



in criminal justice and in community settings. This is a public mental health concern that not only has an impact on mental health services but also wider society.

These recommendations emphasise the importance of compassionate person-centred care, which all patients deserve. They highlight the need for a psychosocial assessment for each self-harm episode, the lack of usefulness of risk tools and scales, and the importance of considering the individual needs and safety of the patient and how safety can be optimised.

Implementation of the guideline is likely to require training across services (perhaps based on existing or updated competency frameworks), protected and regular supervision, and new models of care. These models need to be appropriately tested and quality improvement (QI) approaches may be helpful. The recent Emergency Department Safety Assessment and Follow-up Evaluation 2 (ED-SAFE 2) cluster RCT, published since the NICE guideline, suggested that QI with an emphasis on safety planning led to almost a halving in acute presentations for suicidal behaviour.<sup>5</sup>

Adequate resources, preferably ring-fenced funding, will be required for services to develop new ways of managing self-harm, and in all such developments, the involvement of people with lived experience and the third sector is crucial. In the context of a 'permacrisis' where we are emerging from a pandemic into an ongoing economic storm and pressured healthcare systems, implementation will be challenging to say the least. Acting on, and promoting, the new NICE guidance for self-harm will improve care for patients who do not always get the standard of treatment they deserve. But the question is, will we realise this opportunity, or will it be lost?

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First received 10 Mar 2023, final revision 21 Jul 2023, accepted 5 Aug 2023

## Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study.

## Author contributions

F.M. and N.K. conceived the idea for the article. F.M. drafted the first version of the manuscript. All authors substantially commented on drafts and approved the final version for submission.

## Funding

F.M. is funded by a National Institute for Health and Care Research (NIHR) Doctoral Fellowship (NIHR300957). N.K. is funded by the NIHR Greater Manchester Patient Safety Research Collaboration (NIHR204295). The views expressed in this article are those of the authors and not necessarily those of NICE, NHS, NIHR or the Department for Health and Social Care (DHSC).

## Declaration of interest

All authors were members of the Guideline Committee for the NICE 2022 self-harm guideline, and N.K. was the expert topic advisor. N.K. is a member of the DHSC National Suicide Prevention Strategy Advisory Group, and a member of the *BJPsych* editorial board and did not take part in the review or decision-making process of this paper. R.O.C. is a Co-Chair of the Academic Advisory Group to the Scottish Government's National Suicide Prevention Leadership Group; an advisor on the development of the new Scottish self-harm strategy; a Trustee and Science Council Member of MQ Mental Health Research; President of International Association for Suicide Prevention; and a Trustee of James' Place. A.B.T. is Interim Chair of the Royal College of Psychiatrists' Faculty of Liaison Psychiatry.

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## Psychiatry in sacred texts

## Equanimity for anger: creating space for difficult emotions

Michael Uebel 

The American novelist and journalist Christopher Morley (1890–1957) once declared that 'The size of a man is measured by the size of what makes him angry.' How anger affects us is proportional to the mental space in which we hold it. The more mentally capacious and elastic we are, the more anger, or any difficult emotion, loses its force. So, when asked what size he would be, Rabbi Pinchas of Koretz, in philosopher Martin Buber's account, responded to the question this way: 'Long ago,' he said, 'I conquered my anger and placed it in my pocket. When I have need of it, I take it out.' In his equanimity, Rabbi Pinchas does not banish anger, but acts always in such a way that he is bigger than it and can appropriately and flexibly access it.

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The British Journal of Psychiatry (2023)  
223, 503. doi: 10.1192/bjp.2023.88