

# The Manchester Self-Harm Project

## Key figures from 2015

### Rates of self-harm

Rates of self-harm by gender, 2003 to 2015

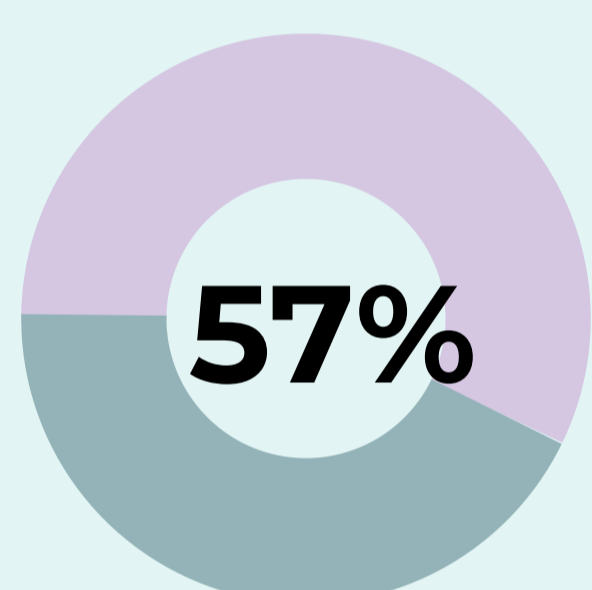


There has been a decrease in overall rates of self-harm

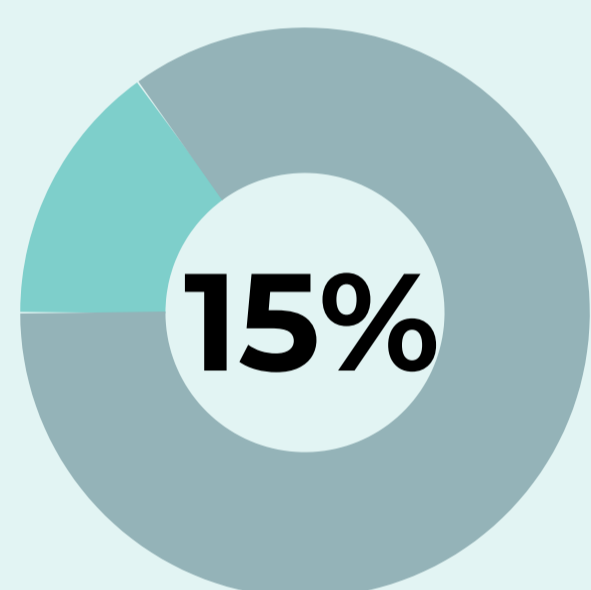
**Males aged 35-54** had the highest rates among men in 2015

**Females aged 15-24** continue to have the highest rates of self-harm

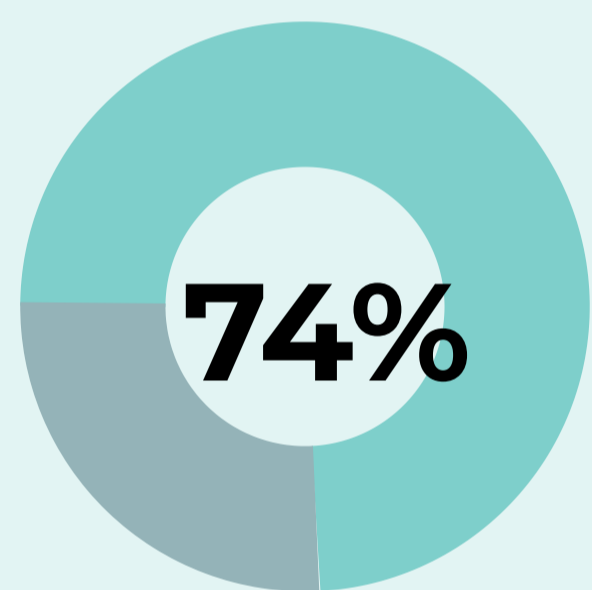
### Characteristics of individuals who self-harm



