

# Self-harm in Ireland:

## Priority groups and opportunities for intervention

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National Suicide Research Foundation, Cork

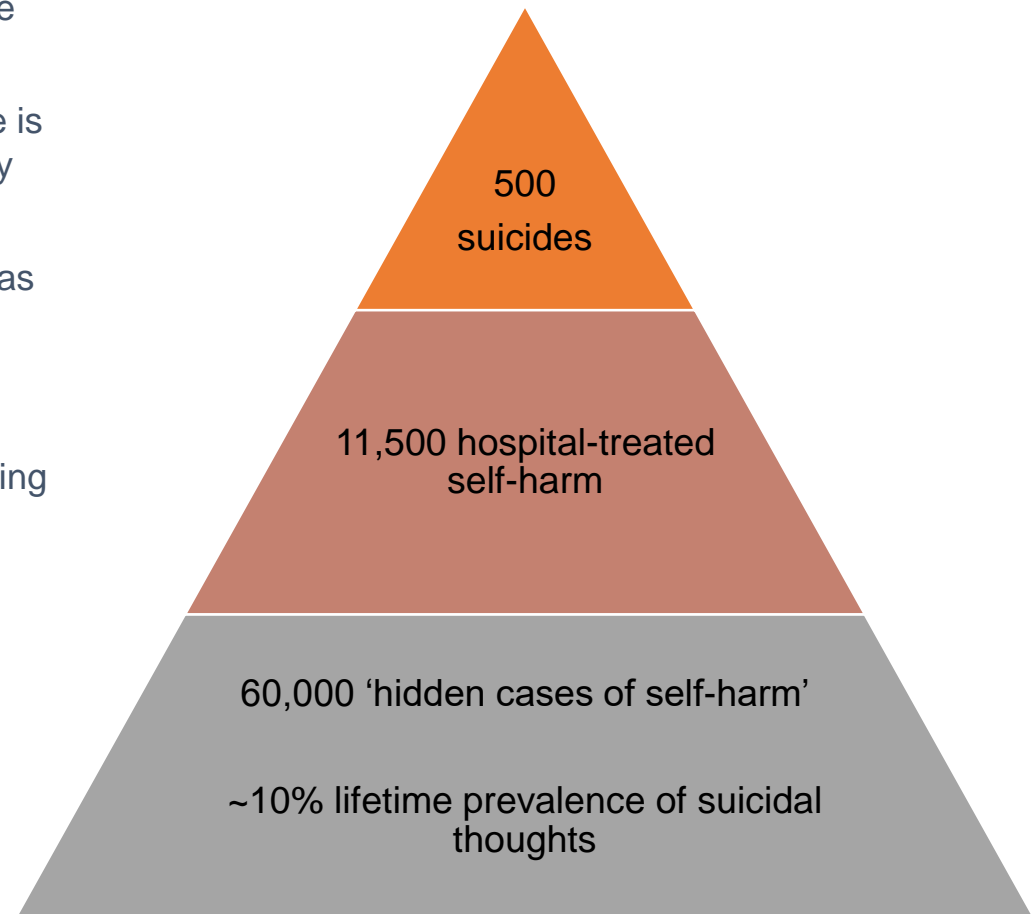
SELF-HARM AWARENESS CONFERENCE 2019  
ST PATRICK'S UNIVERSITY HOSPITAL DUBLIN,  
MARCH 1<sup>ST</sup> 2019



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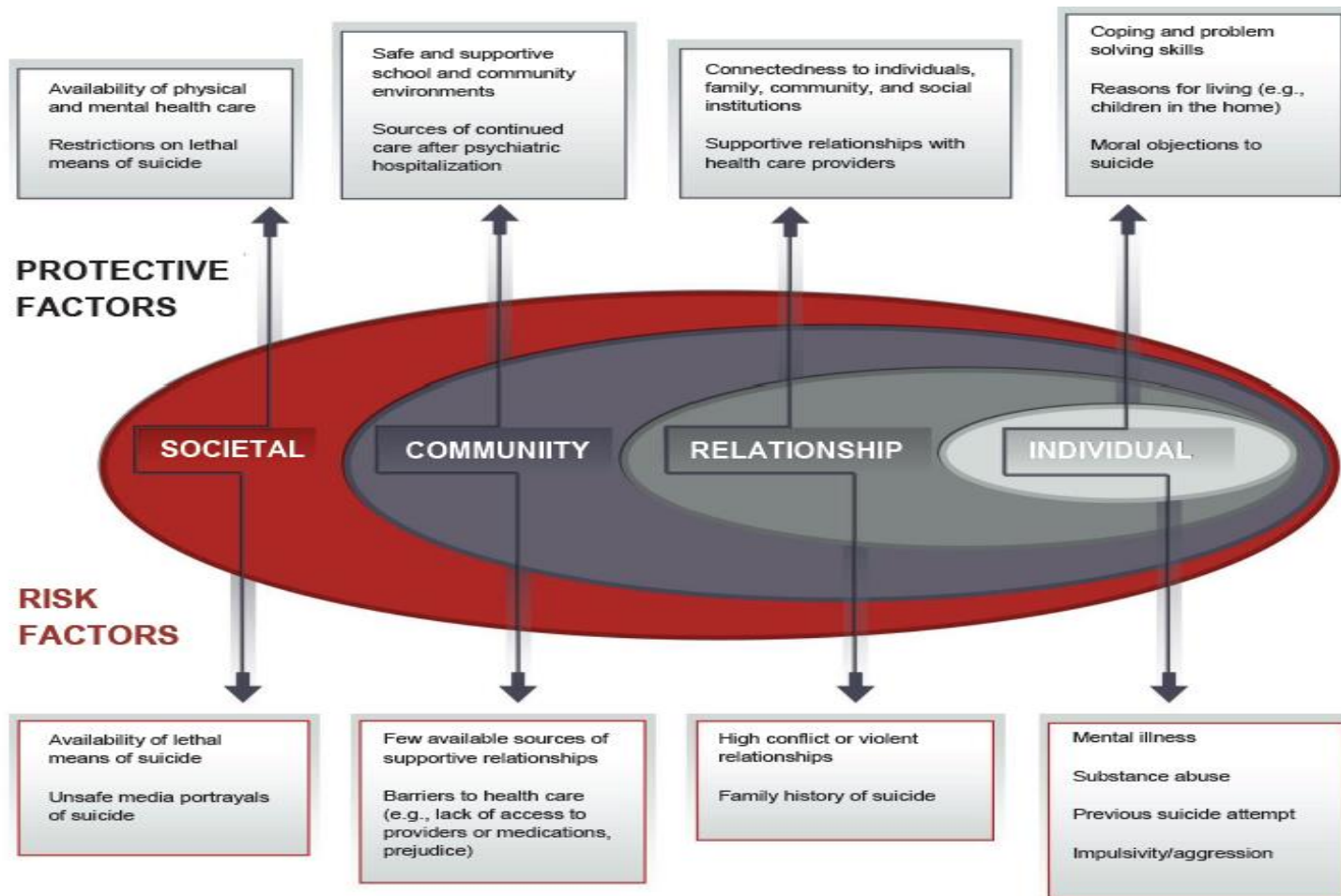
## Suicidal behaviour as a public health issue

