

# Self-Harm and suicide in young people and those in the middle age group: Associated risk factors and implications for treatment and prevention

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# Overview

- Extent of self-harm among adolescents and young adults; risk and protective factors
- Evidence based interventions for self-harm in adolescents and young adults
- Vulnerable and high risk groups representing people in their middle ages
- Evidence based interventions for self-harm among people in their middle ages
- People who do not benefit from evidence based interventions, including case examples

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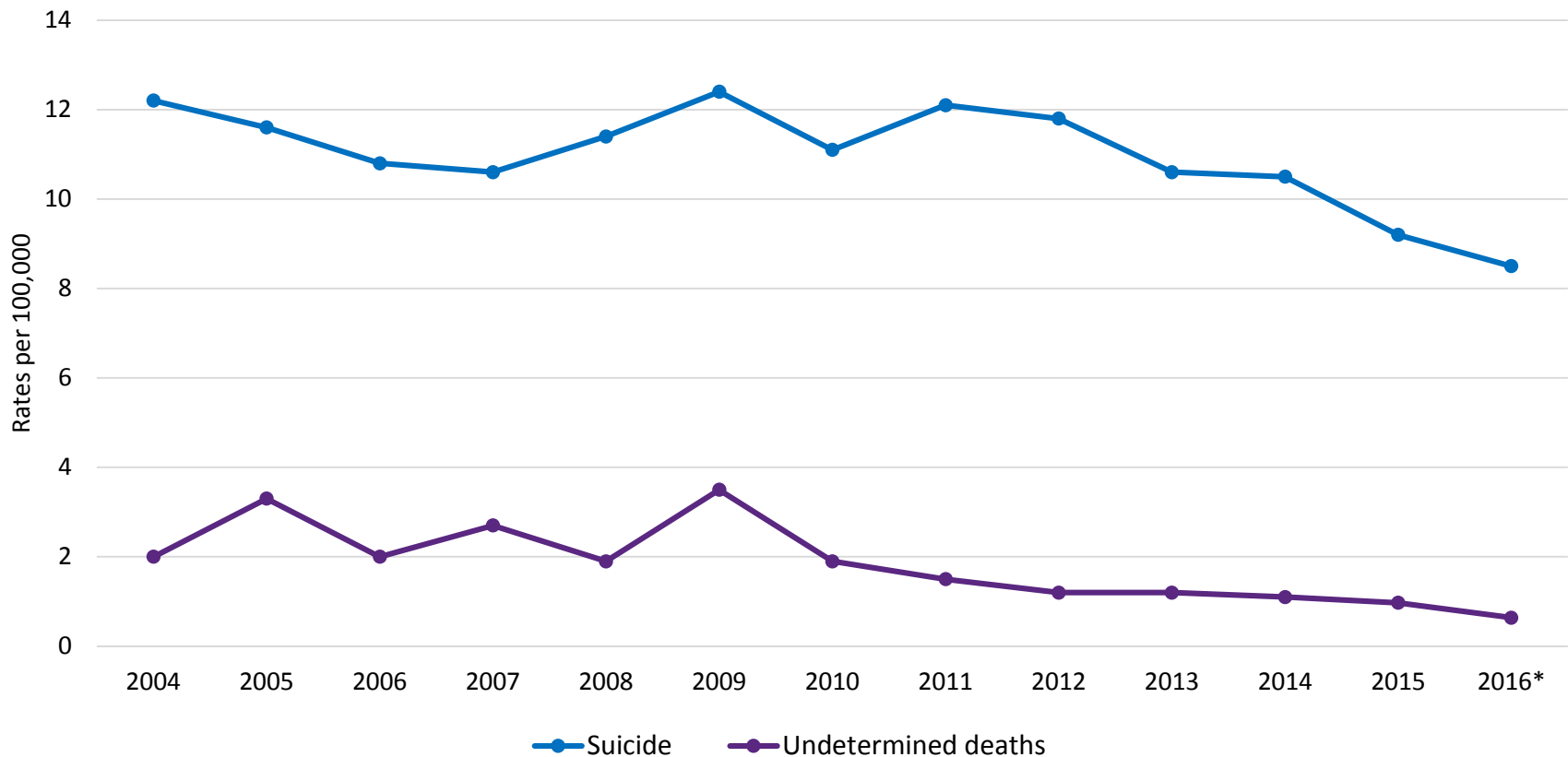
National Office for Suicide Prevention  
Health Research Board

National Clinical Programme for the Assessment and Management of Patients presenting to  
Emergency Departments following Self-Harm  
International Association for Suicide Prevention

