



Llywodraeth Cymru
Welsh Government

The Integrated Quality Statement for Self-Harm

Contents

03	Purpose
04	Introduction
05	Understanding self-harm
05	Who is this for?
06	Outcomes
07	Domains
09	Themes
11	Strategies, guidance and legislation
12	Development process

Purpose

Quality Statements are Welsh Government documents that set out the quality of services that the public can expect, and service providers must deliver, to achieve the best outcomes for people. These statements are published on the GOV.WALES website and are accessible to everyone.

The requirement for these statements was set out in the Health and Social Care (Quality and Engagement) (Act) Wales 2020 followed by statutory guidance in 2023¹.

This is an integrated quality statement which means it applies to services in health, care, and other settings such as the criminal justice system, or housing and homelessness services.



¹ [The Duty of Quality in healthcare | GOV.WALES](#)

Introduction

Self-harm affects people of all ages and from all walks of life, with or without a mental health condition. Self-harm is increasing alongside rising prevalence of mental and emotional conditions across the UK in young people, and across the life-course. While higher rates of self-harm are evident in young females (under 25), rates amongst males and females are more equal into adulthood, and in older adults².

Many people who self-harm will not make it known to others due to stigma and shame. Many disclose their self-harm to people who they trust, such as family, friends, carers, or peers online, but may not access health services for help and support. Others may seek help from their GP or, depending on the level of harm, may find they need medical care and treatment in an emergency department or minor injuries unit.

There are strong associations between self-harm and physical health conditions that limit activity, and self-harm can become apparent during the treatment and management of physical conditions or illness.

There are a wide range of environments and circumstances in which someone who self-harms may seek help and will need a compassionate and trauma-informed response, without judgement. However, from the testimonies of those living with self-harm, we know that this is not always what they experience.

This all-age Integrated Quality Statement describes the standards of care that need to be in place for people who self-harm, in any environment in which they may seek help. The statement sets out what people who self-harm can expect from front-line health, care, and other workers, and the outcomes that result from the right response.

There is a Quality Statement for Mental Health that sets the context and expectations for the delivery of NHS Mental Health Services, many of which will support people who self-harm. The Integrated Mental Health Quality Statement can be found here: [The Quality Statement for Mental Health | GOV.WALES](#)

There is also a Quality Statement in development for Neurodiversity, and a Quality Statement for Care in Emergency Departments.³

² [Chapter 4: Suicidal thoughts, suicide attempts and non-suicidal self-harm – NHS England Digital](#)

³ [Care in Emergency Departments – A Quality Statement](#)

Understanding self-harm

Self-harm can mean different things to different people, and people will explain their understanding of self-harm in different ways.

Health and Care professionals use an internationally recognised definition: self-harm is an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act (NICE 2022).⁴

This definition is used for clinical guidance in the UK, and in the National Suicide Prevention and Self-harm Strategy for Wales. It is helpful to share a clear definition and understanding of self-harm when planning services and allocating resources.

People who self-harm may not identify with this definition, and it is important to listen to them and understand their relationship with self-harm. This can be different at different times.

This definition shows that self-harm doesn't always mean that someone wants to end their life, but it can include suicide attempts. Most people who self-harm do not go on to die by suicide.

All forms of self-harm are indicators of distress and require an equally compassionate response.

Who is this for?

This Integrated Quality Statement is for:

- all services that respond to people who self-harm
- people who self-harm, and
- all those who care for someone who self-harms.

National Clinical Guideline NG225 (NICE) published in 2022, identifies professionals in sectors other than health for whom the national quality guidance is important. Those groups and others include:

- mental health, neurodevelopment, and learning disability professionals
- primary care professionals
- ambulance staff and paramedics

- emergency department professionals
- pharmacy professionals
- general hospital settings
- social care settings
- educational and youth support services
- the criminal justice system
- third sector organisations.

People requiring self-harm services, their families and carers. As services exclusively focused on self-harm do not exist, reference will be made to **'services responding to self-harm'** throughout this statement. Those who require help, care and support will be referred to as a **'person'** or an **'individual'**.

Outcomes

If a person who self-harms seeks help, or discloses self-harm, and receives the right response, they will:

- feel that they've been heard, seen, and understood
 - feel that they have been taken seriously, and treated with respect, and without judgement
 - have been treated as an individual with a response tailored to their needs
 - feel safe and effectively treated in relation to physical injuries or harm, and reassured regarding follow-up care
 - be assured that they have received safe prescribing
 - have been signposted to an open-door, ongoing provision that allows for the development of a trusted relationship with someone who can listen and help (if not immediately available)
 - have been provided with information for them and their carers to help them in their understanding of self-harm, different self-care strategies, and sources of urgent help such as 111 press 2
- have been supported with any safeguarding issues that may have arisen, in line with confidentiality protocols
 - if not in a setting for urgent medical treatment, to have had an opportunity to talk about the wider issues that might be
 - underlying their self-harm, if seeking help, and know that support for these issues will be part of the response. These wider issues could include housing, employment, drug and alcohol use, domestic or sexual abuse, other trauma⁵
 - have been given access to a holistic psychosocial assessment⁶
 - have engaged in a collaborative conversation supporting the development of a user-led safety plan
 - receive the right amount of support the first time they seek help, to encourage on-going help-seeking, and early intervention.

