



SELF-HARM SPECIAL

[Self-Injury Awareness Day \(SIAD\)](#) takes place on 1st March each year. The day seeks to highlight the most pressing issues including, stigma, suicide risk awareness, youth support, connection, and access to care. It also aims to encourage a shift towards healing and reinforce the message that recovery is possible. Within this newsletter we focus on the theme of self-harm, with a particular focus on two affected groups, young people and those experiencing the menopause.

SELF-HARM AND YOUNG PEOPLE

On 8th September 2025 the government announced urgent action to toughen the [Online Safety Act](#). They pledged to introduce stricter legal requirements for tech companies and remove material that encourages or assists serious self-injury. Although platforms already have restrictions to protect children from dangerous content, the government recognises that adults are equally vulnerable to online harm. [In the UK](#) just under one-third (32.8%) of 17 to 24 year-olds have self-injured or attempted to self-injure at some point. Among those with a probable mental health condition, the proportion is significantly higher at 69.5%. The reasons why young people engage in self-injury vary from individual to individual and can take many forms such as, cutting, burning, poking with needles, severe scratching and biting. Contributing factors include but are not limited to, feelings of loneliness or isolation, bullying, abuse or discrimination and intrusive thoughts. Despite its prevalence, self-injury remains deeply misunderstood. Many young people often keep their issues hidden due to feelings of shame. Key barriers that young people face in seeking treatment are, negative reactions from trusted adults, parents and professionals, stigmatisation, and dismissal in clinical settings. [Many even report](#) that professionals regularly misunderstand their self-injury, believing it to be self-seeking or even manipulative behaviour. This can leave individuals feeling dismissed or judged, which in turn can reduce their willingness to disclose their experiences or seek any help in the future. Moving forward, it is essential that young people feel supported and understood. Strong communication, reliable support systems and validation of feelings are key elements to those seeking healthy coping strategies. There is also a need for a collective shift towards connection, recognising that isolation only deepens distress.

Author: Ann Lincoln

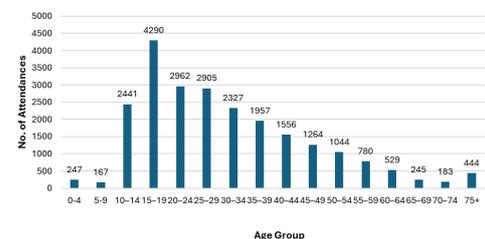
IMPACTS OF THE MENOPAUSE

Growing evidence shows that the menopause transition can be a particularly vulnerable period for some women when it comes to emotional wellbeing and the risk of self-harm. Although menopause is often discussed in terms of physical symptoms, research increasingly highlights how hormonal changes can affect mood, coping capacity, and overall mental health. A [large systematic review](#) found that perimenopause can be associated with increased emotional distress and intrusive negative thoughts. While experiences vary, many studies suggest that this stage can heighten feelings of irritability and low mood, making it a time where support is especially important. [Qualitative research](#) shows that women often describe feeling ‘stuck’, hopeless, or unlike themselves during perimenopause, particularly when symptoms are sudden, severe, or poorly understood. Delays in accessing hormone replacement therapy (HRT) or being treated for depression rather than menopause-related symptoms can leave women feeling unsupported. Many report significant improvements once receiving menopause-informed care. [Further evidence](#) shows the scale of emotional distress during menopause, with one in six women reporting thoughts of self-harm prior to starting HRT. The timing of menopause also plays a role. Women who experience menopause earlier than average may face greater risk of [intense mood symptoms](#). Early menopause, whether natural or induced, often involves a rapid drop in hormones, which can amplify emotional instability. Importantly, not all women experience significant mental health difficulty during menopause. [A major review in The Lancet](#) found that while some women are more vulnerable, particularly those with severe symptoms or previous mental health challenges, many transition without major emotional changes. The review emphasises the need for personalised support and accurate diagnosis. Across all research, the conclusion is clear: timely access to menopause-appropriate care, proactive mental health support, and informed professionals can reduce distress and improve wellbeing during the menopause transition. Health care professionals across all care settings should receive training in how to recognise menopause-related mood symptoms as well as differentiating between menopause related distress and other health conditions. When clinicians understand the emotional impact of menopause, women receive faster more appropriate support.

