

# Self-Harm in Ireland: An update from the National Registry of Deliberate Self Harm

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NSRF Information Evening,  
“Self-Harm: Recent Trends, Assessment and Intervention”  
Monday 14<sup>th</sup> April 2014,  
River Lee Hotel, Cork



National Suicide  
Research Foundation

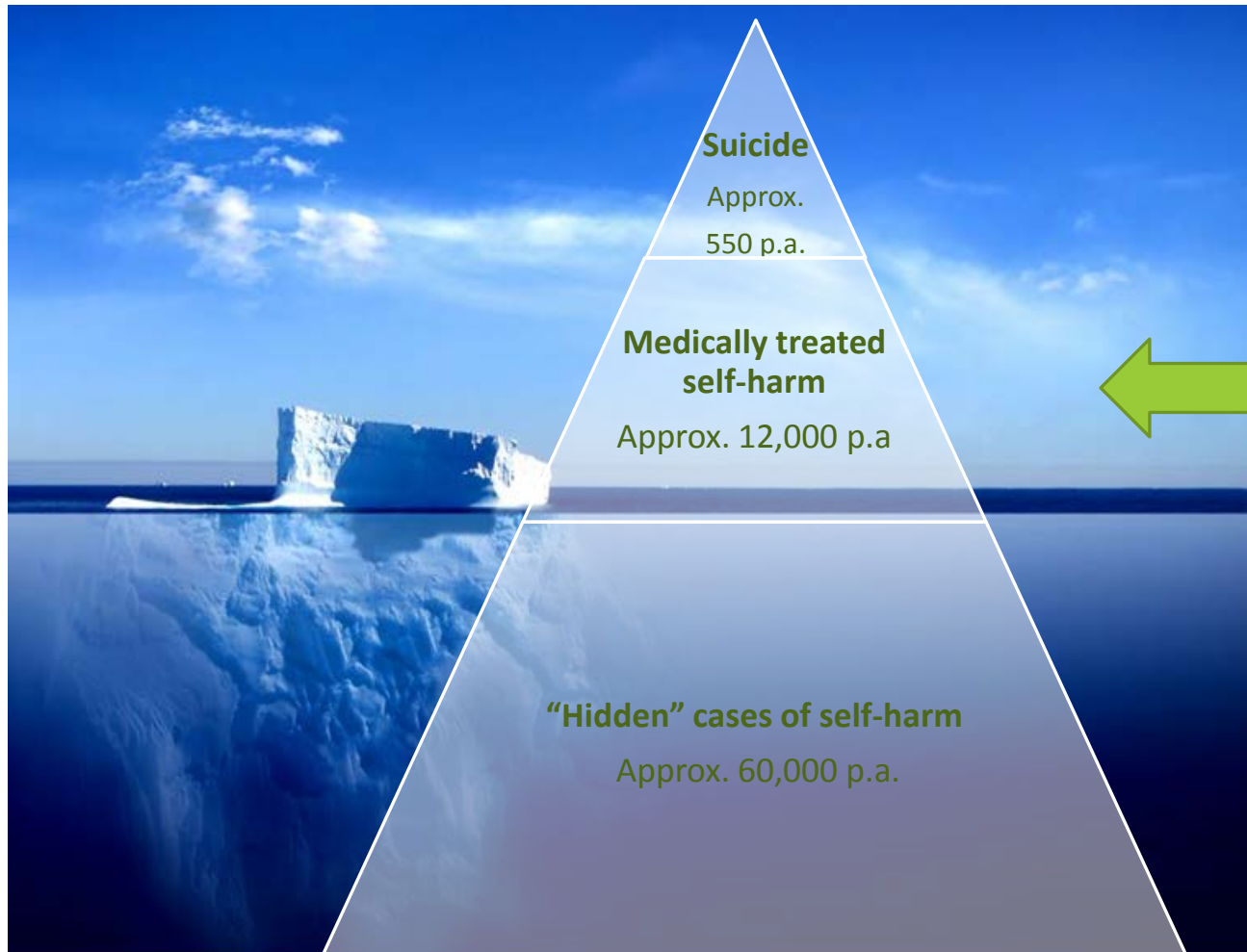
# Overview

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- Introduction to self-harm
- Hospital-treated self-harm in Ireland
- Repetition of self-harm
- Treatment of self-harm

