

# Self-harm and suicide in young people: Associated risk factors and evidence based interventions

UCD ACAP Webinar

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Professor Ella Arensman

School of Public Health & National Suicide Research Foundation,  
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention  
University College Cork, Ireland  
Australian Institute for Suicide Research and Prevention, Griffith University

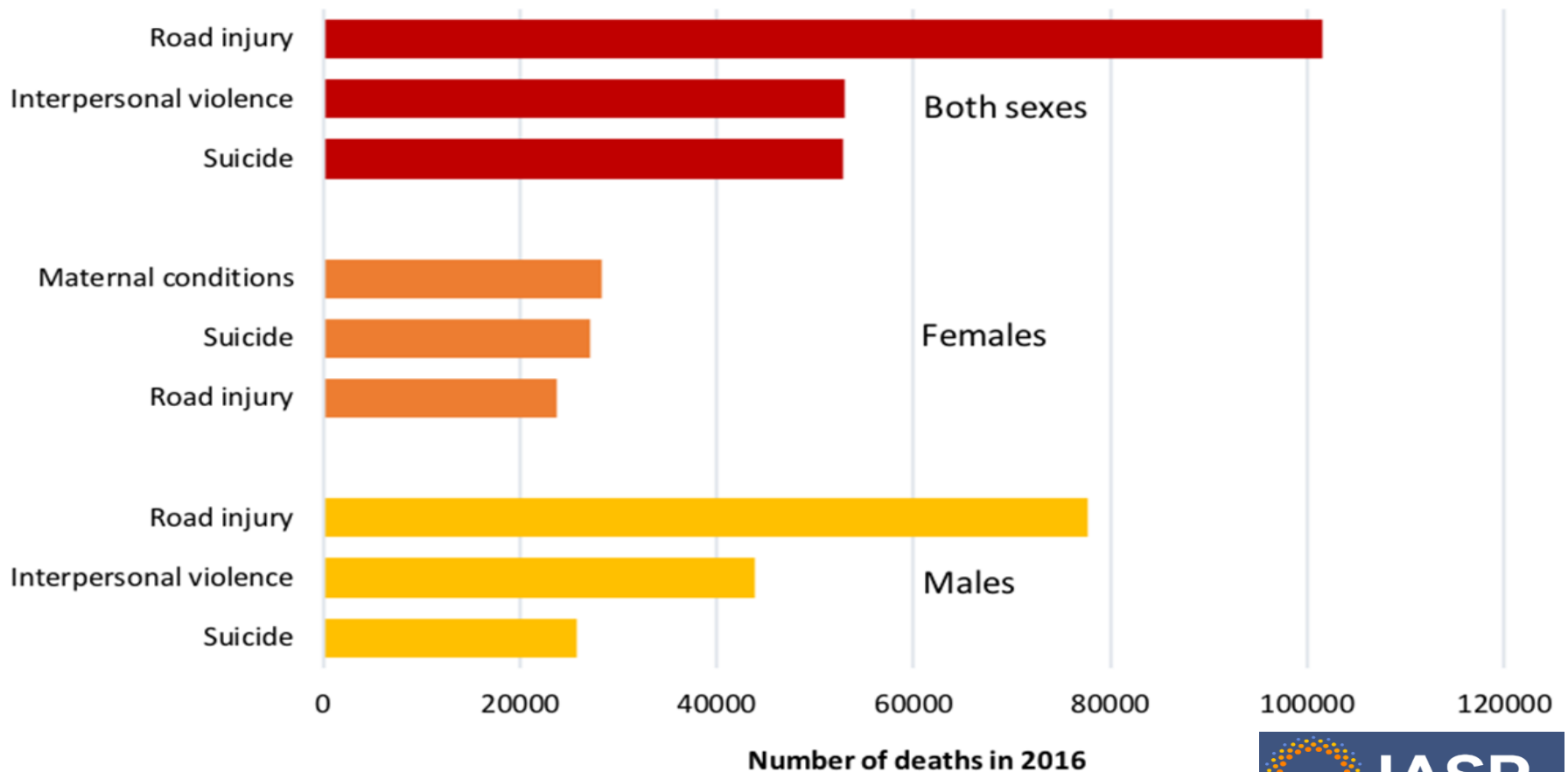
# Overview

- Trends in self-harm and suicide among young people in recent years
- Self-harm and suicide among young people during Covid-19
- Risk and protective factors associated with self-harm and suicide in young people
- Evidence-based interventions for self-harm in young people
- Suicide contagion and clustering

# Extent of the problem of self-harm in adolescents and young adults

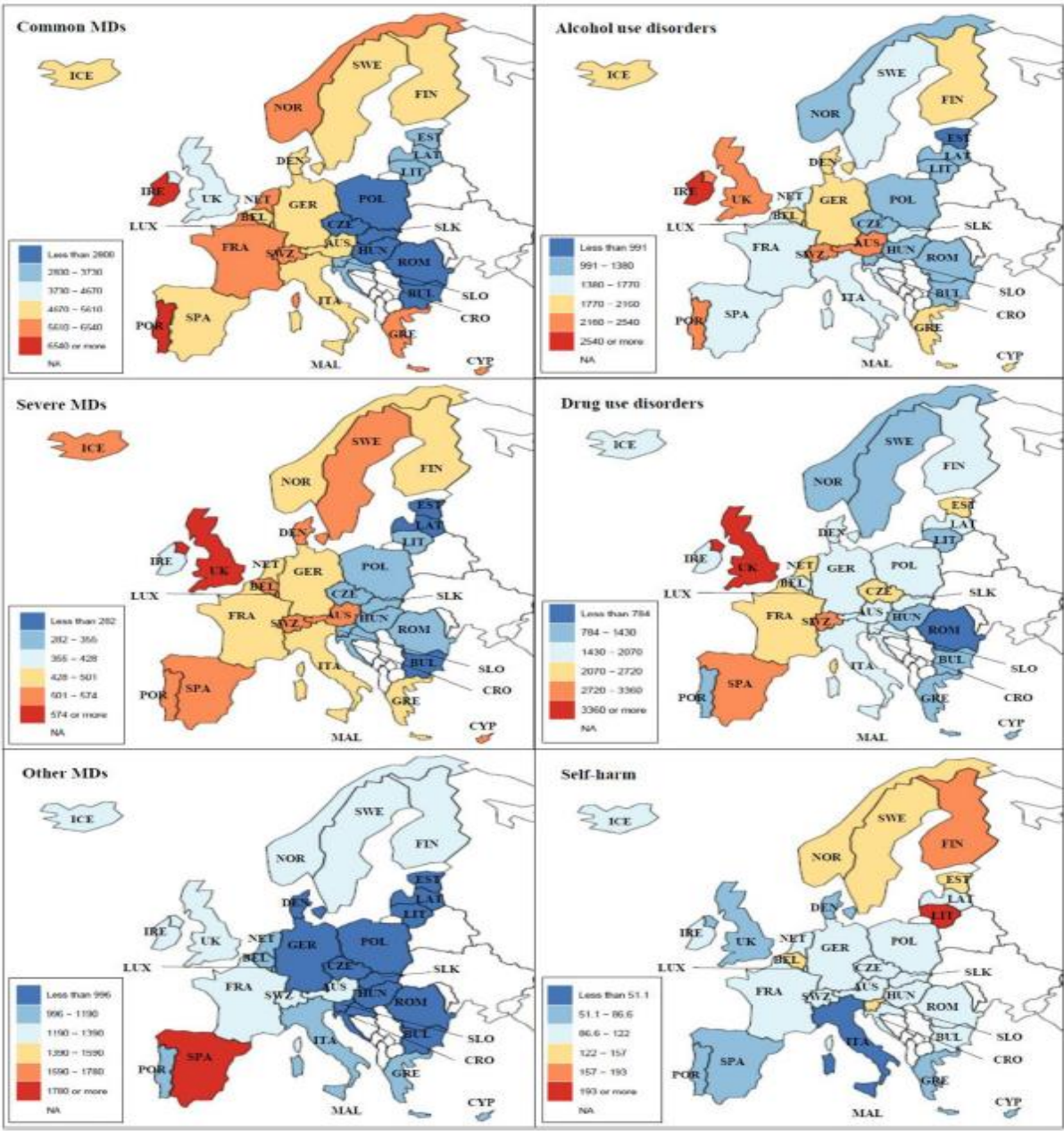
# Leading causes of death among young people aged 15-19 years at global level (WHO, 2020)

