Key 2016 figures

Rates of self-harm

Rates of self-harm by gender, 2003 to 2016

Rates increased between 2015 & 2016 for both men and women

Males aged 35-54 had the highest rates among men in 2016

Females aged 15-24 continue to have the highest rates of self-harm

Characteristics of individuals who self-harm

- 57% female
- 14% lives alone
- 79% history of self-harm
- 48% unemployed
- 25% student

- 5% age <15
- 35% age 15-24
- 24% age 25-34
- 30% age 35-54
- 7% age 55+

Mental health

- Most common psychiatric diagnoses:
  - Depression: 24%
  - Alcohol &/or drug misuse: 37%
  - Stress & anxiety: 10%
  - Personality disorder: 8%

Drug and alcohol misuse

- Consumed alcohol at the time of self-harm: 61%
- Secondary diagnosis of drug/alcohol misuse: 47%

Harmful alcohol use is most common among males aged 55+ & females aged 35-54

Substance misuse is most common in males aged 25-34

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Characteristics of self-harm episodes

Primary methods of self-harm

- Overdose: 63%
- Self-cutting or self-stabbing: 20%
- Other self-injury: 15%
- Other self-poisoning: 1%

Most common overdose drugs

- Paracetamol & compounds (46%)
- Antidepressants (28%)
- Other analgesics (27%)
- Benzodiazepines (12%)
- Antipsychotics (9%)
- Minor tranquillisers (6%)
- Opiates (3%)
- Others (30%)

Most common precipitants of self-harm

Problems reported by individuals

- Relationships: 44% (Male), 51% (Female)
- Mental health: 48% (Male), 49% (Female)
- Alcohol: 22% (Male), 15% (Female)
- Work/study: 17% (Male), 15% (Female)
- Bereavement: 13% (Male), 11% (Female)
- Physical health: 13% (Male), 11% (Female)
- Housing: 13% (Male), 9% (Female)
- Abuse: 15% (Male), 6% (Female)

Emergency Department Management

- 36% received general hospital admission
- 21% received no referral
- 45% received a psychosocial assessment from mental health staff, and were referred on to psychiatric aftercare

Only 42% received a psychosocial assessment, despite NICE guidelines recommending all ED self-harm patients should receive one