

The Oxford Monitoring System for Self-harm



Clinical Research Update Newsletter #2

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Oxford Health
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Summary of selected systematic reviews (led by Oxford-based researchers and clinicians)

Hawton, K. *et al.* Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis. *Lancet Psychiatry* 3, 740-750 (2016).

Summary: This systematic review and meta-analysis assessed the effectiveness of psychosocial interventions for adults after a recent episode of self-harm (within 6 months), focusing on randomised controlled trials comparing interventions to treatment as usual.

Cognitive behavioural-based therapy (CBT) reduced self-harm repetition at 6 and 12 month follow-up, and was also associated with improvements in depression, hopelessness, suicidal ideation, and problem-solving. Individuals receiving dialectical behaviour therapy (mostly diagnosed with borderline personality disorder) were not less likely to repeat self-harm compared to those provided with treatment as usual. However, dialectical behaviour therapy was associated with reduction in frequency of self-harm.

There is sufficient evidence supporting the effectiveness of CBT for adult patients following self-harm. Although this intervention might not be suitable for all individuals who self-harm, it should be available in services. Dialectical behaviour therapy can reduce the frequency of self-harm in some individuals with repeat self-harm acts with personality disorder. There are few trials of other promising interventions, precluding firm conclusions regarding their effectiveness.

Too, L. S. *et al.* Impact of interventions at frequently used suicide locations on occurrence of suicides at other sites: a systematic review and meta-analysis. *Psychol. Med.* 55, e168 (2025).

Summary: Interventions at frequently used suicide locations (such as restricting access to means, encouraging help-seeking, and increasing the likelihood of intervention by a third party) are effective at preventing suicides at these locations. However, concerns have been raised about such interventions potentially displacing suicides to other sites.

This systematic review and meta-analysis synthesised evidence on the impact of interventions at frequently used suicide locations on the incidence of suicides at other sites.

The results showed a reduction in the suicide rate at the intervention site, with no evidence of changes in suicide deaths at other sites, after restricting access to means (either when deployed alone or with other interventions). There was also an overall reduction in suicides using the same method in the post-intervention period.

The findings suggest that interventions that restrict access to means at frequently used suicide locations (with or without other interventions) can prevent suicide deaths at these sites, and that there is no evidence for a displacement effect of these interventions.

Groves, S., Lascelles, K. & Hawton, K. Suicide, self-harm, and suicide ideation in nurses and midwives: A systematic review of prevalence, contributory factors, and interventions. *J. Affect. Disord.* 331, 393–404 (2023).

Summary: This systematic review synthesised evidence on the prevalence and risk factors for suicide among nurses and midwives.

The findings indicate that nursing professionals, particularly female, have an increased risk of suicide compared to the general population and some other occupational groups, particularly by self-poisoning. Factors associated with suicide risk included psychiatric disorders, alcohol and substance misuse, physical health problems, and occupational and interpersonal difficulties. Studies focusing on non-fatal suicidal behaviour also identified psychiatric, psychological, physical and occupational factors as contributory.

Multiple potentially modifiable factors appear to contribute to elevated suicide risk among nurses, including physical and mental health needs, previous suicidal behaviours, interpersonal difficulties, substance misuse, and occupational issues. There is limited evidence regarding interventions for suicide prevention in nurses.

Favril, L., Yu, R., Geddes, J. R. & Fazel, S. Individual-level risk factors for suicide mortality in the general population: an umbrella review. *Lancet Public Heal.* 8, e868–e877 (2023).

Summary: Identifying risk factors for suicide mortality can help inform suicide prevention efforts by determining the nature and type of interventions required. This umbrella review of 33 meta-analyses synthesising research over five decades aimed to summarise evidence on individual-level risk factors for suicide mortality in the general population.