# Suicide and medically-treated deliberate self-harm: The tip of the iceberg

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National Registry of Deliberate Self-Harm

# What is self-harm?

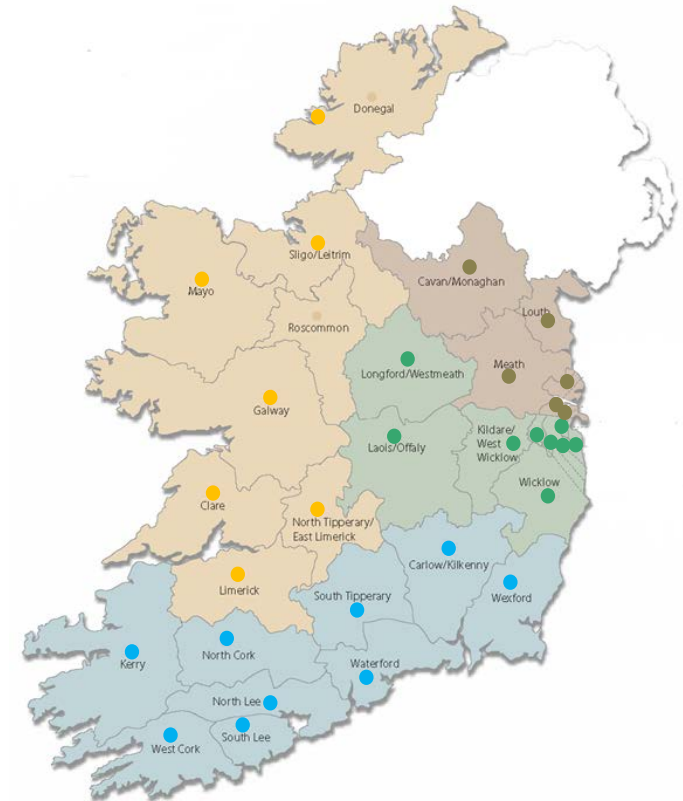
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- It is a non-fatal act
- It is deliberately initiated
- The individual knows it may cause physical harm to her or himself and may cause death
- It includes behaviour with varying levels of suicidal intent and varying motives



