

Deliberate self-harm in rural and urban regions: a comparative study of prevalence and patient characteristics.

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Source

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Abstract

In countries like the U.K., people living in urban regions are more likely to suffer poor physical and mental health than rural populations, and to have increased rates of psychiatric disorder. Urban/rural differences in suicidal behaviour have most frequently focussed on variations in the occurrence of suicide. We have investigated rates of deliberate self-harm (DSH) in urban and rural districts of Oxfordshire, England, and compared characteristics of DSH patients resident in these two areas. Information was collected on 6833 DSH episodes by 4054 persons aged 15 years and over presenting to the local general hospital between 2001 and 2005. We found that urban DSH rates were substantially higher than rural rates amongst both males and females aged between 15 and 64 years. This relationship was sustained even when socio-economic deprivation and social fragmentation were taken into account. There was little difference between urban and rural rates for patients aged 65 years and over. Urban DSH patients were more likely to be younger, non-white in ethnic origin, unemployed, living alone, to have a criminal record, to have previously engaged in DSH, and to report problems with housing. Rural DSH patients were more likely to suffer from physical illness, and to have higher suicide intent scores. Results of studies such as this can help identify where resources for preventive initiatives should be primarily directed and also what types of individuals may be at most risk in different areas. However, since variation by area will in part be due to differences at the individual level, further research utilising multi-level modelling techniques would be useful.

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Self-harm: review consultation

Review of Clinical Guideline (CG16) – self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

A review is being undertaken to decide whether CG16 should be updated. Registered stakeholders for this guideline are invited to comment on the provisional review decision via this website.

Individuals and organisations not registered as stakeholders **are not able to comment**, we recommend that you register as a stakeholder or you contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.

Note that the provisional review decision presented here does not constitute the Institute's formal decision on this topic. The decision is provisional and may change

New NICE guidance for the longer-term management of self-harm

NICE, the healthcare guidance body, has today published a new [clinical guideline on the longer-term care of adults, children and young people who self-harm](#).

This new guideline follows on from the NICE guideline on the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care (NICE clinical guideline 16). The new recommendations focus on the longer-term psychological treatment and management of self-harm.

Dr Fergus Macbeth, Director of the Centre for Clinical Practice at NICE, said: "Self-harm is a very broad term for a behaviour that can be expressed by those affected in very individual ways, which is why it is so important that each person receives the right care plan for them. The previous NICE guideline on the short-term treatment of self-harm focused on the first 48 hours of an episode and the care they received in the Emergency Department. This new guideline aims to help healthcare professionals support, in the longer term, people who are known to self-harm in reducing and then stopping the behaviour."

Key recommendations include:

- **Working with people who self-harm:** Health and social care professionals working with people who self-harm should aim to develop a trusting, supportive and engaging relationship with them, be aware of the stigma and discrimination sometimes associated with self-harm and ensure that people are fully involved in decision-making about their treatment and care.
- **Risk assessment:** When assessing the risks of repetition of self-harm or suicide, identify and agree with the person who self-harms the specific risks for them, taking into account:
 - methods and patterns of current and past self-harm
 - specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm
 - coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other antecedentsDo not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- **Care plans:** Care plans should be multidisciplinary and developed collaboratively with the person who self-harms and, provided the person agrees, with their family, carers or significant others. The care plan should identify realistic and optimistic long-term goals, including employment and occupation and identify short-term treatment goals (linked to the long-term goals) and steps to achieve them
- **Interventions for self-harm:** Consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. The intervention should be tailored to individual need and could include cognitive-behavioural, psychodynamic or problem-solving elements. Therapists should be trained and supervised in the therapy they are offering to people who self-harm. Therapists should also be able to work collaboratively with the person to identify the problems causing distress or leading to self-harm.
- **Treating associated mental health conditions:** Provide psychological, pharmacological and psychosocial interventions for any associated conditions as described in the relevant NICE

guidelines, for example, borderline personality disorder (NICE clinical guideline 78), depression (NICE clinical guideline 90), bipolar disorder (NICE clinical guideline 38).

Professor Tim Kendall, Director, National Collaborating Centre for Mental Health (NCCMH) Medical Director, Sheffield Health and Social Care Trust; Consultant Adult Psychiatrist, said:

"Self-harm is very common and involves a wide range of methods, the most common being self-poisoning with prescribed or over the counter medicines, or by cutting. People self-harm for numerous reasons, and although self harm is not usually an attempt at committing suicide, it is a way of expressing deeper emotional feelings, such as low self-esteem, the emotional results of previous abuse and hurts. However, people who self harm are much more likely to die by suicide, and many suffer from long term physical effects of self injury and self poisoning, as well as psychiatric problems such as depression. It is very important that we help identify people who self harm sooner and to help them come to terms with the underlying problems and access treatment when they need it. This guideline is a really important step to achieving this".

Professor Navneet Kapur, Professor of Psychiatry and Population Health, University of Manchester. Honorary Consultant Psychiatrist, Manchester Mental Health and Social Care Trust and Chair of the Guideline Development Group, said: "People may keep self-harm a secret which means it is difficult to know how widespread it is. Many cases are unreported unless medical treatment is required. However, it is thought to be common, especially amongst young people, with one UK study finding that 1 in 10 girls aged 15-16 had self-harmed in the previous year. This new guideline is an important step in improving health professionals' understanding of self-harm and thereby helping to ensure people receive the treatment and support they need."

Dr Suzanne Kearney, GP in Aylesbury and guideline developer, said: "Although most people who self-harm do not wish to end their lives, it does increase the likelihood that the person will eventually die by suicide by between 50- and 100-fold. NICE has already published guidance on what services should be offered to people immediately after an episode of self-harm; with this new guideline on the longer term management, we hope to provide healthcare professionals with clear recommendations on how to work with people who self-harm and enable them to choose the right treatment for their individual needs."

Mr Gareth Allen, guideline developer representing service user and carer interests, said: "Every person who self-harms is different; they do it for individual reasons and have their own individual needs. It is hoped the recommendations made in this new guideline will help healthcare professionals identify the needs and risks that should be considered when assessing a person who has self-harmed and the types of treatment available."

Ends

Notes to Editors

About the guidance

1. The guidance will be available on the NICE website (www.nice.org.uk/guidance/CG133) from 23 November, 2011.
2. The focus of this new guidance is the longer-term psychological treatment and management of self-harm, and does not include recommendations for the physical treatment of self-harm.

About NICE

1. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance and standards on the promotion of good health and the prevention and treatment of ill health

2. NICE produces guidance in three areas of health:

- **public health** - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- **health technologies** - guidance on the use of new and existing medicines, treatments, medical technologies (including devices and diagnostics) and procedures within the NHS
- **clinical practice** - guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

3. NICE produces standards for patient care:

- **quality standards** - these reflect the very best in high quality patient care, to help healthcare practitioners and commissioners of care deliver excellent services
- **Quality and Outcomes Framework** - NICE develops the clinical and health improvement indicators in the QOF, the Department of Health scheme which rewards GPs for how well they care for patients

4. NICE provides advice and support on putting NICE guidance and standards into practice through its **implementation programme**, and it collates and accredits high quality health guidance, research and information to help health professionals deliver the best patient care through **NHS Evidence**.

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