Author: Jane Webster

SELF-HARM A&E DATA

Investigating trends in hospital attendances provides insights into common ages and groups who self-harm. From April 2023 to March 2025, there were 23,419 hospital A&E attendances across the North West as the result of deliberate self-harm. Looking at 5-year age groups, the most common group to attend were those aged 15-19 (4,290 – 18%), followed by 20–24-year-olds (2,962 – 13%) with a decreasing trend following as people get older. The peak in self-harm seen in young people aligns with [previous research](#) which shows that almost one third of 17-24 year olds have self-harmed at some point.



Over half of the 23,419 self-harm attendances were female (14,402 – 61%), with males making up 38% (8,984) and the remaining 1% reporting as ‘other’. It is typically considered that women and girls are more likely to self-harm and according to the mental health charity [Mind](#), many individuals believe that only women and girls self-harm. This creates stigma for boys and men which may prevent them seeking the appropriate support. Therefore, these figures may be inaccurate as self-harm in boys and men could be higher, but they are not accessing the required help.

Comparing the two full calendar years between April 2023-March 2024 and April 2024-March 2025, there is a similar number of attendances year-on-year (11,874 and 11,547 respectively). It is suggested that mental health declined and self-harm likely rose during and immediately after the Covid-19 pandemic, therefore this decreasing trend highlights small improvements in levels for the years following the pandemic.

The trends shown in this data suggest that, despite a small decrease in the yearly attendances, self-harm is still a global health problem. This is particularly seen in young people who are most likely to attend hospital as a result of self-harm. Additionally, though we also need to consider stories beyond the data as stigma experienced by some groups may prevent them from seeking the necessary help.

Author: Ellie Williamson

IMPACTS ON GRIEF

Whilst grief is a common human experience, it is rare for complicated grief to be discussed and appreciated in the general population. Complicated grief is severe, prolonged and often brought on by sudden loss, such as suicide, and can pose significant physical, psychological, social, and economic risk to bereaved individuals.

The grief experienced by those bereaved by suicide is complicated by feelings of guilt, confusion, shame, and feelings of abandonment. The effects of these experiences are far reaching, having not only a psychological impact but also a social one. Often the recovery from complicated grief is prolonged and non-linear, which can lead to pressure from peers and loved ones due to alterations in social interactivity and relationships. This can be further complicated by social stigma related to suicide and self-harm, as well as trauma related to the death.

This mix of psychological and social pressures can lead to a feeling of instability in an individual's identity, due to loneliness caused by the bereavement, behaviour change brought on by complicated grief, and a sense of lacking social support from peers due to stigma or a lack of understanding. This, combined with the pain, guilt, and shame often brought on by suicide loss, places those bereaved by suicide at increased risk of depression, anxiety, self-harm, and suicide themselves. Those bereaved by suicide are often left out of conversations around self-harm and suicide, despite a demonstrable need for support. Those affected will include close families and friends but also acquaintances, first responders, e.g. paramedics, police, and anyone who knows somebody affected by suicide. With an estimated 6 to 135 individuals impacted by every suicide, [this means between 39,000 to 878,000 people every year in the UK are affected](#), most of whom will be left to cope with their grief alone due to a lack of knowledge around support needs for these individuals. However, research in this area is growing, and there are a number of charities who provide resources and support for those bereaved by suicide, including [Samaritans](#) and [Suicide Bereavement UK](#). Local to the North West of England, we also have two projects – the [Martin Gallier Project](#) and [Suicide&Co](#), who provide a range of services from counselling, social groups, and online resources to help bridge the gap in support availability. Ideally with increasing public awareness, research, and charity work, proper tailored support can be offered to those with complicated grief after suicide bereavement, reducing the risk for adverse health outcomes in these individuals.