*Declaration of interest: None*

# Trends in suicide and undetermined deaths in Ireland, 2004-2016\*

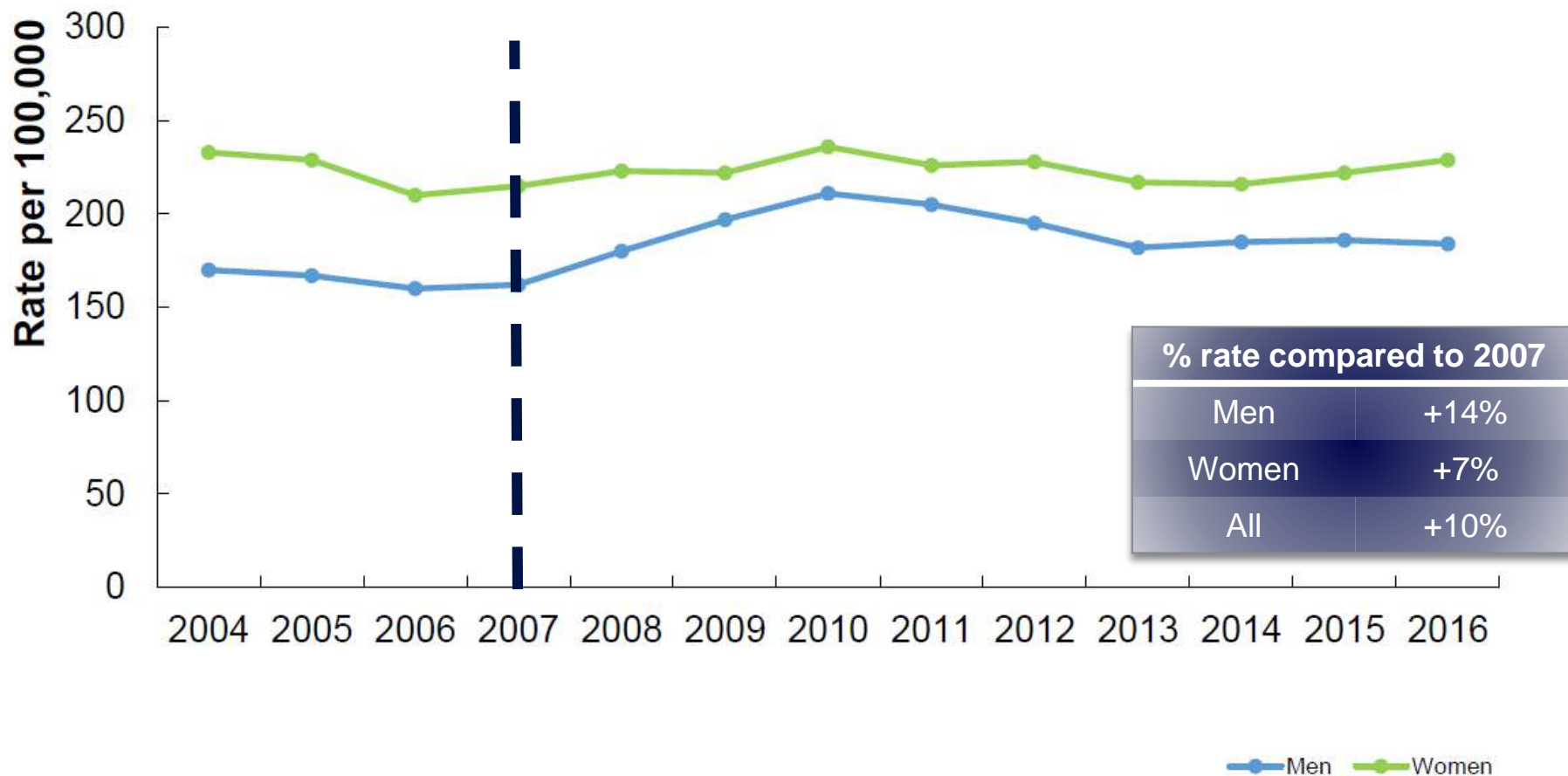
- There is increasing concern about late registered suicide deaths that are not included in the published suicide figures by the CSO. This impacts negatively on the accuracy of published suicide figures and use of suicide figures for evaluation purposes.
- In 2013, 487 suicides were officially reported. However, when late registered deaths are included, this number increases to 543, which is an increase of 11.5%.