5 [Trauma-Informed Wales](#)

6 [Psychosocial-assessment-guide-2022-WEB.pdf](#)

Domains

Safe

Services responding to self-harm will:

- ensure that all staff have a well-informed understanding of self-harm and risks associated with escalation, including suicidality⁷
- ensure that all staff have the inter-personal skills to engage in a way that does not cause further distress, trauma, or other harm to a person or their family or carers
- have the competence and capability to respond, or a clearly defined pathway to respond, to individuals who may need immediate medical care
- provide a physical and psychological environment in which individuals feel safe to disclose personal information or express their distress
- have clear pathways and procedures to address safeguarding concerns regarding physical and mental safety of an individual and their dependents
- know of safe and accessible services for onward care or next steps to which individuals can be signposted
- ensure staff are supported so that they feel safe at work, and able to care for their own wellbeing.

Timely

Services responding to self-harm will:

- be able to respond to a person at the time that they present with self-harm or disclose their self-harm, without delay
- be able to provide high quality emergency mental and physical health care when required
- be able to work alongside each person to understand their priorities in relation to the response they need at that time
- be able to suggest other forms of support or help that is immediately available for ongoing self-care.

Effective

Services responding to self-harm will:

- ensure there is a sound evidence base to the approaches and strategies being used for example: safety planning interventions, and services being offered for example: cognitive or dialectical behaviour therapies (CBT/DBT)
- deliver evidence-based mental health and physical health care, and concurrently when required
- engage collaboratively with people to ensure they are provided with an effective intervention or response, while also seeking to deliver the outcomes that are most important to them

- ensure advice and signposting for onward management is evidence-based and of the right quality and suitability
- design systems to evaluate ongoing service delivery, using quantitative and qualitative data and information, including through the testimonies of people with living experience, to ensure continual improvement in provision
- have the expertise to conduct a psychosocial assessment if required, or a clear and reliable pathway to someone who is qualified to conduct a psychosocial assessment
- understand cognitive differences around neurodivergence and learning difficulties and how this may affect social communication and social interaction.

Efficient

Services responding to self-harm will:

- use quantitative and qualitative measures to evaluate cost efficiency
- engage in regular dialogue with service users to understand their needs, preferences, and priorities so that resources are not directed towards activities or interventions that do not add value.

Equitable

Services responding to self-harm will:

- understand the factors that make people more vulnerable to self-harm, and address the challenges that individuals and their carers may face in accessing services

- ensure the same quality of service is available to meet a broad spectrum of needs, accounting for an individual's protected characteristics and intersecting identities
- ensure that access to the same quality of service is available to individuals who have a history of drug and alcohol use, who are in contact with the criminal justice system, and with appropriate adaptations for neurodivergent people or people with learning difficulties, vulnerable children, young adults, and older adults.

Person-centred

Services responding to self-harm will:

- demonstrate genuine curiosity in the person, what has happened to them, and what matters to them
- tailor care in a collaborative way, arriving at possible management strategies together, or arranging a time for such conversations when the person is ready
- create opportunities for individuals to express their physical, mental and emotional needs
- be led by the experiences and preferences of the person seeking help, responding to their perceptions of the severity of harm
- avoid making assumptions during an interaction, understanding that individuals may self-harm for different reasons and in different ways on different occasions
- respect the persons confidentiality, whilst recognising when this may need to be openly discussed if there are concerns for their safety, or the safety of their dependents or people they care for.

Themes

Workforce

Services responding to self-harm will:

- have fostered an operational culture in which all staff can demonstrate the right knowledge, skills, attitudes and behaviours to be able to deliver a compassionate response to people who self-harm, without judgement, discrimination, or stigma, within the scope of their roles
- ensure that staff recognise that self-harm may only be disclosed once a therapeutic relationship has been established, and that other factors such as poverty, domestic abuse, or other trauma may be underlying the self-harm
- create opportunities to ensure staff have the requisite expertise and appropriate behaviours through a combination of practical experience and formal training, mentorship, supervision, and peer support, to respond to all groups in society
- ensure that staff are supported should interactions be challenging, or safety concerns require internal escalation or engagement of other services
- operate effectively across a multi-agency or multi-sectoral service landscape ensuring all workers are aware of the wider service context and offers.

