

Introduction

- Deliberate self-harm (DSH) in adolescents is a significant public health problem, both in the UK and globally.
- Studies suggest prevalence rates for DSH in adolescents from 6.4% to 13.8% [1,2,3] and acknowledge that these figures are likely to be an underestimate, as most episodes go unreported [4].
- Cases of adolescents presenting to emergency departments with DSH are increasing [5]. This is particularly concerning given the established link between adolescent DSH and suicide [6].
- The SAFE Team is a CAMHS outpatient service for adolescents (aged 13-17) in Enfield, London.
- SAFE provides rapid assessment and treatment for young people in crisis who have mental health, emotional, behavioural and wellbeing needs.
- Referrals often involve young people who self-harm and capture the majority of episodes of DSH in adolescents in our area.
- Referrals come from schools, GPs, other CAMHS teams and A&E departments.

'The COVID Effect' & Hypotheses

- The onset of the COVID pandemic and the subsequent lockdown in March 2020 had a profound effect on adolescents, who were taken out of school, instructed to remain at home and removed from their social support groups.
- There is limited data relating to DSH frequency and trends during the COVID pandemic. This study aims to analyse the effect of the pandemic/first lockdown on both frequency and trends in DSH in our adolescent cohort in Enfield.
- We hypothesise that numbers of DSH referrals will increase following the onset of the pandemic/lockdown (Figure 4), due to increased stress and usual support becoming inaccessible.
- We suspect that mechanisms of DSH may also change, as a result of altered availability of tools/medication and altered social influences resulting from isolation.

Methods

- We retrospectively compared 3 months' referrals from April 2019 to the same 3 month period in 2020.
- SAFE review all referrals once weekly in a referrals meeting, which is recorded. These records are then securely stored. These records were accessed and used as the primary data source for this study.
- Cases were excluded if they did not include DSH or suicide (actual or ideation) within the referral or subsequent triaging.
- The mechanism of DSH was recorded, with mechanisms categorised as 'cutting', 'self-poisoning', 'other', 'unknown', or 'ideation alone'. For categorisation, stabbing behaviour was classified as 'cutting'.
- These data were collated using Microsoft Excel, which was also used to create graphs to represent trends.
- Incident severity and case outcomes were not analysed as part of this project.

Results

- There was an overall reduction in the number of DSH referrals from 2019 to 2020; 62 and 49 respectively.
- These reductions were particularly evident in April and May 2020, immediately following the national lockdown and through the early part of the lockdown period.
- There was a reduction in absolute number of referrals for 'cutting' (27 to 16) and an increase in absolute number of referrals for 'self-poisoning' (11 to 18) from 2019 to 2020; the latter despite an overall drop in number of referrals.

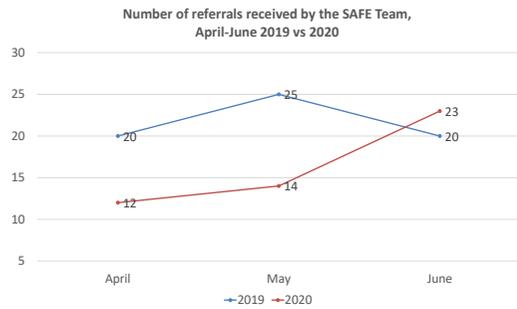


Figure 1. Number of referrals received in each month, 2019 vs 2020

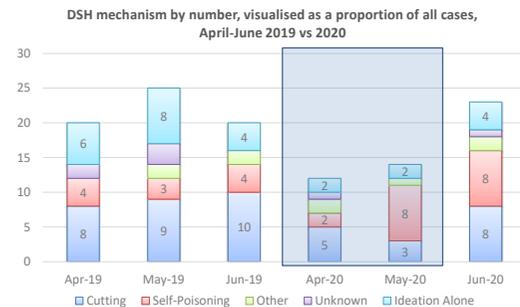


Figure 3. Mechanisms and frequencies of DSH for each month, 2019 vs 2020, first national lockdown period shaded

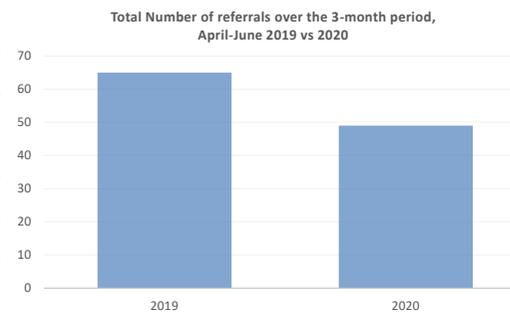


Figure 2. Total number of referrals received in 3-month period, 2019 vs 2020

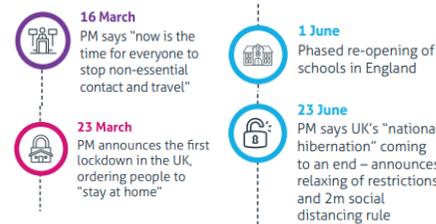


Figure 4. Key social policy announcements and their dates in relation to the first COVID-19 lockdown in 2020 [7].