\*Data for 2016 is provisional and subject to change



# Trends in self-harm at national level by gender, 2004-2016



# Self-harm in Young People

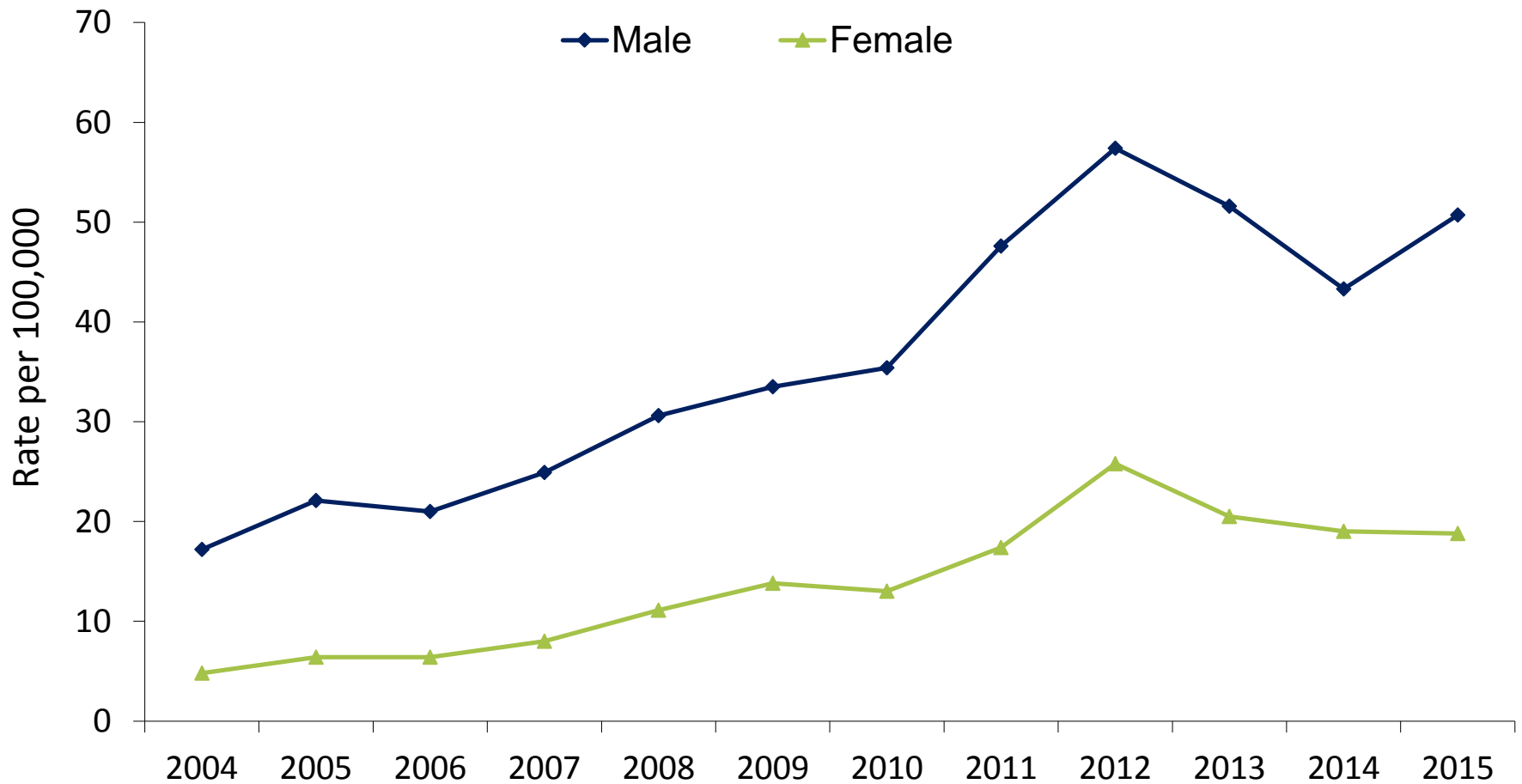


*Connecting for Life*, 2015-2020,  
Actions 3.1, 3.2, 3.3, 4.1.4,  
4.1.5 & 4.2



National Clinical Programme for the Assessment and Management  
of Patients presenting to EDs following Self-Harm

# High-risk groups: Increasing trend of self harm acts involving highly lethal methods among males and females aged 15-29 years



# Risk factors associated with self-harm in adolescents

## *Girls*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ Sexual abuse and physical maltreatment
- ❖ Problems related to sexuality
- ❖ Problems with parents
- ❖ Bullying
- ❖ Difficulties in making – keeping friends
- ❖ High levels of depressive symptoms
- ❖ Sleep problems

