

EVIDENCE BRIEF

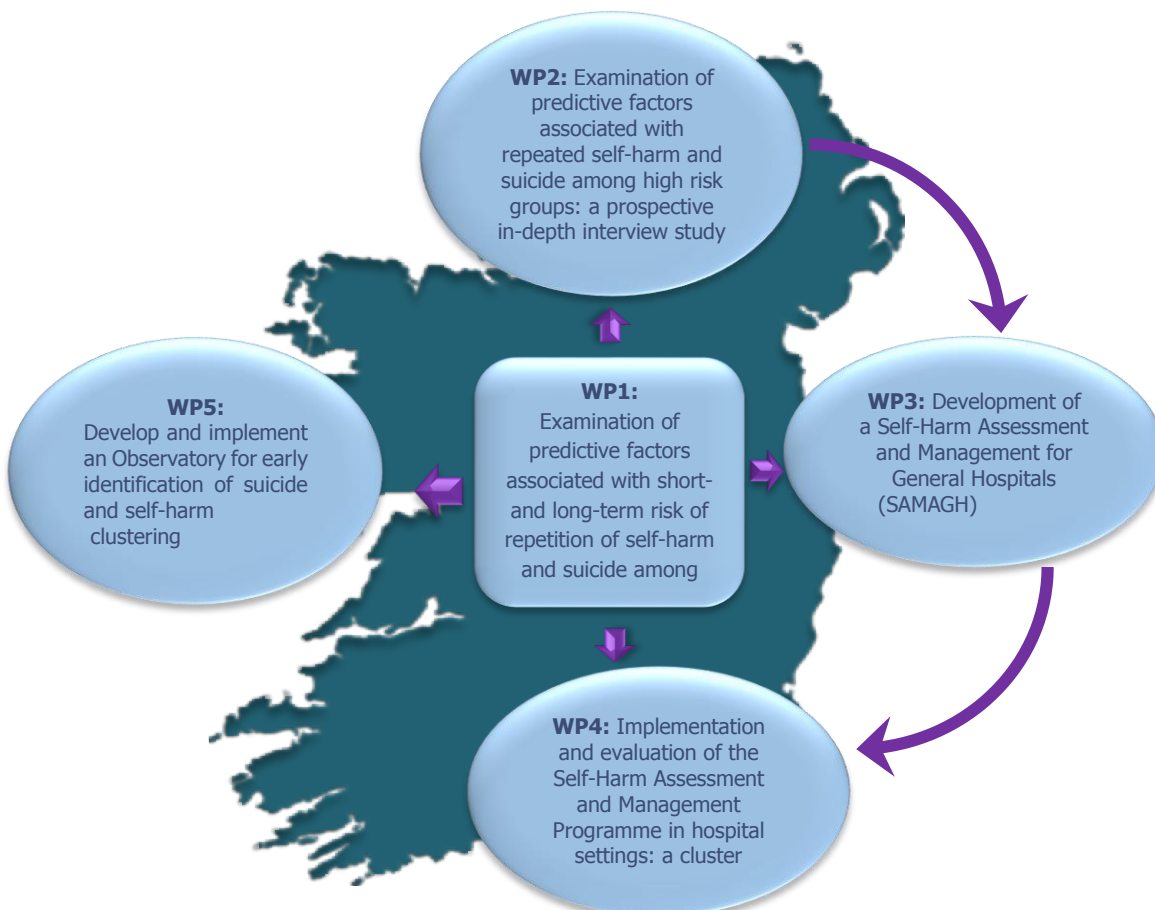
HRB 5-year research programme: Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services.

The Health Research Board has funded a five-year research programme: *Individual and Area Level Determinants of Self-Harm and Suicide in Ireland: Enhancing Prediction, Risk Assessment and Management of Self-Harm by Health Services*. The key objectives of the research programme are:

1. To examine predictive factors associated with risk of repeated self-harm and suicide among people with a history of multiple self-harm acts and those engaging in highly lethal self-harm acts;
2. Develop, implement and assess the effectiveness of an enhanced self-harm assessment and intervention programme for self-harm nurses and mental health professionals in general hospitals;
3. Identify regional patterns of self-harm and suicide clustering over time.

