

Lancet Psychiatry Letter Response

Kinchin and colleagues argue that the hospital costs of self-harm represent a small proportion of the overall economic impact of self-harming behaviour. We agree. There is a long standing literature indicating that the majority of the costs of self-harm and suicide lie outside of the health care system. In fact in our paper we refer to a recent review on these costs (1), including previous work from one of Kinchin's co-authors which was one of the few studies identified that included a detailed estimate of productivity losses associated with non-fatal self-harm (2). It is important to improve our knowledge and precision on all direct and indirect costs of self-harm and suicide, including the economic consequences of long term adverse events, not just for the individuals affected but also for their families.

In saying this, one challenge in using economic arguments in different contexts around the globe will be the costing perspective adopted by policy makers. In England, for example, the National Institute for Health and Care Excellence primarily adopts a health and social care system perspective when considering economic evidence. It only has a limited focus on other impacts, such as productivity loss, when looking at health promotion and public health interventions, including for its current work on suicide prevention. Service providers may also be more interested in the immediate impacts on their own budgets as a result of reducing hospital-presenting self-harm events.

In making the case for actions to prevent self-harm and suicide, therefore, it is also vital to improve what is known about the hospital costs of self-harm; our paper provides this focus (3). Given the impacts and extent of self-harm it is somewhat surprising that relatively little has been published on these costs, some of which potentially might be avoidable through effective self-harm and suicide prevention strategies.

David McDaid

Personal Social Research Unit, Department of Health Policy, London School of Economics and Political Science, London, UK.

Apostolos Tsiachristas

Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, Oxford, UK.

Keith Hawton

Centre for Suicide Research, Department of Psychiatry, Warneford Hospital, University of Oxford and Oxford Health NHS Foundation Trust, Oxford, UK.

References

1. McDaid D. Making an economic case for investing in suicide prevention: quo vadis? In: O'Connor R, Pirkis J, eds. International handbook of suicide prevention: research, policy and practice. 2nd edn. Chichester: Wiley Blackwell; 2016
2. Doran, C., & Ling, R. The economic cost of suicide and suicide behaviour in the NSW construction industry and the impact of MATES in Construction suicide prevention strategy in reducing this cost. Spring Hill: Mates in Construction; 2014.
3. Tsiachristas A, McDaid D, Casey D, et al. General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis. Lancet Psychiatry 2017;