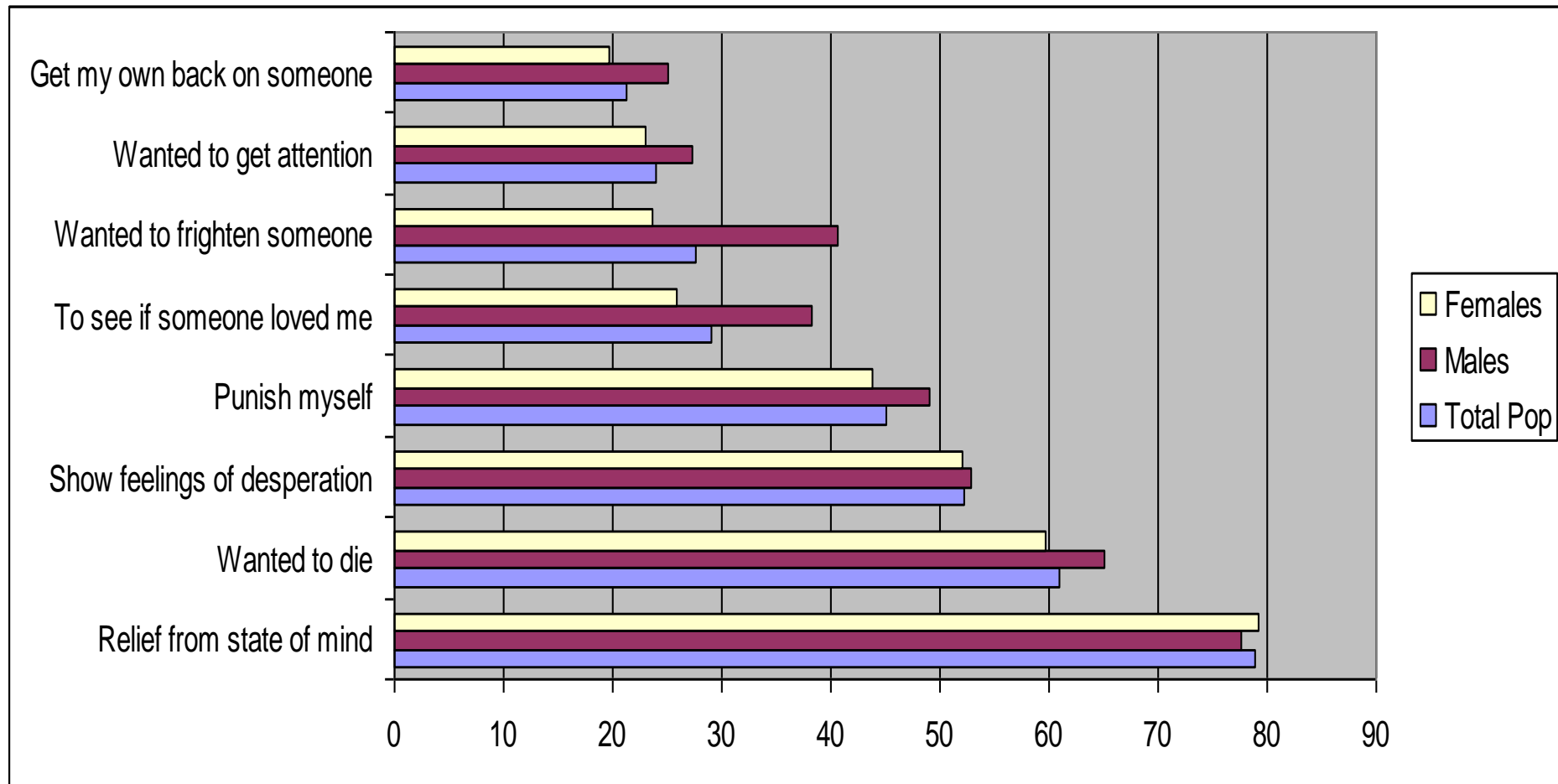
## *Boys*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ High levels of anxiety
- ❖ High levels of impulsivity
- ❖ Problems related to sexuality
- ❖ Bullying
- ❖ Problems with school work
- ❖ Sleep problems

*McMahon et al, 2013; Hysing et al, 2015*



# Motives related to self-harm by gender among adolescents and young adults



*Scoliers et al, 2009; Rasmussen et al, 2016*

# The importance of understanding **Ambivalence**

- A critical feature in working with those who self-harm is to recognise their ambiguity and the fragility and temporality of their decisions about their destiny.

*Bermans et al, 2009; 2017*



- I said to myself, If somebody comes up to me and says, *'Are you okay? Is something wrong? Can I help you?'* I was going to tell them my whole life story and they were going to make me safe."
- A suicidal person needs to hear: *"That we care about you, your life does matter and that all we want is for you to stay,"* he says. *"If someone had looked at me on that bridge or that bus and said that to me, I would have begged for help."*

*Kevin Hines*

# Balancing the risks and opportunities of internet use

- In a population survey of 21 year olds, of the 248 participants who had made suicide attempts (6% of the overall sample), almost three quarters reported some kind of suicide-related internet use at some point in their lives
- One in five had accessed sites giving information on how to harm yourself or take your life. In addition, help-sites were accessed as well.

