

THE MULTICENTRE STUDY OF SELF-HARM IN ENGLAND

2016

OVERVIEW OF TRENDS IN SELF-HARM, 2000-2013

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Summary

The Multicentre Study of Self-harm in England is based on a collaboration between colleagues in Oxford, Manchester and Derby, who run local monitoring systems that collect detailed information on general hospital presentations by people who have self-harmed.

Trends in rates of self-harm in England between 2000 and 2013 were similar to those for suicide. In males, rates of self-harm decreased between 2000 and 2007 and then increased until 2012 with a small decrease in 2013. In females, rates decreased between 2003 and 2009 and levelled off until 2012, with a small increase in 2013.

Rates of self-harm are higher in Manchester and Derby than in Oxford, in keeping with socio-economic indicators (self-harm being more common in areas of socio-economic deprivation). The increase in rates of self-harm after 2007 was only seen in Manchester and Derby.

More than three-quarters of self-harm episodes involved self-poisoning. The number of self-injuries, especially self-cutting, increased over the study period. The proportion of self-harm episodes following which patients received a psychosocial assessment from a specialist showed little change, despite guidance from NICE that an assessment should be conducted in all cases. Alcohol ingestion was commonly related to self-harm. Between 2003 and 2013 it increased in males but not in females. One-fifth of patients repeated self-harm and returned to the same hospital, with no evidence of a change in this proportion over time.

The Multicentre Study provides the most accurate information on self-harm in England.

For further details of the study and its findings please go to:

<http://cebmh.warne.ox.ac.uk/csr/mcm/>

BACKGROUND

Self-harm includes acts of intentional self-poisoning or self-injury, irrespective of type of motivation (including degree of suicidal intent i.e. wish to die). Because of its close association with suicide, self-harm is a key focus of the *National Suicide Prevention Strategy for England*.

The Multicentre Study of Self-harm in England was established as an initiative within the national strategy. It is based on a collaboration between colleagues in Oxford, Manchester and Derby who run local monitoring systems that collect information on general hospital presentations by people who have self-harmed.

AIMS

To provide an update on trends in non-fatal self-harm from the Multicentre Study of Self-harm in England, including: a) rates during the 14-year period 2000-2013; and b) methods of self-harm, alcohol involvement, psychiatric history and repetition, together with provision of psychosocial assessment following self-harm, for the period 2003-2013.

FINDINGS

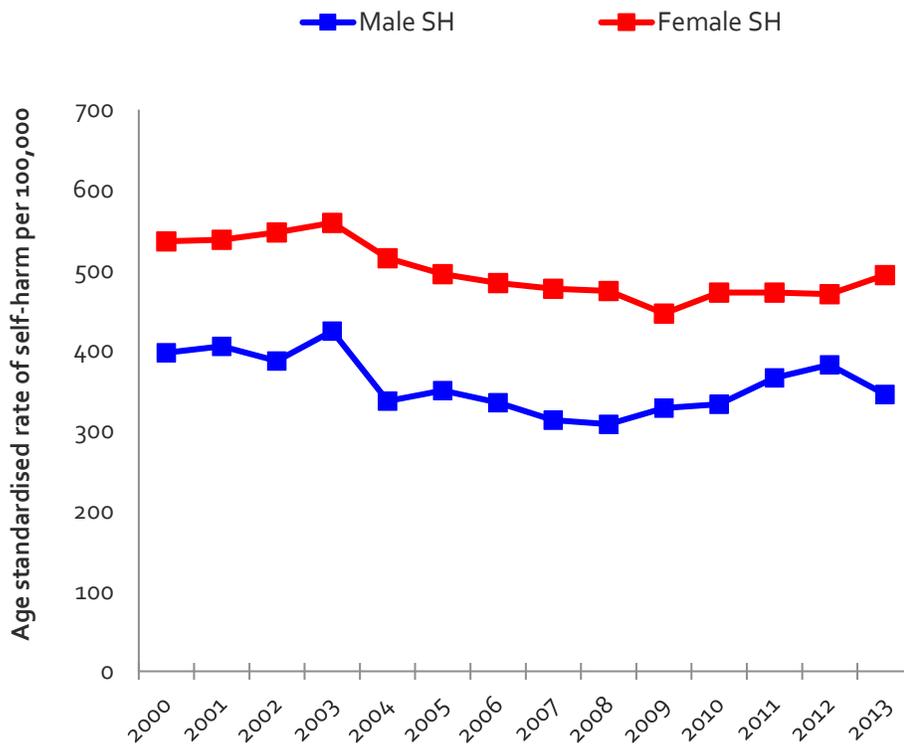
- Over the study period 2000 to 2013 in the three centres there were 94,489 episodes of self-harm involving 52,567 individuals.
- Overall, 58% of patients were females, 40% were under 25 years, 88% were of white ethnic origin and 30% were unemployed at the time of presentation to hospital.