## Leading causes of death, ages 15-19 years



## The burden of mental disorders, substance use disorders and self-harm among young people in Europe, 1990–2019: Findings from the Global Burden of Disease Study 2019

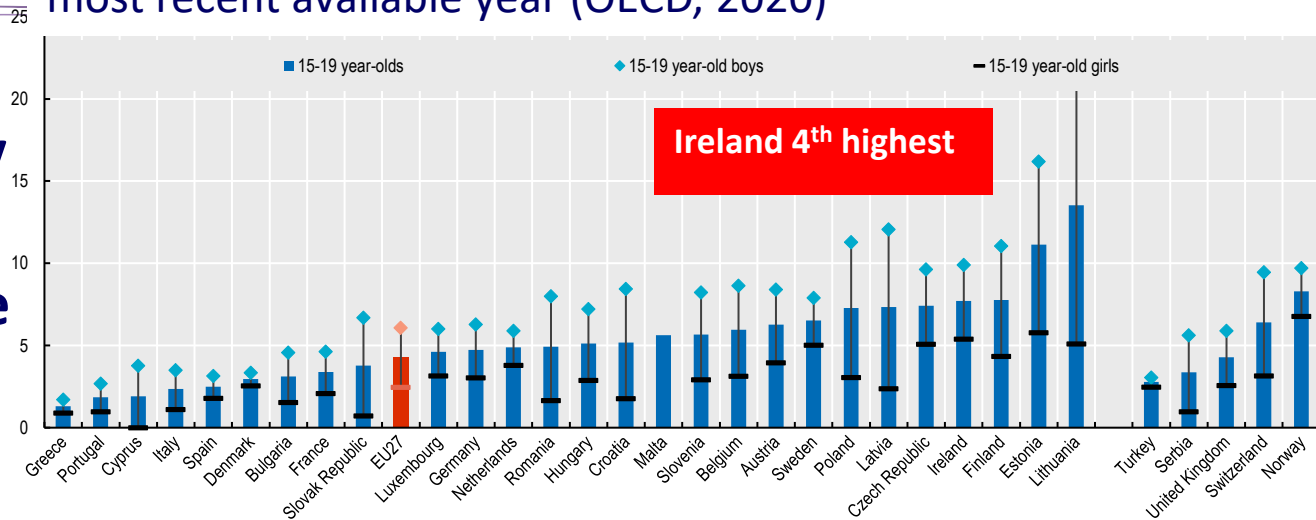
Giulia Casalejra,<sup>1\*</sup> Ann Kristin Skirido Knudsen,<sup>2</sup> Emilee E. Agardh,<sup>3</sup> Benedetta Armocida,<sup>4</sup> Massimiliano Beghi,<sup>5</sup> Kim Møsgaard Iburg,<sup>6</sup> Giancarlo Logroscino,<sup>7</sup> Rui Ma,<sup>8</sup> Fabrizio Starace,<sup>9</sup> Nicholas Steel,<sup>10,11</sup> Giovanni Adolorato,<sup>12</sup> Catalina Lilona Andrei,<sup>14</sup> Tudorel Andrei,<sup>15</sup> Jose L Ayuso-Mateo,<sup>16,18</sup> Maciej Banach,<sup>16,18</sup> Maciej Banach,<sup>16,18</sup> Tjill Winfried Bärnighausen,<sup>16,19</sup> Francesco Barone-Adesi,<sup>20</sup> Akhaya Srikant Bhatagavathula,<sup>21,22</sup> Felix Carvalho,<sup>21</sup> Marcia Carvalho,<sup>24,25</sup> Joht Singh Chandan,<sup>26</sup> Vijay Kumar Chattu,<sup>27,28</sup> Rosa A.S. Couto,<sup>29</sup> Natalia Cruz-Martín,<sup>30,31</sup> Paul I. Dargatzis,<sup>32,33</sup> Kaushab Deeba,<sup>34,35</sup> Diana Dias da Silva,<sup>36</sup> Adrijan Francis Fogbamighe,<sup>37,38</sup> Edsanda Fernandes,<sup>39</sup> Pietro Ferraro,<sup>40</sup> Florian Fischer,<sup>41</sup> Peter Andras Goul,<sup>42</sup> Alessandro Gialluisi,<sup>44</sup> Juvenita A. Haagaona,<sup>45</sup> Josep Maria Hara,<sup>46,47</sup> M. Tasdik Hasan,<sup>48,49</sup> Syed Shahzad Hasan,<sup>50</sup> Sorin Hostiu,<sup>51,52</sup> Lucia Iacoviello,<sup>53,54</sup> Jvo Iacoviello,<sup>55</sup> Bham Jamschidi,<sup>56,57</sup> Jost B. Jonas,<sup>58,59</sup> Tamas Joo,<sup>60</sup> Jacek Jerzy Jozwiak,<sup>61</sup> Srinivasa Vittal Katikireddi,<sup>62</sup> Joonas H. Kauppi,<sup>63,64</sup> Moien A.B. Khan,<sup>65,66</sup> Adnan Kisa,<sup>65,66</sup> Sazer Kisa,<sup>65</sup> Mika Kivimäki,<sup>67</sup> Kamrun Nahar Koly,<sup>70,71</sup> Ai Koyanagi,<sup>72</sup> Manasi Kumar,<sup>73,74</sup> Tea Laluluka,<sup>75</sup> Berthold Langguth,<sup>76</sup> Caterina Leclido,<sup>77</sup> Paul H. Lee,<sup>78</sup> Ilana Lega,<sup>79</sup> Christine Linhares,<sup>80</sup> Joana A. Loureiro,<sup>84,85</sup> Agnes M Madurina-Carvalho,<sup>86,87</sup> Jose Martinez-Raga,<sup>88</sup> Manu Raj Mathur,<sup>90,91</sup> John J. McGrath,<sup>92,93</sup> Enkelekt A. Mechi,<sup>94,95</sup> Alexios-Fotios A. Mentis,<sup>96</sup> Tomislav Mestrovic,<sup>97,98</sup> Bartosz Miazowski,<sup>99</sup> Andreea Mirica,<sup>100</sup> Antonio Mirijello,<sup>100</sup> Babak Moazen,<sup>102,103</sup> Shafiq Mohammed,<sup>104,105</sup> Francisc Mulla,<sup>106,107</sup> Gabriele Nagel,<sup>108</sup> Ionut Nego,<sup>109,110</sup> Ruwandira Inina Ngezi,<sup>111,112</sup> Vincent Ebuka Nwatah,<sup>113,114</sup> Alicia Padron-Monedero,<sup>115</sup> Songhmitra Panda-Jonas,<sup>116</sup> Shahina Paranthan,<sup>117</sup> Maja Patavac,<sup>118</sup> Joy Patel,<sup>119,120</sup> Ionela-Roxana Petcu,<sup>121</sup> Marina Finhain,<sup>122</sup> Richard Charles G. Riiola,<sup>123</sup> Maarten J. Postma,<sup>124</sup> David Loth Rawat,<sup>125</sup> Salman Rawat,<sup>126,127,128</sup> Esperanza Romero-Rodriguez,<sup>129</sup> Luca Ronfini,<sup>130</sup> Dominic Sogoo,<sup>131</sup> Francesco Sanmarchi,<sup>132</sup> Michael P Schaub,<sup>133</sup> Nigussie Tadesse Shurey,<sup>134,135</sup> Rahman Shiri,<sup>136</sup> Farhad Shokraneh,<sup>137</sup> Inga Dora Sigurdottir,<sup>138,140</sup> Jodo Pedro Silva,<sup>141</sup> Renat a Silva,<sup>142</sup> Bogdan Socea,<sup>143</sup> Miklós Szócska,<sup>144</sup> Rafael Tabares-Seisdedos,<sup>145</sup> Marco Toirado,<sup>147</sup> Marcos Roberto Toivoni-Palonen,<sup>148</sup> Tommi Juhani Vasankari,<sup>150,151</sup> Massimiliano Venoux,<sup>152</sup> Rusef M. Virani,<sup>153</sup> Andrea Wiedacher,<sup>154</sup> Andrea Syllia Winkler,<sup>156,157</sup> Simon I. Hay,<sup>158</sup> Alize J. Ferrari,<sup>161,160</sup> Mohsen Naghavi,<sup>160</sup> Peter Allebeck,<sup>160</sup> and Lorenzo Monasta.<sup>160</sup>



