

New study examines the link between hospital care for self-harm and risk of death

13 August 2015, by Jamie Brown

A University of Manchester study which followed up 38,415 people admitted to hospital with self-harm has, for the first time, investigated the association between the treatment patients receive in hospital and their subsequent risk of death.

Published in *The Lancet Psychiatry*, the study looked at adults who had self-harmed and attended five hospital emergency departments in Manchester, Oxford and Derby between 2000 and 2010. The researchers found that within 12 months, 261 had died by suicide and a further 832 had died from other causes.

The study also examined the type of management which [patients](#) received. This included assessment by a mental health specialist, admission to medical or psychiatric beds and referral to a specialist community team.

Professor Nav Kapur from The University of Manchester and Manchester Mental Health and Social Care Trust led the study. He said: "Hospitals have a number of strategies to use when people attend with [self-harm](#), but no one has looked at the association of these with mortality risk on a large scale before."

The findings showed that most types of management were associated with higher risk of death and the highest risks were associated with admission to a psychiatric bed.

"We need to be clear that these findings indicating higher risk of death do not mean these treatments are harmful – instead it looks like health services are reserving the most intensive treatments for the patients at greatest need", Professor Kapur added.

The research team was able to take into account the difference in the characteristics of people receiving different forms of management and also looked at possible treatment effects.

They found that particular interventions might have greater effects in particular groups of patients. For example, psychiatric admission may have had a greater effect on reducing deaths among men, those aged 65 and over, and those who had self-harmed previously.

Professor Kapur concluded: "Clearly we need to do more to find out what works following self-harm and how it works. Attendance at hospital represents an opportunity for services to address underlying issues such as [mental health](#) problems, difficult life circumstances, and alcohol use which contribute to self-harm"

"Our research suggests routine aspects of care can be really helpful - doing the simple things well could improve services for patients and may ultimately reduce the number of deaths."

More information: "Hospital management of suicidal behaviour and subsequent mortality: a prospective cohort study." DOI: [dx.doi.org/10.1016/S2215-0366\(15\)00169-8](https://doi.org/10.1016/S2215-0366(15)00169-8)

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