Self-harm in Ireland:
Priority groups and opportunities for intervention

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National Suicide Research Foundation, Cork

SELF-HARM AWARENESS CONFERENCE 2019
ST PATRICK’S UNIVERSITY HOSPITAL DUBLIN,
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Suicidal behaviour as a public health issue

- Every 40 seconds a person dies by suicide
- Among people 15-29 years of age, suicide is the second leading cause of death globally
- In 61% of responding countries, suicide was perceived to be a significant public health concern
- By 2030, mental disorders will be the leading cause of burden of disease globally
Risk factors for suicidal behaviour

PROTECTIVE FACTORS

- Availability of physical and mental health care
- Safe and supportive school and community environments
- Connectedness to individuals, family, community, and social institutions
- Coping and problem solving skills

RISK FACTORS

- Availability of lethal means of suicide
- Unsafe media portrayals of suicide
- Few available sources of supportive relationships
- Barriers to health care (e.g., lack of access to providers or medications, prejudice)
- Mental illness
- Substance abuse
- Previous suicide attempt
- Impulsivity/aggression

SOCIETAL

COMMUNITY

RELATIONSHIP

INDIVIDUAL
National Self-Harm Registry Ireland

To establish the extent and nature of hospital-treated self-harm;

To monitor trends over time and also by area;

To contribute to policy and development;

To inform the progress of research and prevention.
‘an act with **non-fatal outcome** in which an individual **deliberately initiates a non-habitual behaviour**, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences’.

(Schmidtke et al, 2006)
2017 statistics at a glance

Presentations: 11,600
Persons: 9,103

Rates in young people 10-24 years increased by 21% between 2007-2017

Rates:
- Male: 20-24 year-olds (505 per 100,000)
  1 in every 198
- Female: 15-19 year-olds (758 per 100,000)
  1 in every 132

Time:
- Peak time: 3am, 10pm
  Almost half of presentations were made between 7pm-3am
  Monday, Tuesday and Sunday had the highest number of self-harm presentations

Method:
- 2 in every 3 involved overdose: 65%
- 3 in every 10 involved alcohol: 33%
- 1 in every 4 involved self-cutting: 29%

Treatment:
- 72% received an assessment in the ED
- 80% received a follow-up recommendation after discharge
- 12% left ED before a recommendation was made
- 1 in 7 persons had a repeat attendance in 2017
Irish rate of self-harm, 2002-2017
Trends in highly lethal methods of self-harm

Number of self-harm presentations

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>316</td>
<td>126</td>
</tr>
<tr>
<td>2008</td>
<td>349</td>
<td>164</td>
</tr>
<tr>
<td>2009</td>
<td>408</td>
<td>200</td>
</tr>
<tr>
<td>2010</td>
<td>405</td>
<td>208</td>
</tr>
<tr>
<td>2011</td>
<td>523</td>
<td>211</td>
</tr>
<tr>
<td>2012</td>
<td>573</td>
<td>203</td>
</tr>
<tr>
<td>2013</td>
<td>503</td>
<td>229</td>
</tr>
<tr>
<td>2014</td>
<td>536</td>
<td>250</td>
</tr>
<tr>
<td>2015</td>
<td>545</td>
<td>245</td>
</tr>
<tr>
<td>2016</td>
<td>530</td>
<td>232</td>
</tr>
<tr>
<td>2017</td>
<td>577</td>
<td>281</td>
</tr>
</tbody>
</table>
Self-harm among the homeless

- Rate of self-harm **x30 times higher**
- Male, older in age, self-cutting or more lethal methods
- More likely to involve minor tranquillisers, street drugs, opiates
- Factors associated with repetition: Self-cutting, no psychiatric review
## Risk of suicide and external causes of death following self-harm, 2009-2011