Discussion

- There were reduced referrals for the first two months of lockdown, suggesting that fewer young people presented with DSH. There appears to be a return to usual levels after this (Figures 1 & 2).
- This could be due to social factors, i.e. support of furloughed parents, or increased supervision. Or this could represent an unwillingness to present to services in the context of perceived reduced GP/A&E department access. This could also explain fewer presentations of those with ideation alone.
- The number of referrals with self-poisoning was higher in May & June 2020; around double 2019.
- Increased self-poisoning was evident as students approached a return to school. Increased self-poisoning vs other mechanisms (Figure 3) could be due to a disruption of the social 'contagion' involved with cutting due to social groups becoming fragmented [8] or could relate to increased anxiety around returning to school. Worryingly, it may represent a shift towards suicidality, rather than distress relief, as a motive [9].

Conclusions

- Fewer adolescents presented with DSH during the first national lockdown - particularly in April and May 2020 - compared to the same period in 2019.
- Of those who presented, there were more self-poisonings than cutting incidents, particularly in May and June 2020; a reversal on the usual trend.
- Could the increased number of self-poisonings in May 2020 be due to anxiety around return to school?
- Changes could be due to varied accessibility to tools/substances, a change in social 'contagion' factors, or could represent increased suicidality.

Future Work

- Extending date ranges could help establish whether trends change over the course of the pandemic.
- More studies from other geographical areas in the UK and abroad would be helpful, to identify whether this is a local, national or international issue.
- Further work around the effect of school return on DSH incidence could be worthwhile.

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References

- McManus, S, Gammell, D, Cooper, C, Bebbington, PE, Howard, LM, Brugha, T, Jenkins, R, Hasselt, A, Welch, S & Appleby, L. 2019. 'Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population'. *Lancet Psychiatry*, vol. 6, no. 7, pp. 573-581. [https://doi.org/10.1016/S2215-0366\(19\)30188-9](https://doi.org/10.1016/S2215-0366(19)30188-9)
- O'Connor, R, Ramussen, S, Miles, J and Hawton, K. 2009. Self-harm in adolescents: self-report survey in schools in Scotland. *British Journal of Psychiatry*, 194(1), pp.68-72.
- Moroy, C, Crocena, P, Fernandez, E, Perry, J. The prevalence of self-reported deliberate self-harm in Irish adolescents. *BMJ Public Health*. 2008;6(1).
- Guerrero DE, Neves EL, Nazario R, et al. Clinical features of adolescents with deliberate self-harm: A case control study in Lisbon, Portugal. *Neuropsychiatr Dis Treat*. 2009;5:611-617. doi:10.2147/ndt.t7488
- Morgan, C, Webb, RT, Carr, MJ, et al. Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care. *BMJ* 2017; 356:k4931.
- Duarte TA, Paulino S, Almeida C, Gomes HS, Santos N, Gouveia-Perreira M. Self-harm as a predisposition for suicide attempts: A study of adolescent deliberate self-harm, suicidal ideation, and suicide attempts. *Psychiatry Res*. 2020 May;287:112553. doi:10.1016/j.psychres.2019.112553. Epub 2019 Sep 3. PMID: 31326562.
- Institut für Government. 2021. Timeline of UK coronavirus lockdowns, March 2020 to March 2021. CC BY-NC.
- Hawton, K, Harris, L & Rodham, K. How adolescents who cut themselves differ from those who take overdoses. *Eur Child Adolesc Psychiatry* 19, 513-523 (2010). <https://doi.org/10.1007/s00787-009-0005-0>
- Rodham, K, Hawton, K, Evans, E. Reasons for deliberate self-harm: comparison of self-poisoners and self-cutters in a community sample of adolescents. *J Am Acad Child Adolesc Psychiatry*. 2004 Jan;43(1):80-7. doi:10.1097/00004583-200401000-00017. PMID: 14691363.

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