

PhD CASE Studentship, starting September 2010 for three years on:

Perspectives on self harm, integrating evidence from national surveys, local health outcomes and local patient views

Collaborating Partner: NHS Barking and Dagenham (North East London)

This project will focus on self-harm and social capital in part of East London, using a mix of quantitative and qualitative methods. It will integrate evidence from three sources on the causes and correlates of self-harm with a view to informing public health strategies.

Applications

The Department of Geography at Queen Mary University of London has an excellent reputation for research and teaching and was ranked joint first in the 2008 UK Research Assessment Exercise (<http://www.geog.qmul.ac.uk/newsevents/news/7446.html>).

The scholarship is available under the collaborative CASE studentship schemes that provide opportunities for PhD students to gain experience of research relevant to non-academic partners, with the student supported by both an academic and non-academic supervisor. The successful applicant will receive an annual allowance towards maintenance of £17290 (under review) for full-time study, subject to inflationary update.

To apply, you can complete the Queen Mary application form. This can be downloaded from <http://www.qmul.ac.uk/postgraduate/apply>. Ensure you use the postgraduate application form for non-Medicine/Dentistry students. The form is largely self-explanatory. However, in the section on Course Details you should only complete the sub-section entitled Study by research. Alternatively you can apply on-line, please see:

<http://www.geog.qmul.ac.uk/admissions/postgraduate/humangeography/index.html#PhD>

The content of a CASE studentship is preset, at least in broad terms. So under "Research Proposal" it is suggested that you indicate how you would use or adapt your existing skills to fit the defined project.

Deadline for applications: 8th June 2010

For further details contact Peter Congdon via p.congdon@qmul.ac.uk (tel: 0207 882 2778) or Jennifer Murray via j.c.murray@qmul.ac.uk (tel: 0207 882 8165).

The project

The research questions being asked are highly relevant to demonstrating practical and beneficial application of academic techniques to real world problems. The particular application is to mental health in modern urban settings, and will assist in providing intelligence to local public health agencies in East London, faced with higher than average self harm levels.

However, the project outcomes will have wider relevance for innovative research. In particular the project seeks to distinguish the impact on self-harm of socioeconomic factors as against social capital influences at both person and area levels. The first component of the project will

involve analysis of responses to the self harm questions in the 2007 Adult Psychiatric Morbidity Survey carried out by the Office of National Statistics (<http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>). The occurrence of self harm (or more broadly suicidal thoughts) would be related to that survey's indicators of "social capital and participation", as well as to other risk factors such as socioeconomic status. This work will use techniques such as logit regression, and will form a distinct contribution to knowledge of risk factors for self-harm. It is anticipated that this work will occupy the early part of the project.

The second component of the analysis provides an ecological perspective. It will consider self-harm variations within Barking and Dagenham Primary Care Trust (PCT), using hospital admissions for self-harm. A PCT wide analysis of demographic risk factors of self-harm will be undertaken and add to the limited evidence base on self-harm variations (e.g. on ethnic variations) in contemporary urban environments. This analysis will use techniques such as log-linear modelling.

A micro-area (Super Output Area) analysis will consider how far variations in self-harm can be explained by area variables such as deprivation, unemployment and benefit dependence, and social fragmentation. The micro-area ecological analysis will use techniques such as Poisson regression allowing for spatial correlation. This cross-sectional ecological analysis will be followed by a comparison of area self harm in two three year periods: 2007/08 to 2009/10 compared to 2004/05 to 2006/07. Work in a UK context on how socioeconomic change (e.g. unemployment change) affects self-harm has not been done before.

The third component will evaluate how far themes identified from the first two quantitative stages are reflected in perceptions of self harm patients. This stage will comprise in-depth interviews with a small group of patients with a history of deliberate self-harm, purposively selected based on the findings from stages one and two. The interviews will explore whether the individual and environmental risk factors established in earlier stages of the research are identified by participants as determinants in their own self-harming.

The interviews will be recorded with the permission of participants and transcripts analysed using both thematic and narrative analysis. The former will allow for comparisons to be made to findings from stages one and two, and the latter will allow greater understanding of the patient experience of environmental stressors. The results of such analysis will allow a synthesis of quantitative and qualitative evidence that is of considerable value to the development of effective public health interventions.

The contribution of NHS Barking and Dagenham will include guidance on the public health issues raised by the high levels of self-harm in the area, as well as provision of detailed local area data, and facilitating knowledge of local health organisational structure.

Depending on the candidate's background, formal training may be arranged for enhancing skills for analysing survey data, for analysing Health Episode Statistics, or for qualitative methods relevant to the final stage.

The benefits the collaborative project will deliver to a candidate include a perspective on how intelligence on public health epidemiology (e.g. risk factors, trends in incidence) is translated into policy priorities and the perceptions of patients. The range of skills (quantitative, qualitative) that the project involves will provide a diverse training research career for a social scientist with interests in health geography, psychiatric illness in its community context, and population health in general.