The research programme includes 5 interrelated research projects (work packages) focusing on strategic priorities in population health and health services research in Ireland and internationally:

- **WP1:** Examination of predictive factors associated with short- and long-term risk of repetition of self-harm and suicide among high risk groups
- **WP2:** Examination of predictive factors associated with repeated self-harm and suicide among high risk groups: a prospective in-depth interview study
- **WP3:** Development of a Self-Harm Assessment and Management for General Hospitals (SAMAGH)
- **WP4:** Implementation and evaluation of the Self-Harm Assessment and Management Programme in hospital settings: a cluster randomised trial
- **WP5:** Develop and implement an Observatory for early identification of suicide and self-harm clustering



IMPRESS - is part of the current HRB funded 5-year research programme which commenced in December 2015, in particular: ***Improving Prediction and Risk Assessment of Suicide and Self-Harm (IMPRESS)***. The objectives of this study are: 1) to examine psychosocial, psychiatric and work related factors associated with repeated self-harm among major repeaters (i.e. those with 5 or more previous self-harm acts) and patients with high risk self-harm; 2) to examine the sensitivity and specificity of risk factors associated with repeated self-harm, and 3) to develop a risk assessment procedure for repeated self-harm and suicide for use in a general hospital setting. The recruitment for the IMPRESS study is ongoing until September 2018.

IMPRESS – First outcomes

The IMPRESS study employs an infrastructure that has been established as part of the SSIS-ACE study in the Cork hospitals for developing procedures to approach consecutive patients with high risk self-harm (high lethality self-harm presentations and low lethality self-harm presentations with high level of suicide intent) and those who have engaged in 5 or more previous acts of self-harm (i.e. major repeaters). Each patient that fulfils the inclusion criteria will be invited to take part in a baseline interview shortly after the index self-harm presentation and a follow-up interview six months after the index presentation. The SSIS-ACE study and IMPRESS study have been approved by the Clinical Research Ethics Committee of the Cork University Teaching Hospitals.

1. High risk self-harm group

Analyses involved data from baseline interviews conducted with 106 patients who met the criteria for the high risk self-harm group from September 2014 to February 2018. Fifty-eight percent of participants were male, with a mean age of 40 years (SD=12.5). More than 50% of participants were single and 39.2% were unemployed. The most predominant method of self-harm was intentional drug overdose/other self-poisoning (51.7%), and 58.7% had a history of one or more self-harm episodes. More than half of participants (53.3%) had a history of alcohol abuse and 33.3% had a history of drug abuse. Among the participants, 46.2% had a history of physical, sexual or emotional abuse, and 22.9% reported one or more experiences with childhood sexual abuse or sexual assault at adolescent age. Most participants (93.3%) had attended their GP in the year prior to their self-harm episode.

2. Major repeater self-harm group

So far, baseline interviews have been conducted with 32 patients who met the inclusion criterion of a history of five self-harm episodes or more. However, all participants had a history of ten or more previous self-harm presentations to the emergency department from August 2016 to June 2018. Sixty-six percent of the participants were female with a mean age of 33 years (SD= 7.39). Most participants were single (69.9%) and unemployed (43.4%). Over 78% of participants had a history of ten or more self-harm episodes and the most predominant self-harm method was overdose (69.9%). Over 80% of participants had a history of physical, sexual or emotional abuse and when participants were asked about their family history, violent behaviour (56.5%), mental illness (60.9%) and suicidal behaviour (58.2%) were predominant issues. The majority (71%) had experienced childhood sexual abuse and 80.6% had experienced sexual assault at adolescent age. More than 95% of participants attended their GP in the year prior to their most recent self-harm episode, 73.9% were previously treated as an inpatient, with Personality Disorder (65.2%) and PTSD (30.4%) being the most prevalent diagnoses.

Recommendations:

- The outcomes underline the need to improve assessment and management of self-harm in order to prevent repeated self-harm / method escalation and suicide.
- The high level of physical, sexual and emotional abuse, PTSD and personality disorders underlines the need for increased capacity of specialised psychotherapeutic interventions.
- The findings support the need to improve the level of care for people with depression and negative personality traits/disorders.