Author: Ollie Ellis

SUPPORTING POLICY

In 2022, the Department of Health and Social Care (DHSC) carried out a [call for evidence](#) to identify general public and expert opinions on improving people's mental health, wellbeing and prevent suicides. An online survey was conducted with 4,559 individuals and 573 stakeholder organisations. Key themes from the call centred on the importance of the relationship between physical and mental health, service access and availability both for general support and those in crisis, and early intervention and education for children and young people. This call informed the [Suicide Prevention Strategy for England \(2023-2028\)](#) which aims to prevent both self-harm and suicide through three main outcomes, 1) reduce rates of suicide over the 5-year period 2) improve support for people who have self-harmed, 3) improve support for people bereaved by suicide. The strategy notes that whilst there has been investment in mental health and suicide prevention services since the [previous strategy](#) in 2012, rates of suicide have not fallen. The strategy calls for improvements to be made to the data and evidence base so that interventions are targeted and appropriate. It also highlights the need for targeted support for specific at-risk groups including children and young people, those in contact with other services, e.g. criminal justice, mental health services, those with neurodiversity, pregnant women and new mothers, and middle-aged men. Further, they aim to provide early intervention to those at risk who are experiencing physical illness, in financial difficulties, isolated, experiencing domestic abuse or impacted by gambling, and alcohol or drug misuse. The full summary of actions proposed can be found [here](#). For self-harm, there is an acknowledgement that suicide prevention services are well placed to support in self-harm prevention. Additionally, rates of self-harm are high and likely under-reported with an estimated 200,000 hospital presentations annually. Furthermore, self-harm carries a significant risk of subsequent suicide. Progress in this area is underpinned by good quality data and evidence, e.g. from the [Multicentre Study of Self Harm](#), as well as financial incentives for hospitals in ensuring patients who have self-harmed are referred to psychiatric liaison teams. Finally [NICE guidance](#) to assess, manage and support those who have self-harmed, have been updated for use by health and social care professionals, educational staff, voluntary, community and social enterprise sector, criminal justice system and other supporting organisations. This guidance focuses on the importance of psychosocial assessments ensuring that self-harm awareness is embedded into as many sectors as possible. The strategy calls to make suicide and self-harm everyone's business, reinforcing that ultimately, we all have a role to play in prevention.

Author: Jen Germain

JOIN THE RUFUS STUDY

Drug-related deaths remain a significant public health issue, with opioids as the primary cause. However, polysubstance use is common, with benzodiazepines (BZDs) detected in 57% of drug-related deaths in 2022 and illegal potent BZDs (e.g. etizolam and ethylbromazolam), becoming particularly common since 2015. While the widespread use of naloxone has reduced opioid-related fatalities, the BZD antidote flumazenil has not been adopted due to concerns about seizure risk.

The [RUFUS](#) study aims to evaluate the safety and efficacy of intramuscular flumazenil in emergency settings in anticipation of a take-home option. It is a phase II/III randomized controlled trial, co-designed with colleagues from Scottish Drug Forum, that is being conducted in three stages, recruiting up to 635 participants who present to emergency departments with suspected BZD overdose and RASS score -5 to -3. Primary outcomes are RASS score at 15 min (efficacy) and tonic clonic seizures within 60 min (safety). The study has completed the dose escalation stage at three sites, identifying 400 and 800 mcg IM flumazenil doses for further testing. Data analysis will focus on determining the optimal dosing strategy while evaluating the safety profile of intramuscular flumazenil in real-world emergency scenarios. RUFUS will provide evidence on the potential for flumazenil to be used safely and inform future pre-hospital trials.

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If you would like your hospital to take part, or would like more information on this research, please contact [Professor Michael Eddleston](#) or [Odett Tóth](#)

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