- ▶ 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





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# National Self-Harm Registry Ireland



The National Self-Harm Registry Ireland team

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

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To monitor trends over time and also by area;

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To contribute to policy and development;

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To inform the progress of research and prevention.



## Definition of self-harm

‘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:

**199**  
per 100,000

**1 in every 503**  
had a self-harm act

**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**

PEAK RATES WERE AMONG YOUNG PEOPLE

### TIME:

#### Peak time



10pm



3am

7pm

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%

Men



29%

Women

**1 in every 4**  
involved **self-cutting**



27%

### TREATMENT:



**72%** received an assessment in the ED



**80%** received a follow-up recommendation after discharge



**12%** left ED before a recommendation was made

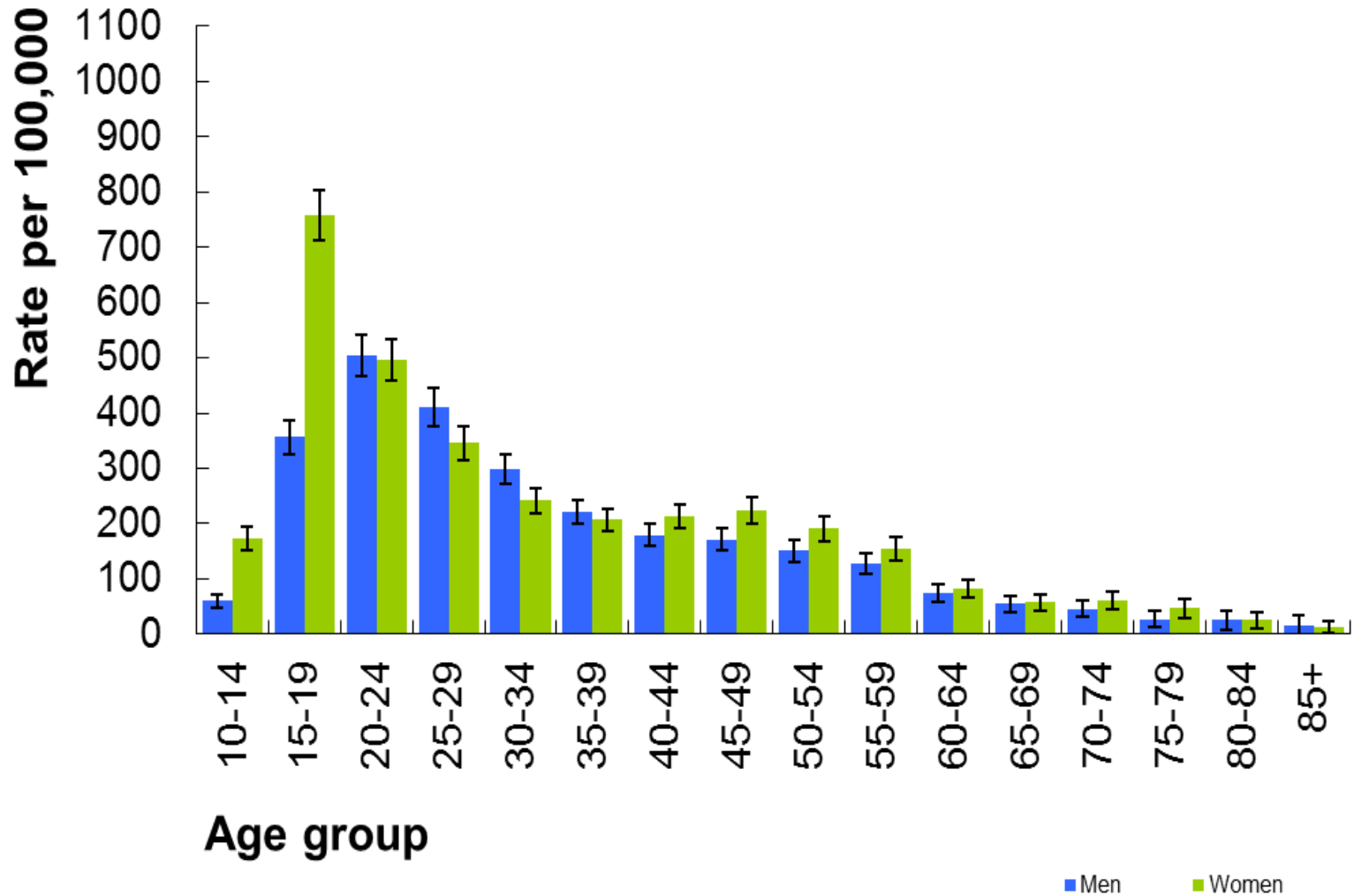
**1 in 7**

persons had a repeat attendance in 2017





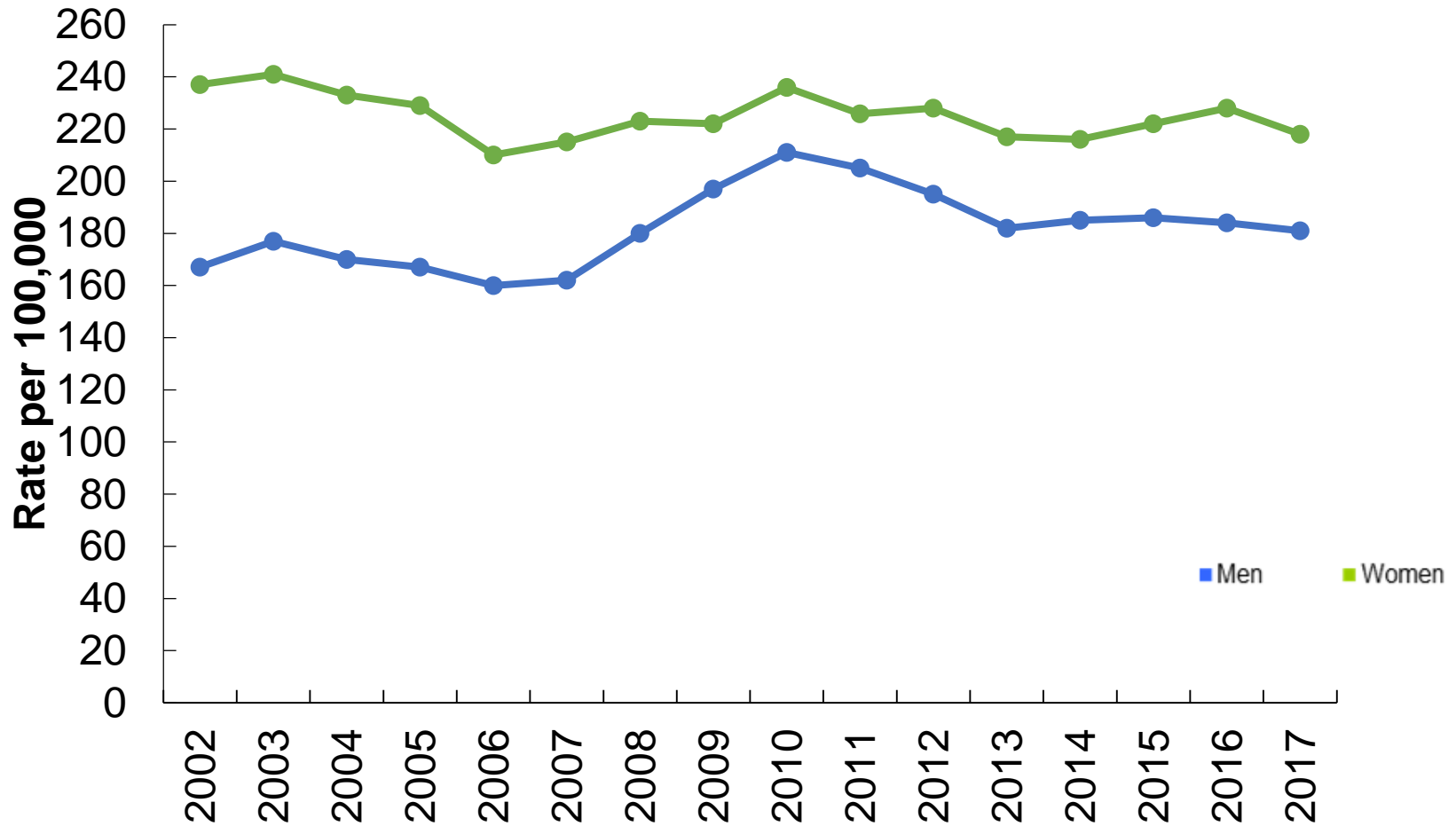
## Self-harm by age and gender, 2017





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## Irish rate of self-harm, 2002-2017

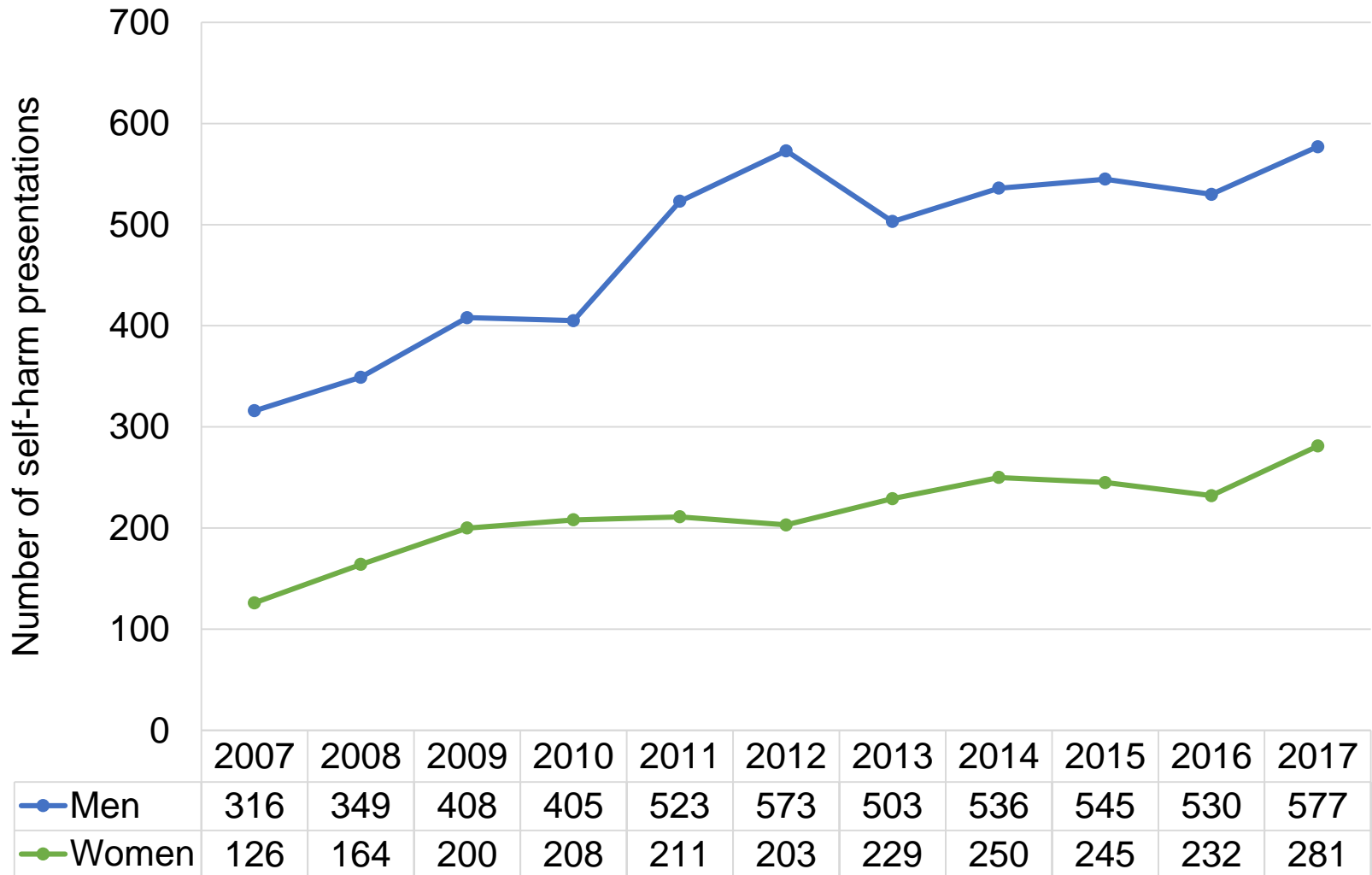






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## Trends in highly lethal methods of self-harm





