Suicide and self-harm in Ireland: Data collection systems and recent outcomes

Technical Meeting on Suicide and Self-Harm Monitoring and Prevention in the Russian Federation
Stavropol State Medical University, 28-30th October 2019

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Overview

- Recent trends of suicide in Ireland

- Challenges in relation to accuracy and real-time access to suicide mortality data

- Suicide Support and Information System and Suicide and Self-Harm Observatory – recent outcomes

- National Self-Harm Registry of Self-Harm Ireland – recent outcomes

- Benefits of suicide and self-harm surveillance systems
Trends in suicide in Ireland by gender, 2002-2017

2016-2017: Provisional data CSO
Suicide in Ireland by age and gender: Average rates

Average Annual rate per 100,000

- 1.8 (10-14yrs) for Men
- 0.9 (10-14yrs) for Women
- 24.8 (15-24yrs) for Men
- 4.9 (15-24yrs) for Women
- 26.3 (25-35yrs) for Men
- 5.5 (25-35yrs) for Women
- 26.5 (35-44yrs) for Men
- 6.1 (35-44yrs) for Women
- 27.6 (45-54yrs) for Men
- 7.8 (45-54yrs) for Women
- 24.6 (55-64yrs) for Men
- 7.2 (55-64yrs) for Women
- 13.7 (65+ yrs) for Men
- 3.1 (65+ yrs) for Women

Christine's data included in this chart: Average Annual rate per 100,000

Men and Women
Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015-2020

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

7.2: Improve access to timely and high quality data on suicide and self-harm
The need to develop an innovative suicide recording system in Ireland: Suicide Support and Information System (SSIS)

- Absence of real-time data on suicide. Suicide figures are often published by the Central Statistics Office (CSO) 2 years after the death has occurred.

- Information from CSO is often limited to demographics and methods involved in cause of death

Development of the Suicide Support and Information System – Objectives:

1. Better define the incidence and pattern of suicide in Ireland
2. Identify and better understand causes of suicide
3. Identify and improve the response to clusters of suicide
4. Improve access to support for the bereaved
5. Reliably identify those individuals who present to the Emergency Department due to self-harm and who subsequently die by suicide
A systematic approach to obtain real-time and accurate data on suicide: Suicide Support and Information System, Ireland

Coroner's inquest concluded involving cases of suicide / open verdicts

Step 1: SRP facilitates support for families bereaved by suicide / other sudden deaths after conclusion of inquest

Step 2: Research: SRP approaches next of kin and health care professional(s) after conclusion of inquest

Response rate: 100%

Coroners' verdict records & Post mortem reports

GP/Psychiatrist/Psychologist

Close family members/friends

Response rate: 77%
Response rate: 66%
Main characteristics of people who had died by suicide

- Overrepresentation of men (80.1%); Men significantly younger than women
- Relatively high proportion were unemployed at time of death (33.1%)
- Among men, 48.6% had worked in the construction/production sector; among women, 26.5% had worked in a healthcare setting
- Nearly two thirds had a history of self-harm (65.2%); 69.1% were diagnosed with depression, and alcohol/and or drug abuse was present among 60.7%
- In the year prior to death, 81% had been in contact with their GP or a mental health service. Most people who contacted GP did so more than 4 times
Differences between men aged <40 years versus men aged ≥ 40 years

- Method of suicide: Hanging
- History of alcohol only abuse
- In paid employment
- Diagnosis with a physical illness
- Agricultural occupation
- Family or close friend died by...

- Marital status: Single
- Method of suicide: Hanging
- Living alone
- Drugs in toxicology
- Diagnosis with depression
- History of self-harm

- Opiates in toxicology
- Marital status: Married/Co...
- Antidepressants in toxicology
- In in paid employment
- Diagnosis with depression
- Agricultural occupation

- Benzodiazepines in toxicology
- Diagnosed with a physical illness
- Family or close friend died by...

- Alcohol in toxicology
- Unemployed
- Drugs in toxicology
- History of self-harm
- Family or close friend died by...

- History of alcohol and drug abuse
- Unemployed
- Drugs in toxicology
- History of self-harm
- Family or close friend died by...

- Full-time student
- Unemployed
- Drugs in toxicology
- History of self-harm
- Family or close friend died by...

Men aged < 40 Years

Men aged ≥ 40 Years
The Suicide and Self-Harm Observatory (SSHO)—
Links between data sources to capture suspected suicide case in real-time

The Coroners of Cork city and county
- Only information that can be provided prior to coronial request will be made available by the coroner for entry to the minimal dataset.
- Information provided by the coroners will not be used by the NSRF/UCC to approach family members directly.
- Data obtained from the coroners will provide the most complete information on case of suspected suicide.

Ethical approval and data sharing agreements

Health Service Executive
- A two way pathway will exist between the NSRF and the HSE:
  1. Information relating to the suspected suicide of a service user will be obtained from the HSE patient mortality register.
  2. Information from the minimal dataset will be shared with the Suicide Resource Officer (SRO) in order to facilitate early response to emerging suicide clusters.
- The SRO takes into consideration families in need due to the sudden death of a family member based on best practice.
- The SRO also provides support to schools and other community services in the region that has been affected by the sudden death of a student.
Benefits of the SSHO based on pilot implementation
December 2018-September 2019

• SSHO has been effective in crosschecking incomplete data provided by the HSE Resource Officer for Suicide Prevention. The crosschecking feature of the SSHO ensures that support can be provided indirectly by the HSE in affected communities.