TRENDS IN RATES OF SELF-HARM

- Person-based rates for patients aged 15 years and over averaged across the study period were 478 (95% CI 472-484) per 100,000 for females and 343 (95% CI 338-348) per 100,000 for males.
- In males, rates of self-harm decreased between 2000 and 2007. However, they then increased from 2008 until 2012 and then decreased somewhat in 2013 (Figure 1).

- In females, rates decreased between 2003 and 2009 and levelled off until 2012, with a small increase in 2013 (Figure 1).
- Rates of self-harm in the Multicentre Study and national suicide rates for England followed very similar trends in both males and females.

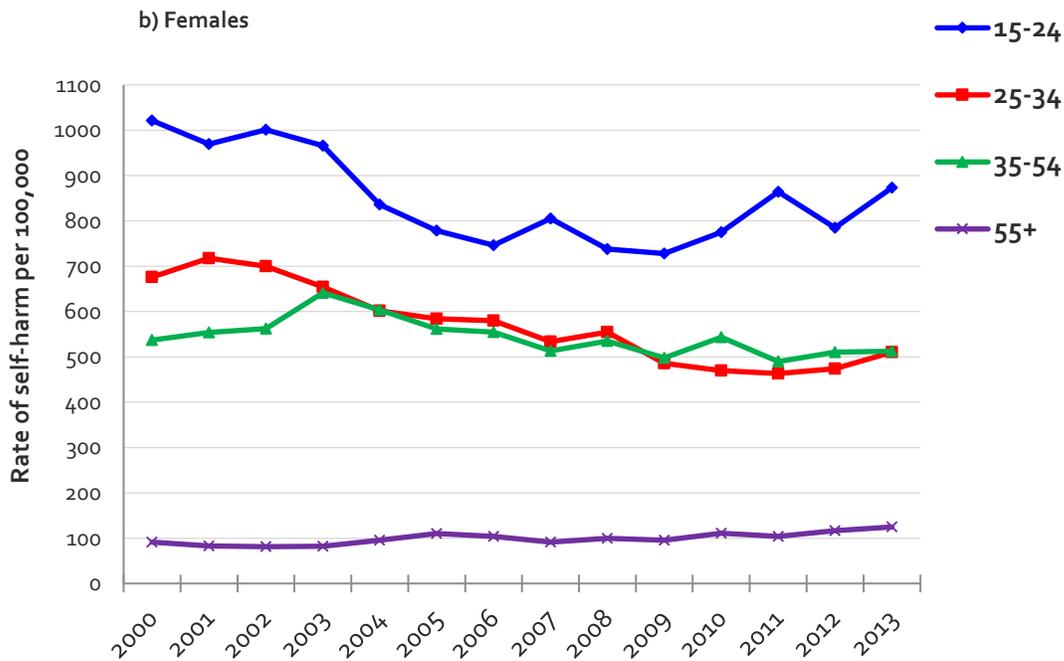
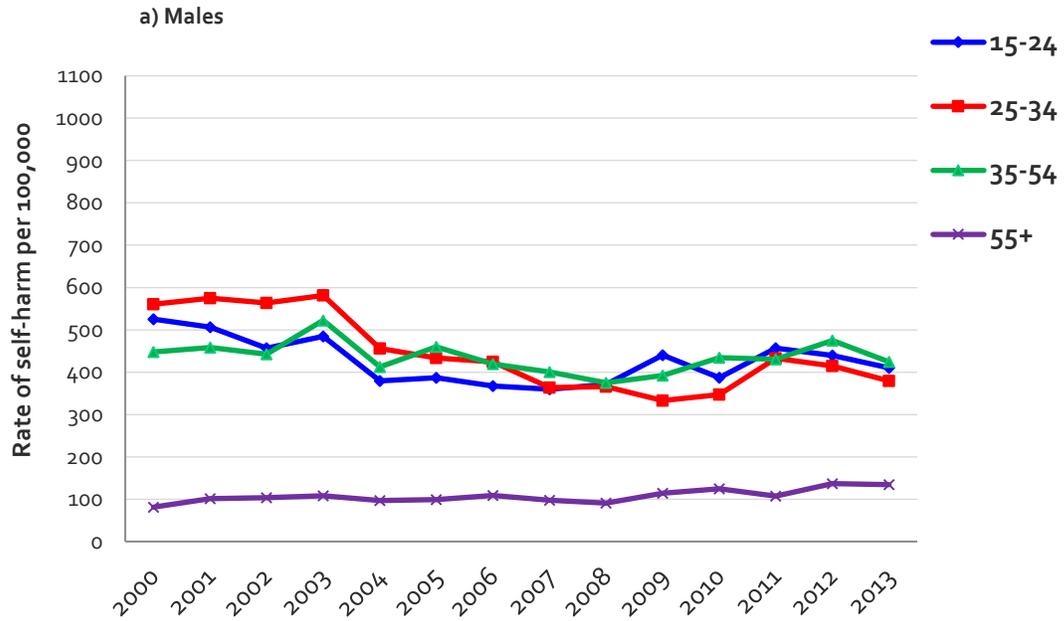
Figure 1 Age-standardised^a rates of self-harm in the three centres combined in persons 15+ years by gender - 2000-2013



