

Hospital-Treated Self-Harm in Ireland

National Registry of Deliberate Self-Harm

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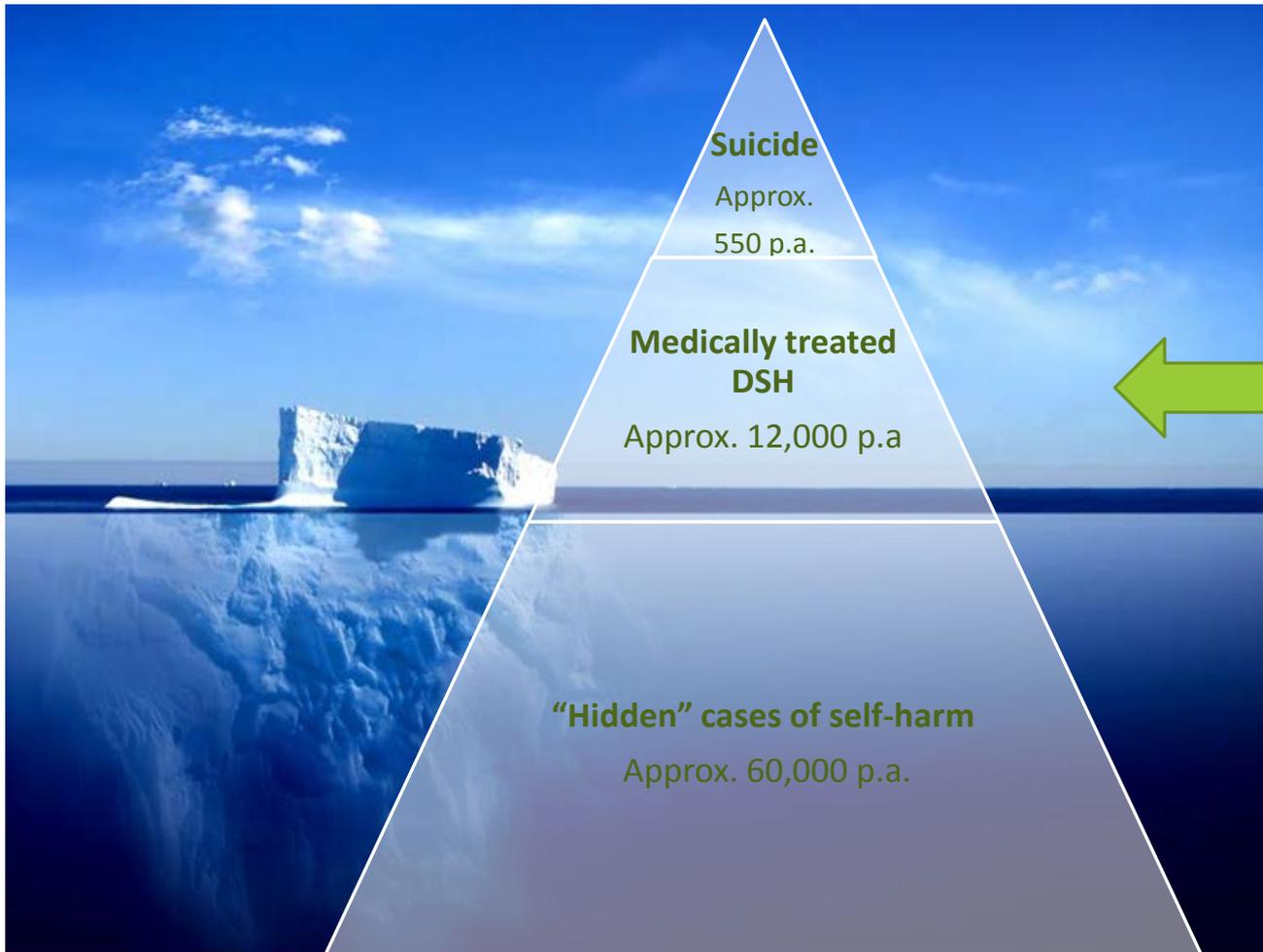
National Suicide
Research Foundation



