

# The Oxford Monitoring System for Self-harm



## Clinical Research Update Newsletter #1

October 2025



Oxford Health  
NHS Foundation Trust

## Summary of selected research studies

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**McDaid, D. *et al.* Cost-effectiveness of psychosocial assessment for individuals who present to hospital following self-harm in England: A model-based retrospective analysis. *Eur. Psychiatry* 65, e16 (2022).**

**Summary:** National clinical guidelines on management of self-harm in England recommend offering psychosocial assessment to all individuals presenting to hospital with self-harm, and there is some evidence that psychosocial assessment is associated with lower risk of repeat self-harm.

This economic evaluation study used data from the Multicentre Study of Self-harm in England to assess the cost-effectiveness of psychosocial assessment for hospital-presenting self-harm compared with no assessment. The authors found that the cost per quality-adjusted life year (QALY) gained from psychosocial assessment was about £11,000 from the NHS perspective, with a 78% chance of cost per QALY gained being under the national £20,000 threshold considered cost-effective by decision-makers in England.

The findings suggest that psychosocial assessment as implemented in the English NHS is likely to be cost-effective, and that there is an economic case for adherence to NICE guidance. However, there is a need for further evidence about the precise impacts of psychosocial assessment on self-harm repetition and costs to individuals and their families beyond the immediate hospital stay.

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**Hawton, K. *et al.* Mortality in children and adolescents following presentation to hospital after non-fatal self-harm in the Multicentre Study of Self-harm: a prospective observational cohort study. *Lancet Child Adolesc. Heal.* 4, 111-120 (2020).**

**Summary:** This study investigated the risk of mortality in children and adolescents who presented to hospital after non-fatal self-harm during over 10 years of follow-up in the Multicentre Study of Self-harm in England, with a specific focus on suicide and accidental deaths.

The 1-year suicide rate in the cohort was more than 30 times higher than the general population of individuals aged 10-18 years in England. Risk of suicide was increased in males, older teenagers (16-18 years vs 10-15 years), those who used self-injury for self-harm, and those who repeated self-harm. Switching of method between self-harm and suicide was common, particularly from self-poisoning to hanging or asphyxiation. Those who presented to hospital after self-injury alone were twice as likely to die by suicide than those who presented after self-poisoning alone. Self-harm was also associated with long-term risk of death from accidental poisoning, especially in males.

The findings highlight the importance of effective management following self-harm in children and adolescents to reduce the risk of future suicide and death by other causes. Clinicians should not assume that self-cutting indicates a lower risk of future suicide than other self-harm methods. Assessment of young people who self-harm should include investigation of possible substance use, and referral to treatment services if possible.

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**Clements, C. et al. Self-harm in women in midlife: rates, precipitating problems and outcomes following hospital presentations in the multicentre study of self-harm in England. *Br. J. Psychiatry* 227, 456-462 (2025).**

**Summary:** Suicide rates in women in the UK are highest amongst those in midlife. This study investigated the rates, characteristics, and outcomes of self-harm in midlife women (aged 40-59 years) in the Multicentre Study of Self-harm in England over a 14-year period.

Problems with alcohol, finances, physical and mental health, and bereavement were more common as precipitating factors in the midlife cohort compared to younger women. Suicide mortality was twice as common in the oldest midlife age group compared to the youngest. Older women were also more likely to receive specialist psychosocial assessment and inpatient psychiatric admission.

Despite receiving more intensive follow-up care, the oldest women had the highest suicide rate. Addressing problems with finances, physical and mental health problems, and alcohol misuse may help reduce self-harm in women in midlife. Awareness of potential vulnerabilities may help inform clinicians in risk formulation, care, and safety planning.

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**Geulayov, G. et al. Risk of suicide in patients who present to hospital after self-cutting according to site of injury: findings from the Multicentre Study of Self-harm in England. *Psychol. Med.* 53, 1400-1408 (2023).**

**Summary:** This study compared the risk of death by suicide in individuals presenting to hospital for self-harm according to the bodily site of self-cut/stab compared to patients who self-poisoned.

Hospital presentations following self-cut/stab to bodily parts other than wrist/arm were associated with greater risk of subsequent suicide compared to presentations after self-poisoning alone. The likelihood of subsequent suicide after presentations for cutting/stabbing the wrist/arm alone was similar to self-poisoning alone. Presentations

after laceration involving the neck were associated with a four-fold higher chance of subsequent suicide relative to self-poisoning.

Patients who attend hospital after self-cutting/stabbing are a heterogeneous group. When considering the risks and needs of those who self-cut, there should be special caution in addressing the needs of those who self-cut or stab parts of the body other than the wrist or arm, especially when the self-cut or stab involves the neck.

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**Geulayov, G. et al. Variation in the clinical management of self-harm by area-level socio-economic deprivation: findings from the multicenter study of self-harm in England. *Psychol. Med.* 54, 1004-1015 (2023).**

**Summary:** This study investigated disparities in the clinical management of self-harm following hospital presentation according to area-level socioeconomic deprivation.

Patients living in the least deprived localities were more likely to be admitted to a medical bed and receive a psychosocial assessment. Hospital presentations by patients from the most socio-economically disadvantaged areas were less likely to result in referral for follow-up outpatient mental health care, but more likely to be followed by referral to substance use, social and outreach services. Overall, presentations by patients from the most deprived areas were less likely to be followed by a referral for after-care relative to patients from less deprived areas.

These findings suggest that socioeconomic deprivation is associated with differential care for patients who self-harm in England. Further research is needed to investigate the reasons for these inequalities and ways of providing more equitable care.

# Clinical Implications

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1. Psychosocial assessments now have cost-effectiveness evidence in support.
2. Consideration of suicide risk in children and adolescents should include self-harm method (and self-cutting is a marker of elevated risk).
3. Risk assessment in older women presenting with self-harm should ask directly about financial problems, alcohol misuse, and physical and mental health problems.
4. In people that self-cut, there is a higher suicide risk in those who cut parts of their bodies other than wrists/arms.
5. Services should address potential inequalities in clinical management of self-harm for those from most deprived localities.

## Further information

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Further information about the Multicentre Study of Self-harm in England and the Centre for Suicide Research is available on our website:

<https://www.psych.ox.ac.uk/research/csr>

<https://www.psych.ox.ac.uk/research/csr/ahoj>

<https://www.psych.ox.ac.uk/research/csr/research-projects-1/the-oxford-monitoring-system-for-self-harm>