^aRates are age-standardised to the European population

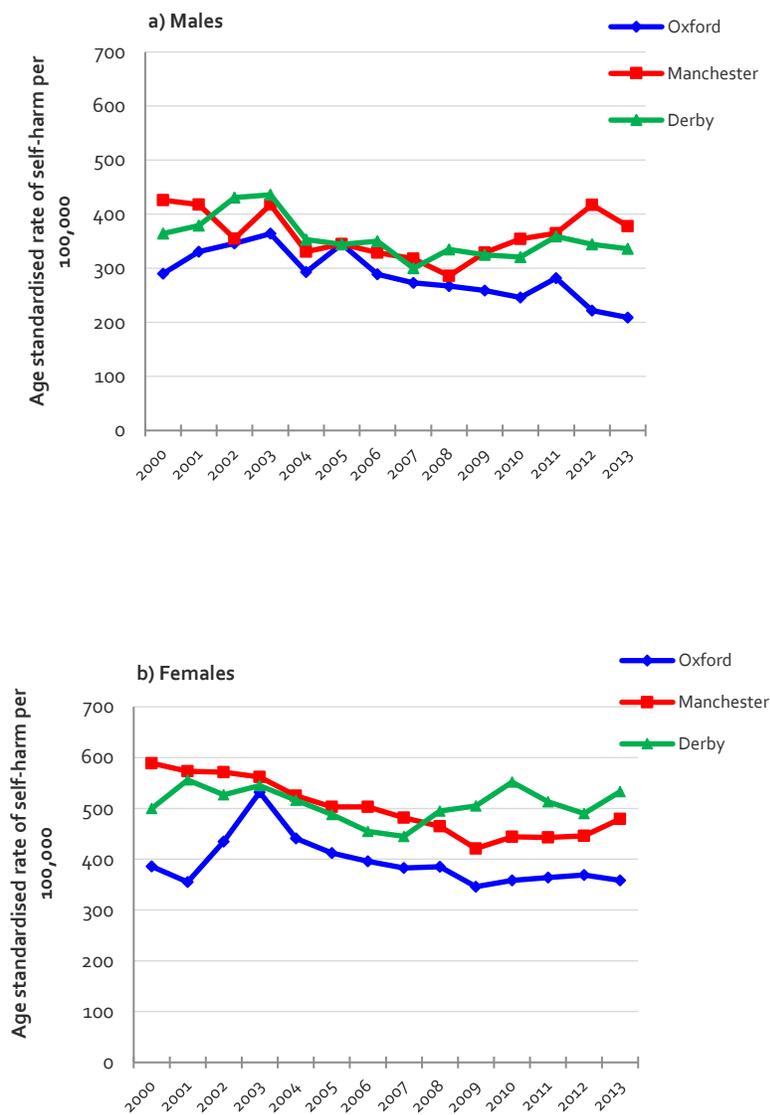
- Rates of self-harm for individuals aged up to 55 years have decreased over the years, in both males and females (Figure 2a and Figure 2b). In males, however, rates decreased until 2007-2009 (depending on age group) after which they increased until 2011-2012 and decreased again thereafter (Figure 2a). In females, an increase in rates was seen in 15-24 year-olds from 2009 (Figure 2b). Rates in the age 55+ years, although much lower than in other age groups, have slowly increased since 2000 in both genders.