Who we are

- Incidence and pattern of suicidal behaviour in Ireland
 - Risk and protective factors
 - Intervention / prevention programmes
 - Attitudes to suicidal behaviour
- Advisory Role
- Training/education
- Supervision

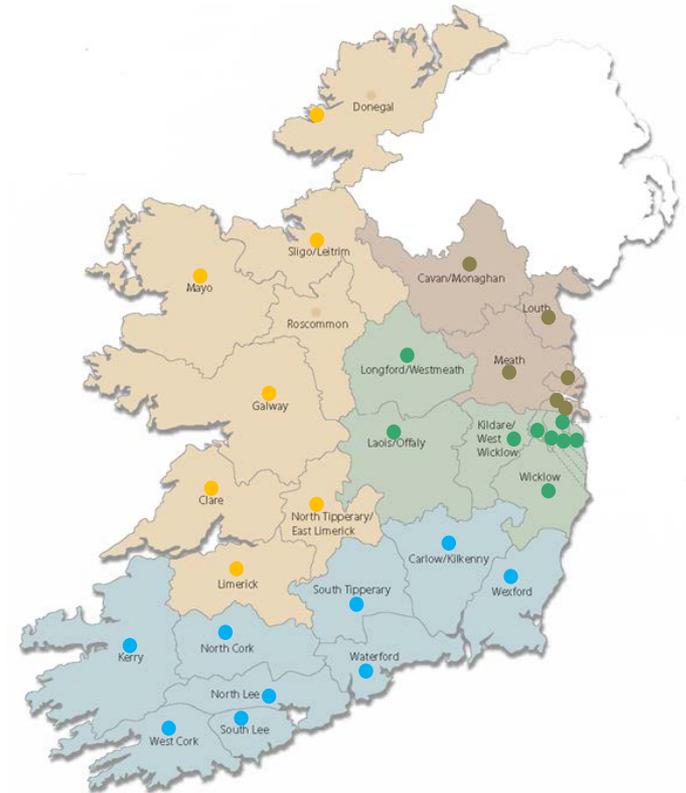
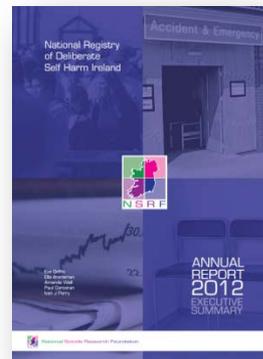
Suicide and medically-treated deliberate self-harm: The tip of the iceberg



National Registry of Deliberate Self-Harm

National Registry of Deliberate Self-Harm

- Establish the extent of hospital-treated self-harm in Ireland
- Monitor trends over time and by area
- In 2012, there were 12,010 presentations to EDs in Ireland



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’.

(WHO, 1992)

Inclusion criteria

- All methods of self harm are included i.e., drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self harm was intentionally inflicted
- All individuals alive on presentation to hospital following a deliberate self harm act are included
- In addition, presentations made by a GP referral are accepted, where the presentation to A&E is due to an incident of deliberate self harm



