Self-harm is a significant global public health problem and, in many high-income countries, there has been a clear increase in its prevalence over the past decade. It is associated with numerous adverse health and social outcomes, including an increased risk of death by suicide and other causes. Self-harm is often precipitated by stress, and a growing body of work is documenting the association between suicide and other causes. Self-harm is often precipitated by stress, whereas high-quality social support protected against self-harm thoughts and behaviours. The authors concluded that it is the quality of social support and interactions, rather than the act of engaging in social interaction per se, that protects against self-harm in the context of adversity. The COVID-19 pandemic may exert longer-lasting effects on population mental health, and continued surveillance of mental health, including self-harm status, will be essential. If accompanied by appropriate measures of the availability and quality of social support, such monitoring could also inform the development of more effective adaptive interventions for those at risk of engaging in self-harm.

**Keywords**
Self-harm; social deprivation; COVID-19; adversity; loneliness.

**Copyright and usage**
© The Author(s), 2022. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

Despite the growth in research examining mental health during the pandemic, little is known about the degree to which social factors interact with COVID-19-related adversity to increase the risk of self-harm thoughts and behaviours. Using data derived from a UK cohort study, Paul & Fancourt found that loneliness was associated with an increase in the odds of self-harm thoughts and behaviours, whereas high-quality social support protected against self-harm thoughts and behaviours. The authors concluded that it is the quality of social support and interactions, rather than the act of engaging in social interaction per se, that protects against self-harm in the context of adversity. The COVID-19 pandemic may exert longer-lasting effects on population mental health, and continued surveillance of mental health, including self-harm status, will be essential. If accompanied by appropriate measures of the availability and quality of social support, such monitoring could also inform the development of more effective adaptive interventions for those at risk of engaging in self-harm.

One finding of particular interest in Paul & Fancourt's study was that worrying about adversity was more strongly associated with the onset of self-harm thoughts and a 29% reduction in the odds of self-harm behaviour. Face-to-face contact was associated with a very small increase in the likelihood of self-harm thoughts (raising intriguing questions about the nature of face-to-face contact and with whom this was had) and telephone/video contact was associated with a very small decrease in the likelihood of such thoughts. No association was observed between either face-to-face or telephone/video contact and the likelihood of engaging in self-harm behaviour. The authors concluded that increased loneliness was associated with a four-fold increase in the odds of self-harm thoughts and a doubling in the odds of self-harm behaviour. In contrast, better quality social support was associated with a 45% reduction in the odds of self-harm thoughts and a 29% reduction in the odds of self-harm behaviour. Face-to-face contact was associated with a very small increase in the likelihood of self-harm thoughts (raising intriguing questions about the nature of face-to-face contact and with whom this was had) and telephone/video contact was associated with a very small decrease in the likelihood of such thoughts. No association was observed between either face-to-face or telephone/video contact and the likelihood of engaging in self-harm behaviour. The authors concluded that increased loneliness was associated with a four-fold increase in the odds of self-harm thoughts and a doubling in the odds of self-harm behaviour. In contrast, better quality social support was associated with a 45% reduction in the odds of self-harm thoughts and a 29% reduction in the odds of self-harm behaviour. Face-to-face contact was associated with a very small increase in the likelihood of self-harm thoughts (raising intriguing questions about the nature of face-to-face contact and with whom this was had) and telephone/video contact was associated with a very small decrease in the likelihood of such thoughts. No association was observed between either face-to-face or telephone/video contact and the likelihood of engaging in self-harm behaviour. The authors concluded that increased loneliness was associated with a four-fold increase in the odds of self-harm thoughts and a doubling in the odds of self-harm behaviour. In contrast, better quality social support was associated with a 45% reduction in the odds of self-harm thoughts and a 29% reduction in the odds of self-harm behaviour. Face-to-face contact was associated with a very small increase in the likelihood of self-harm thoughts (raising intriguing questions about the nature of face-to-face contact and with whom this was had) and telephone/video contact was associated with a very small decrease in the likelihood of such thoughts. No association was observed between either face-to-face or telephone/video contact and the likelihood of engaging in self-harm behaviour.
mitigating such anticipatory anxiety is challenging because negative events typically gain disproportionate attention from news outlets. However, although research has demonstrated that people with more pessimistic views appear to confirm such views by selecting more negative news stories, these effects can be reduced by better informing people about the biases underlying news production (i.e. enhancing news media literacy in the general population).

Ultimately, there may be a need for us all to be more exposed to more visible reminders of the sources of support and help that are available in the event of future adversity, such as (in the UK) the Samaritans and Citizens Advice.

The finding that loneliness exacerbated the impact of adversity on self-harm lends support to previous research examining the relationship between loneliness, self-harm and suicidal thoughts and behaviours. In 2020, a systematic review and meta-analysis of prospective studies concluded that loneliness was a significant predictor of both suicidal thoughts and behaviour, and research conducted since the onset of the pandemic has demonstrated that loneliness resulting from the pandemic has exerted a similar influence on self-harm.

**Implications**

The COVID-19 pandemic may lead to some longer-lasting effects on population mental health, and continued surveillance of mental health – including self-harm thoughts and behaviours – via repeated, population-based, data collection efforts will be essential. If accompanied by appropriate measures of the quality of social support, such monitoring could also inform the development and delivery of more effective adaptive interventions.

Rohan Borschmann, PhD, DClinPsych, BBSc, PG-Dip(Psych), MAPS, Justice Health Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne, Australia; and Centre for Adolescent Health, Murdoch Children’s Research Institute, Melbourne, Australia; and Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UK; and Melbourne School of Psychological Sciences, University of Melbourne, Australia; and Centre for Academic Mental Health, Department of Population Health Sciences, Bristol Medical School, University of Bristol, UK

Correspondence: Rohan Borschmann. Email: rohan.borschmann@unimelb.edu.au

First received 15 Feb 2022, final revision 22 Jun 2022, accepted 5 Jul 2022

**Data availability**

Data availability is not applicable to this article as no new data were created or analysed in this study.

**Author contributions**

R.B. and P.M. produced the first draft together and iterated subsequent drafts together. Both authors approved the final version for submission.

**Funding**

This work received no specific grant from any funding agency, commercial or not-for-profit sectors.

**Declaration of interest**

None.

**References**

12. van der Meer T, Hameleeers M. I knew it, the world is falling apart! combatting a confirmatory negativity bias in audiences’ news selection through news media literacy interventions. Digit J 2022; 10: 473–92.