient units. In 2016, NICE did, however, produce a separate guideline for the clinical assessment and management of multimorbidity in adults, aiming to optimise care by reducing treatment burden and unplanned care.[20]

Guideline development process

NICE guidelines are developed following a common process,[5,6] which begins with the identification of a topic.

Topics chosen

Typically, topics are referred to NICE by different health and social care organisations. Topics may be particular health conditions, or areas of care that require further development of best practice.

Scope produced

Once a topic has been selected, a scope is produced which outlines:

- why the guideline is necessary
- what it seeks to achieve
- the limits to what will and will not be covered.

The scope is subject to public consultation, with stakeholders invited to comment on the draft scope before it is finalised. Equality issues are typically identified during the scoping stage and continually reviewed throughout the guideline's development.

Guideline developed

The guideline content is then developed following a robust process that begins with reviewing the evidence relevant to the guideline's topic area. Evidence is identified through searching journals and other sources for literature, and through asking stakeholders. Analysis then focuses on clinical and cost effectiveness/cost impact, and the quality of studies. A summary of the relevant evidence is then considered by a committee of practitioners, professionals, care providers, commissioners, those who use services, and family members or carers. The committee interprets the evidence and uses it, alongside testimony from various experts, to form recommendations.

Although the guideline development process is consistent, the availability of high-quality research evidence varies across topic areas. Where there is little experimental evidence, guidelines rely more on expert knowledge. These under-researched areas should not be neglected when developing guidelines, and the robust process of expert input and consultation gives some confidence that recommendations will be of benefit.[21] In these circumstances, an important contribution that NICE makes is to highlight areas of clinical practice where research is limited and recommend research to address these evidence gaps.[22]

Guideline consultation and revision

In the next stage, the draft guideline is circulated widely to stakeholders, including service users, experts in the field, service providers, and wider health, care and government organisations. This consultation is a formal requirement of the guideline development process. The guidelines are further assessed for impact on equality and specific targeted consultation with relevant groups may be required to address any areas of concern.

Stakeholders can then return comments for consideration, which are considered by the guideline development group, and any changes are agreed and implemented. There is a clear responsibility from NICE to provide evidence that each and every comment has been responded to. This is a very careful process that

leads to an improvement in the guideline and results in a final version that has a reasonable level of confidence, drawing on both the evidence and knowledge obtained from the consultation process.

Publication

Finally, the guideline is signed off and published by NICE's senior team and the Guidance Executive. Awareness of the guideline is promoted, and steps are taken towards implementation of the guideline.

Changes to NICE guidelines over time

All published guidelines are reviewed regularly against new emerging evidence. NICE use surveillance to explore whether "there is any new evidence to contradict, reinforce or clarify guideline recommendations."[5]

The surveillance process begins with proactive surveillance, which involves the monitoring of 'key events' (such as the publication of a relevant study, relevant policy or legislation changes, or the withdrawal of a drug/a drug safety update from the Medicines and Healthcare products Regulatory Agency [MHRA]).

Events are then triaged to determine whether a surveillance assessment is needed. Events are prioritised, first based on safety, and then based on:

- health and social care system priorities
- any burden on services
- population impact
- the potential impact on addressing health inequalities
- whether the evidence base changes frequently or has a high degree of uncertainty
- whether NICE could add value by incorporating new information into the guideline.

Following the prioritisation of events, a surveillance assessment might be conducted to discern how the event will affect a guideline's recommendations, and additional feedback is sought from experts in the area. The assessment might include further intelligence gathering and literature searches, if necessary. If the guideline is deemed to need to be updated, registered stakeholders are informed of the intention to update and of the planned approach.

Proposals for updating a guideline are considered and a decision is made about the guideline update. One of the decision outcomes could be to update the guideline, which involves reviewing the evidence and producing either (a) a full update that replaces the original guideline, or (b) a partial update of sections of the guideline likely to be affected. Other decision outcomes might be to not update, to defer an update, to make minor amendments, to withdraw recommendations or to withdraw a guideline.

For further information on NICE processes, see their guideline process and methods manual, Developing NICE guidelines: The manual (PMG20).