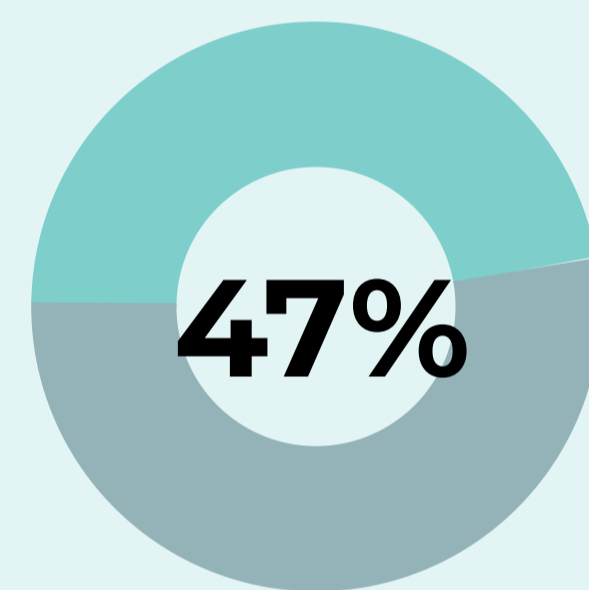
female



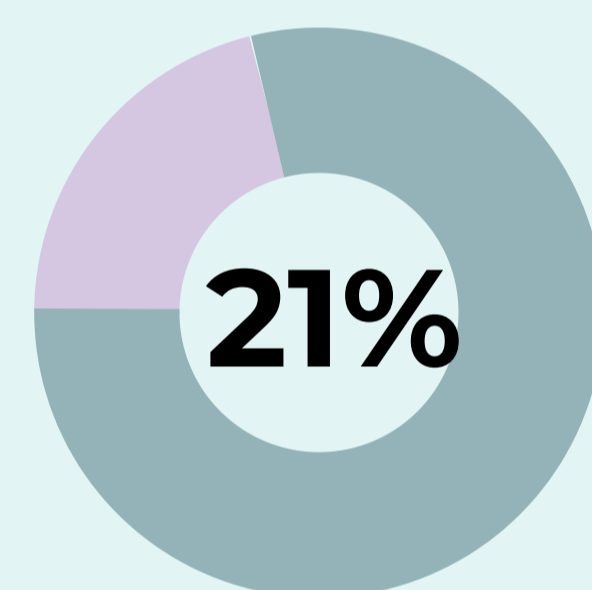
lives alone



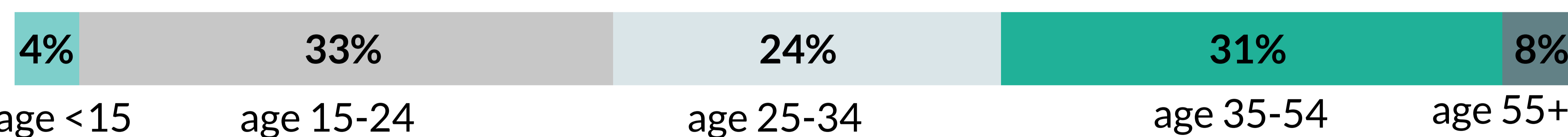
history of self-harm



unemployed



student



### Mental health

Most common psychiatric diagnoses:

