Knowledge of self-harm and suicide

Terminology

- An ability to draw on knowledge of definitions of self-harm and suicide:
  - ‘self-harm’ refers to an act of self-poisoning or self-injury in the context of overt or covert emotional or psychological distress, with or without an intent to die
  - ‘suicide’ refers to the intentional act of taking one’s own life
  - ‘attempted suicide’ refers to an act of self-harm in which a person intended to die and believed that the means and method of the attempt would be fatal
  - ‘suicidal ideation’ refers to a person having thoughts about suicide (but not necessarily acting on these thoughts)
  - ‘suicidal intent’ refers to an intention to act on suicidal ideation

Knowledge of potential interventions

- An ability to draw on knowledge that self-harm and suicide are preventable and amenable to a range of public health, population-based and individual clinical interventions

Frequency of self-harm and suicide

- An ability to draw on knowledge about the frequency of self-harm and suicide in the general population, for example that:
  - suicide is the leading cause of death in males aged 20–49
  - suicide is the 14th most frequent cause of death (responsible for around 1% of all mortality)
  - between 1 in 5 to 1 in 7 people have self-harmed by age 20
  - at some point in their life:
    - 3% of the population make plans to end their life
    - 5% of the population report attempting suicide
    - 5% of the population make non-lethal suicide attempts
    - 9% of the population experience suicidal ideation
- An ability to draw on knowledge that people who self-harm are 50 times more likely than the general population to attempt suicide, although only a minority will do so (making a history of self-harm a poor predictor of suicide in and of itself)
- An ability to draw on knowledge that suicide is the leading cause of death in children and young people (partly reflecting the fact that other causes of death, such as serious illness, are less common in these age groups)
- An ability to draw on knowledge that over half of young people who die by suicide have a history of self-harm
- An ability to draw on knowledge that rates of self-harm in young people appear to be increasing

Knowledge of mental health, self-harm and suicide

- An ability to draw on knowledge that self-harm and suicide are expressions of overwhelming and intense psychological distress, and that:
  - acts of self-harm and suicide are often (but not always) associated with mental health difficulties, such as:
    - depression
    - psychosis
    - personality disorders (particularly emotionally unstable personality disorder)
    - anxiety disorders
    - anorexia nervosa
    - comorbidity of the above disorders (e.g. with alcohol and substance misuse or with long-term physical health conditions)
- An ability to draw on knowledge that although more than 90% of people who die by suicide have a history of mental health problems, most people with mental health problems never attempt suicide (and so in itself mental health is a poor predictor of suicide)

Vulnerability

- An ability to draw on knowledge of populations who have a higher rate of self-harm or suicide than the general population, such as:
  - gender groups:
    - men in mid-life and older men (who are at greater risk of completed suicide)
    - divorced men
    - younger women (who are at greater risk of non-suicidal self-harm, but not suicide)
    - men in the construction industry
  - children and young people in the looked-after care system
  - people who identify as LGBTQ+
  - people with learning disabilities and neurodevelopmental conditions (such as autism spectrum disorder)
  - people with long-term physical health problems and limitations in daily living
  - people from socioeconomically deprived backgrounds
  - people who are in debt or unemployed
  - people with low educational attainment
  - people who misuse alcohol or drugs
  - people from some (but not all) ethnic minority backgrounds (e.g. Indian and East African females)
  - refugees and asylum seekers
  - occupational groups with greater access to means of suicide
  - people in contact with the criminal justice system (including newly disclosed sex offenders) especially early in incarceration and immediately after release
  - military veterans
  - people from the traveller community
- An ability to draw on knowledge of social factors that are associated with greater rates of self-harm and/or suicide, such as:
  - social isolation
  - economic problems
  - homelessness and insecure or inadequate housing
- An ability to draw on knowledge of factors that could increase or decrease a person's risk of self-harm or suicide, such as:

- factors which may increase risk:
  - presence of mental health problems (particularly depression)
  - previous self-harm or suicide attempts
  - family history of suicide
  - feelings of hopelessness
  - isolation and a sense of being cut-off from people
  - exposure to the suicide of another person in an institutional setting (e.g. school, university, workplace or hospital)
  - impaired capacity for problem solving (and so being unable to generate a solution or a way out of difficulties)
  - experience of major losses
  - bereavement by suicide
  - access to potentially lethal means of harm
  - experience of current or past abuse or maltreatment (including domestic violence)
  - long-term physical health problems (particularly in women)
  - history of alcohol and/or drug misuse
  - impulsive or aggressive tendencies
  - unwillingness to seek help (e.g. because of perceived stigma about accessing mental health services)
  - transitions in care
- factors that may decrease risk:
  - access to social or cultural support
  - support from families, carers, significant others and friends
  - engagement with a healthcare practitioner or healthcare services

Knowledge of the impact of self-harm and suicide on others

- An ability to draw on knowledge of the impact of bereavement by suicide on individuals and communities
  - an ability to draw on knowledge that the impact of a death by suicide will be an interaction between a person's circumstances and the nature of their relationship to the deceased
- An ability to draw on knowledge of the impact of a person's self-harm or suicidal behaviour on the emotional wellbeing and mental health of their family, carers and friends
- An ability to draw on knowledge that some people may react to knowledge of (or news about) a suicide by becoming suicidal themselves, and so there can be an increased risk, for example when:
  - a suicide occurs within a person's social network, particularly:
    - within the personal or social media network of young people
    - among peers at school or college
    - where they identify with the person who has died by suicide
  - new methods of suicide are publicised in the media
  - there is a death of a celebrity by suicide
- An ability to draw on knowledge that when a person dies, some of their peers (such as at school or university) may be at increased risk of suicide through a process of 'social contagion'
  - an ability to draw on knowledge of the role of 'postvention' (interventions whose aim is to manage distress after a death by suicide and identify individuals who may be at increased risk)