I am medical director of the Clinical Coordinating Center for the National Heart, Blood, and Lung Institute-funded ARDS Clinical Trials Network, and a co-investigator in the ALTA trial.


Results of several school-based community studies have shown that self-harm (intentional self-injury or self-poisoning) is very common in adolescents, being reported by around 10% of 15 and 16 year olds, although with some international variation in prevalence. In The Lancet Paul Moran and colleagues report a study in which they found that about 8% of adolescents in a sample of nearly 2000 Australian pupils, recruited from schools in the state of Victoria, said they had self-harmed. As in other studies, self-harm was more frequent in girls than boys (risk ratio 1.6, 95% CI 1.2–2.2), and the most common method was self-cutting, which is by stark contrast with the pattern in samples presenting to hospitals, in which overdoses predominate. Factors associated with adolescent self-harm in Moran and colleagues’ study were much the same as those found in other community studies and included anxiety and depression, heavy alcohol use, smoking, and antisocial behaviour.

Self-harm by an adolescent understandably causes great concern for parents and friends, and for school staff and clinicians. A crucial issue that is often raised is about the relevance of this behaviour in adolescence for future mental health, including possible persistence and worsening of self-harm. Moran and colleagues’ study makes a special contribution to this topic. The authors repeatedly surveyed their study participants in nine waves between ages 14–15 years and young adulthood; data on self-harm were collected in waves three (mean age 15.9 years) to nine (mean age 29.0 years). Of the participants who self-harmed in adolescence, nine out of ten reported no self-harm in young adulthood, although young women were more likely than young men to continue to self-harm. Self-cutting in particular became less common. Persistence of self-harm into young adulthood was associated with reporting of self-harm at several assessment points during adolescence. Although the numbers are small, the data seem to show that the proportion of individuals self-harming with suicidal intent increased...
with age, which accords with findings from a birth cohort study in New Zealand. The emergence of self-harm in young adulthood was associated with symptoms of anxiety and depression in adolescence.

One issue is why self-harm should peak in adolescence. Moran and colleagues' suggest that this behaviour might be related to developmental changes that undermine emotional control and make coping with stresses more difficult. As personality develops with age, an individual could be less likely to act on thoughts of self-harm than previously. In a study by Patton and colleagues, self-harm was related to completion or near-completion of puberty, rather than age, especially in girls, and to alcohol consumption, depressive symptoms, and engagement in sexual activity. Bullying, worry about sexual orientation, and history of sexual abuse also seem to be relevant.

Why does self-harm become less common in later adolescence and early adulthood? In addition to maturation resulting in better coping, the effect of family difficulties might lessen as young people become more independent and more skilled at problem-solving. A further important contributor to onset and persistence of self-harm in adolescence is the contagious effect of exposure to self-harm by peers. As the closeness of self-harm in adolescence is the contagious effect of A further important contributor to onset and persistence of self-harm in adolescence is the contagious effect of exposure to self-harm by peers. As the closeness of self-harm in adolescence is the contagious effect of exposure to self-harm by peers.

Another issue is whether individuals who are likely to continue to self-harm as they age can be more clearly defined. This idea could not be addressed in Moran and colleagues' study because of the low incidence of persistent self-harm. Also, although the investigators' draw attention to the importance of anxiety and depression in adolescence for onset of self-harm in young adulthood, other predictive factors might exist. This notion is especially important in view of the finding from this and other studies that the self-harm of those who persist with the behaviour tends to become more serious, thereby partly contributing to the well-recognised association between self-harm and future suicide. Identification of the symptoms of adolescent anxiety and depression that are uniquely associated with self-harm in young adulthood would be useful.

The results of Moran and colleagues' study will offer some reassurance to parents of adolescents who self-harm and to health and educational agencies. Clinicians can offer encouragement to both young people who are self-harming and their families. Their findings raise important questions relevant to the prevention of persistent self-harm and the onset of self-harm and suicidal behaviour in early adulthood.

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We declare that we have no conflicts of interest.