

Press Release

2013 Annual Report of the National Registry of Deliberate Self-Harm

On Tuesday 7th October 2014, the twelfth annual report from the National Registry of Deliberate Self Harm will be published in conjunction with the 2013 Annual Report of the National Office for Suicide Prevention.

The Registry is a monitoring system of hospital-treated self-harm, and collects data on persons presenting to hospital emergency departments as a result of self-harm in Ireland.

The Registry provides a unique opportunity to monitor the incidence and repetition of self-harm presentations to hospital emergency departments in Ireland with the aim of identifying high-risk groups and areas, and informing services and practitioners concerned with the prevention of suicidal behaviour. The Registry is funded by the National Office for Suicide Prevention.

Key outcomes	Key recommendations
<ul style="list-style-type: none"> In 2013, the Registry recorded 11,061 presentations to hospital due to self-harm nationally. The rate of individuals presenting to hospital following deliberate self-harm was 199 per 100,000. This is a decrease of 6% on the rate in 2012, and the third subsequent annual decrease on the rate of self-harm in Ireland 	<ul style="list-style-type: none"> Considering that the rate of self-harm in 2013 was still 6% higher than in 2007, before the economic recession, this underlines the need for continued implementation of programmes to increase awareness of mental health issues among the general public and professionals involved in supporting people who are unemployed and those experiencing financial difficulties
<ul style="list-style-type: none"> In 2013, 61% (n=6,766) of patients were assessed by a member of the mental health team in the hospital, and almost 70% of patients discharged from the presenting emergency department (ED) were provided with a referral 	<ul style="list-style-type: none"> In order to enhance appropriate care for all patients presenting to hospital EDs, national guidelines for the assessment and management of self-harm patients in the ED should be implemented as a matter of priority
<ul style="list-style-type: none"> Alcohol was involved in 37% of all cases, and more so among male episodes of self-harm (40%) vs. 34% among women. Presentations peaked in the hours around midnight and one third of all presentations occurred on Sundays and Mondays. The Registry also identified an increased number of self-harm presentations to hospital associated with public holidays 	<ul style="list-style-type: none"> National strategies to increase awareness of the risks involved in the use and misuse of alcohol, starting at pre-adolescent age, should be intensified Consultation and collaboration between the mental health services and addiction treatment services should be improved for people who present with dual diagnosis, such as a psychiatric disorder and alcohol/drug abuse
<ul style="list-style-type: none"> The Registry identified that 82% of patients who had a history of 5 or more previous self-harm acts of self-harm, engaged in repeated acts of self-harm in the 3 months following their last act of self-harm 	<ul style="list-style-type: none"> There is need for continued efforts to prioritise national implementation of evidence-based treatments shown to reduce risk of repetition, such as cognitive behavioural and dialectical behavioural therapy; Currently, national implementation of dialectical behaviour therapy for people diagnosed borderline personality disorder is funded by the National Office for Suicide Prevention

According to Professor Ivan Perry, Director of the National Registry of Deliberate Self-Harm and Head of the Department of Epidemiology and Public Health, UCC, “The National Registry of Deliberate Self Harm has provided important and practically useful information on the occurrence of self-harm in the community for over a decade. Self-harm is an important barometer of the mental wellbeing of a community. The rates of self-harm vary markedly and consistently in different parts of the country and are highly correlated with deprivation and social exclusion. We need to continue to ask what we can do to tackle the root causes of these inequalities, most of which originate in early childhood”.

Professor Ella Arensman, Director of Research, National Suicide Research Foundation, Adjunct Professor, Department of Epidemiology and Public Health, UCC, and President of the International Association for Suicide Prevention, states that: “The Registry has made a significant contribution to service planning. For example, information on geographic variation of self-harm and extent of repeated self-harm has been used to inform the national implementation of Dialectical Behaviour Therapy. The Registry has also contributed to restricting access to highly lethal methods of self-harm and enhanced monitoring of medication prescribing patterns. In recent months, the Registry outcomes have informed priorities for the new National Strategic Framework for Suicide Prevention in Ireland, 2015-2019, which will be completed by the end of the year”.

Dr Eve Griffin, Post-doctoral Researcher and Manager of the Registry states that: “The registry findings continue to highlight patterns and methods of self-harm in Ireland, as well as identifying particular groups at risk of repeated self-harm and future suicide. Therefore, uniform assessment and management, as well as tailored treatment of self-harm patients, in the emergency department should be prioritised – with a view to ensuring that all patients who present with self-harm receive a psychosocial assessment from a trained health professional”.