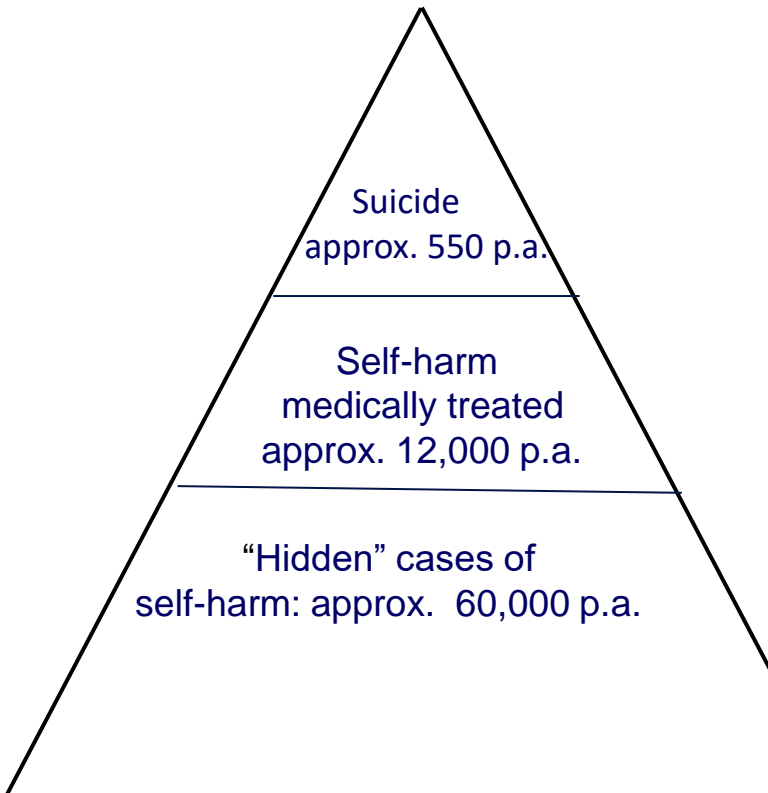
- According to the GBD study, mental health conditions in Europe represented a major health burden for younger people (10-24 years) in the period 1990 to 2019, in terms of both disability and premature deaths.
- Given that these conditions often predict same or worse conditions in adulthood, these findings underline the need for policies to strengthen mental health in future years, with a specific focus on young people.
- Ireland ranked high regarding common mental disorders and alcohol use disorders, and average in relation to suicide, among young people. The real rates of suicide in young people in Ireland may be higher while since 2013, late registered suicide deaths are not included in the official suicide figures sent to WHO & Eurostat by the CSO. There are indications of under reporting of at least 15%.

**Figure 1.** Prevalence per 100,000 population aged 10-24 years of common, severe and other mental disorders (MDs), alcohol and drug use disorders, and incidence rate of self-harm in 31 European countries, both sexes, age 10-24, year 2019. Common MDs: anxiety and depressive disorders; Severe MDs: schizophrenia and bipolar disorder; Other MDs: eating disorders, attention deficit/hyperactivity disorder, autism spectrum disorder, conduct disorders, idiopathic developmental intellectual disability, other mental disorders.

# Suicide rates per 100,000 among 15-19 year olds for 2017 or most recent available year (OECD, 2020)



## Suicide and medically treated self-harm in Ireland: The tip of the iceberg



### Public Mental Health Interventions

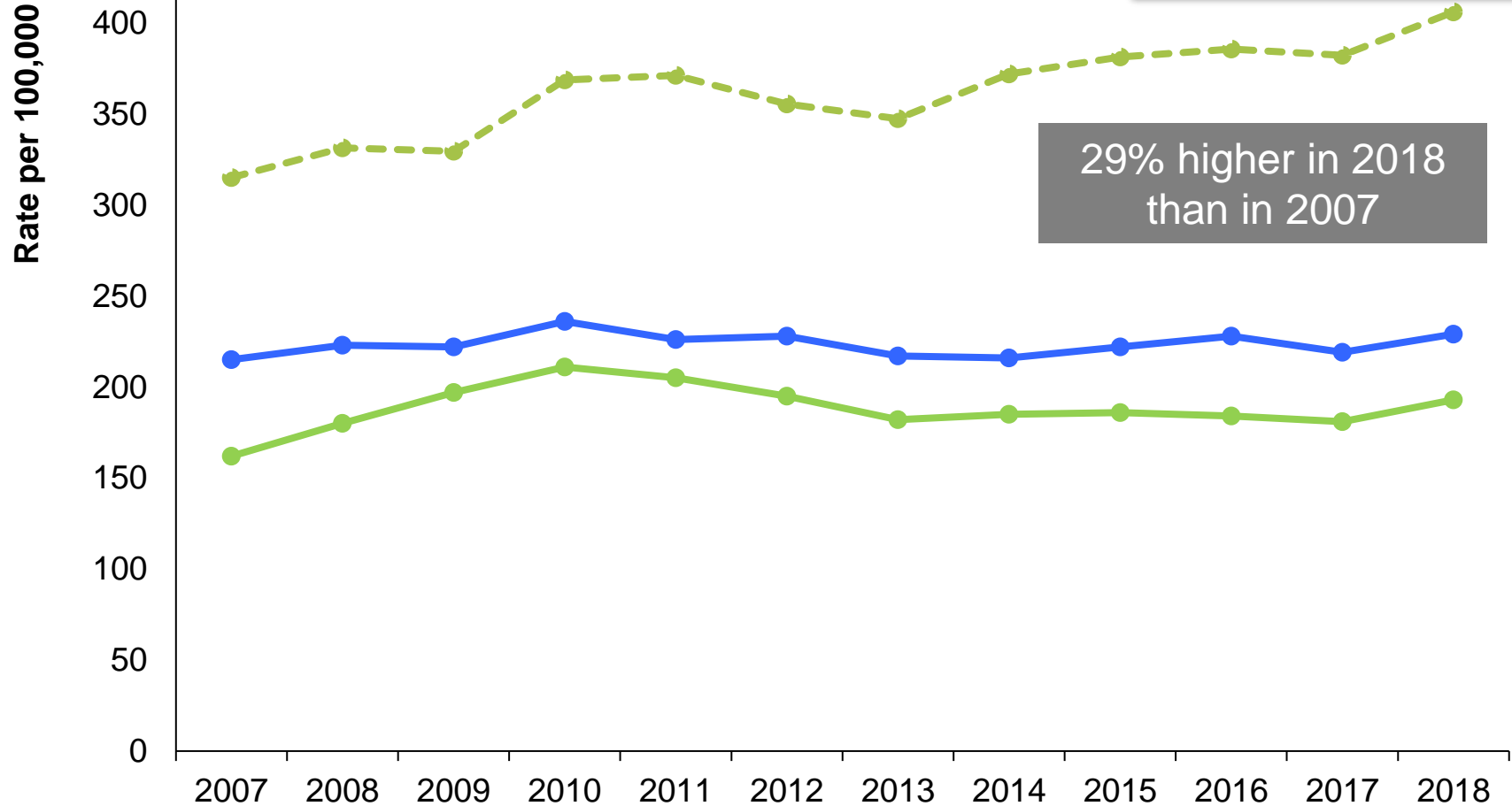
- Suicide prevention and mental illness
- Improving lives, recovery and inclusion
- Early identification and referral
- Mental health promotion