Figures 2a and 2b Rates of self-harm in individuals aged 15+ years, by age group, for the three centres combined, 2000-2013, by gender



- Rates of self-harm are considerably higher in Manchester and Derby than in Oxford, in keeping with local socio-economic indicators
- There were differences in changes in rates of self-harm across the three centres. After 2007 there was a substantial increase in rates of self-harm in males in Manchester and some increase in Derby, but not in Oxford (Figure 3a). In females, from 2008 rates levelled off in all three centres, but with a slight increase in 2013 in Derby and Manchester (Figure 3b).

Figures 3a and 3b Age-standardised rates of self-harm in individuals aged 15+ years by centre, 2000-2013, by gender



- Almost a fifth of the patients were under 18 years, 3/4 of whom were females.
- Rates of self-harm in adolescents of both genders have shown fluctuations over recent years but no overall trend, either in very young adolescents or in older teenagers.

METHODS OF SELF-HARM

- Three-quarters of the self-harm episodes involved self-poisoning (alone).
- Of the episodes involving self-poisoning, paracetamol (including paracetamol-containing compounds) was the most frequent drug used (48% of self-poisoning episodes), followed by antidepressants (27%) and benzodiazepines (14%).
- The numbers of self-poisoning episodes per year were fairly constant between 2003 and 2013.
- Self-cutting was the most commonly used method of self-injury (77% of all episodes involving self-injury).
- The number of self-injury episodes increased substantially between 2003 and 2013. This increase was particularly seen for self-cutting.

PSYCHOSOCIAL ASSESSMENT

- Averaged over 2003-2013, a psychosocial assessment was conducted following 55% of self-harm episodes (60% in 2013), although there was considerable variation between the centres.
- This figure is similar to those found in audits conducted in 32 hospitals in England in 2001/2 (55%) and 2010/11 (57%). Thus, guidance from National Institute for Clinical Excellence (NICE) in 2004 that a psychosocial assessment should be conducted following all self-harm episodes is still not being followed, although things may be beginning to improve.

ALCOHOL AND SELF-HARM

- Alcohol use within the six hours prior to and/or at the time of the self-harm act occurred in relation to 56% of self-harm episodes where the individual received a psychosocial assessment by either specialist or ED staff, and information about alcohol use was known.
- Alcohol involvement was greater in males (64%) than females (51%).
- Over the study period there was an increase in alcohol involvement in self-harm in males but not in females.

REPETITION OF SELF-HARM

- Repetition of self-harm within a year of an episode remained fairly constant over the study period.
- The proportion of individuals who repeated an episode of self-harm and re-presented to the same hospital within one year during 2003 to 2012 was 21%.
- There was no change in this proportion over time.