*Biddle et al, 2016*

# Risk of suicide contagion via internet and social media

*Families blame '13 Reasons Why' for the suicides of 2 teens in California (US), April 2017)*

*Netflix drama series blamed for inspiring teens' attempted suicide (Austria)*

*'13 Reasons Why' copycat suicide in Peru*

*Increase in teen suicidal behaviour linked to '13 Reasons Why', Toronto, June 2017*

Netflix officials defend 13 Reasons Why against claims it glamorises suicide



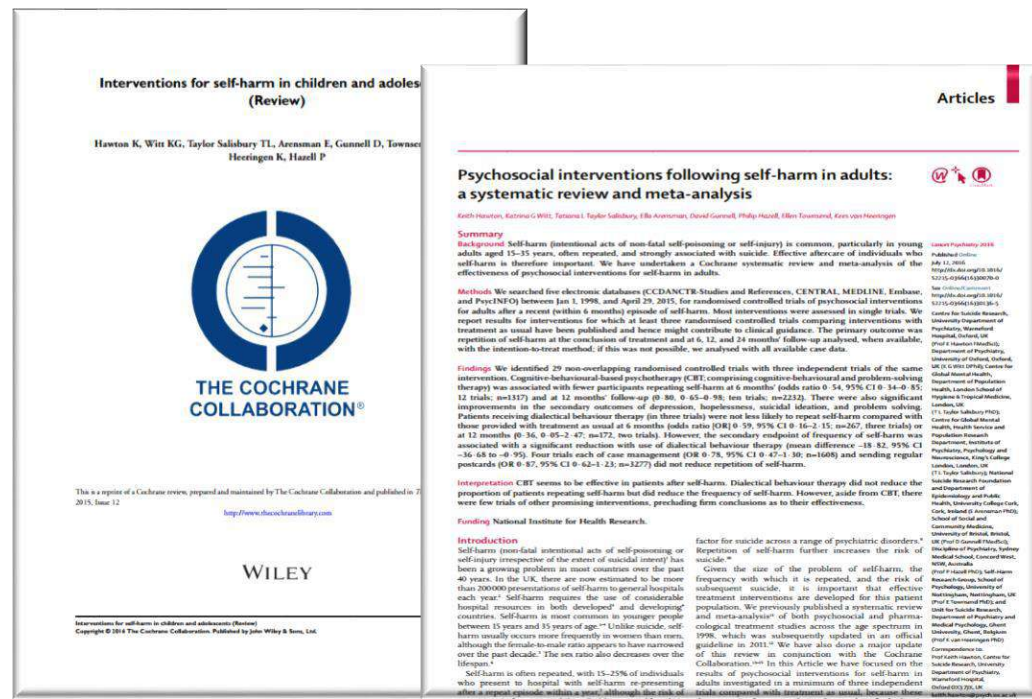
*Dylan Minnette and Katherine Langford in 13 Reasons Why*

- Suicide-related searches were **15-44%** higher than expected, 12-19 days after the show's premiere
  - Searches "how to commit suicide" (26%); "commitsuicide" (18%); "howtokillyourself" (9%) were all significantly higher
  - Queries related to help seeking were also higher
- (Ayers et al., 2017)*



# Psychotherapeutic interventions for self-harm in adolescents and young adults

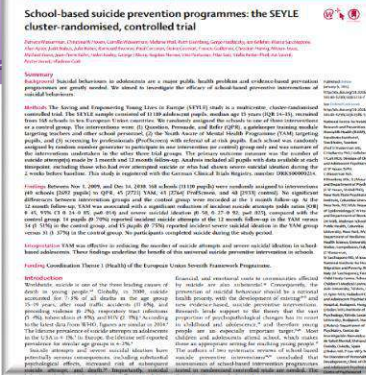
- Cognitive Behaviour Therapy - Individual and Group-based psychotherapy
- Dialectical Behaviour Therapy for Adolescents (DBT-A)
- Home-based family therapy
- Brief compliance enhancement







# School based mental health awareness programme



- The Youth Aware of Mental Health programme (YAM), a school-based intervention of short duration (5 h in 4 weeks), was significantly more effective in preventing new cases of suicide attempts and severe suicidal ideation, including planning, than no intervention (the control group)
- The reported reduction in incident suicide attempts was more than 50% with YAM than for the control group
- The design of the YAM, aimed at changing pupils' negative perceptions and improving their coping skills in the management of adverse life events and stressors, which often are triggers of suicidal behaviour, could account for its significant effects

