Improved support after self-harm needed to reduce suicide risk

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Risk of suicide following hospital presentation for self-harm is very high immediately following hospital discharge, emphasising the need for provision of early follow-up care and attention to risk reduction strategies

To reduce the high risk of suicide after hospital attendance for self-harm

, improved clinical management is needed for all patients—including comprehensive assessment of the patients' mental state, needs, and risks, as well as implementation of risk reduction strategies, including safety planning.

The results are from an observational study spanning 16 years and including almost 50,000 people from five English hospitals, published in *The Lancet Psychiatry* journal.

"The peak in risk of suicide which follows immediately after discharge from hospital underscores the need for provision of early and effective follow-up care. Presentation to hospital for self-harm offers an opportunity for intervention, yet people in are often discharged from hospital having not received a formal assessment of their problems and needs, and without specific aftercare arrangements. As specified in national guidance, a comprehensive assessment of the patients' mental state, needs, and risks is essential to devise an effective plan for their follow-up care," says study author Dr. Galit Geulayov, Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK.

It has been estimated that every year there are approximately 200,000 presentations to emergency departments in hospitals across England following acts of non-fatal self-harm. Self-harm is associated with increased mortality, especially by suicide. Approximately 50% of individuals who die by suicide have a history of self-harm, with hospital presentation for self-harm often occurring shortly before suicide.

The new study compared the risk of suicide following hospital presentation for self-harm according to patient characteristics, method of self-harm, and socioeconomic deprivation. It also estimated the incidence of suicide by time after hospital attendance, adjusting for gender, age, previous self-harm, and psychiatric treatment.

The study included 49,783 people aged over 15 years who presented to hospital after non-fatal self-harm a total of 90,614 times between 2000-2013. The authors followed these patients for 16 years (until the end of 2015), and the study included five hospitals (one in Oxford, three in Manchester and one in Derby).

Within the 16 year follow up, 703 out of 49,783 people died by suicide—with the incidence of suicide being 163 per 100,000 people per year.

Around a third of these deaths occurred within a year of the patient attending hospital for non-fatal self-harm (36%, 252/703 deaths), and the study confirmed the high risk of suicide in the first year after presentation to hospital for self-harm (the incidence of suicide in the year following discharge from hospital was 511 suicides per 100,000 people per year—55.5 times higher than that of the general population).

The authors found that risk was particularly elevated in the first month (the incidence of suicide in the month following discharge from hospital was 1,787 per 100,000 people per year—close to 200 times higher than in the general population) – with 74 out of 703 people in the study dying by suicide within a month.

The authors note that men were more likely to die by suicide following hospital presentation of self-harm than women, people who attended hospital more than once for non-fatal self-harm were more likely to die by suicide than those with a single presentation, and age was associated with risk (with risk increasing 3% with each year of age).

In addition, those who lived in less deprived areas had a higher risk of death by suicide than those who lived in the most deprived areas, but this contrasts with a large body of evidence and might be explained by higher rates of psychiatric disorders in this group in this study—more research

is needed. The authors also note that some forms of self-harm were more strongly linked to subsequent suicide, but advise against including detail of this kind in media reporting.

The authors note that holistic assessment of these risk factors is required, and warn that no single characteristic will help predict later suicide.

"While awareness of characteristics which increase the risk of subsequent suicide can assist as part of this assessment, previous studies indicate that individual factors related to self-harm are a poor means to evaluate the risk of future suicide. These factors need to be considered together, followed by risk reduction strategies, including safety planning, for all patients," says Professor Hawton, Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK.

The authors note that their study focuses on three cities in England and the findings may not necessarily apply to the whole of the country.

Writing in a linked Comment, Dr. Annette Erlangsen, Danish Research Institute for Suicide Prevention, Denmark, notes that there is a range of treatment options available following presentation of self-harm in emergency departments (including referrals to psychiatric wards after psychosocial assessments, outpatient treatment for patients not under immediate risk of self-harming, and—in some countries—specialised suicide prevention clinics) but many countries send patients home with a referral to their GP or do not refer at all.

She says: "The bottom line is—while the body of evidence of effective intervention is growing, we need to help people who present with self-harm. Operating in such a scenario is challenging but the numbers are clear; we need to ensure that patients receive support immediately when presenting and implement a continuation of care after discharge."

More information: Galit Geulayov et al. Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study, *The Lancet Psychiatry* (2019). DOI: 10.1016/S2215-0366(19)30402-X

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