Depression

**27%**

Alcohol &/or drug misuse

**40%**

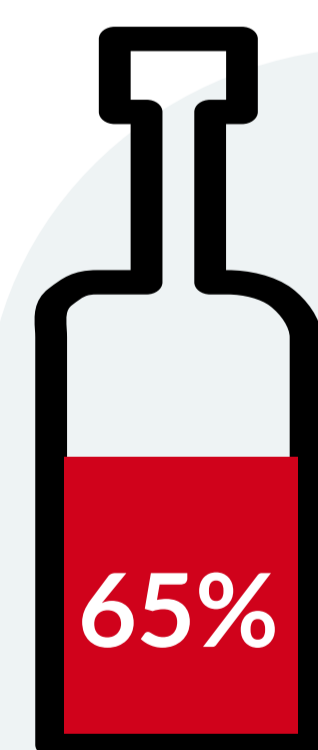
Stress & anxiety

**9%**

Personality disorder

**9%**

### Drug and alcohol misuse



consumed alcohol at the time of self-harm



secondary diagnosis of drug/alcohol misuse



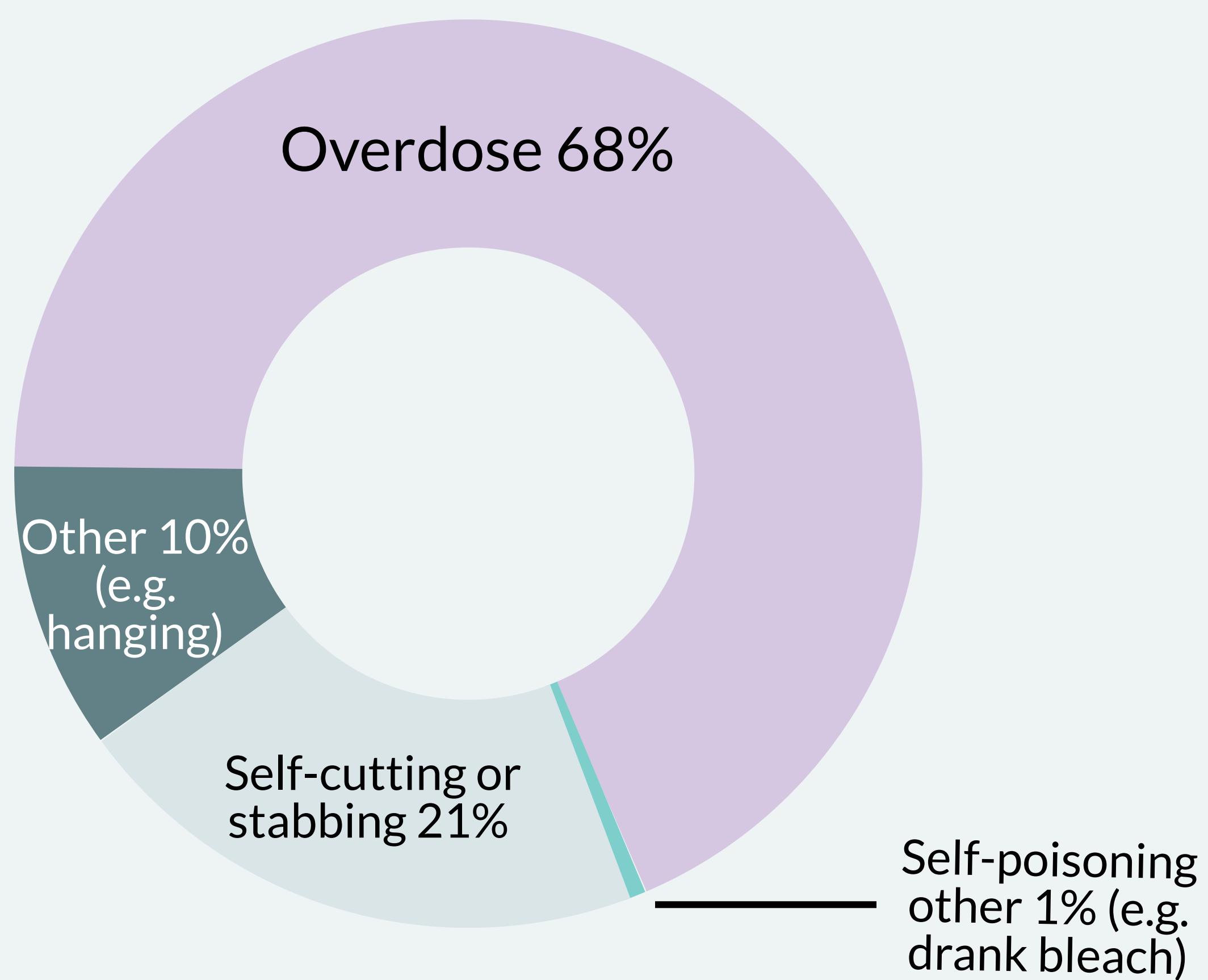
Harmful alcohol use is most common among males aged 35-54 & females aged 55+