- The most predominant method across both groups was intentional drug overdose, consistent with one of the main goals of *Connecting for Life*, these findings provide further evidence for reducing access to frequently used drugs in intentional overdose.
- High GP attendance rates prior to the self-harm episodes across both groups, indicates the need for further training in screening for suicidal risk for healthcare professionals in primary care settings.
- Most participants in the major repeater group had a history of ten or more self-harm episodes, which would suggest the need for specific treatment plans for this group to manage long-term engagement with services.

The 5-year programme is linked to the objectives of the National Strategy to Reduce Suicide in Ireland, Connecting for Life, and in particular:

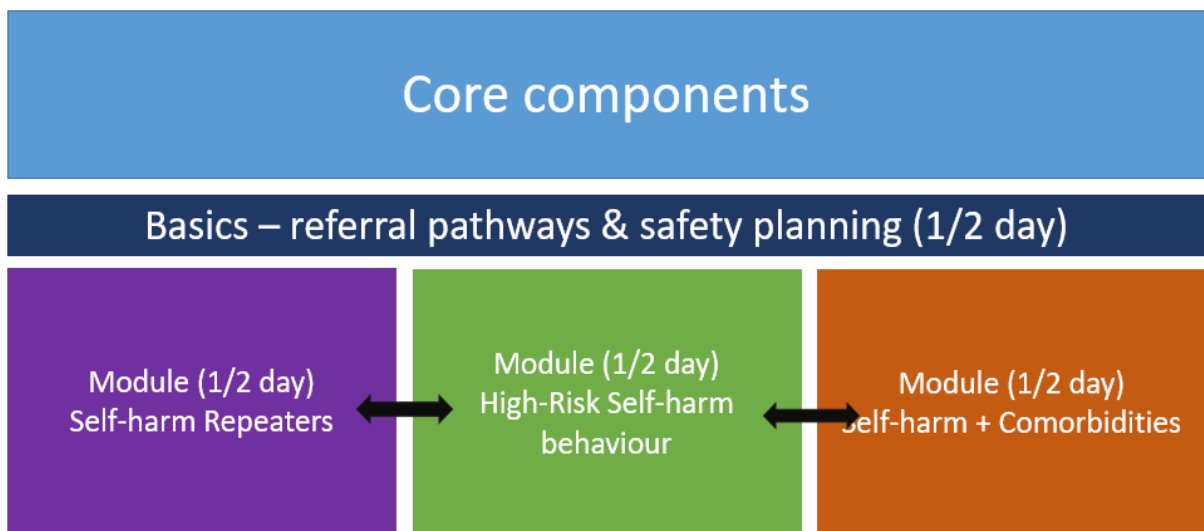
Link with *Connecting for Life* Goals:

- Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.
- Goal 5: To ensure safe and high quality services for people vulnerable to suicide.
- Goal 6: To reduce and restrict access to means of suicidal behaviour.
- Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

The 5-year programme is linked to the objectives of the National Clinical Care Programme for the Assessment and Management for patients presenting to Emergency Departments following self-harm.

The enhanced training programme for Self-Harm Assessment and Management for General Hospitals (WP3, in development) takes into account the outcomes of the prospective interview studies (WP 2), and will address both core and specific aspects relating to subgroups of people who engage in self-harm, such as major repeaters, people with high-risk self-harm and self-harm associated with specific comorbidities, such as recurrent alcohol and drug abuse, physical illness including chronic pain.

SAMAGH Training



IMPRESS research group members: Prof. Ella Arensman, Dr Dorothy Leahy, Dr Ana Paula Ramos Costa, Ms. Grace Cully, Ms. Karen, Mulcahy, Ms. Ruth Benson, Ms Sarah O’Meara, Dr Paul Corcoran, Ms. Eileen Williamson, Dr Eve Griffin, Dr Eugene Cassidy, Dr James Kinahan, Dr Catherine Corby, Dr Maurice Clancy, Prof. John Browne, Prof. Jan Rigby, Prof. Joe Eustace, Dr Frances Shiely, Dr David McDaid, Prof. Nav Kapur, Prof. Keith Hawton, Prof. Diego De Leo, and Prof. Jane Pirkis, Dr Inigo Alberdi.

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