# Self-Harm and Suicide among people in the middle age group: Associated risk factors and evidence based interventions



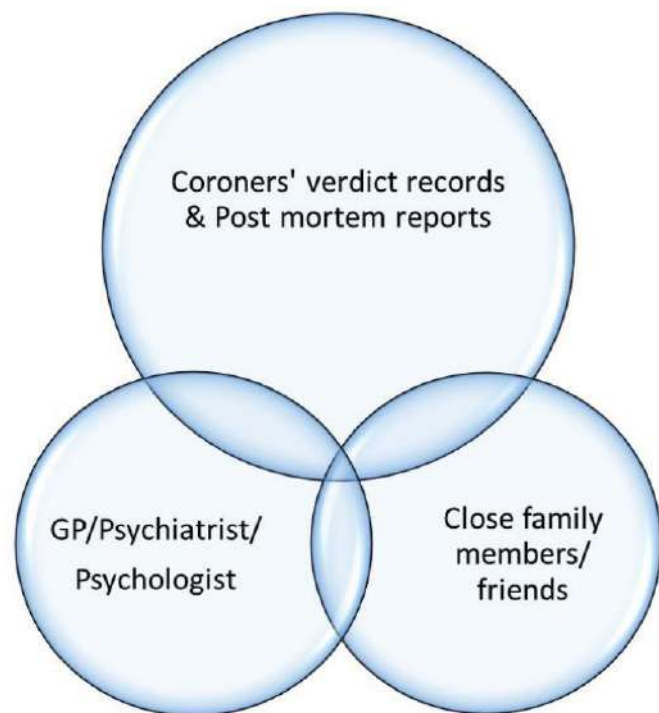
*Connecting for Life, 2015-2020,*  
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4.2, 7.2 & 7.3



National Clinical Programme for the Assessment and Management  
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# A systematic approach to obtain real-time and accurate data on suicide: Suicide Support and Information System, Ireland

Response rate: 100%



Response rate: 77%

Response rate: 67%

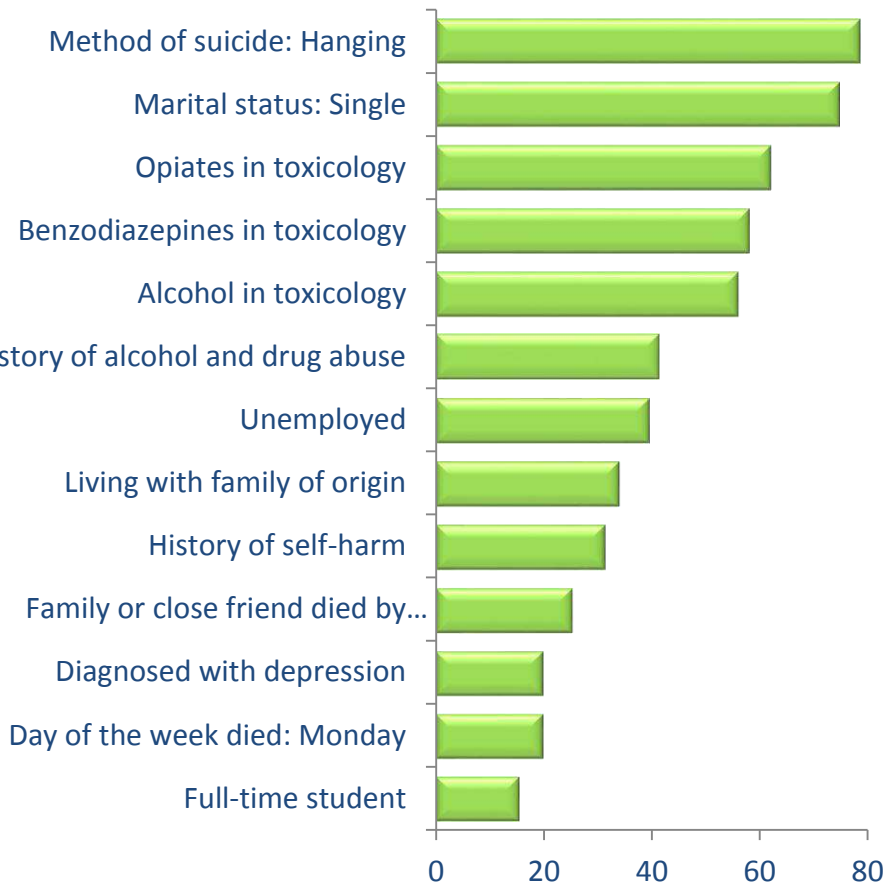
Main characteristics of people who had died by suicide (n=307 consecutive cases)

- Overrepresentation of men (80.1%);
- 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%