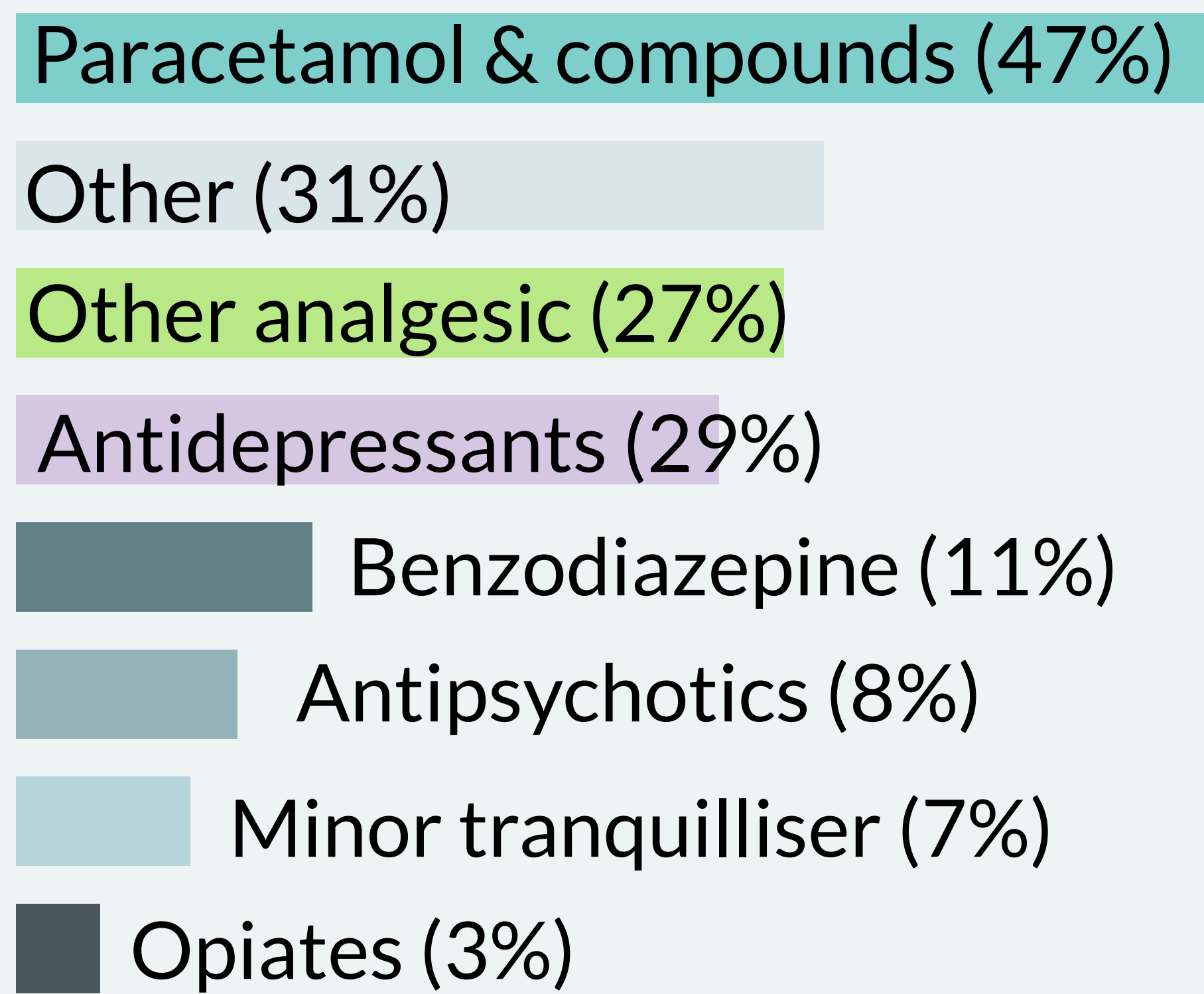
Substance misuse is most common in males aged 15-24

