

Suicide risk for older people who self-harm

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Older people who self-harm are at much greater risk of suicide than both the general population and younger adults who self-harm, a new study has found.

Researchers from The University of Manchester studied 1,177 people over the age of 60 who presented to six general hospitals in Oxford, Manchester and Derby after self-harming.

The most common method of self-harm was self-poisoning (88%) followed by [self injury](#), including cutting (9%) and violent methods such as hanging or asphyxiation (3%). Of these 1,177 [older adults](#), 12.5% went on to harm themselves again within 12 months and 1.5% had died by [suicide](#) within a year.

The researchers found that the risk of suicide among those who self-harmed was 67 times greater than the risk among older adults in the general over-60s population – and three times greater than the relative risk of suicide among younger adults who self-harm.

The suicide rate was highest among men aged 75 years and above. Those who repeated self-harm were more likely to be single or live alone. Other important risk factors included previous self-harm or contact with mental health services.

Lead researcher Elizabeth Murphy, of the Centre for Mental Health and Risk at The University of Manchester, said: “Our study shows that older adults who present to hospital with self-harm are a high-risk group for subsequent suicide. Emergency departments may therefore be a key

setting in terms of their potential for suicide prevention.

“All older adults who present to hospital with self-harm should be considered as being at elevated risk of suicide, unless a detailed assessment shows otherwise. In particular, men over 75 years old need to be carefully monitored and assessed, as the risk of suicide is particularly increased in this group. These findings therefore emphasize the requirement for all older adults to receive a specialist psychosocial assessment following self-harm, in accordance with clinical guidance.”

The research is published in the *British Journal of Psychiatry*.

More information: *British Journal of Psychiatry* 2012; 200: 399-404

Provided by University of Manchester

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