

Support for improving community-based care for self-harm

Research context

- Self-harm can occur at any point across the lifetime and is a risk factor for suicide¹
- Services for people who self-harm are often fragmented²

Support for improving community-based care for self-harm

Funded as part of community mental health programme

- Support services to develop interventions
- Evidence-based support
- Monthly interactive clinics
- Service user engagement
- Shared learning

Research evidence – healthcare settings

- Settings need to ensure support is available to all groups including ethnic minority groups³
- Primary care is a crucial setting for mental health support⁴

Research evidence – interventions

- Timely intervention after episode of self harm is crucial⁵
- Psychosocial assessment is vital following self-harm⁶
- Need for tailored and collaborative safety plans⁷
- Talking therapies should be offered consistently⁸

Research evidence – self-harm and Covid-19

- Deterioration of mental health⁹
- Yet no increase in rates of self-harm^{10,11}
- Changes in service provision¹²
 - Rise in remote consultations
 - Fall in referrals to mental health services
 - Young people more likely to receive medication than before the pandemic compared to other age groups

Information sources

1. [Morgan et al, 2018. Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death. Lancet Psych 5\(11\): 905-912.](#)
2. [Samaritans, 2020. Pushed from pillar to post.](#)

3. [Farooq et al, 2021. Self-harm in children and adolescents by ethnic group: an observational cohort study from the multicentre Study of Self-Harm in England. Lancet Child Adolesc. Health 5\(11\): 782-791.](#)
4. [Carr et al, 2016. Clinical management following self-harm in a UK wide primary cohort. J Affect Disord 197: 182-188.](#)
5. [Kapur et al, 2006. The repetition of suicidal behaviour: a multicentre cohort study. J Clin Psychiatry 67\(10\): 1599-1609](#)
6. [Kapur et al, 2013. Does clinical management improve outcomes following self-harm? Results from the Multicentre Study of Self-Harm in England. PLoS ONE 8\(8\): e70434](#)
7. [Ferguson et al, 2021. The Effectiveness of Safety Planning Intervention for Adults Experiencing Suicide-Related Distress: A Systematic Review. Arch Suicide Res: 1-24.](#)
8. [Quinlivan et al, 2021. 'Relieved to be seen' – patient and care experiences of psychosocial assessment in the emergency department following self-harm: qualitative analysis of 102 free-text survey responses. BMJ Open 11: e044434](#)
9. [Pierce et al, 2020. Mental health before and during the COVID-19 pandemic: a longitudinal probability sampler survey of the UK population. Lancet Psych 7\(10\): 883-892](#)
10. [Kapur et al, 2021. Effects of the COVID-19 pandemic on self-harm. Lancet Psych 8\(2\): e4.](#)
11. [Fancourt et al, 2020-2022. UCL COVID-19 Social Study. University College London.](#)
12. [Steeg et al, 2022. Primary care clinical management following self-harm during the first wave of COVID-19 in the UK: population based cohort study. BMJ Open 12: e052613.](#)

To hear Professor Nav Kapur talk about this in more detail, please visit:

[Nav Kapur Presentation to the Community Based Care Virtual Site Visit, 8 June 2022 \(youtube.com\)](#)

Additional resources:

- [NCISH | The University of Manchester](#)
- [The Manchester Self-Harm Project | The University of Manchester](#)
- [GM PSRC | \(nhr.ac.uk\)](#)

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