## Characteristics of self-harm episodes

### Primary methods of self-harm

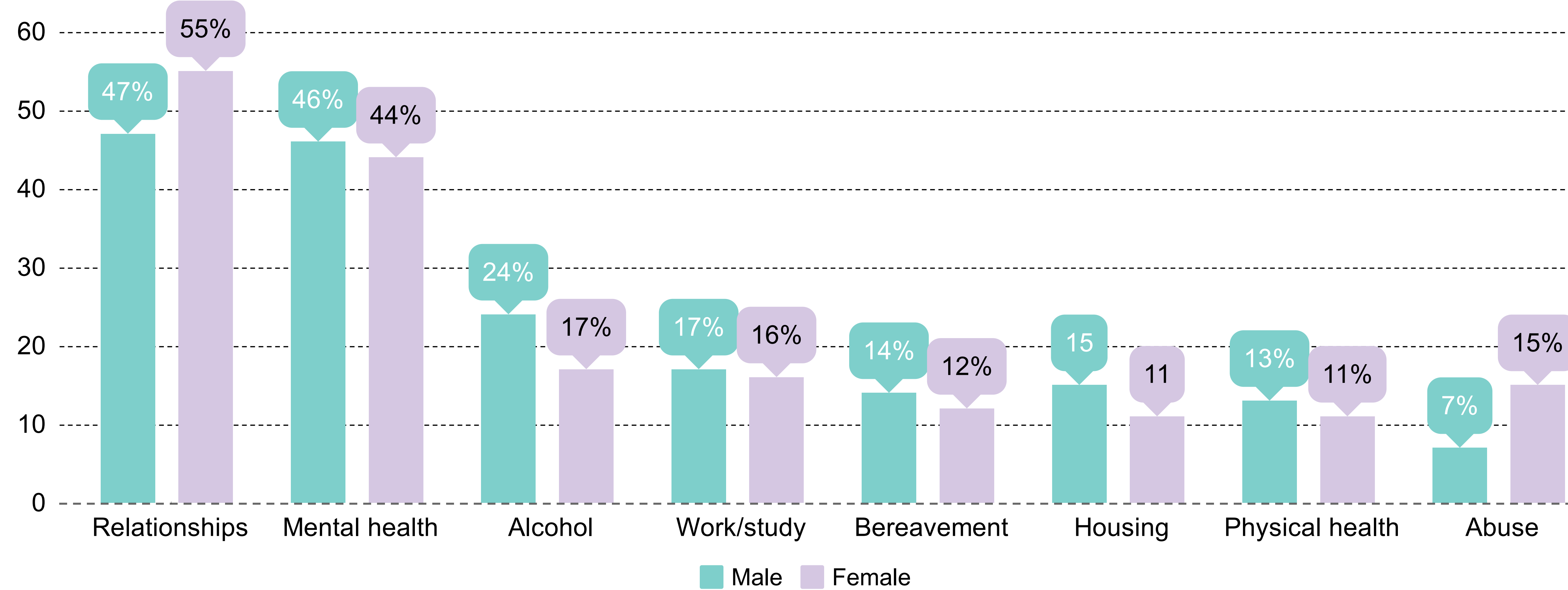


### Most common overdose drugs



## Most common precipitants of self-harm

Problems reported by individuals



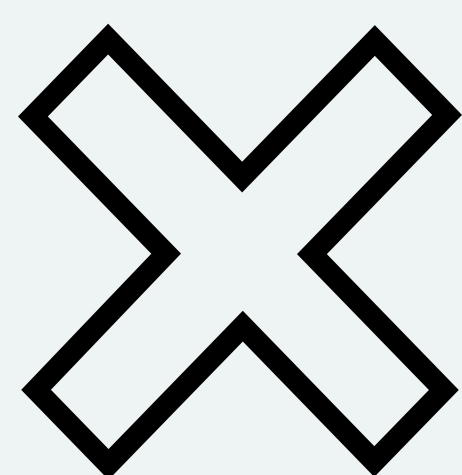
## Emergency Department Management

44%



General hospital admission

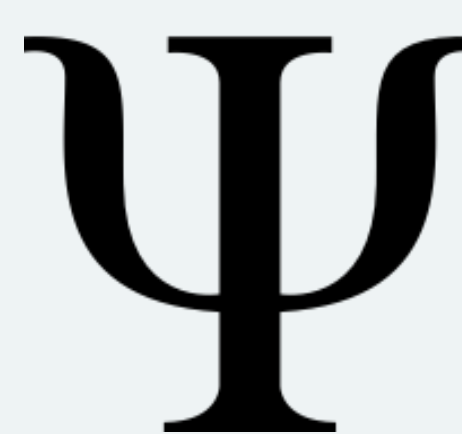
28%



No referral

45%

Of those receiving a specialist psychosocial assessment from mental health staff:  
were referred on to psychiatric aftercare



**Only 48%** received a psychosocial assessment, despite NICE guidelines recommending all ED self-harm patients should receive one