**Abstract**

**Purpose** Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.  
**Methods** Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000 by age, gender and method of self-harm. Poisson regression models were used to examine trends in rates of self-harm.  
**Results** The average person-based rate of self-harm among 10–24-year-olds was 318 per 100,000. Peak rates were observed among 15–19-year-old females (564 per 100,000) and 20–24-year-old males (448 per 100,000). Between 2007 and 2016, rates of self-harm increased by 27%, with increases most pronounced for females and those aged 10–14 years. There were marked increases in specific methods of self-harm, including those associated with high lethality.  
**Conclusions** The findings indicate that the age of onset of self-harm is decreasing. Increasing rates of self-harm, along with increases in highly lethal methods, indicate that targeted interventions in key transition stages for young people are warranted.

**Keywords** Self-harm · Young people · Epidemiology

# Trends in youth self-harm



29% higher in 2018 than in 2007

Men Women 10-24 years

## Can we rely on the media?

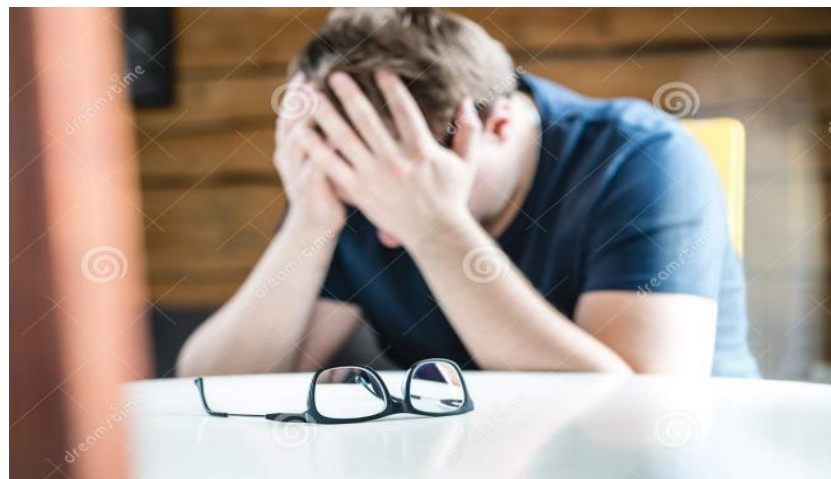
COVID-19 a tsunami of destruction causing irreversible damage to young adults mental health

### Covid stress leads to spike in suicide cases in India

Experts warn Britain faces a mental health 'ticking time bomb' with a 'significant' and 'long term' impact as country is plunged into winter lockdown that could last months

Number of Britons seeking help for suicidal thoughts 'has **TRIPLED** since the first lockdown' as psychiatrists warn the UK faces a 'mental health pandemic'

The silent COVID-19 death toll: Far more Australians will kill themselves because of coronavirus lockdown than those who die of the virus,





# Self-harm and suicide trends among young people during COVID-19



- Increase in mental health problems and suicidal thoughts in young people during the first months of COVID-19
- No consistent pattern of increased rates of self-harm and suicide within this period, in particular in high income countries

SYSTEMATIC REVIEW

**UPDATE** The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: update of living systematic review [version 2; peer review: 1 approved, 2 approved with reservations]

Previously titled: "The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review"

Ann John <sup>1,2\*</sup>, Emily Eyles <sup>3,4</sup>, Roger T. Webb <sup>5,6</sup>, Chukwudi Okolie <sup>1,2</sup>, Lena Schmidt <sup>4</sup>, Ella Arensman <sup>7</sup>, Keith Hawton <sup>8,9</sup>, Rory C. O'Connor <sup>10</sup>, Nav Kapur <sup>5,6,11</sup>, Paul Moran <sup>4,12</sup>, Siobhan O'Neill <sup>13</sup>, Luke A. McGuiness <sup>4</sup>, Babatunde K. Olorisade <sup>4</sup>, Dana Dekel <sup>1</sup>, Catherine Macleod-Hall <sup>4</sup>, Hung-Yuan Cheng <sup>4</sup>, Julian P.T. Higgins <sup>3,4,12\*</sup>, David Gunnell <sup>4,12\*</sup>

<sup>1</sup>Population Psychiatry, Suicide and Informatics, Swansea University, Swansea, UK

<sup>2</sup>Public Health Wales NHS Trust, Swansea, UK

<sup>3</sup>National Institute for Health Research Applied Research Collaboration West (NIHR ARC West) at University Hospitals Bristol NHS Foundation Trust, Bristol, UK

<sup>4</sup>Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK

<sup>5</sup>Division of Psychology and Mental Health, University of Manchester, Manchester, UK

<sup>6</sup>NIHR Greater Manchester Patient Safety Translational Research Centre, Manchester, UK

<sup>7</sup>School of Public Health and National Suicide Research Foundation, University College Cork, Cork, Ireland

<sup>8</sup>University Department of Psychiatry, Centre for Suicide Research, University of Oxford, Oxford, UK

<sup>9</sup>Oxford Health NHS Foundation Trust, Oxford, UK

<sup>10</sup>Institute of Health & Wellbeing, University of Glasgow, Glasgow, UK

<sup>11</sup>Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK

<sup>12</sup>National Institute for Health Research Biomedical Research Centre at the University Hospitals Bristol NHS Foundation Trust and the University of Bristol, Bristol, UK

<sup>13</sup>School of Psychology, University of Ulster, Coleraine, UK


*(John et al, 2021; Living systematic review)*

REVIEW

Open Access



# Registered psychiatric service use, self-harm and suicides of children and young people aged 0–24 before and during the COVID-19 pandemic: a systematic review

Wan Mohd Azam Wan Mohd Yunus<sup>1,2,3†</sup>, Laura Kauhanen<sup>1†</sup>, Andre Sourander<sup>1,2,4</sup>, June S. L. Brown<sup>5</sup>, Kirsi Peltonen<sup>1,2</sup>, Kaisa Mishina<sup>1,2</sup>, Lotta Lempinen<sup>1,2</sup>, Kalpana Bastola<sup>1,6</sup>, Sonja Gilbert<sup>1,2</sup> and David Gyllenberg<sup>1,2,7,8\*</sup> 

## Abstract

**Background:** The COVID-19 pandemic has impacted on psychiatric symptoms of children and young people, but many psychiatric services have been disrupted. It is unclear how service use, self-harm and suicide has changed since the pandemic started. To gain timely information, this systematic review focused on studies based on administrative data that compared psychiatric service use, self-harm and suicide before and during the pandemic among children and young people.

**Methods and finding:** A systematic review of studies published in English from 1 January 2020 to 22 March 2021 was conducted, using the Web of Science, PubMed, Embase and PsycINFO databases. Increases or reductions in service use were calculated and compared using percentages. Of the 2,676 papers retrieved, 18 were eligible for the review and they provided data from 19 countries and regions. Most studies assessed changes during the early phase of the COVID-19 pandemic, from March to July 2020, and three assessed the changes until October 2020. Fifteen studies reported a total of 21 service use outcomes that were quantitatively examined. More than three-quarters of the 21 outcomes (81%) fell by 5–80% (mean reduction = 27.9%, SD = 35%). Ten of the 20 outcomes for psychiatric emergency department (ED) services reduced by 5% to 80% (mean = 40.1%, SD = 34.9%) during the pandemic. Reductions in service use were also recorded for ED visits due to suicide ideation and self-harm, referrals to secondary mental health services, psychiatric inpatient unit admissions and patients receiving treatment for eating disorders. However, there were also some increases. Suicide rate and the number of ED visits due to suicide attempts have increased, and there was an increase in the number of treatment sessions in a service that provided telemedicine.