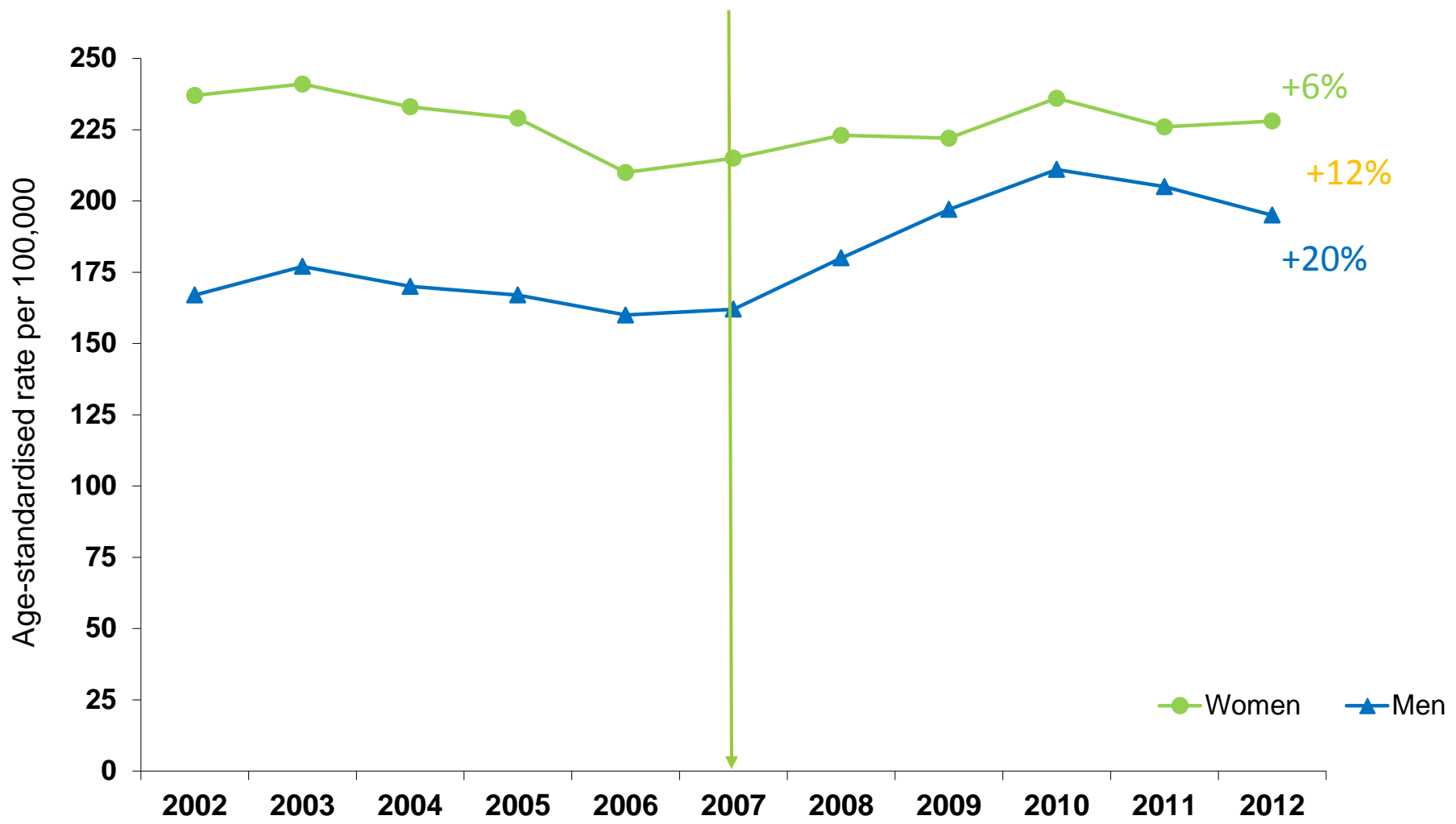
# National Registry of Deliberate Self-Harm

- Establish the extent of hospital-treated self-harm in Ireland
- Monitor trends over time and by area
- In 2012, there were 12,010 presentations to EDs in Ireland

