Self harm in teenagers and young adults

One in 12 teenagers self harm, however the majority give up their self harming behaviour as they enter adulthood.

**Overview:** Self-harm is an act with a non-fatal outcome in which an individual deliberately initiates behaviour such as self-cutting, or ingests a toxic substance or object, with the intention of causing harm to themselves. Although most adolescent self-harming behaviour resolves in young adulthood, it is a global health problem, and one of the strongest predictors of completed suicide (Madge et al. 2008).

Self-harm is not an illness, it is an expression of personal distress, and is especially common among 15–24 year old women, a group in which rates of serious self-harm appear to be rising (Hawton et al. 2003).

See the [NHS Evidence topic page on self harm](https://www.nice.org.uk/guidance/an-overview-of-self-harm) for a general overview of the condition.

**Current advice:** NICE recommends that health and social care professionals take full account of the likely distress associated with self-harm and always ask the person to explain in their own words why they have self-harmed because the reason for each act may be different on each occasion.

[NICE clinical guideline 16](https://www.nice.org.uk/guidance/cg16) covers the treatment of self-harm within the first 48 hours of an incident, while [NICE clinical guideline 133](https://www.nice.org.uk/guidance/cg133) covers longer-term psychological treatment and management of both single and recurrent episodes of self-harm.

The [NICE Pathway: self harm](https://www.nice.org.uk/pathways/self-harm) brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.

**New evidence:** A population-based study charted the course of self-harm in a random sample of 1943 adolescents from Victoria, Australia, to determine both the prevalence and psychosocial predictors of self harm (Moran et al. 2011).

Data were collected via questionnaires and telephone interviews at nine time points. The young people had a mean age of 15 during the entry period of 1992-93, and a mean age of 29 during the final wave of follow-up in 2008.

A total of 1802 participants responded in the adolescent phase, with 149 (8%) reporting self-harm. Self cutting/burning was the most common form of self-harm for adolescents. More girls (10%) than boys (6%) reported self-harm. A substantial reduction in the frequency of self-harm during late adolescence was recorded, and by age 29 less than 1% of participants reported self-harm.
In order to look at the continuity of self-harm, the authors looked in detail at the 1652 participants who had observations in both time periods, 136 of whom reported self-harming during adolescence. Of these 136, 122 (90%) reported no further self-harm in young adulthood and only 14 (10%) reported continuing self-harm. Adolescents who experienced depression or anxiety were around six times more likely to self-harm in young adulthood than adolescents without depression/anxiety.

The results show that most adolescent self-harming behaviour resolves in young adulthood. However, young people who self-harm often have mental health problems that might not resolve without treatment. The authors suggest that the treatment of common mental disorders during adolescence might have additional benefits in terms of reducing the suffering and disability associated with self-harm in later years, and could constitute an important component of suicide prevention in young adults.

Commentary: "Particular unique strengths of this excellent study include the relatively large sample size, random community sampling, high follow-up rates and multiple waves of sampling the same individuals.

"Two findings are of particular interest. Firstly, the vast majority of adolescents who self-harm stop doing so by young adulthood. There are several possible reasons for this, and the authors rightly hypothesise that a major factor in the reduction of self-harm could be the maturity of the pre-frontal cortex in young adulthood. Indeed, people who self-harm have poor performance on neuropsychological tasks that use the prefrontal cortex, so it is logical that improved maturation would lead to reduced self-harm. However, one analysis that would have added greatly to the study would have been comparing baseline predictors in those with and without adult self-harm, to help clinicians predict which of their patients are likely to persist in self-harm.

"Secondly, new onsets of self-harm are predicted by anxiety-depressive symptoms (at low or high levels) and substance misuse (in adolescents only). This is not surprising, as self-harm is often used to soothe distressing affect. This evidence demonstrates that treating such low level emotional symptoms and substance misuse may reduce incidence of self-harm (and hence possibly suicide)." - Dr Paul Wilkinson, University Lecturer and Honorary Consultant in Child and Adolescent Psychiatry, University of Cambridge Section of Developmental Psychiatry.

About this article: This article appeared in the May 2014 issue of the Eyes on Evidence newsletter. This free monthly newsletter from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

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