<table>
<thead>
<tr>
<th></th>
<th>All External Cause Mortality % (95% CI)</th>
<th>Suicide Mortality % (95% CI)</th>
<th>Non-Suicide Mortality % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td>2.0 (1.7-2.3)</td>
<td>1.3 (1.1-1.5)</td>
<td>0.7 (0.6-0.9)</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>0.7 (0.6-0.9)</td>
<td>0.4 (0.3-0.6)</td>
<td>0.3 (0.2-0.4)</td>
</tr>
<tr>
<td><strong>All Persons</strong></td>
<td>1.3 (1.2-1.5)</td>
<td>0.8 (0.7-1)</td>
<td>0.5 (0.4-0.6)</td>
</tr>
</tbody>
</table>

O’Farrell et al (unpublished)
Opportunity for intervention:

Clinical settings
Hospital management of self-harm

Fig 2. Instrumental variable estimates* of the risk difference in repeat self-harm between those who did, and did not receive a psychosocial assessment.* The overall estimate in this figure is the overall instrumental variable estimate, not the pooled estimate from a meta-analysis of the three individual centre estimates.
Provision of mental health assessments by hospital

Percentage who received a mental health assessment vs. Number of self-harm presentations

- Hospital rate (%)
- National rate (%)
- 95% CI
Leaving before recommendation following self-harm
- Mental health assessment conducted, including needs and risk
- Emergency Care Plan provided
- Involvement of NOK
- Follow-up phone call (24 hours)
- Letter to GP

- Approximately **15% of patients** will represent with a further act of self-harm within 12 months

<table>
<thead>
<tr>
<th>Number of presentations</th>
<th>Individual persons</th>
<th>% persons</th>
<th>Presentations</th>
<th>% presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>49,788</td>
<td>77%</td>
<td>49,788</td>
<td>48%</td>
</tr>
<tr>
<td>2</td>
<td>8,307</td>
<td>13%</td>
<td>16,614</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>2,911</td>
<td>5%</td>
<td>8,733</td>
<td>8%</td>
</tr>
<tr>
<td>4</td>
<td>1,358</td>
<td>2%</td>
<td>5,432</td>
<td>5%</td>
</tr>
<tr>
<td>5 or more</td>
<td>2,548</td>
<td>4%</td>
<td>23,804</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>64,912</td>
<td></td>
<td>10,4371</td>
<td></td>
</tr>
</tbody>
</table>
Factors associated with repetition of self-harm

- Self-cutting as first presentation
- Leaving before a recommendation
- Self-harm history
- Methods of high lethality (method escalation)
- People who present with thoughts of self-harm or suicide are more likely to repeat with self-harm (~20%)
National Dialectical Behaviour Therapy Project
(Flynn et al, 2018)
National Dialectical Behaviour Therapy Project (Flynn et al, 2018)

**Figure 6.3 AMHS Participants: Frequency of Self-harm 6 months pre-intervention**

- Weekly: 32%
- Monthly: 20%
- Less than once a month: 24%
- Not self-harming: 12%
- Daily: 8%

**Figure 6.4 AMHS Participants: Frequency of Self-harm 6 months post-intervention**

- Not self-harming: 75%
- Monthly: 7%
- Less than once a month: 17%
- Weekly: 1%
- Daily: 0%
National Dialectical Behaviour Therapy Project (Flynn et al, 2018)
Opportunity to reduce incidence of self-harm:

Population-based approaches
### Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis

Paul Corcoran,¹,²* Eve Griffin,¹ Ella Arensman,¹,² Anthony P Fitzgerald,² and Ivan J Perry²

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Rate by end 2012</th>
<th>Cumulative excess over 2008–12</th>
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<tbody>
<tr>
<td></td>
<td>Without</td>
<td>With recession</td>
</tr>
<tr>
<td></td>
<td>recession</td>
<td>recession</td>
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<tr>
<td>A. If pre-recession trends</td>
<td>Suicide</td>
<td></td>
</tr>
<tr>
<td>trends continued</td>
<td>Male</td>
<td>15.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>241.9</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>293.3</td>
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<td></td>
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Self-harm in Northern Ireland: Aspects of deprivation

Reducing self-harm at a population level

Self-harm is an important clinical issue but also a public health concern

More research needed on population approaches to reduce incidence of self-harm

Clinical care

Further integration of mental health services in acute settings

Routine management of self-harm and evidence-based interventions

Importance of high-quality, national data on mental health
Thank You!

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