**Conclusion:** Most of the studies showed reductions in the use of psychiatric services by children and young people during the early phase of the pandemic and this highlighted potential delays or unmet needs. Suicide rate has increased during the second wave of the pandemic. Further studies are needed to assess the pattern of service use in the later phases of the COVID-19 pandemic.

- Systematic review including 18 studies providing data from 19 countries and regions.
- Most of the studies showed reductions in the use of psychiatric services by children and young people during the early phase of the pandemic, and this highlighted potential delays or unmet needs.
- Suicide rate and the number of ED visits due to suicide attempts/self-harm increased during the second wave of the Covid-19 pandemic.
- During the second Covid wave, there was an increase in the number of treatment sessions in services providing telemedicine.

\*Correspondence: david.gyllenberg@utu.fi

†Wan Mohd Azam Wan Mohd Yunus and Laura Kauhanen contributed equally to this work

<sup>1</sup>Research Centre for Child Psychiatry, Department of Child Psychiatry, University of Turku, Lemminkäisenkatu 3, 3rd. floor, 20014 Turku, Finland  
Full list of author information is available at the end of the article



**Abstract**

**Purpose** Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.  
**Methods** Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000 by age, gender and method of self-harm. Poisson regression models were used to examine trends in rates of self-harm.  
**Results** The average person-based rate of self-harm among 10–24-year-olds was 318 per 100,000. Peak rates were observed among 15–19-year-old females (564 per 100,000) and 20–24-year-old males (448 per 100,000). Between 2007 and 2016, rates of self-harm increased by 27%, with increases most pronounced for females and those aged 10–14 years. There were marked increases in specific methods of self-harm, including those associated with high lethality.  
**Conclusions** The findings indicate that the age of onset of self-harm is decreasing. Increasing rates of self-harm, along with increases in highly lethal methods, indicate that targeted interventions in key transition stages for young people are warranted.

**Keywords** Self-harm · Young people · Epidemiology

# Risk of repeated self-harm in young people and self-harm method escalation

- Young people with the highest risk for repeated self-harm were 15–19-year-old females and 20–24-year-old males
- Self-cutting was the method associated with the highest risk of self-harm repetition.
- Time between first self-harm presentations represents an indicator of subsequent repetition
- Increased risk of self-harm method escalation among children and adolescents in recent years

The prevalence of self-reported deliberate self-harm in Irish adolescents

Carolyn Morey<sup>1,2</sup>, Paul Corcoran<sup>1</sup>, Ella Arensman<sup>1\*</sup> and Ivan J Perry<sup>1,3</sup>

Published: 28 February 2008

# Risk factors associated with self-harm in adolescents

Girls

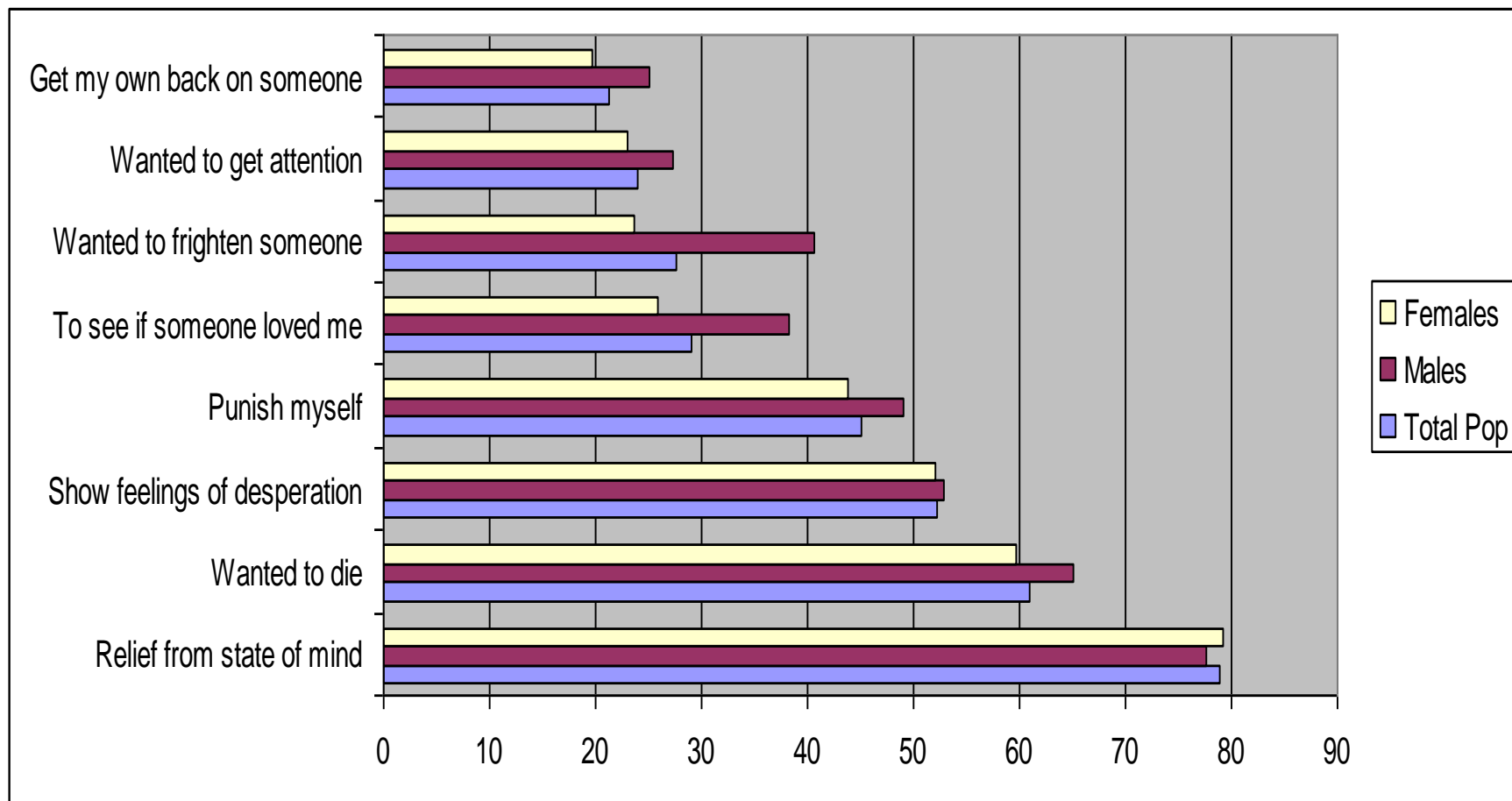
Boys

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ Sexual abuse and physical maltreatment
- ❖ Problems related to sexuality
- ❖ Problems with parents
- ❖ Bullying and Cyberbullying
- ❖ Difficulties in making – keeping friends
- ❖ High levels of depressive symptoms
- ❖ Sleep problems

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ High levels of anxiety
- ❖ High levels of impulsivity
- ❖ Problems related to sexuality
- ❖ Bullying and Cyberbullying
- ❖ Problems with school work
- ❖ Sleep problems

McMahon et al, 2013; Hysing et al, 2015

# Motives related to self-harm by gender among adolescents

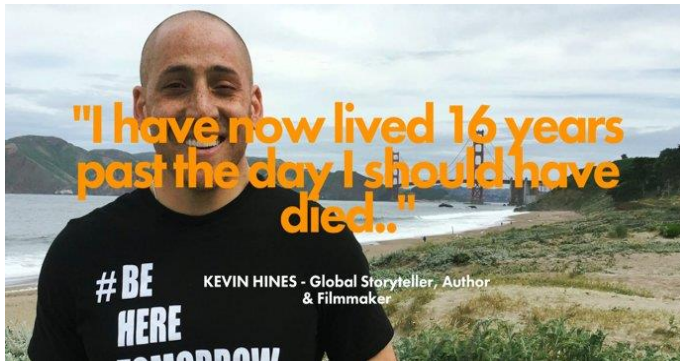


*Scoliers et al, 2009; Rasmussen et al, 2016*

# The importance of understanding **Ambivalence**

- A critical feature in working with those who self-harm is to recognise their ambiguity and the fragility and temporality of their decisions about their destiny.