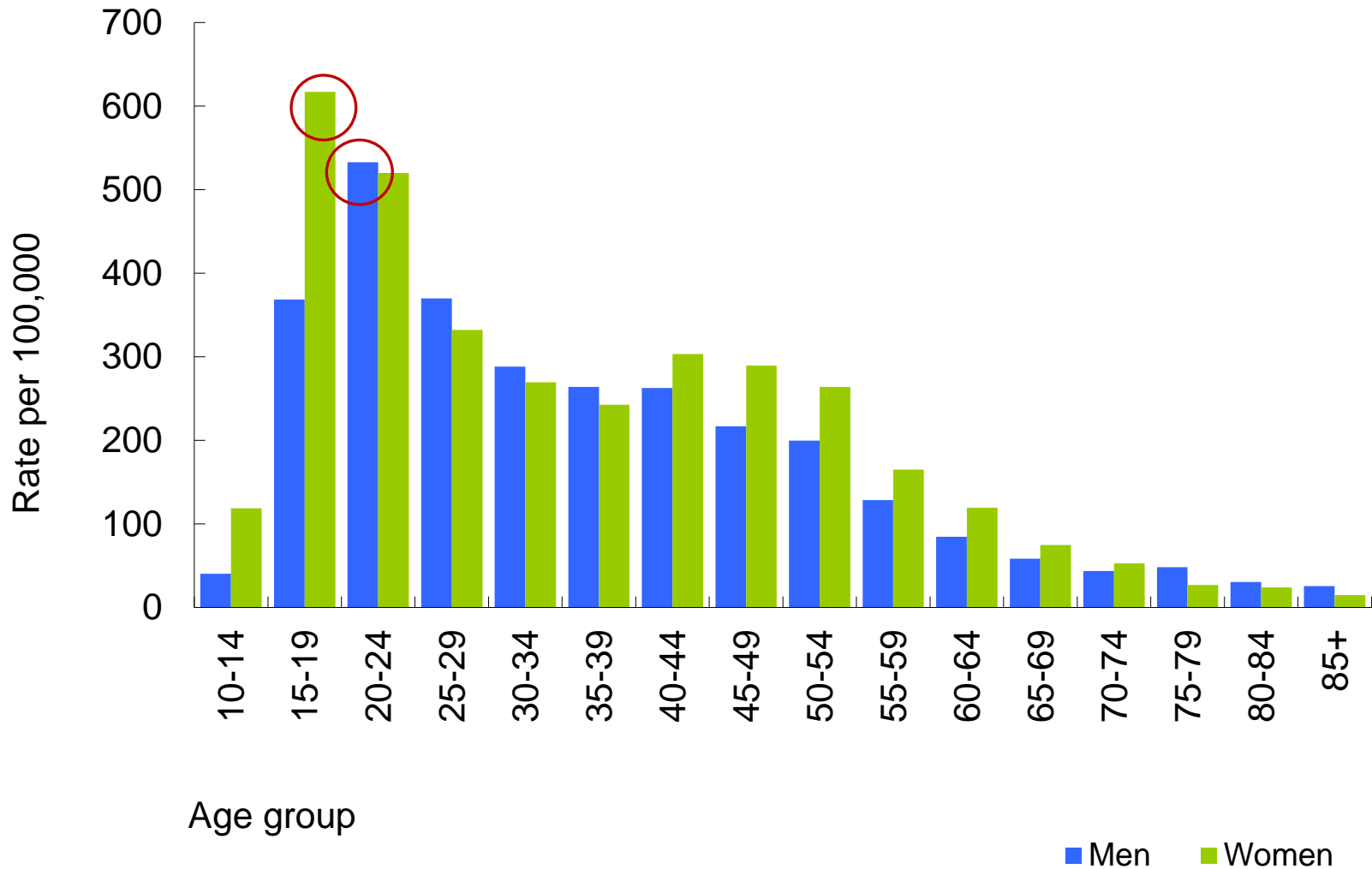




# Trends in the rate of self-harm over time