Note: Journalists reporting on this event are advised to include information on relevant help lines and websites: Samaritans: 116 123; Childline: 1800 66 66 66; www.aware.ie; www.letsomeoneknow.ie; www.ie.reachout.com

For further information, please contact Professor Ivan Perry, Professor Ella Arensman or Dr Eve Griffin

Tel: 021 4205551/021 4205506 or Email: earensman@ucc.ie; evegriffin@ucc.ie

National Suicide Research Foundation

National Registry of Deliberate Self-Harm (NRDSH)

The **NRDSH** aims to: Establish the extent and nature of hospital-treated deliberate self harm in Ireland; Monitor trends over time and also by area; Contribute to policy and development in the area of suicidal behaviour and Help the progress of research and prevention. Since 2002 the NRDSH has been collecting data on self-harm presentation to Irish EDs with complete coverage of all hospitals as of 2006

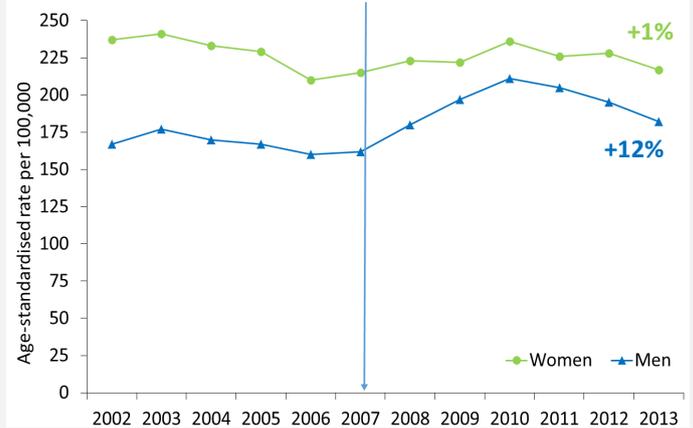


In 2013, **11,061** presentations were made by **8,772** people

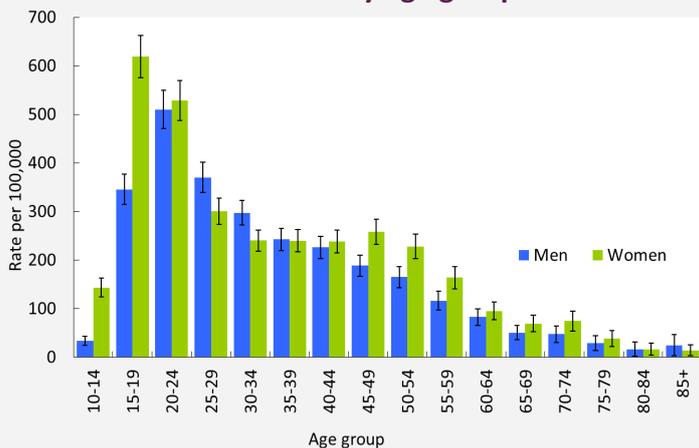
The rate in 2013 was still **6% higher** than in 2007 at **199 per 100,000**



Trends in the rate of self-harm

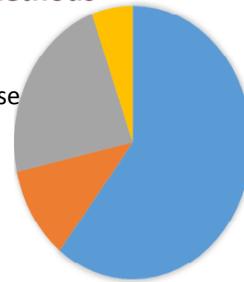


Self-harm by age group



Self-harm methods

- Drug overdose
- Highly lethal
- Self-cutting
- Other



- **67%** of episodes involved a drug overdose
- **Self cutting** was more common among men
- Highly lethal methods of self-harm are frequent
- Alcohol was involved in **37%** of all episodes of self-harm

Contributions

The Registry has informed the establishment of a working group towards restricting access to minor tranquillisers

This data guides and the evaluation plan for the purpose of the new National Strategic Framework for Suicide Prevention in Ireland, 2015-2019

The Registry informed the development of self-harm information systems internationally in the first global report on suicide by the World Health Organisation.



The Registry has contributed to the placement of self-harm specialist nurses in hospital EDs and to the implementation of Dialectical Behavioural Therapy at a national level (2013-2015)



National guidelines for the assessment and management of patients presenting to Irish EDs should be implemented as a matter of priority

Note: Journalists reporting on the launch/reports are advised to include information on relevant help lines and websites along with any coverage:

- Samaritans: 116 123
- www.aware.ie; Lo-call helpline: 1890 303 302
- Childline: 1800 66 66 66
- www.letsomeoneknow.ie
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