Culture

Services responding to self-harm will:

- be sensitive to cultural heritage and faith, recognising how beliefs shape help seeking and coping strategies, and when accepted or professional terminology or language regarding mental or emotional wellbeing may not be understood
- actively work to eradicate stigma relating to self-harm within services, and be sensitive to individuals experiences of stigma at home, at work, in their communities, or self-stigma and shame
- have staff empowered and confident to respond to people's needs in the context of the individual's perception of their risk, and the type of support they want at that time, even if this is less than what is available to them
- be supported by an organisation that provides clear pathways to other provision to enable staff to deliver continuity of care
- provide clear escalation routes for staff to seek advice and support, so that they can respond to the needs and preferences of the person.

Information

Services responding to self-harm will:

- fully engage with organisational performance management systems, accurately recording and reporting data and information
- be able to collect, analyse and interpret data and information at an individual and service level to plan and improve service quality
- keep accurate and confidential records, knowing when and how to share data and information when caring for someone⁸.

Learning, improvement, research

Services responding to self-harm will:

- support or participate in research and the transfer of knowledge into practice
- ensure staff are up to date regarding the latest available evidence for safe and effective practice.

Whole systems approach

Services responding to self-harm will:

- understand that people who self-harm may have different interactions with a range of other organisations and agencies as part of their overall self-care and management of self-harm
- recognise the wider range of contacts a person may have, and how best to support and inform this wider pathway of care
- seek opportunities to work with other services and agencies to develop a 'wrap-around', coordinated offer for people who self-harm, providing options for when they are help-seeking at different times.

Leadership

Services responding to self-harm will:

- be supported by a leadership culture that nurtures the wellbeing of the workforce, and provides the necessary environment and resources to enable the workforce to discharge their duties safely and effectively
- be held to account within their internal governance and performance management systems, ensuring that service delivery is monitored and quality assured
- be planned, delivered, and evaluated with a working knowledge of the wider support context in which the service sits, to optimise opportunities for partnership working and best use of resources
- have policies and protocols in place that set out clear expectations and processes regarding confidentiality safeguarding, psychosocial assessment, support, care and safety plans, involvement of family and carers.

8 [SHARE: consent, confidentiality and information sharing in mental healthcare and suicide prevention – GOV.UK](#)

Strategies, Guidance and Legislation

Strategies

[Understanding: National Suicide Prevention and Self-Harm Strategy for Wales 2025 – 2035](#)

[National Mental Health and Wellbeing Strategy for Wales 2025-2035](#)

[Strategic Equality and Human Rights Plan 2025 – 2029](#)

Guidance

[The Duty of Quality in Healthcare 2023](#)

[More than just words: Five Year Plan 2022 – 2027](#)

[Accessible communication and information standards in healthcare 2025](#)

[Health and social care provision in the adult prison estate in Wales 2021 \(Senedd Inquiry\)](#)

<https://traumaframeworkcymru.com/>

[peoples-experience-framework-2025.pdf](#)

GOV.WALES

Legislation

[Social Services and Wellbeing \(Wales\) Act 2014](#)

[Wellbeing of Future Generations \(Wales\) Act 2015](#)

[Mental Health \(Wales\) Measure 2010](#)

Access to learning and development

[Suicide and self-harm Prevention Cymru Training Hub](#)

Development Process

How this Integrated Quality Statement was produced

This Integrated Quality Statement has been produced through a series of multi-disciplinary, multi-agency workshops. It has been shared further with agencies who frequently encounter people who self-harm including third sector organisations.

Groups who are sighted on drafts of the statement, and contributed to its development include:

- Royal College Psychiatrists (Wales)
- Royal College of GPs (Wales)
- National Educational Psychology Network
- National Liaison Psychiatry Steering Group
- Social Care Wales
- Strategic Programme for Primary Care
- 6 Goals – Emergency Care Programme
- People with living experience
- National Centre for suicide and self-harm Research

- Front-line mental health professionals
- Front-line Neurodevelopmental Services
- Prison Health Services (Berwyn Prison)
- HMPPS Prison and Probation Services
- North Wales multi-agency self-harm sub-group of the Regional Forum for suicide prevention and self-harm
- National Clinical Leads for Psychological Therapies and Eating Disorders
- National Patient Safety and Crisis Care Programmes
- National Community of Practice for Community Nurses
- NHS Wales Joint Commissioning Committee
- WAMH (Wales Alliance for Mental Health – third sector)
- WAST (Wales Ambulance Services)
- Person-Centred Safety Planning Community of Practice