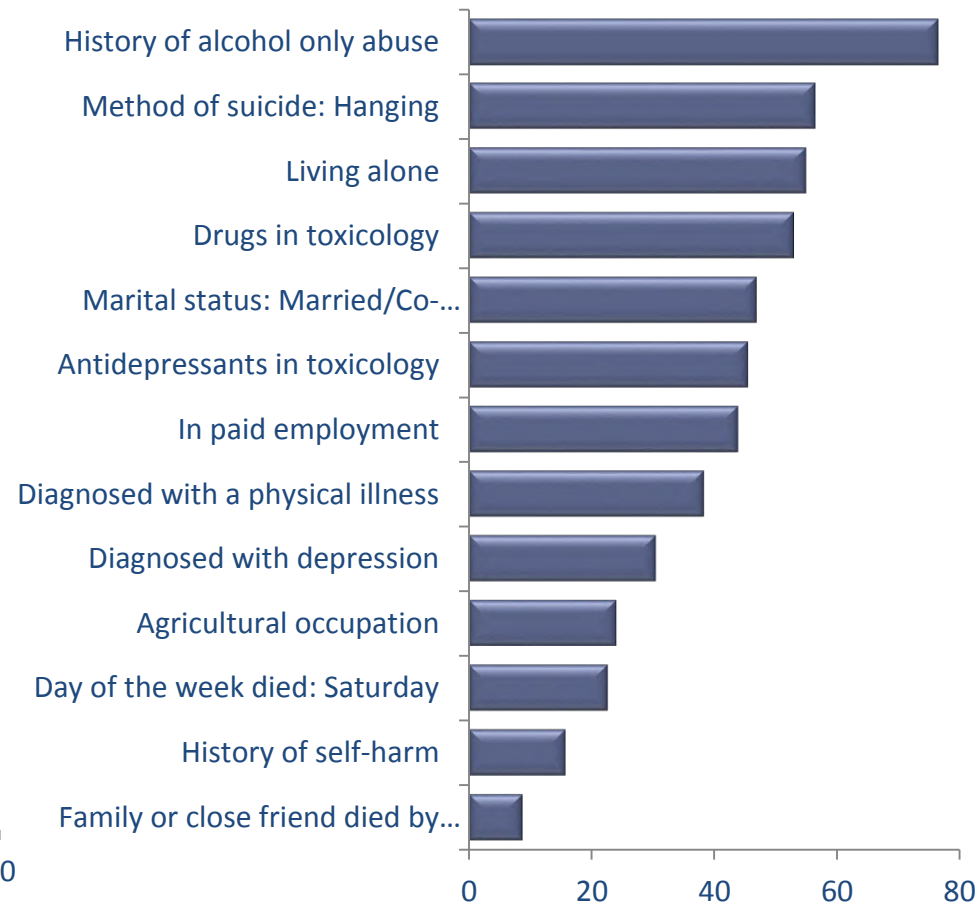




# Differences between men aged <40 years versus men aged ≥ 40 years



Men aged < 40 Years



Men aged ≥ 40 Years

# Clinically relevant subgroups of Patients who engage in self-harm

## Two subgroups:

1. **High risk self-harm patients:** high lethality self-harm presentations, and low lethality self-harm presentations with high level of suicide intent
  2. **Major repeaters:** low lethality/intent self-harm presentations to hospital by patients who have a history of 5 or more previous self-harm presentations
- Prospective interview study involving consecutive self-harm patients presenting to hospital emergency departments
  - Interdisciplinary research team, including psychiatry, psychology, primary care, public health, implementation research and people with lived experience

# High-risk self-harm

- **First outcomes:**
  - 233 consecutive cases fulfilled the criteria for high risk self-harm (*July 2014-September 2016*)
  - Gender: 66.3% Male; Mean age: 47 years
- **Self-harm history:** History of one or more self-harm episodes (58.7%)
- **Addiction history:** Alcohol abuse (53.3%), Drug abuse (33.3%), and both drug and alcohol abuse (21.2%)
- **Experience of abuse:** History of physical, sexual or emotional abuse (46.0%)
- **Contact with healthcare services:** Attended GP in the past year (93.3%), previously treated as a psychiatric inpatient (57.8%)

# People with a history of major self-harm repetition

- **First outcomes:**

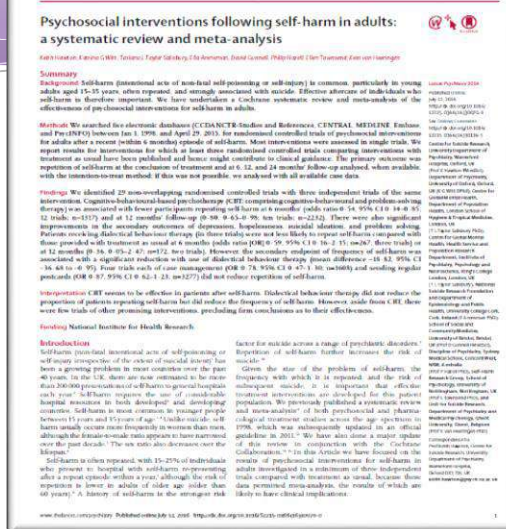
- 63 cases fulfilled the criteria for people with a history of major self-harm repetition  
(August 2016 - May 2017)
- Gender: 66.6% Female; Mean age: 45 years
  - **Self-harm history:** History of 10+ self-harm episodes (78.3%)
  - **Addiction history:** Alcohol abuse (30.4%), Drug abuse (56.5%)
  - **Experience of abuse:** History of physical, sexual or emotional abuse (82.6%)
  - **Contact with healthcare services:** Attended GP in the past year (95.7)%, previously treated as a psychiatric inpatient (73.9%)
  - **Most prevalent psychiatric diagnoses:** Personality Disorder (65.2%) and PTSD (30.4%)