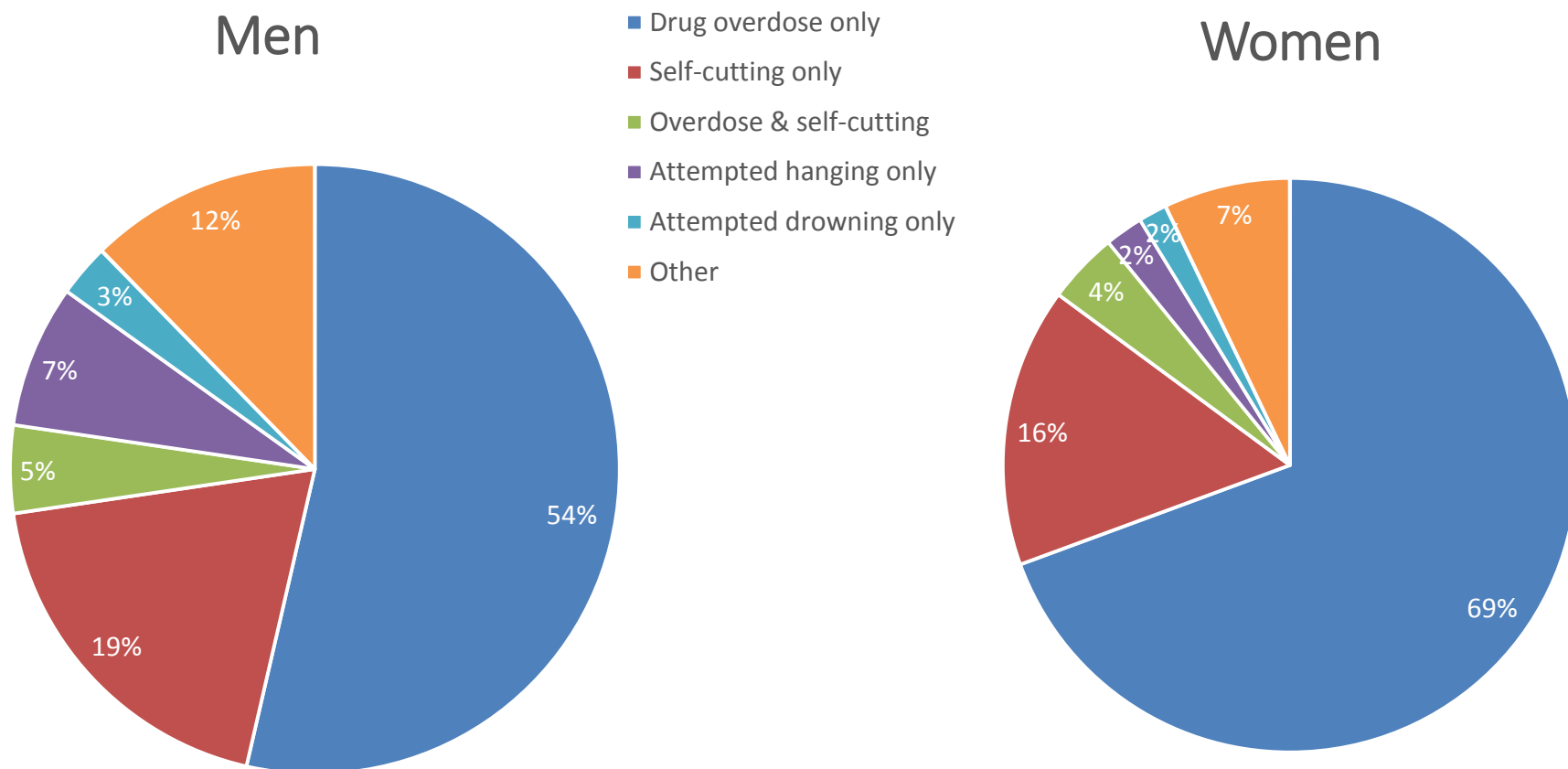


# Incidence rate by age and gender (2012)





# Methods of self-harm by gender