• Communication between the primary researcher and the data providers has been good overall.

• The SSHO has been used in five instances within the first six months of its existence to validate unverified reports of contagion within two areas of Cork in December 2018 and May 2019.

• This validation feature has also been effective in fulfilling a request from the media for verification of information, hence preventing the spread of misinformation relating to perceived contagion/clustering in the area of Cork.
The National Self-Harm Registry Ireland – Recent outcomes
Aims:

- 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.

**Definition**

‘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)
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(Schmidtke et al, 2006)
Irish rate of hospital-presenting self-harm, 2002-2018

2018 compared to 2007
- Men: +19%
- Women: +7%
- All: +12%
Self-harm by age and gender, 2018

Rate per 100,000

Age group

Men  Women

0  100  200  300  400  500  600  700  800  900  1000

Self-harm among young people in Ireland, 2007-2016

Male

Female
Risk of repeated self-harm in young people

- Young people with the highest risk for repeated self-harm were 15–19-year-old females and 20–24-year-old males.

- Self-cutting was the method associated with the highest risk of self-harm repetition. Time between first self-harm presentations represents an indicator of subsequent repetition.

- Increased risk of self-harm method escalation among young people in recent years.
Trends in highly lethal self-harm methods

Number of attempted hangings

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<th>Year</th>
<th>Men</th>
<th>Women</th>
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<td>578</td>
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<td>2018</td>
<td>704</td>
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Method of self-harm by males and females by age group

**Men**
- Other
- Attempted drowning only
- Attempted hanging only
- Overdose & self-cutting
- Self-cutting only
- Drug overdose only

**Women**
- Other
- Attempted drowning only
- Attempted hanging only
- Overdose & self-cutting
- Self-cutting only
- Drug overdose only
Drugs used in intentional overdose

- Salicylate
- Salicylate Compound
- Paracetamol
- Paracetamol Compound
- Opiate
- Opiate Compound
- NSAIDS and other analgesics
- Minor Tranquilliser
- Major Tranquilliser
- SSRI
- TCAD
- Other anti-depressants (including Mood Stabilisers)
- Anti-epileptics/Barbiturates
- Other drugs
- Street Drugs
- Herbal/Homeopathic

Percentage of overdose acts

Men  | Women

0  | 10  | 20  | 30  | 40  | 50
Repetition by number of self-harm presentations

Repetition of self-harm by recommended next care

Days since deliberate self harm presentation

Days since deliberate self harm presentation

Proportion followed by repeat presentation

Psychiatric admission
Left before recommendation
Patient would not allow admission
Not admitted
General admission

5th, 6th, etc
4th
3rd
2nd
1st in 2012
Self-harm intervention and suicide prevention at national level in Ireland

- National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm

- *Connecting for Life*, Ireland’s National Strategy to Reduce Suicide, 2015-2020
2018 Statistics at a Glance

Presentations: 12,588  Persons: 9,785

Rates in young people aged 10-24 years increased by 29% between 2007-2018

RATES:

210 per 100,000
1 in every 476 had a self-harm act

Male: 20-24 year-olds (543 per 100,000)
1 in every 184

Female: 15-19 year-olds (766 per 100,000)
1 in every 131

TIME:

Peak time:
- 3am
- Monday, Tuesday and Sunday had the highest number of self-harm presentations
- Almost half (44%) of presentations were made between 7pm-3am
- 11pm
- 7pm

METHOD:

- 2 in every 3 involved overdose
- 3 in every 10 involved alcohol
- 3 in every 10 involved self-cutting
- Men: 62%
- Women: 34%
- Men: 27%
- Women: 30%

TREATMENT:

- 72% received an assessment in the ED
- 79% received a follow-up recommendation after discharge
- 13% left ED before a recommendation was made
- 1 in 7 persons had a repeat attendance in 2018
Benefits of surveillance systems for hospital/health centre treated self-harm

- Informing:
  - Service provision, resource deployment and guidelines for self-harm management
  - Assessment and interventions for non-fatal suicidal behaviour
- “Real-Time Data”
- Evaluation of interventions
- Regional variations
- Clinical management of self-harm
- All attendances to hospital Emergency Departments
9th IASP Asia-Pacific Conference
7th – 9th July, 2020
Taipei, Taiwan

31st World Congress
21-24 September, 2021
Gold Coast, Australia

International Association for Suicide Prevention
Thank you!
благодарю вас!

Acknowledgements:
Eileen Williamson, Paul Corcoran, Eve Griffin, Niall McTernan, Caroline Daly, Grace Cully, Sarah Nicholson, Karen Mulcahy, Ruth Benson, Mary Joyce, Jan Rigby, Chris Brunsdon, Eugene Cassidy, James Kinahan, Colin Bradley, Sinead Glennan, Martin Ryan, Frank O’Connell, Michael Kennedy, Philip Comyn