



NICE Guideline NG10: Violence and aggression: short-term management in mental health, health and community

A recent IAHSS UK Chapter board member conversation about the 2015 published NICE guideline NG10: Violence and aggression: short-term management in mental health, health and community settings led to the following reflections:

The guideline set out evidence-based recommendations on prevention, recognition, and safe management of violent and aggressive behaviour across healthcare. Ten years on, it is important to reflect on its relevance, implementation, and areas where practice and evidence have moved forward.

Where the guidance remains relevant

1. Emphasis on prevention and de-escalation: the guideline's strong focus on de-escalation as the first-line intervention remains central. In 2025, trauma-informed care and restraint reduction initiatives continue to build on this foundation.
2. Structured risk assessment: NICE highlighted the value of structured approaches to identifying risks for violence. Tools such as the Brøset Violence Checklist and DASA are now widely embedded, showing that the guideline was forward-looking in this area.
3. Least restrictive practice: the principle that restrictive interventions (seclusion, restraint, rapid tranquillisation) should only be used when absolutely necessary is as relevant today as it was in 2015, reinforced by the Restraint Reduction Network Standards and the Mental Health Units (Use of Force) Act 2018.
4. Training and staff competence: the guideline stressed comprehensive training for staff in de-escalation, breakaway techniques, and safe physical restraint. Workforce development remains a critical issue in 2025, particularly as violence against NHS staff continues to rise.

Areas where practice has advanced beyond the guideline

1. Trauma-informed approaches: in 2015, trauma-informed care was not yet mainstream. By 2025, it is central to policy and practice, particularly in reducing re-traumatisation during restrictive interventions. NICE NG10 does not adequately capture this shift.
2. Patient and carer involvement: while NG10 supported collaborative care planning, there is now stronger emphasis on co-production, patient voice, and post-incident debriefing, which are only lightly covered in the guideline.
3. Data, reporting, and governance: since NG10, incident reporting systems have shifted (NRLS to LFPSE), with much stronger attention on learning from patient safety events. This emphasis on data-driven improvement goes further than the original guideline.
4. Legal and policy context: the landscape has shifted significantly and these frameworks



mean NG10 now feels incomplete

- The Mental Health Units (Use of Force) Act 2018 (Seni's Law) established statutory duties on recording, monitoring, and reducing force.
- The NHS Violence Prevention and Reduction Standard (2021) placed shared responsibility on employers for protecting staff.
- Martyn's Law (pending) will add new requirements around security and counter-terrorism risk in public spaces, including healthcare.

5. Technology and environment: the guideline did not foresee the rise of body-worn cameras, advanced CCTV, or AI-driven risk monitoring in violence prevention. Nor did it account for the design of calming environments that integrate sensory modulation and therapeutic architecture.

Ongoing challenges

1. Implementation gap: Despite clear guidance, restrictive interventions remain common, with variation across settings.
2. Staff shortages and burnout: Workforce pressures make de-escalation training and consistent application of best practice harder.
3. Rising violence: NHS staff survey data continues to show increases in violence and aggression, especially in emergency departments and mental health settings, raising questions about whether guidance alone is sufficient without system-level investment.

Relevance today

Ten years on, NICE NG10 remains a relevant baseline for managing violence and aggression, especially in its emphasis on de-escalation, risk assessment, and least restrictive practice. However, it now feels out of step with modern priorities: trauma-informed care, patient involvement, technology, and the stronger legal frameworks that have emerged since 2015.

The guideline provided a solid foundation, but its ongoing relevance depends on updating and aligning with current policy, practice, and evidence. Without revision, there is a risk that NG10 is seen as outdated, with frontline staff and organisations instead relying on newer standards (RRN, Seni's Law, NHS Violence Prevention Standards) as the true drivers of change.

References:

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NHS England (2024) *NHS Staff Survey 2024: Summary Report*. London: NHS England.

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