*Bermans et al, 2009; 2017*



- I said to myself, If somebody comes up to me and says, ‘Are you okay? Is something wrong? Can I help you?’ I was going to tell them my whole life story and they were going to make me safe.”
- A suicidal person needs to hear: *“That we care about you, your life does matter and that all we want is for you to stay,”* he says. *“If someone had looked at me on that bridge or that bus and said that to me, I would have begged for help.”*  
*Kevin Hines*





# Young People's perspectives

## School-based individual support

*"Show them there is always someone there to help"*

## Peer discussion groups

*"A group where kids can sit and discuss problems freely"*

*"Maybe someone else feels the same and would like to help"*

## School-based mental health education

*"More mental health classes"*

*"Get someone who had a problem to give a talk in school"*

## Anonymous support

*"Write down problems privately and a teacher can discuss them in front of the class"*




# Psychotherapeutic interventions for self-harm in adolescents and young adults

- Cognitive Behaviour Therapy - Individual and Group-based psychotherapy
- Dialectical Behaviour Therapy for Adolescents (DBT-A)
- Home-based family therapy
- Brief compliance enhancement

**Interventions for self-harm in children and adolescents (Review)**

Hawton K, Witt KG, Taylor Salisbury, EB, Aronson, E, Gunnell D, Townsend E, v Heeringen K, Hazel P



**THE COCHRANE COLLABORATION**

WILEY

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library*, Issue 12  
<http://www.thecochranelibrary.com>

Interventions for self-harm in children and adolescents (Review)  
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**Articles**

**Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis**

Keith Hawton, Kazuo G Witt, Taisnari Taylor Salisbury, Elin Aronson, David Gunnell, Philip Hazel, Ellen Townsend, Ees van Heeringhen

**Summary**  
Background: Self-harm (intentional acts of non-fatal self-poisoning or self-injury) is common, particularly in young adults aged 15–35 years, often recurrent, and strongly associated with suicide. Effective alternatives of individuals who self-harm is therefore important. We have undertaken a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.

**Methods:** We searched five electronic databases (CCDANCTR-Studies and References, CENTRAL, MEDLINE, Embase, and PsycINFO) between Jan 1, 1996, and April 20, 2015, for randomised controlled trials of psychosocial interventions for adults after a recent (within 6 months) episode of self-harm. Most interventions were assessed in single trials. We report results for interventions for which at least three randomised controlled trials comparing interventions with treatment as usual have been published and hence might contribute to clinical guidance. The primary outcome was repetition of self-harm at the conclusion of treatment and at 6, 12, and 24 months' follow-up analysed, when available, with the intention-to-treat method; if this was not possible, we analysed with all available case data.

**Findings:** We identified 20 non-overlapping randomised controlled trials with three independent trials of the same intervention. Cognitive-behavioural-based psychotherapy (CBT) comprising cognitive-behavioural and problem-solving therapy was associated with fewer participants repeating self-harm at 6 months' (odds ratio 0.54, 95% CI 0.34–0.85; 12 trials, n=117) and at 12 months' follow-up (0.40, 0.45–0.90; ten trials, n=223). There were also significant improvements in the secondary outcomes of depression, hopelessness, suicidal ideation, and problem solving. Patients receiving dialectical behaviour therapy (in three trials) were not less likely to repeat self-harm compared with those provided with treatment as usual at 6 months (odds ratio [OR] 0.59, 95% CI 0.16–2.15; n=207, three trials) or at 12 months (0.36, 0.05–2.47; n=172, two trials). However, the secondary endpoint of frequency of self-harm was associated with a significant reduction with use of dialectical behaviour therapy (mean difference: -18.82, 95% CI -36.68 to -0.95). Four trials each of case management (OR 0.78, 95% CI 0.47–1.30; n=1608) and sending regular postcards (OR 0.87, 95% CI 0.62–1.23; n=3277) did not reduce repetition of self-harm.

**Interpretation:** CBT seems to be effective in patients after self-harm. Dialectical behaviour therapy did not reduce the proportion of patients repeating self-harm but did reduce the frequency of self-harm. However, aside from CBT, there were few trials of other promising interventions, precluding firm conclusions as to their effectiveness.

**Funding:** National Institute for Health Research.

**Introduction**  
Self-harm (non-fatal intentional acts of self-poisoning or self-injury irrespective of the extent of suicidal intent) has been a growing problem in most countries over the past 40 years. In the UK, there are now estimated to be more than 200,000 presentations of self-harm to general hospitals each year. Self-harm requires the use of considerable hospital resources in both developed and developing countries. Self-harm is most common in younger people between 15 years and 35 years of age. Unlike suicide, self-harm usually occurs more frequently in women than men, although the female-to-male ratio appears to have narrowed over the past decade. The sex ratio also decreases over the lifespan. Self-harm is often repeated, with 15–25% of individuals who present to hospital with self-harm re-presenting after a repeat episode within a year, although the risk of

factor for suicide across a range of psychiatric disorders. Repetition of self-harm further increases the risk of suicide.<sup>1</sup> Given the size of the problem of self-harm, the frequency with which it is repeated, and the risk of subsequent suicide, it is important that effective treatment interventions are developed for this patient population. We previously published a systematic review and meta-analysis<sup>2</sup> of both psychosocial and pharmacological treatment studies across the age spectrum in 1998, which was subsequently updated in an official guideline in 2011.<sup>3</sup> We have also done a major update of this review in conjunction with the Cochrane Collaboration.<sup>4,5</sup> In this Article we have focused on the results of psychosocial interventions for self-harm in adults investigated in a minimum of three independent trials compared with treatment as usual, because these

**Summary**  
 Background: Individuals who self-harm are at increased risk of suicidal ideation and suicide. Effective clinical interventions for self-harm are therefore important. We have undertaken a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.

**Objectives:** We searched five electronic databases (CINAHL, TR, Medline and references, CENTRAL, MEDLINE, Embase and PsycINFO) between Jan 1, 1996, and April 25, 2015, for randomised controlled trials of psychosocial interventions for adults who a recent episode of self-harm. Most interventions were assessed in single trials. We report results for interventions for which at least three randomised controlled trials comparing intervention with treatment as usual have been published and have a significant effect on suicidal ideation. The primary outcome was repetition of self-harm at the conclusion of treatment and at 12, and 24 months follow-up post-treat, where available, with the intention to report meta-analysis if the data were available.

**Results:** We identified 29 non-overlapping randomised controlled trials with three independent trials of the same intervention. Cognitive behavioural therapy (CBT) comprising cognitive behavioural and problem-solving therapy was associated with fewer participants repeating self-harm at 12-month follow-up (OR 0.54, 95% CI 0.34-0.84, 12 trials, n=1077) and at 24-month follow-up (OR 0.50, 95% CI 0.30-0.83, six trials, n=562). There were no significant improvements in the secondary outcomes of depression, hopelessness, suicidal ideation, and problem solving. Patients receiving dialectical behaviour therapy (for long trials) were not likely to repeat self-harm compared with treatment as usual at 12-month follow-up (OR 0.76, 95% CI 0.33-1.75, n=262). There were no significant differences between CBT and treatment as usual at 24-month follow-up (OR 0.75, 95% CI 0.37-1.51, n=107). There was no significant difference in the number of self-harm episodes at 12 months (OR 1.04, 95% CI 0.75-1.43, n=1077) nor at 24 months (OR 0.78, 95% CI 0.47-1.30, n=562) between the secondary endpoints of frequency of self-harm was associated with a significant reduction with use of dialectical behaviour therapy (mean difference -0.12, 95% CI -0.26 to 0.01, three trials, n=64) of case management (OR 0.78, 95% CI 0.47-1.30, n=107) and waiting register priority (OR 0.50, 95% CI 0.34-0.72, n=1077) but not other registered self-harm.