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# 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 tranquilisers, street drugs, opiates
- Factors associated with repetition: Self-cutting, no psychiatric review





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## Risk of suicide and external causes of death following self-harm, 2009-2011

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

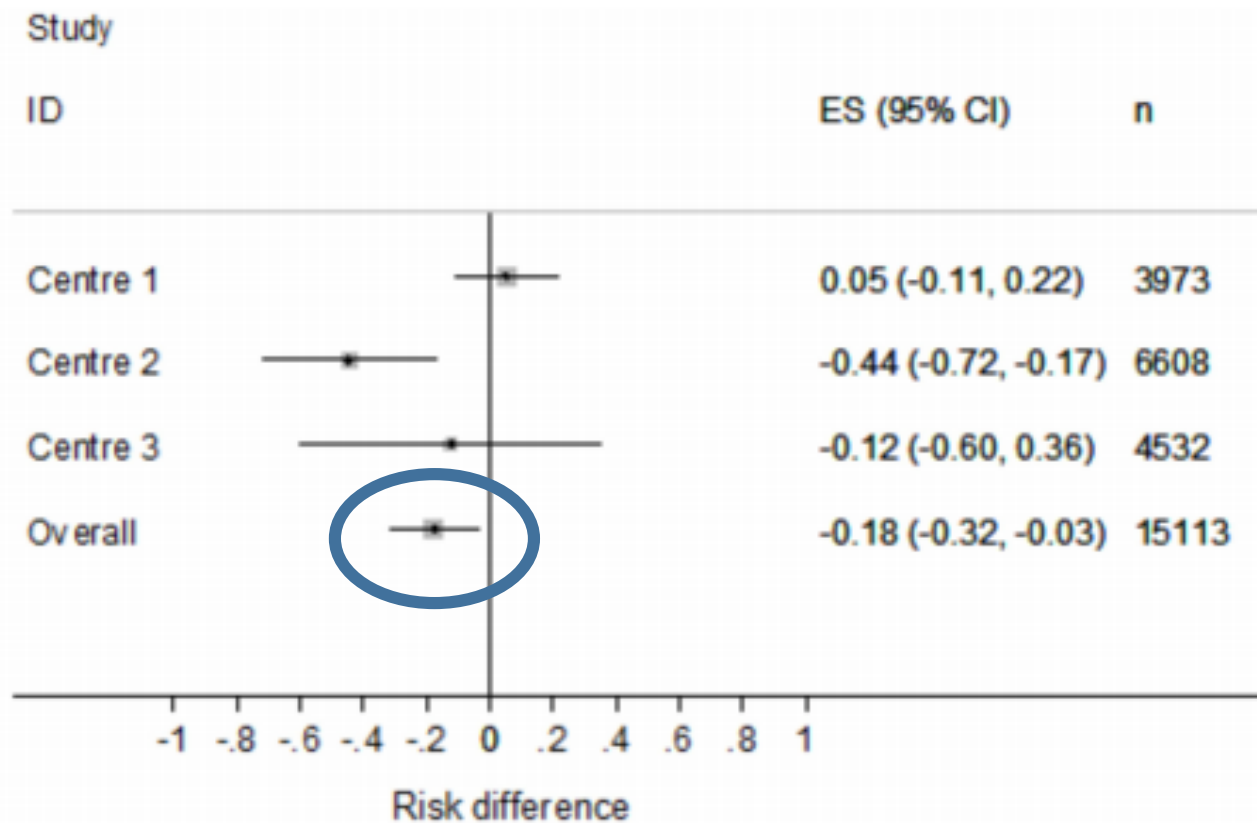
O'Farrell et al (unpublished)

Opportunity for intervention:

Clinical settings



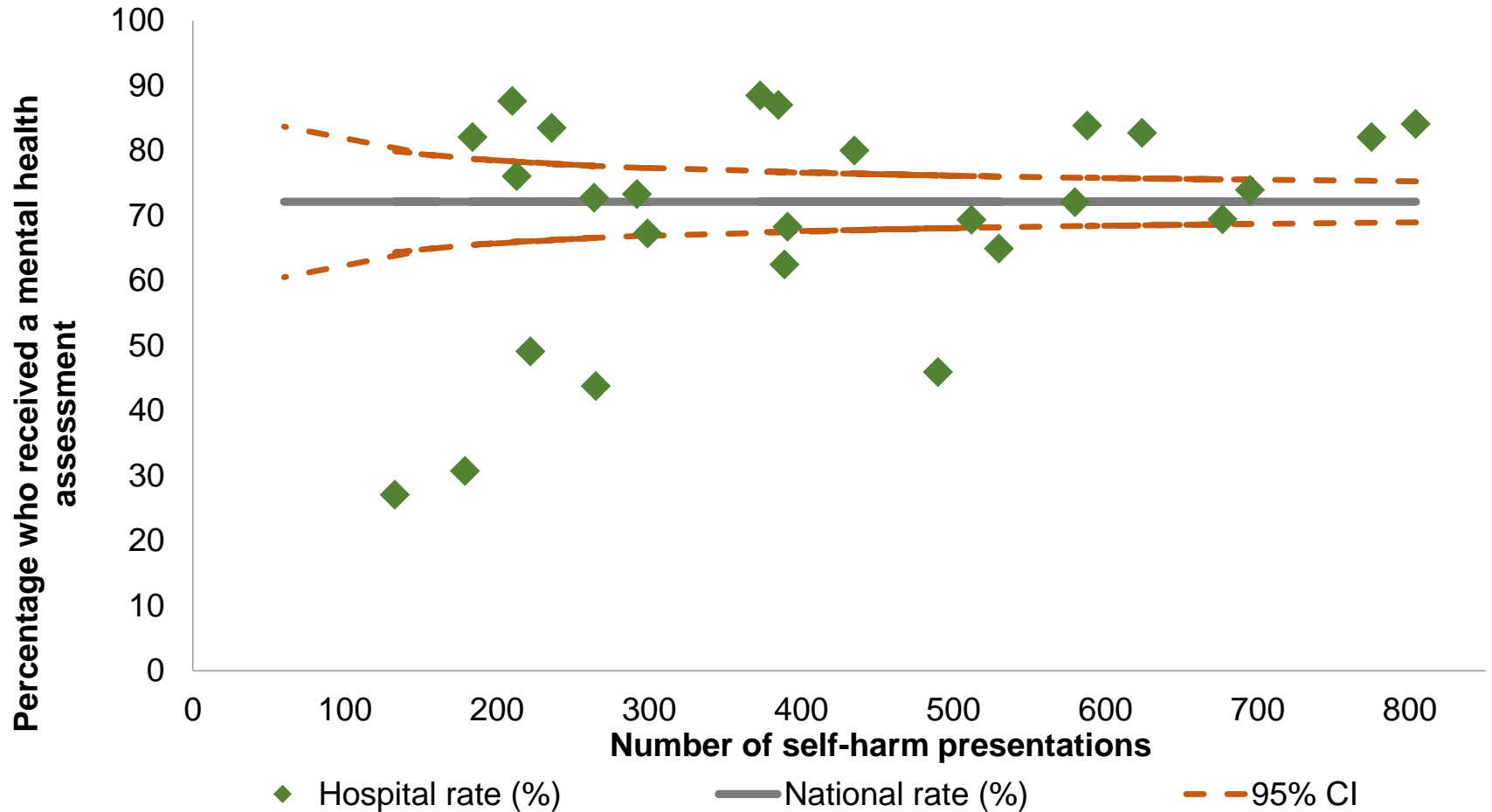
## Hospital management of self-harm



Protective effect of assessment      Harmful effect of assessment

**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.

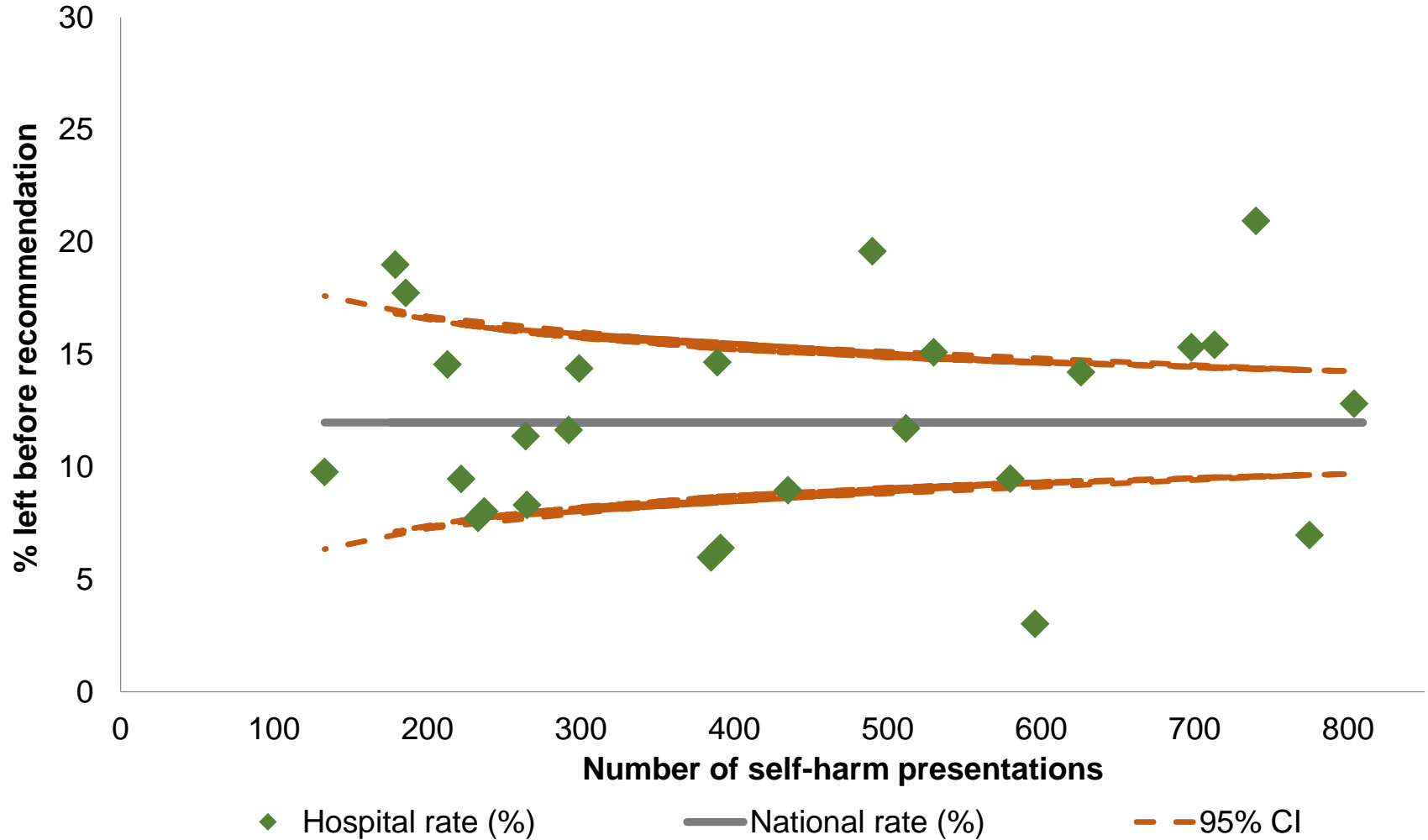
## Provision of mental health assessments by hospital