Section 2: NICE guidelines applicable to inpatient mental health care in 2000–2023

Key NICE guidelines for inpatient mental health care

NICE guidelines largely apply to multiple healthcare settings and, as such, all published guidelines may be applicable to individuals' care provision before, during and immediately after inpatient mental health stays. However, here we highlight specific guidelines that may have the most relevance to inpatient care in the topic areas they cover. In line with the Inquiry's remit, the focus is on care for people of all ages, and guidelines that were in use from 1 January 2000 to 31 December 2023.

Relevant guidelines

The following NICE guidelines developed and in place between 2000 and 2023 have been identified as of particular relevance to inpatient mental health care. Here we provide their categories, titles and identifier codes ('CG' denotes 'Clinical Guideline' and was used prior to 2015, 'NG' denotes 'NICE Guideline', used from 2015). We also note their month and year of publication, most recent update and whether any guidelines entirely replaced others. For a full timeline of these guidelines, see

Figure 1.

Severe mental illness: Guidelines for the treatment and management of severe mental illnesses, including schizophrenia and bipolar disorder.

- Bipolar disorder: Assessment and management (CG185)
  Published 24 September 2014. Last updated 21 December 2023.
    - This guideline replaced 'Bipolar disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care' (CG38), published 26 July 2006.
- Psychosis and schizophrenia in adults: Prevention and management (CG178) Published 12 February 2014. Last updated 1 March 2014.
    - This guideline replaced 'Psychosis and schizophrenia: Management' (CG82), published 25 March 2009, which replaced 'Schizophrenia' (CG1), published 1 December 2002.
- Psychosis and schizophrenia in children and young people: Recognition and management (CG155)
  Published 23 January 2013. Last updated 26 October 2016.
- Rehabilitation for adults with complex psychosis (NG181)
  Published 19 August 2020.

Personality disorder guidelines: Recommendations for the recognition and management of personality disorders.

- Antisocial personality disorder: Prevention and management (CG77)
  Published 28 January 2009. Last updated 27 March 2013.
- Borderline personality disorder: Recognition and management (CG78)
  Published 28 January 2009.

Drug and alcohol with psychosis and coexisting substance misuse: Guidelines addressing the assessment and management of patients with coexisting severe mental illness and substance misuse.

- Coexisting severe mental illness (psychosis) and substance misuse: Assessment and management in healthcare settings (CG120)
  Published 23 March 2011.
- Coexisting severe mental illness and substance misuse: Community health and social care services (NG58)
  Published 30 November 2016.

Violence, aggression and self-harm: Guidelines for the short-term management of violence and aggression in mental health settings, and the assessment and management of self-harm.

- Preventing suicide in community and custodial settings (NG105)
  Published 10 September 2018.
- Self-harm: Assessment, management and preventing recurrence (NG225)
  Published 7 September 2022.
    - This combined and replaced two guidelines: 'Self-harm in over 8s: Short-term management and prevention of recurrence' (CG16), published 28 July 2004, and 'Self-harm in over 8s: Long-term management' (CG133), published 23 November 2011.
- Violence and aggression: Short-term management in mental health, health and community settings (NG10)
  Published 28 May 2015.

Eating disorders: Recommendations for the recognition and treatment of eating disorders.

