

Ethnic differences in self-harm, rates, characteristics, service provision and repetition: a three-city cohort study in the UK

Jayne Cooper

University of Manchester: Elizabeth Murphy, Sarah Steeg,
Roger Webb, Eve Applegate, Suzanne L K Stewart, Navneet
Kapur

University of Oxford: Keith Hawton, Helen Bergen

Derbyshire Mental Health Trust: Keith Waters, Carol Stalker,
Jennifer Ness

This project was funded by the Department of Health (project reference number
DH/DSH2008).

This is an independent report
on research funded by the
Department of Health and the
Policy Research Programme in
the Department of Health. The
views expressed are not
necessarily those of the
Department

© Manchester self-harm project,
University of Manchester.
All rights reserved. Not to
be reproduced in whole or
in part without the
permission of the copyright
holder.

Background

- Previous studies in the UK on BME groups are based in one locality (Claasen et al, 2005, Cooper et al, 2006)
- Evidence of variation of rates of suicide and self-harm within area and ethnic groups (Neeleman et al, 1999 & 2001)
- Evidence of differences in rates of psychiatric disorder, demographic and clinical features of patients in ethnic minority groups but previous studies have been small (Bhui et al, 2007)

Objectives

- To calculate the age and sex specific rates of self-harm between Black and South Asian verses White ethnic groups and across cities
- To compare social, demographic and clinical characteristics between ethnic groups by sex
- To compare the provision of services between ethnic groups by sex

Methodology

- Prospective cohort study of self-harm presentations at 5 hospitals in 3 centres: Manchester, Oxford & Derby between 2001-2006
- Ethnicity recorded on admission or by assessing clinician n=15,500 individuals (75% complete)
- White (includes White British, Irish or White other)
- South Asian (includes Indian, Pakistani, Bangladeshi or Sri Lankan origin)
- Black (includes Black African, Black Caribbean origin)
- Excluded “other” e.g. mixed race, Chinese

Crude rates per 1000: by city,sex,age & ethnic group n= 8401

	White	SAsian	Black	White	SAsian	Black	White	SAsian	Black
<u>Manchester</u>			<u>Derby</u>			<u>Oxford</u>			
Men									
16-34	4.3	2.3	4.4	3.4	1.9	3.9	2.3	3.2	3.7
35-64	3.4	1.1	1.7	1.7	0.6	1.7	2.1	0.7	0.8
Women									
16-34	6.6	6.7	10.3	4.4	3.0	6.9	4.0	5.3	6.3
35-64	4.1	1.9	2.6	2.1	0.9	1.5	2.3	2.0	1.4

Age-specific rate ratios for minority ethnic groups vs whites

Sex & age	South Asian: RR (95% CI)	Black: RR (95% CI)
<u>Manchester</u>		
Men:		
16-34 yrs.	0.53 (0.41-0.68)	1.02 (0.77-1.35)
35-64 yrs.	0.34 (0.21-0.53)	0.50 (0.33-0.78)
Women:		
16-34 yrs.	1.01 (0.87-1.17)	1.56 (1.31-1.86)
35-64 yrs.	0.46 (0.32-0.66)	0.64 (0.46-0.90)
<u>Derby</u>		
Men:		
16-34 yrs.	0.55 (0.39-0.77)	1.14 (0.64-2.02)
35-64 yrs.	0.36 (0.18-0.69)	1.01 (0.52-1.95)
Women:		
16-34 yrs.	0.67 (0.51-0.88)	1.55 (1.00-2.39)
35-64 yrs.	0.43 (0.25-0.75)	0.74 (0.37-1.50)
<u>Oxford</u>		
Men:		
16-34 yrs.	1.39 (0.93-2.10)	1.61 (0.93-2.81)
35-64 yrs.	0.33 (0.11-1.03)	0.38 (0.12-1.19)
Women:		
16-34 yrs.	1.32 (0.96-1.82)	1.59 (1.06-2.37)
35-64 yrs.	0.82 (0.42-1.60)	0.57 (0.24-1.38)

Main findings:

- Young Black women are at increased risk of self-harm
- Older age in all ethnic minority groups have lower risk and this is consistent throughout cities
- Differences in risk in South Asian groups vary between centres

Characteristics (vs. Whites) n = 15500

Precipitants

- Asian males more likely to have problems with family than White males
- South Asians females were more likely to have relationship problems with husband or family
- Black females were more likely to have housing problems

Clinical characteristics

- BME groups had fewer of clinical vulnerability factors vs white groups
 - Alcohol used with attempt, previous self harm, current or previous psychiatric treatment
- BME groups of both gender had lower rates of repetition vs Whites

Provision of services (vs. to Whites)

Specialist assessment

- No association between specialist assessment and either BME vs Whites in males
- Black females were less likely to receive a specialist assessment vs White females (PRR 0.89 (95% CI: 0.80-0.98))

Clinical Management

- Females of both ethnic minority groups were less likely to be offered psychiatric referral care compared to Whites, although this difference was not evident in males

Discussion

- Higher rates in young Black women
- Differences in the South Asian groups between centres
- Older BME groups protective

Limitations and Strengths of study

Limitations

- Ethnic minority groups were combined
- No attempt was made to distinguish between first and subsequent generations of immigrants

Strengths

- Consistency in definition of self-harm
- More than one ethnic minority group was assessed
- Large sample size, able address the research questions
- Ability to compare results between different cities

Further research

- Qualitative interviews on purposive sample of people who self-harm in BME groups between centres to identify
 - how we can improve service engagement
- Case controlled study to determine risk and protective factors within BME groups in the different centres (in relation to different social context)

Risk factors for repetition – preliminary results

- 2000-2007: 17,324 individuals ethnicity was known; 751 South Asian and 468 Black people
- Risk factors were similar, although increased risk inferred in:
 - Black people presenting with mental health symptoms,
 - South Asian people and alcohol use and not having a partner