The authors identified a wide range of risk factors across several domains. The associations were strongest for psychiatric and suicide-related factors (including a previous suicide attempt, suicidal ideation, and psychiatric disorders), and weaker for physical illnesses (such as cancer and epilepsy) and sociodemographic factors (including

unemployment and low education). Other factors associated with elevated risk of suicide mortality included contact with the criminal justice system, state care in childhood, access to firearms, and parental death by suicide.

The available evidence underscores suicide mortality as a multifactorial phenomenon, involving a wide range of risk factors across various domains, and with clearly different magnitude of effects. Individual and population-based prevention strategies need to consider multiple modifiable factors, the magnitude of their effects, and their interactions.

Zhong, S. et al. Risk factors for suicide in prisons: a systematic review and meta-analysis. *Lancet Public Heal.* 6, e164-e174 (2021).

Summary: People in prison have elevated rates of suicide compared with the general population. This systematic review and meta-analysis provided an updated synthesis of risk factors associated with suicide in prisoners.

The study included data from over 35,000 individuals who died by suicide while in prison across 77 studies. The strongest clinical factors associated with suicide were suicidal ideation during the current period in prison, a history of attempted suicide, and current psychiatric diagnosis. Institutional factors associated with suicide included occupation of a single cell and having no social visits. Criminological factors included remand status, serving a life sentence, and being convicted of a violent offence, particularly homicide.

Preventive interventions for suicide among people in prisons should target potentially modifiable risk factors such as psychiatric diagnosis, suicidal ideation during the current prison stay, and single-cell occupancy. These interventions should include improved access to evidence-based mental health care. Suicide risk assessment should combine multiple risk factors with appropriate weighting and be informed by clinical decision-making.

Seyedsalehi, A., Bailey, J., Ogonah, M. G. T., Fanshawe, T. R. & Fazel, S. Prediction models for self-harm and suicide: a systematic review and critical appraisal. *BMC Med.* 23, 549 (2025).

Summary: Several models are available to predict the risk of self-harm and suicide, but the potential for these models to improve suicide risk assessment is uncertain and has been widely debated. This systematic review provided an overview of the performance of nearly 170 prediction models for self-harm and suicide and critically appraised their methodological quality.

Many of the identified models showed good discrimination (i.e. the ability to distinguish between individuals with and without the outcome), with performance comparable to models in other areas of medicine. However, calibration performance (i.e. the agreement between predicted and observed risks) was only assessed for a minority of models. Fewer than 10% of identified models were externally validated (i.e. evaluated in a new dataset not used

to develop the model). Almost all models and validations suffered from methodological limitations and risk of bias. However, the review identified five models for predicting self-harm and suicide risk which showed good discrimination and calibration performance in external validation, including OxMIS.

The five identified models with good performance should be further validated in more recent or local data to assess their robustness and generalisability. Avoidable sources of research waste include methodological shortcomings and lack of external validation studies. The findings challenge some expert opinion in the field that dismisses suicide risk models on the basis of poor performance, and highlight the need for new research looking at the role of these models in informing clinical practice.

Clinical and public health implications

1. Cognitive behavioural therapy is effective in reducing self-harm repetition in adults, and should be available in services.
2. Interventions that restrict access to means at frequently used suicide locations do not increase the incidence of suicide deaths at other sites.
3. Psychosocial assessment of nurses at increased risk of suicide should focus on physical and mental health needs, past suicidal behaviour, occupational problems, and substance misuse.
4. There are multiple risk factors for suicide, which are across many domains (clinical, socio-demographic, life-events, historical) and with clearly different magnitude of effects.
5. Preventive interventions for suicide among people in prison should target potentially modifiable risk factors, such as identification and treatment of mental health problems and alcohol misuse.
6. High-quality and validated risk assessment models for self-harm and suicide have been published in recent years with good measures of accuracy, and which perform better than subjective (unstructured) clinical decision-making (based on systematic reviews and qualitative studies). New high-quality research examining the potential impact of risk models in supporting and informing clinical practice is needed.

Further information

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>