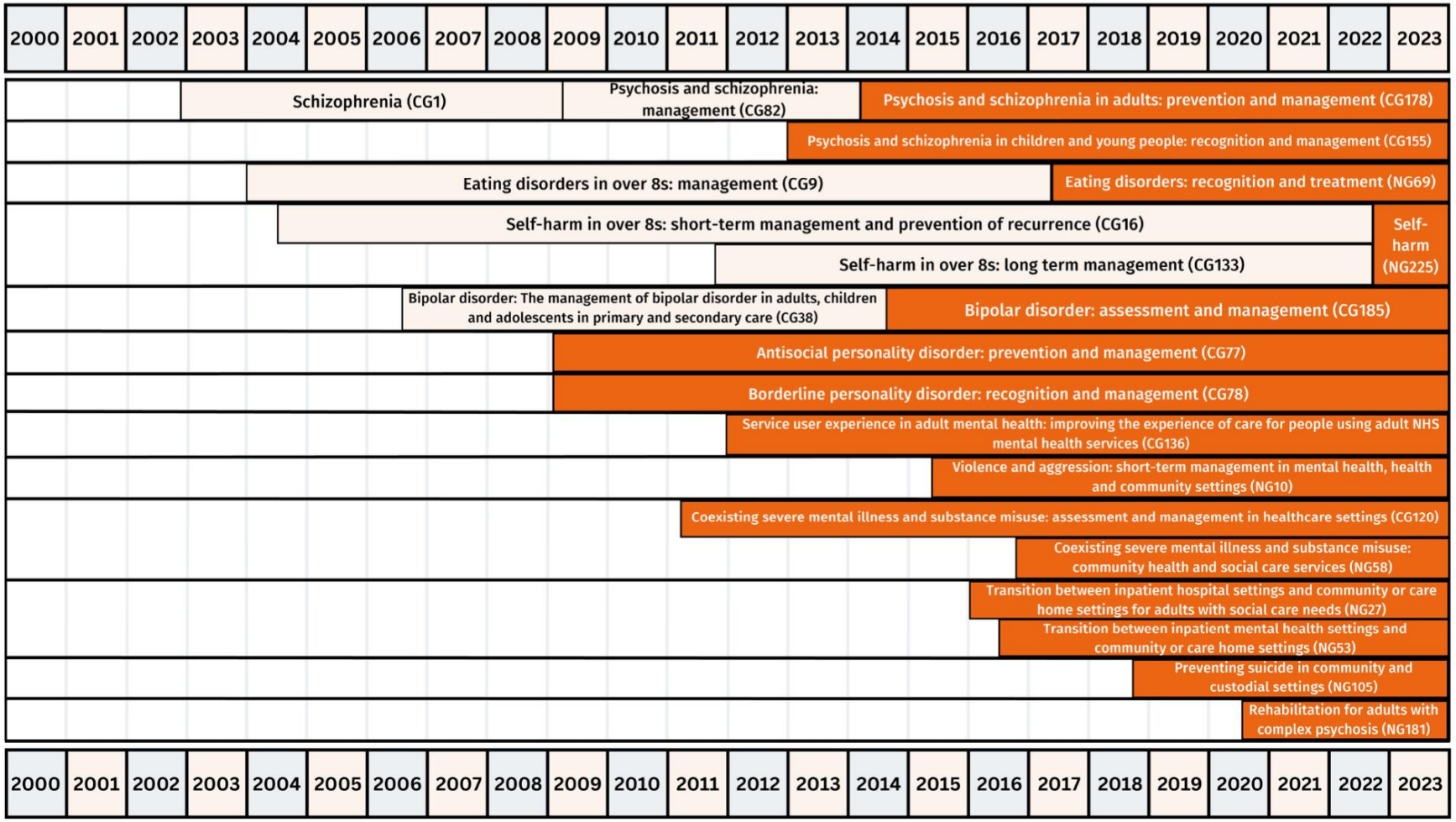
- Eating disorders: Recognition and treatment (NG69)
  Published 23 May 2017. Last updated 16 December 2020.
    - This replaced 'Eating disorders in over 8s: Management' (CG9), published 28 January 2004.

Discharge and post-discharge care: Guidelines for the transition between inpatient mental health settings and community or care home settings.

- Service user experience in adult mental health: Improving the experience of care for people using adult NHS mental health services (CG136)
  Published 14 December 2011.
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27)
  Published 1 December 2015.
- Transition between inpatient mental health settings and community or care home settings (NG53)
  Published 30 August 2016.

Figure 1 illustrates which guidelines were in use over the timeline of the Inquiry, and which guidelines have been replaced and when.

Figure 1: A timeline of NICE guidelines relevant to inpatient mental health care, published in 2000–2023



Note: The timeline can be read from left to right, starting from the year 2000 up to the end of 2023. The start of each guideline's box indicates the month of publication. The length of the box indicates how long the guideline was in effect.
Orange box = guideline is in use at the time of writing this report.
Cream box = guideline has been superseded by a later guideline.