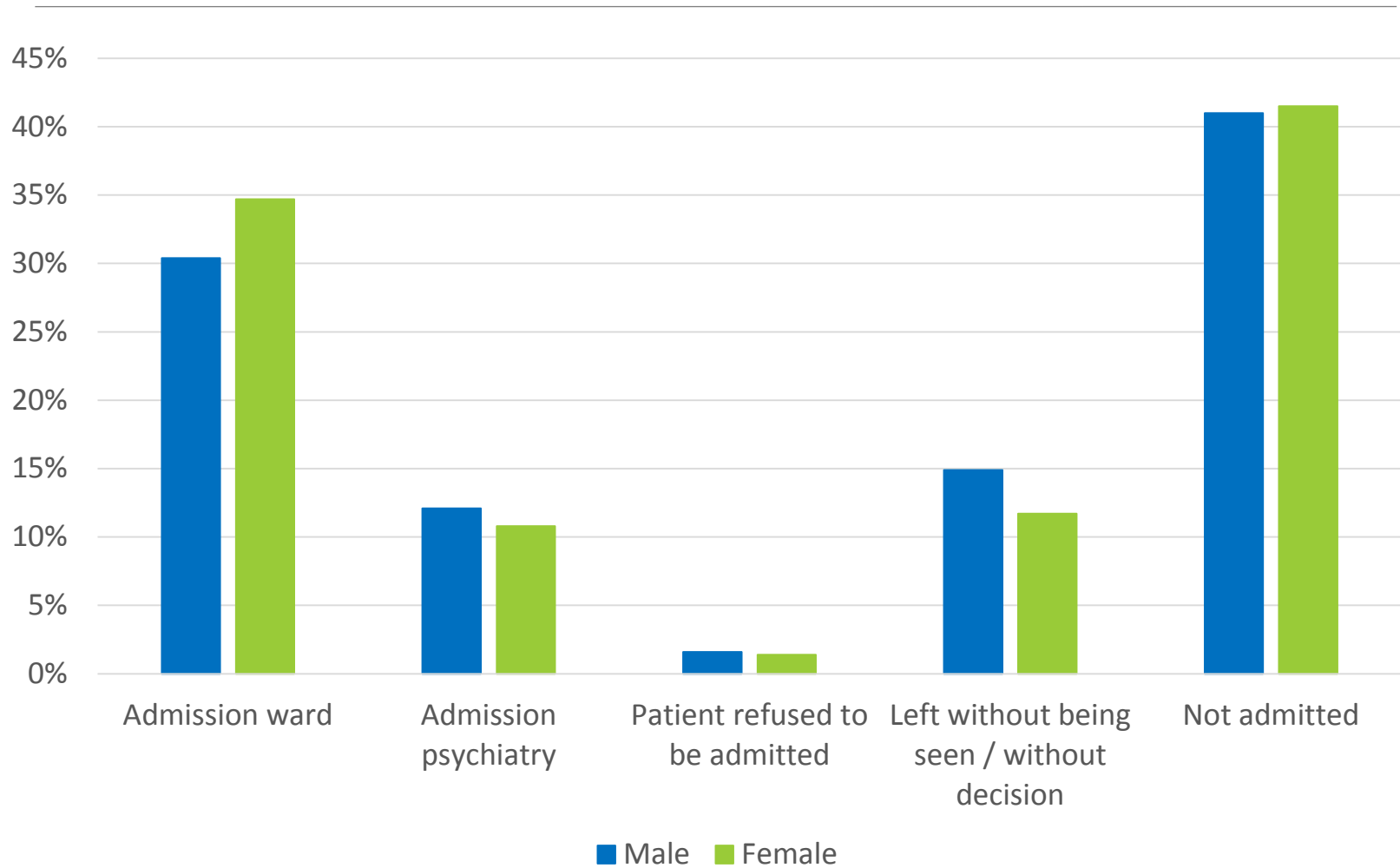


Alcohol was involved in 38% of all cases (42% in men, 36% in women)