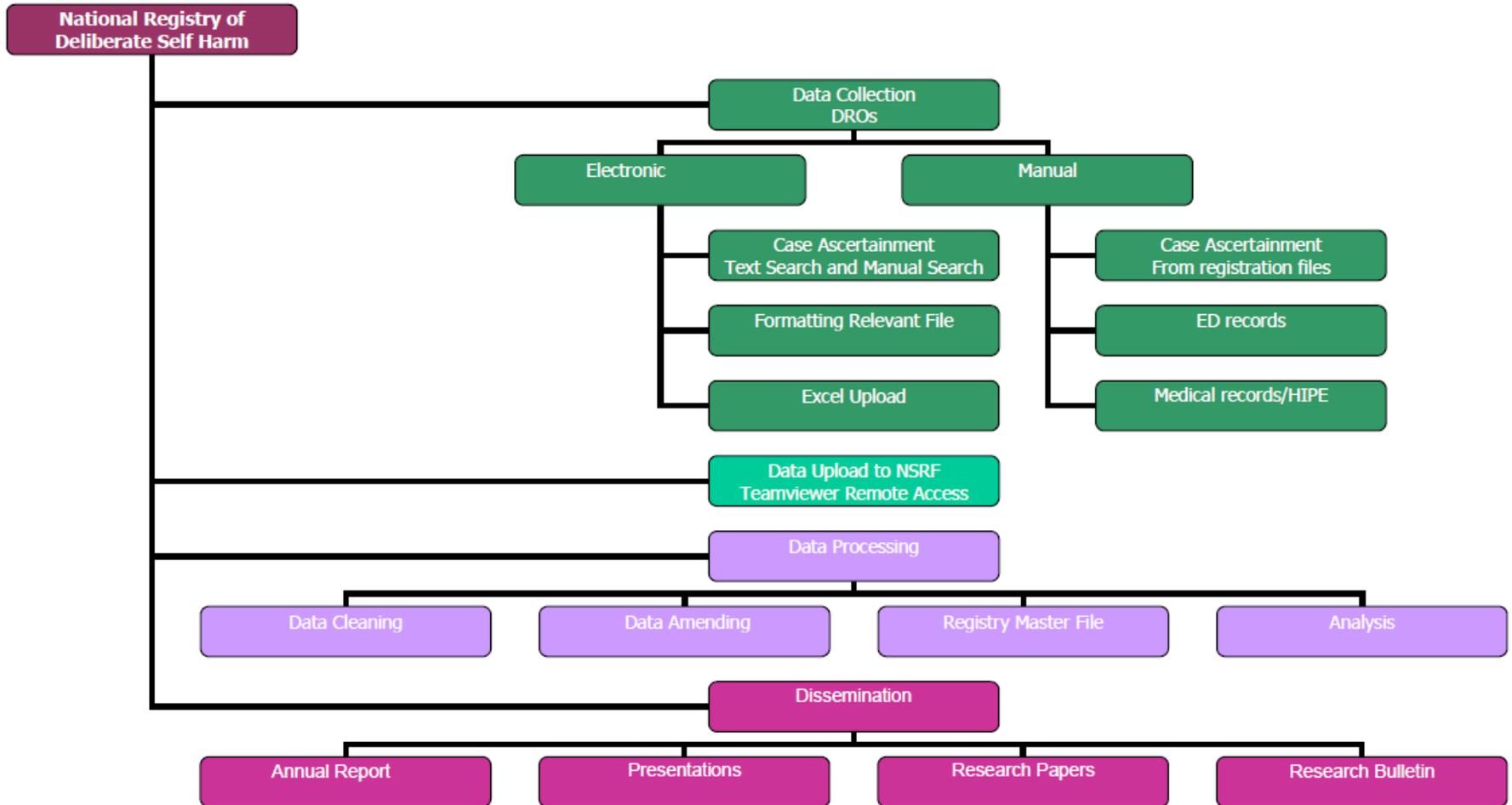
Exclusion criteria

- Accidental overdoses
- Alcohol overdoses alone
- Accidental overdoses of street drugs
- Aggressive behaviour which is not self-directed
- Self-interrupted cases of deliberate self harm
- Individuals who are dead on arrival at hospital as a result of suicide

Specific examples of non-cases

- Individual punched a wall in anger
- Incidents where excess medication (e.g. double dose) is taken to relieve symptoms
- Drugs taken to induce abortion
- Alcohol poisoning as a result of excessive recreational alcohol intake
- Self referral due to thoughts/ideation e.g. had thoughts of drowning by jumping off bridge but took no action and went to emergency for help