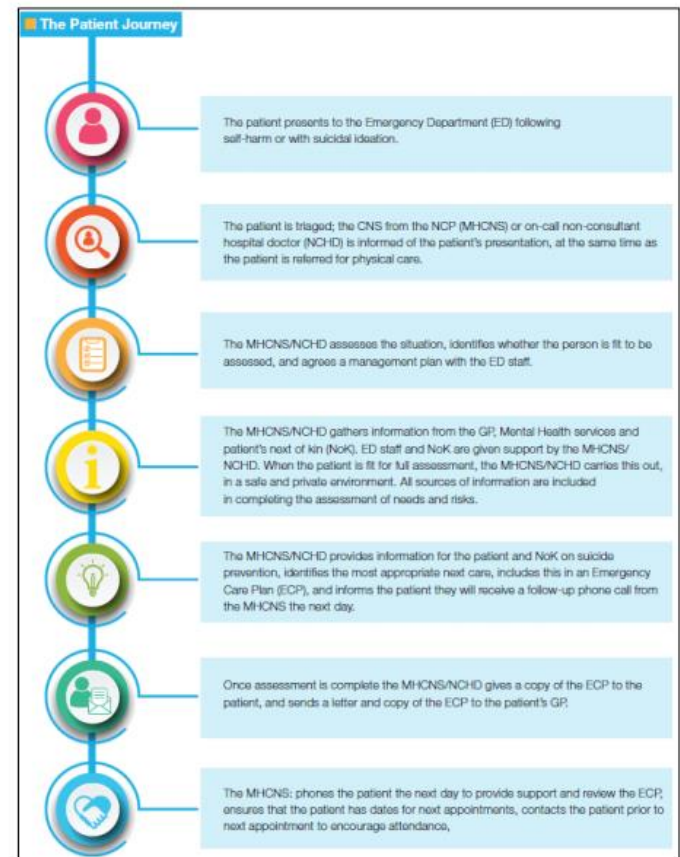
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## Leaving before recommendation following self-harm



## Hospital management of self-harm – Ireland's National Clinical Programme (HSE, 2017)

- ▶ Mental health assessment conducted, including needs and risk
- ▶ Emergency Care Plan provided
- ▶ Involvement of NOK
- ▶ Follow-up phone call (24 hours)
- ▶ Letter to GP





## Repetition of self-harm (2007-2015)

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

Number of presentations	Individual persons	% persons	Presentations	% presentations
1	49,788	77%	49,788	48%
2	8,307	13%	16,614	16%
3	2,911	5%	8,733	8%
4	1,358	2%	5,432	5%
<b>5 or more</b>	2,548	4%	23,804	23%
<b>Total</b>	<b>64,912</b>		<b>10,4371</b>	

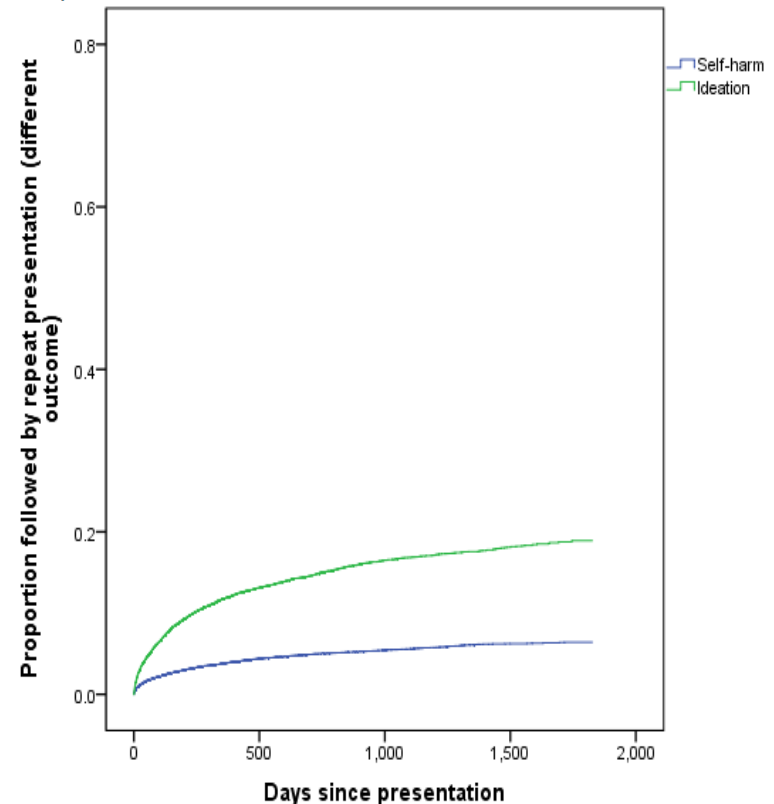


## Factors associated with repetition of self-harm

- 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%)

### Self-harm and suicide ideation presenters to hospital in Northern Ireland: a registry-based study

*Eve Griffin, Brendan Bonner, Denise O'Hagan, Paul Corcoran*





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# National Dialectical Behaviour Therapy Project (Flynn et al, 2018)