# Aftercare of self-harm patients (2004-2012)





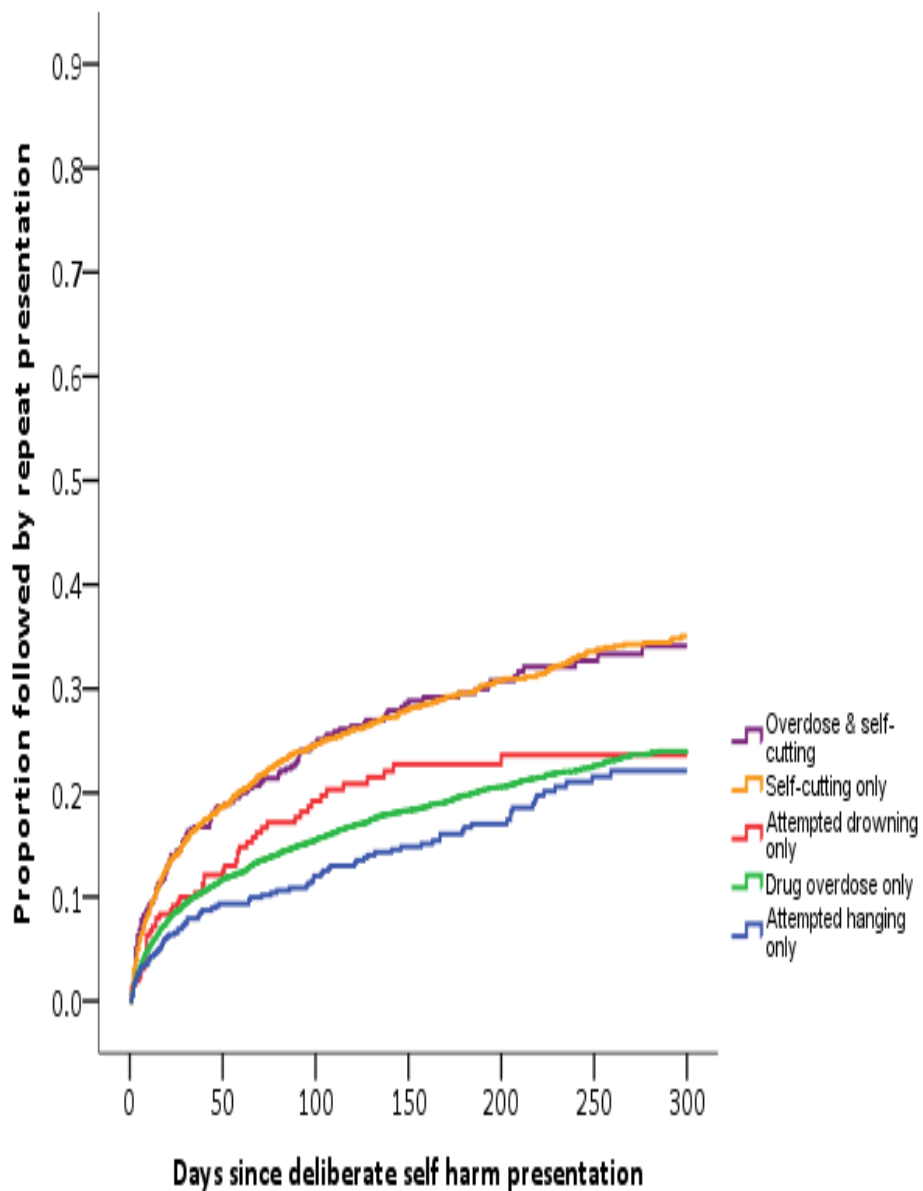
# Repetition of self-harm

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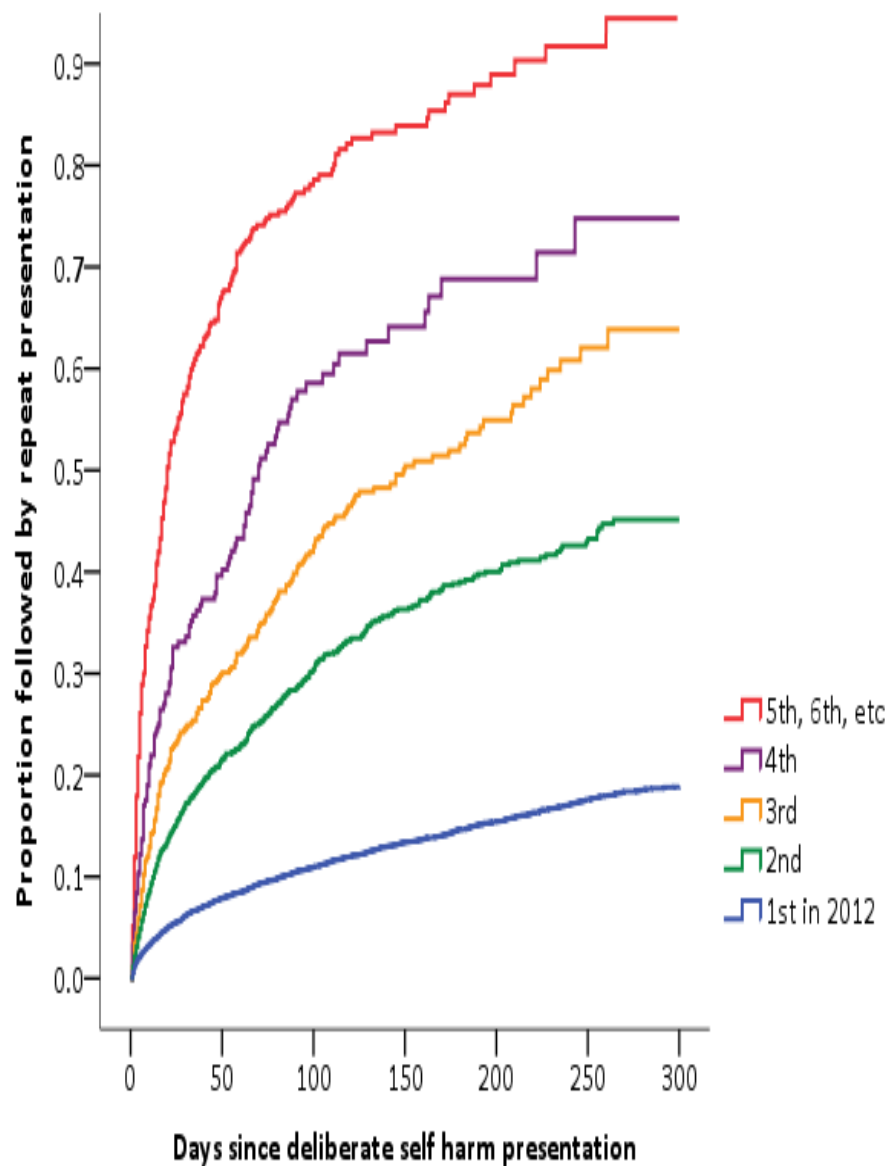
- Re-presenting to an ED with self-harm in the year following an initial act
- 1 in 5 presentations resulted in a follow-up presentation (2012)
- Risk of repetition is greatest in the short-term
- Risk of repetition varies by:
  - Age
  - Recommended next-care
  - Method of self-harm
  - Number of previous self-harm presentations



## Method of self-harm



## Previous presentations



# Factors associated with repeated self-harm

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- Previous self-harm *Larkin, DiBlasi & Arensman, 2014*
- Personality disorder
- History of psychiatric treatment
- Schizophrenia
- Alcohol misuse/dependence
- Drug misuse/dependence
- Living alone

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*Factors such as depression and anxiety were not primarily associated with repetition, but are strongly associated with a first episode of self-harm and with suicide*



# The extent of repeated self-harm presentations

Number of DSH acts in 2003-2012	Persons		Presentations	
	Number	(%)	Number	(%)
One	48,066	77.1%	48,066	48.2%
Two	7,899	12.7%	1,5798	15.8%
Three	2,709	4.3%	8,127	8.2%
Four	1,297	2.1%	5,188	5.2%
Five - Nine	2,070	3.0%	12,946	11.6%
10 or more	722	1.0%	13,372	12.0%



# Evidence based interventions of self-harm

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- **Cognitive Behaviour Therapy**
  - Individuals with single/infrequent self-harm acts
  
- **Dialectical Behaviour Therapy**
  - Individuals with a history of multiple self-harm acts
  
- **Problem-solving interventions**
  - Individuals with single self-harm acts
  
- **Pharmacological treatment**

*(Hawton et al., 1998; Arensman et al, 2000; Arensman & Hawton, 2004; Cipriani et al., 2005)*

Thank You!

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