The Multicentre Study of Self-harm in England

Overview of Trends in Self-harm, 2000-2012

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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 2012 were similar to those for suicide. Thus rates decreased up until 2007 and then increased, mainly due to a rise in males. The increase in self-harm (and suicide) was likely to be due in part at least to the recent economic recession. 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. It increased in both genders between 2003 and 2012. 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 (SH) 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, SH 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 13-year period 2000-2012; and b) methods of self-harm, alcohol involvement, psychiatric history and repetition, together with provision of psychosocial assessment following self-harm, for the period 2003-2012.

Findings

- Over the study period (2000-2012) there were 86,539 episodes of self-harm involving 48,764 individuals in the three centres.
- Overall, 58% of patients were females, 40% were under 25 years, 89% 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 of self-harm per 100,000 for patients aged 15 years and over averaged across the study period were 479 (95% Confidence Interval: 473-485) for females and 344 (95% CI: 339-349) for males.
- In males, rates of self-harm decreased between 2000 and 2007 and then increased from 2008. In females, rates decreased between 2003 and 2009 after which they levelled off.
- Rates of self-harm in the Multicentre Study and national suicide rates for England followed very similar trends in both males and females.
Age standardised rates of self-harm in persons 15+ years in the three centres combined by gender - 2000-2012
Rates of self-harm for individuals aged under 55 years declined between 2000 and 2007 in both genders, after which they started to increase. In males, rates increased from 2008 in all age groups (Figure a). In females, an increase in rates was seen in 15-24 year-olds from 2009 (Figure b).

Rates of self-harm in individuals aged 15+ years, by age group, for the three centres combined, 2000-2012

a) Males

b) Females
• Rates of SH 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 SH across the three centres. After 2007 there was a substantial increase in rate of self-harm in males in Manchester and Derby, but not in Oxford (Figure a). In females, from 2008 rates levelled off in Oxford and Manchester but increased in Derby until 2010 and then decreased (Figure b).

**Age standardised rates of self-harm in individuals aged 15+ years by centre 2000-2012**
• Nineteen percent of the patients were under 18 years, 75% of whom were females.
• Rates of SH 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 (49% 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 2012.
• 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 2012. This increase was particularly seen for self-cutting.

**Psychosocial assessment following self-harm**

• Averaged over 2003-2012, a psychosocial assessment was conducted following 53% of self-harm episodes (58% in 2012), 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 not being followed.

**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 57% 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 by both males and 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 2011 was 21%.
- There was no change in this proportion over time.