

## Plain English Publication Summary

Publication title: [Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care](#)

### Publication details (Vancouver format)

Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care. Morgan C, Webb RT, Carr MJ, Kontopantelis E, Green J, Chew-Graham CA, Kapur N, Ashcroft DM. BMJ 2017; 359:j4351

### What was known before your paper was published?

Self-harm is any act of self-poisoning or self-injury whether intentional or not. We know that self-harm is the strongest risk factor for possible future suicide, with suicide being the second most common cause of death before the age of 25 worldwide.

Increases in recent years in child and adolescent suicide rates have been identified. Psychological distress at a young age has also been reported to be increasing sharply. However, with the absence of national data sources, particularly about those presenting to their GP, the true incidence is difficult to establish among this age group. We are uncertain of the changes over time in relation to self-harm, with observation periods of published studies extending no further than 2012.

### What did you do?

We used anonymised data from the Clinical Practice Research Datalink (CPRD), and identified 16,912 GP records of children and adolescents aged from 10-19 years of age who had harmed themselves during the years 2001 to 2014. We looked at how the incidence rate changed over time and how this compared in boys and girls and among different age groups. We looked at how likely referral to mental health services was, and what drugs were prescribed 12 months after the initial self harm event. By comparing to a group of children and adolescents from the same practice and of the same age and gender with no history of self-harm, we were also able to find out the risk of dying from a natural or unnatural death including death by suicide.

**What did you find?**

Annual incidence rates were increased in girls compared with boys (37.4 v 12.3 per 10000) with a sharp 68% increase in incidence among girls aged 13-16 (from 45.9 to 77.0 per 10000 between 2011 and 2014). Referrals within 12 months following self harm were 23% less likely for young patients registered at the most socially deprived GP practices. Children and adolescents who harmed themselves had especially noticeable increases in risks, compared with peers who did not self harm, for dying by unnatural cause (9 times more likely) suicide (17 times more likely) and dying through alcohol or drug poisoning (34 times more likely).

**What insights/knowledge did you add?**

The 68% increase in self-harm we found among girls aged 13-16 between 2011-2014 indicates an urgent need to develop and use effective help for girls in their early-mid teens.

The number of referrals was lowest in GP practices from the most deprived localities where the number of reports of self-harm was highest and highlights where healthcare provision requires improvement to provide the healthcare need.

The high risks observed for premature mortality, and for suicide and fatal alcohol or drug poisonings in particular, highlight the urgent need for integrated care involving families, schools, and healthcare provision to enhance safety among these distressed young people in the short term, and to help secure their future mental health and wellbeing.