National Office for  
Suicide Prevention



**JUNE 2013 - MAY 2015**



16 Teams  
Selected



9 Adult (AMHS)  
7 Child (CAMHS)

124 Therapists trained



**INTENSIVE TRAINING**

July 2014

May 2015

1st Cohort

2nd Cohort

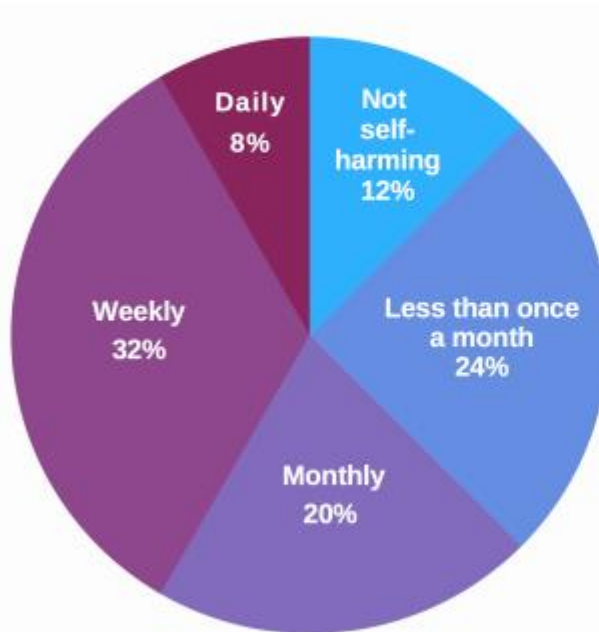
8 Teams completed  
Intensive Training

8 Teams completed  
Intensive Training



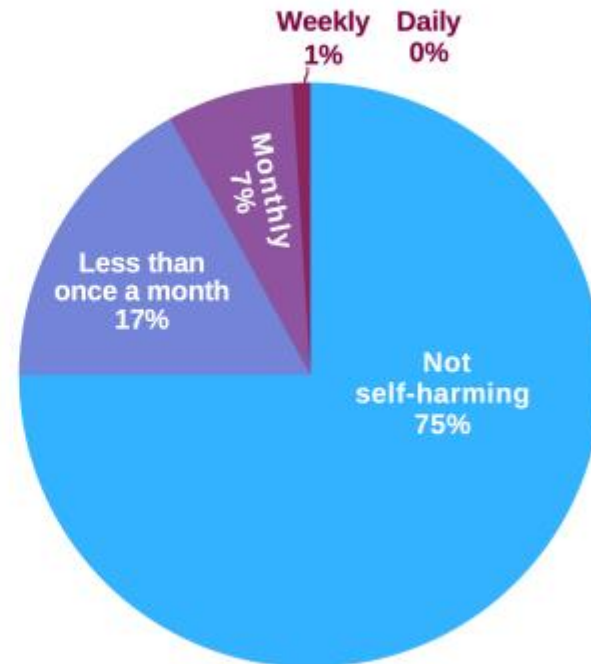
# National Dialectical Behaviour Therapy Project (Flynn et al, 2018)

**Frequency of self-harm  
6 months pre-intervention**



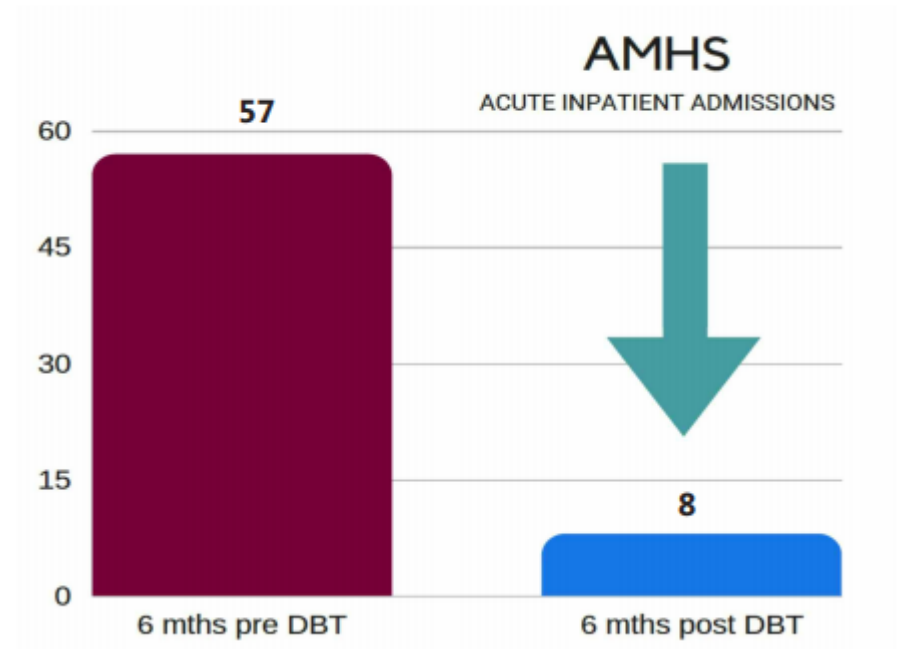
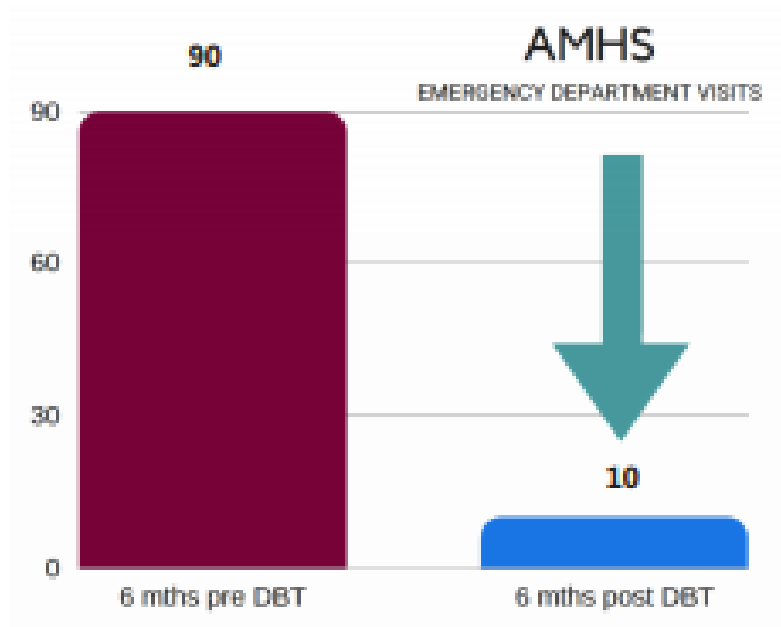
**Figure 6.3 AMHS Participants: Frequency of Self-harm 6 months pre-intervention**

**Frequency of self-harm  
6 months post-intervention**



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

## National Dialectical Behaviour Therapy Project (Flynn et al, 2018)



Opportunity to reduce incidence  
of self-harm:

Population-based approaches



Original article

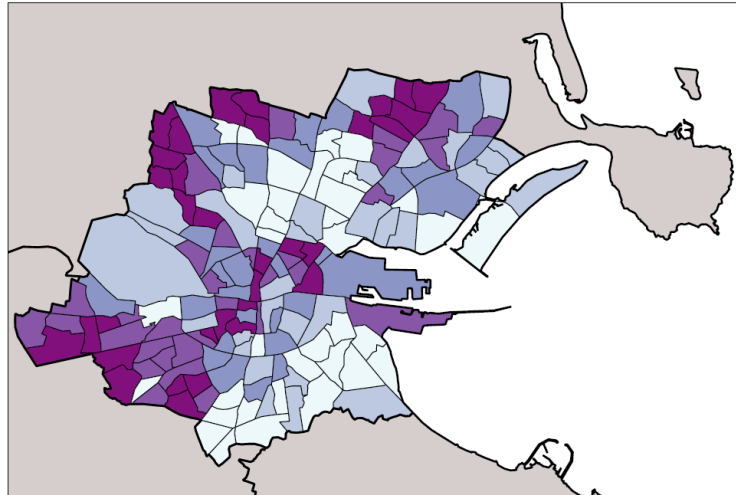
**Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis**Paul Corcoran,<sup>1,2\*</sup> Eve Griffin,<sup>1</sup> Ella Arensman,<sup>1,2</sup> Anthony P Fitzgerald,<sup>2</sup> and Ivan J Perry<sup>2</sup>