All current guidelines and a record of their updates are on the NICE website. Historical guidelines that have been entirely superseded are available on request.

Each guideline provides summaries of evidence as well as detailed recommendations for treatment and service delivery, aiming to improve patient outcomes and ensure consistent, high-quality care across the NHS. For example, the guidelines for severe mental illness include recommendations for pharmacological and psychological interventions, while the guidelines for discharge and post-discharge care emphasise the importance of effective transition planning and support.

Trends in recommendations

The first NICE guideline to be published was the Schizophrenia guideline (CG1) in December 2002. Since then:

- more guidelines have been produced
- availability of evidence has increased
- there has been a greater emphasis on the provision and uptake of psychological interventions, with most NICE mental health guidelines now emphasising a role for psychological therapies within the provision of care
- there has been a greater focus on the physical health needs of people with mental health problems, and
- greater care with pharmacological interventions is now advised.

Moving from ‘risk assessment’ to ‘safety planning’

A key trend in recommendations relevant to this Inquiry is a move away from ‘risk assessment’ and towards a different approach, which might be better described as ‘safety planning’. During the development of the updated Self-harm: Assessment, management and preventing recurrence (NG225), evidence emerged suggesting that risk scales and risk scores should not be used.[23] Often, patients would be classified, based on scores from risk assessment tools, as low, medium or high risk, and the care offered would be influenced by this. The evidence suggested that scores from risk assessment tools did not accurately predict a person’s actual risk of harm to themselves.[23] As a result, the development of NICE guidelines on self-harm recommend to no longer use risk assessment tools and to, instead, move towards ‘safety planning’.[24]

Section 3: Broader context

Influence of NICE guidelines

NICE guidelines have widespread use and influence in major national organisations, including the NHS. Policy documents related to the provision of mental health services all refer to NICE guidelines and support the provision of NICE-concordant care. Implementation guides, which outline the specifics for the delivery of certain service models, have been developed in line with NICE recommendations. NICE quality standards have also been developed, which indicate what should and should not be delivered in care, and can form part of national clinical audits or national surveys identifying what is actually delivered. Within the Royal College of Psychiatrists, where the NCCMH is based, there are several quality networks that now have accreditation standards. A mental health care team can apply for accreditation, and part of the accreditation process evaluates the extent to which they follow NICE guidelines in the provision of care.

Implementing recommendations

The implementation of NICE guidelines and their impact within mental health services is varied. Implementing NICE guidelines has shown to be successful in NHS Talking Therapies for anxiety and depression,[25] with excellent patient outcomes. In Early Intervention in Psychosis services[26] there has been a gradual improvement in patient outcomes over time.

However, there are unintended consequences of guideline implementation, such as possibly contributing to the fragmentation of care we see when multiple mental health teams operate within a single geographical area. Recommendations have been made for specific mental health teams, such as assertive outreach teams or crisis resolution and home treatment teams. However, the evidence for specific teams is not particularly strong and, in some cases, can be contradictory. A related issue is that specialist inpatient teams have become more detached from all other teams within the community. Teams no longer work across both inpatient and community settings, making continuity of care difficult.

Discussion: Future challenges for NICE guidelines

There has been a particular challenge for NICE guidelines in ensuring that they properly recognise and seek to address the inequalities in outcomes for people from black and ethnic minority backgrounds. A step towards this is having adequate representation and inclusion in guideline development groups, and through the establishment of special working groups focusing on the needs of people from specific backgrounds. More work needs to be done to ensure that people whose care might be affected are central to the development process of all future guidelines.

Further, as mentioned However under ‘Implementing recommendations’, service-level recommendations that have focused on the provision of specific teams may have contributed to the fragmentation of services, and so to poorer continuity of care and inefficiencies in health and care provision. Evidence around, and therefore the recommendations for, specific treatments and interventions may be a better continued focus for future guidelines.

Conclusion

This document has provided an overview of the NICE guidelines relevant to inpatient mental health care, including their development, changes over time, key guidelines, broader influences, challenges in implementation and future directions.