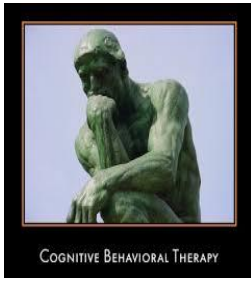
**Interpretation:** CBT seems to be effective in patients after self-harm. Dialectical behaviour therapy did not reduce the proportion of patients repeating self-harm but did reduce the frequency of self-harm. However, aside from CBT, there were few trials of other promising interventions, precluding firm conclusions as to their effectiveness.

**Funding:** National Institute for Health Research.

**Introduction**  
 Self-harm is a common mental health problem. It is a complex phenomenon with a range of psychological, developmental, and environmental causes. It is a growing problem in most countries over the past 20 years. In the UK, there are estimated to be over 200,000 presentations of self-harm to general hospitals each year. Self-harm requires the use of considerable hospital resources to both develop and deliver appropriate treatment. Self-harm is most common in young people and women 15 years and 20 years of age. These individuals have been found to repeat self-harm more frequently than men over the past decade. The one rate also decreases over the lifespan.  
 Self-harm is often reported with 15-25% of individuals who present to hospital with self-harm repeating after a repeat episode within a year, although the risk of

# What is known about CBT as a therapeutic intervention for adolescents and young adults

- CBT has resulted in significant reductions in self-harm, depressed mood and trait anxiety among adolescents and young adults (Oldershaw et al, 2012; Taylor et al, 2011; Esposito-Smythers et al, 2011; Brent et al, 2009; Slee et al, 2008; Hawton et al, 2016)
- A risk reduction and relapse prevention approach to treatment, in addition to integrated CBT and DBT techniques has proven effective (Brent et al, 2009)
- A time-limited cognitive-behavioural intervention, has proven efficacy for patients with recurrent and chronic self-harm (Slee et al, 2008)





# LIVE

cross-cutting foundations

## Key effective evidence-based interventions

- Situation analysis
- Multisectoral collaboration
- Awareness raising
- Capacity building
- Financing
- Surveillance, monitoring and evaluation

**L**

Limit access to means of suicide



**I**

Interact with the media on responsible reporting



**F**

Foster life skills of young people



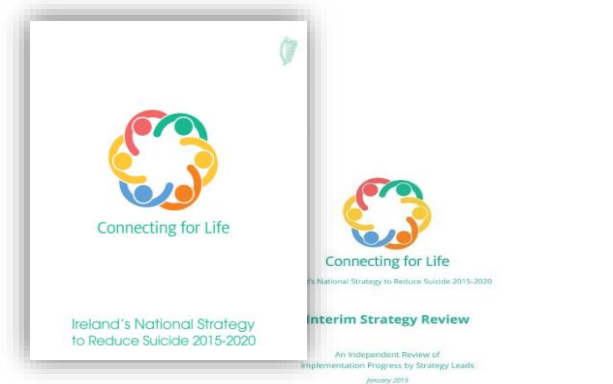
**E**

Early identify everyone affected



# Self-harm intervention and suicide prevention among young people at national level in Ireland

- National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm
- *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015-2024



# Suicide contagion and clustering in young people

# Historical evidence of contagion of suicide

**1774:** *“The Sorrows of Jung Werther”* – JW Von Goethe

- Following publication of the novel, indications for imitative suicides among young men in Germany, and in Denmark and Italy – “The Werther Effect”



**1962:** *Marilyn Monroe*

- 12% increase in suicide in the month following her death by suicide.

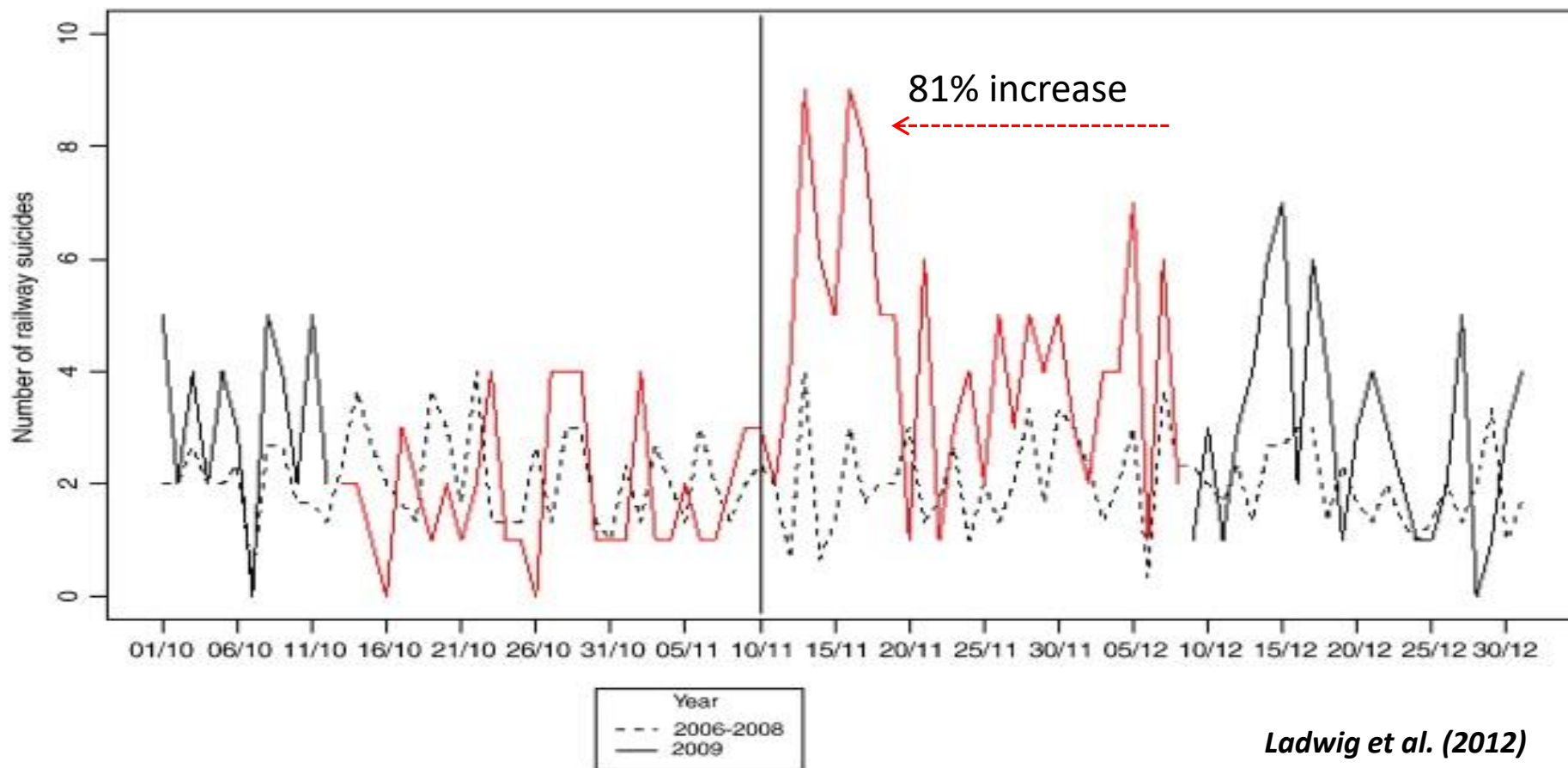


**1988:** *TV film of railway suicide of a 19-year old male student*

- A tv film showing the railway suicide of a young men was followed by a 175% increase in railway suicides in young men over 70 days after broadcasting.