Scenario	Rate by end 2012				Cumulative excess over 2008–12	
	Without recession	With recession	Difference (95% CI)	% difference	Number	
A. If pre-recession trends continued	Suicide				Deaths	
	Male	15.2	23.8	8.7*** (4.8 to 12.5)	57%	476*** (274, 678)
	Female	4.5	4.8	0.3 (–1.1 to 1.8)	7%	85 (–9, 180)
	Self-harm					Hospital presentations
	Male	241.9	316.0	74.1 (–6.3 to 154.6)	31%	5029* (626, 9432)
Female	293.3	356.5	63.2* (4.1 to 122.2)	22%	3833* (321, 7345)	



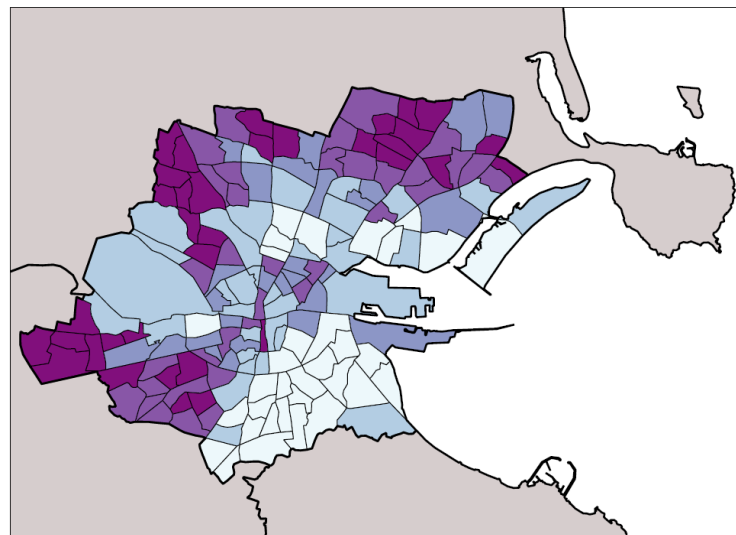
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## Area-level self-harm and deprivation, Dublin 2015-2017



Rate of self-harm (per 100,000)

- Self-harm rate greater than 250
- Self-harm rate between 247 and 350
- Self-harm rate between 169 and 246
- Self-harm rate between 118 and 168
- Self-harm rate less than 118

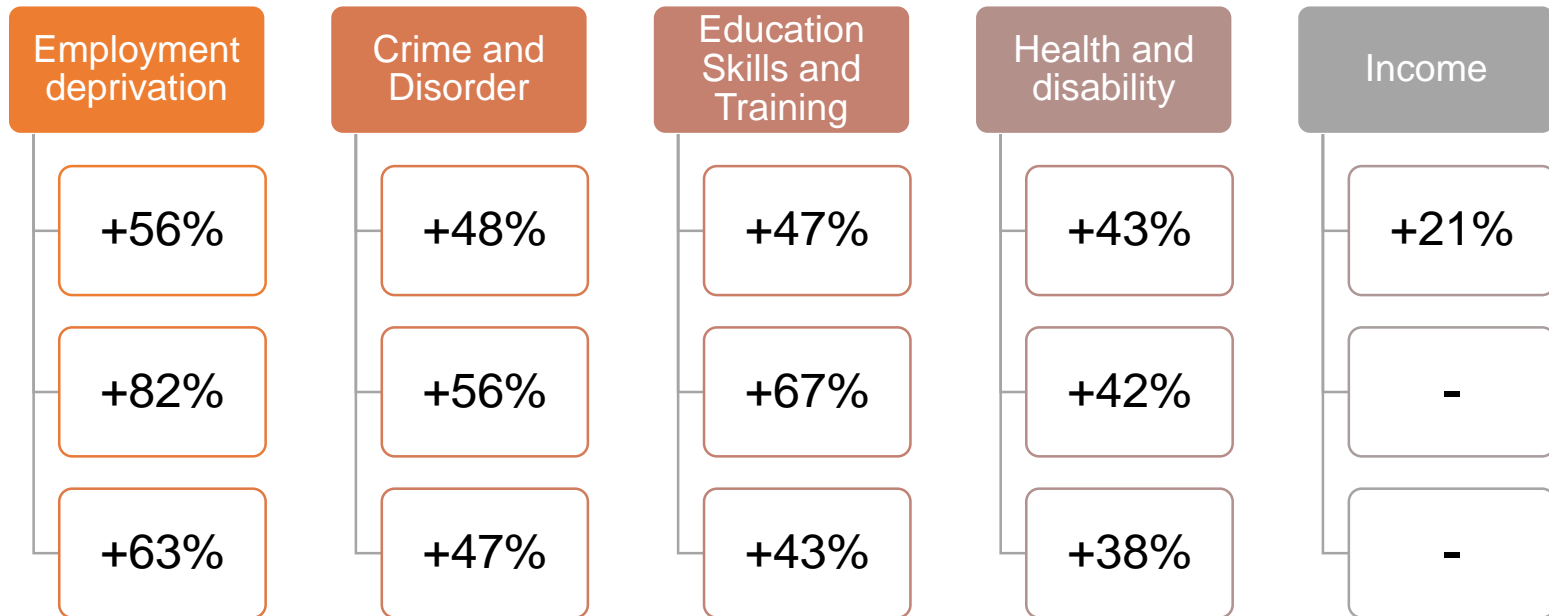


Extent of deprivation

- Most deprived
- 
- 
- 
- Least deprived



## Self-harm in Northern Ireland: Aspects of deprivation



Griffin et al. European Journal of Public Health (in press).

## Importance of high-quality, national data on mental health

### Clinical care

Further integration of mental health services in acute settings

Routine management of self-harm and evidence-based interventions

### 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

# Thank You!

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