In summary, NICE guidelines provide the best available evidence for healthcare across England and Wales. Developed through a rigorous process based on high-quality evidence and intelligence, these guidelines are continually monitored to ensure that the recommendations are safe, and reflect the latest research and policy. Because the guidelines offer strong evidence, they should be considered during clinical practice, but their use is not mandated.

References

1 The Lampard Inquiry. The Lampard Inquiry - investigating mental health deaths in Essex. [Web page]. Available from: https://lampardinquiry.org.uk/. Accessed: 8 Apr 2025.

2 NICE. Our charter. [Web page]. Available from: https://www.nice.org.uk/about/who-we-are/our-charter. Accessed: 8 Apr 2025.

3 NICE. Patient and public involvement policy. [Web page]. Available from: https://www.nice.org.uk/about/nice-communities/nice-and-the-public/public-involvement/patient-and-public-involvement-policy. Accessed: 8 Apr 2025.

4 NICE. NICE guidelines. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines. Accessed: 8 Apr 2025.

5 NICE. Developing NICE Guidelines: The Manual. Process and Methods Guideline 20. London: NICE; 2014.

6 NICE. How we develop NICE guidelines. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/how-we-develop-nice-guidelines. Accessed: 8 Apr 2025.

7 Morriss R. Mandatory implementation of NICE Guidelines for the care of bipolar disorder and other conditions in England and Wales. BMC Medicine. 2015;13:246.

8 NICE. Benefits of implementing NICE guidance. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/into-practice/benefits-of-implementing-nice-guidance. Accessed: 8 Apr 2025.

9 NICE. Making decisions using NICE guidelines. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/making-decisions-using-nice-guidelines. Accessed: 8 Apr 2025.

10 NICE. Our principles. [Web page]. Available from: https://www.nice.org.uk/about/who-we-are/our-principles. Accessed: 8 Apr 2025.

11 NICE. The Guidelines Manual. Process and Methods Guideline 6. London: NICE; 2012.

12 NICE. Shared decision making. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making. Accessed: 9 Apr 2025.

13 Drummond M. Clinical Guidelines: A NICE way to introduce cost-effectiveness considerations? Value in Health. 2016;19:525–30.

14 Atkinson P, Sheard S. NICE: A Contemporary History of the National Institute for Health and Care Excellence. London: Routledge; 2025.

15 NICE. Quality standards. [Web page]. Available from: https://www.nice.org.uk/standards-and-indicators/quality-standards. Accessed: 9 Apr 2025.

16 NICE. Assessing the resource impact of NICE guidance. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/into-practice/resource-impact-assessment. Accessed: 10 Apr 2025.

17 Jin H, Tappenden P, MacCabe JH, Robinson S, McCrone P, Byford S. Cost and health impacts of adherence to the National Institute for Health and Care Excellence schizophrenia guideline recommendations. The British Journal of Psychiatry. 2021;218:224–9.

18 Knapp M, Wong G. Economics and mental health: the current scenario. World Psychiatry. 2020;19:3–14.

19 Trikalinos TA, Segal JB, Boyd CM. Addressing multimorbidity in evidence integration and synthesis. Journal of General Internal Medicine. 2014;29:661–9.

20 NICE. Multimorbidity: Clinical Assessment and Management. NICE Guideline 56. London: NICE; 2016.

21 Sharma T, Choudhury M, Kaur B, Naidoo B, Garner S, Littlejohns P, et al. Evidence informed decision making: The use of “colloquial evidence” at NICE. International Journal of Technology Assessment in Health Care. 2015;31:138–46.

22 NICE. Research recommendations. [Web page]. Available from: https://www.nice.org.uk/about/what-we-do/science-policy-research/research-recommendations. Accessed: 10 Apr 2025.

23 Self-Harm: Assessment, Management and Preventing Recurrence. [G] Evidence Review for Risk Assessment and Formulation. London: NICE; 2022.

24 NICE. Self-Harm: Assessment, Management and Preventing Recurrence. NICE Guideline 225. London: NICE; 2022.

25 NCCMH. NHS Talking Therapies for Anxiety and Depression Manual. London: NCCMH; 2024.

26 NHS England. Implementing the Early Intervention in Psychosis Access and Waiting Time Standard. London: NHS England; 2023.