*Phillips, 1974; Schmidtke & Häfner, 1988; Halgin et al, 2006*

# Significant increase of railway suicides after the suicide of German goal keeper, Robert Enke on 10<sup>th</sup> November 2009



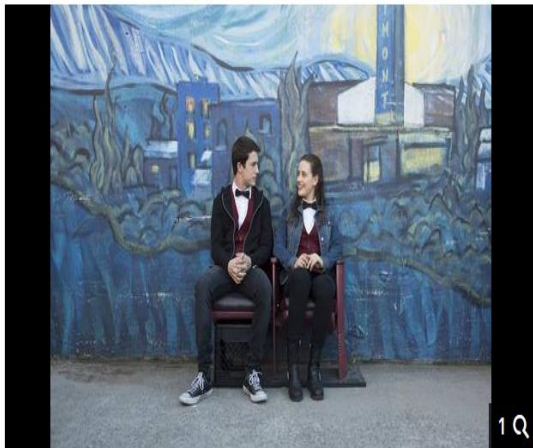
Ladwig et al. (2012)

In addition to the short term increase in railway suicides, Hegerl et al (2013) identified a long-term effect: 19% increase in railway suicides in the two years after the suicide by Robert Enke

# Evidence of copycat suicides and suicide attempts/ self-harm

*Families blame '13 Reasons Why' for the suicides of 2 teens in California (US), April 2017)*

Netflix officials defend 13 Reasons Why against claims it glamorises suicide



*Dylan Minnette and Katherine Langford in 13 Reasons Why*

*Netflix drama series blamed for inspiring teens' suicide and attempted suicide (Austria), May 2017*

*'13 Reasons Why' copycat suicide in Peru, June 2017*

*Increase in teen suicidal behaviour linked to '13 Reasons Why', Toronto, June 2017*



# Reasons Why Not

- The graphic nature of reporting and the reporting of specific details of highly lethal methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.
- Revenge suicide is relatively rare; revenge motive is reported by a minority of young people who self-harm.
- Evidence based information on positive mental health promotion and help-seeking for mental health problems, was not taken into account.
- There are elements of glorifying and romanticising suicide, which may further impact on vulnerable people who are considering suicide or self-harm.





## Specific aspects associated with online media and risk of suicide contagion

- Online series and social media can be accessed at all times, which increases viewing patterns, such as ‘marathon’ or ‘binge watching’.



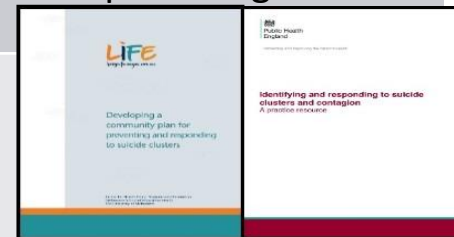
- This can further intensify the over-identification with people who take their lives (real-life and fictional), and therefore increase the negative impact on vulnerable people.

# How to respond to emerging suicide clusters and contagion

➤ There is a gap in evidence-based guidelines detailing appropriate response strategies to suicide clusters and the low-frequency nature of clusters makes it difficult to evaluate strategies

## Current best practice guidelines for responding to emerging clusters – the core elements

- Preparedness - Response team and core response plan should be available as part of a routine procedure
- Clarity on leadership/co-ordination of response team
- Multidisciplinary response team comprised of qualified representatives of all relevant agencies, incl. mental health services, suicide bereavement support services, social work, police, media
- Inter-agency protocols (if available) should be put in place in order to address referral procedures, confidentiality and information sharing
- Involvement of specialised staff of suicide prevention agencies and mental health professionals trained in dealing with severe traumatic incidents, post traumatic stress and complicated grief
- Response plan needs to address different phases:
  - Immediate aftermath: Up to 1 week
  - Reactive period: 1 week up to 1 month
  - Outreach period: weeks up to years (incl. anniversaries)





## Specific challenges related to self-harm and suicide in young people

- Self-harm more frequently observed among children and adolescents at younger age (e.g. Ireland, UK, US, Australia, Japan)
- Shift in use of more highly lethal methods of self-harm at younger age, and method escalation over shorter period of time
- More emphasis on evidence based mental health promotion and programmes addressing positive coping skills at younger age
- Improved access to mental health services for children and adolescents at risk of self-harm and suicide
- More insight required into impact of harmful social media platforms and sites on self-harm and suicide

*People who attempt suicide don't want to die,  
what they want is a different life*



*"I have now lived 16  
years past the day I  
should have died"*

*Bermans et al, 2017; Rasmussen et al, 2016;  
Bermans et al, 2009; Scoliers et al, 2009.*

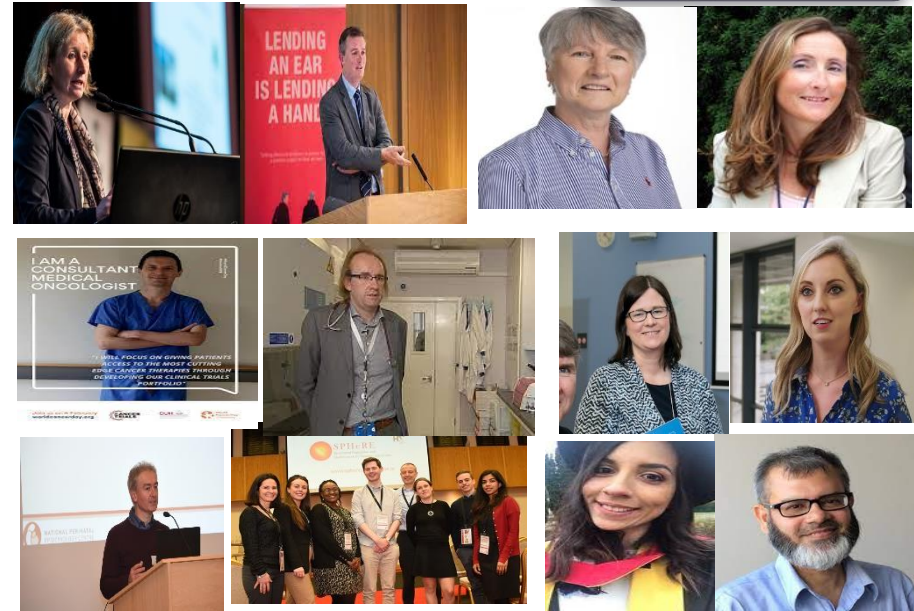


<https://vimeo.com/293985609>

# MHAINTAIN - Early Identification of Suicide and Self-Harm Risk and Comorbid Mental and Physical Disorders: An Interdisciplinary Training, Research and Intervention Programme



- MHAINTAIN provides a **unique research through training programme** to enhance self-harm assessment, intervention and prevention among adults and young people
- Consortium members have longstanding experience in patient-focused research, teaching and PhD supervision, with **over 150 completed PhD dissertations**
- Consortium members include **researchers, scientist practitioners and people with lived experience** in mental health, self-harm and suicide prevention
- MHAINTAIN provides an outstanding infrastructure and environment that **will inspire and generate highly-skilled scientist practitioners**
- MHAINTAIN's network will **facilitate national and international internships**



# Thank you!

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Professor Ella Arensman  
School of Public Health & National Suicide Research Foundation,  
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention  
University College Cork, Ireland  
Australian Institute for Suicide Research and Prevention, Griffith University  
E-mail: [ella.arensman@ucc.ie](mailto:ella.arensman@ucc.ie)