# Evidence based interventions

Internationally consistent evidence:

- Dialectical Behaviour Therapy, in particular among women
- Cognitive Behaviour Therapy

➤ DBT among men who engaged in high-risk self-harm has not yet shown consistently positive effects in reducing repeated self-harm and suicide  
(Goodman et al, 2016)



But..... not everybody is able to benefit from the evidence based interventions:

Reduced impact of DBT when:

- People suffer from severe PTSD. Increased repetition of self-harm during treatment
- Higher levels of dissociation throughout DBT treatment
- Greater severity of PTSD is associated with lower likelihood of self-harm cessation during DBT (*Harned al, 2010; Barnicot and Priebe, 2013*)

# Explaining negative treatment outcome

- Patients with comorbid PTSD and Borderline Personality Disorder have a poorer outcome from dialectical behaviour therapy than those with BPD alone, possibly because of the negative impact of unaddressed trauma
- Treatment should target BPD traits and PTSD symptoms simultaneously

*(Barnicot and Priebe, 2013)*



## Complex Post Traumatic Stress Disorder

Means the past abuse, is never in the past  
The memories, the emotions, the fears,  
the pain, are with you now.  
In your sleep and when you are awake.  
It feels like torture, the abusers are still  
subjecting you to, over and over.  
And you cant stop it, it's involuntary.

# Psychotherapeutic interventions addressing self-harm and co-morbid PTSD

- DBT combined with Imaginal Exposure for PTSD and other anxiety disorders among women with childhood sexual abuse and Borderline Personality Disorder (*Harned et al, 2015*)
- Trauma focused Cognitive Behaviour Therapy (*Ehring et al, 2014*)
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy for single trauma incidents (*De Roos et al, 2017*)





## Suicide Support and Information

Informing and Supporting People Affected by Suicide in Ireland



## Suicide Support and Information

Developed by the **National Suicide Research Foundation** and funded by the Health Research Board (HRB) this website provides evidence based information on bereavement following suicide and responding to people at risk of suicide. The information is tailored for people bereaved by suicide and for health professionals, including GPs and mental health professionals, as well as the general public.

The evidence base represents up-to-date information from international systematic reviews and outcomes of a HRB funded study: *Psychosocial, psychiatric and work related factors associated with suicide in Ireland: A case-control study (SSIS-ACE)*.

The **Suicide Support and Information** website is a timely resource, which meets a key objective of the Irish National Strategy for the Reduction of Suicide, **Connecting for Life, 2015-2020: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.**

Edit

### Home

#### Bereaved Family Members

[Grief and Meaning Making After a Suicide Death](#)

[Grieving Family and Friends](#)

[Practical Advice in the Aftermath of a Suicide](#)

[Support After a Suicide](#)

#### General Practitioners

[Aetiology and Risk Factors for Suicidal Behaviour](#)

[Responding to a Suicide Death](#)

[Responding to People at Risk of Suicide](#)

[Self-Harm and Suicide](#)

The **National Suicide Research Foundation** has developed a new website:

**[www.suicidesupportandinformation.ie](http://www.suicidesupportandinformation.ie)**,

funded by the Health Research Board (HRB) Ireland. The website is unique in that it provides evidence based information on bereavement following suicide and responding to people at risk of suicide, both for people bereaved by suicide, health professionals, including GPs and mental health professionals, as well as the general public.

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## SUPPORT SERVICES

**The Psychological Society of Ireland** provides a list of specially trained psychologists and psychotherapists who specialise in bereavement on its website. [www.psihq.ie](http://www.psihq.ie)

For children bereaved by suicide, **Barnardos** provides a face-to-face suicide bereavement service for children in Cork and Dublin, and a helpline (01 473 2110) open from 10am-12pm Monday to Thursday. [www.barnardos.ie](http://www.barnardos.ie)

**Samaritans** is an organisation that provides support for those who need to talk through their concerns, worries and troubles. Their helpline (116123) operates 24 hours a day, seven days a week, and is free of charge. They also are contactable by email at [jo@samaritans.org](mailto:jo@samaritans.org)

**Túsla Family Resource Centre** can also help patients navigate available resources in your area and provide counselling and support.



**National Suicide  
Research Foundation**

SSIS-ACE



**Informing and  
Supporting  
People  
Affected by Suicide**



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Research Foundation**





**30<sup>th</sup> World Congress of the International Association for  
Suicide Prevention**

**Sept 17<sup>th</sup>-21<sup>st</sup> 2019**

**‘Breaking Down Walls and Building Bridges’**

**[www.iasp2019.com](http://www.iasp2019.com)**





***Go raibh maith agat!***

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