Self-harm is not an illness, it is an expression of personal distress. People who self-harm have an increased risk of premature death from suicide, accidental death and natural causes (Neeleman, 2001). As well as being at high risk of suicide, most patients who self-harm have psychiatric disorders; in addition, physical health problems are often poorly treated in people with mental health disorders, leading to a reduced life expectancy (Wahlbeck et al, 2011).

Current advice
The National Institute for Health and Care Excellence has produced a pathway on self-harm (tinyurl.com/NICE-SH-pathway), which brings together related NICE guidance and products associated with the issue in a set of interactive topic-based diagrams.

New evidence
A cohort study (Bergen et al, 2012) investigated premature death in 30,950 people who attended six accident and emergency departments in England after self-poisoning or self-injury between 2000 and 2007. The causes of premature death and years of life lost were assessed and compared with the general population. Associations with socioeconomic deprivation were also tested using participants’ residential post codes.

The median follow-up period was six years, during which time 1,832 of the participants died. Death from all causes was higher in people who had self-harmed than in the general population. This equated to about 31 years of life lost at each quartile of socioeconomic deprivation.

Deaths due to diseases of the digestive system were 7.5 times higher than expected, which may have been associated with increased prevalence of alcohol problems in this group than in people dying of other causes. Deaths due to mental and behavioural disorders were 7.5 times higher than expected; 87% of these were due to psychoactive substance use. All-cause mortality increased with each quartile of socioeconomic deprivation.

The researchers concluded that clinicians who are assessing and treating self-harm should be aware of the need to pay close attention to physical disorders in people who self-harm. Additionally, assessment of people who present with self-harm should include inquiry into physical health, risky behaviour, psychosocial needs and risks of further self-harm or suicide.

Carmel Thomason is senior publishing manager, evidence resources, National Institute for Health and Care Excellence.