NRDSH operations



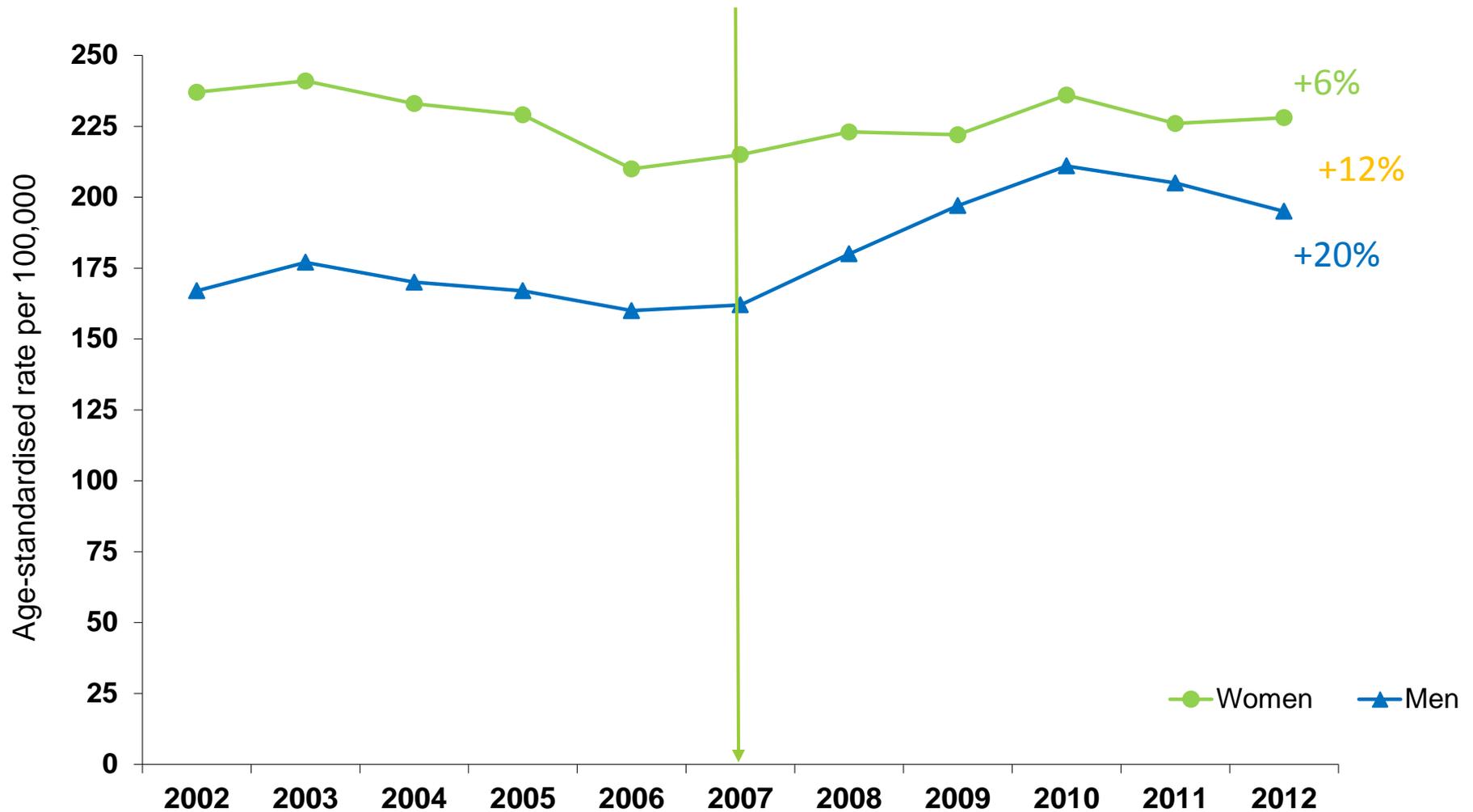
Data Element ID number	Data element name	Definition	Codes and Values
001	Data Collector	Name of data registration officer	
002	Health Board	Health board region of hospital	
003	Hospital	Hospital of presentation	
004	Record Number	This is the number assigned to each record entered by a data registration officer	
005	Gender	Gender of the patient presenting	1=Male 2=Female 8=Missing
006	Date of Attendance	Date of presentation to emergency department	DD/MM/YYYY
007	Hour of Attendance	Hour of presentation to emergency department (24hr)	0-23 88=Missing
008	Ambulance	If the patient was brought to emergency department by ambulance	1=Yes 2=No 3=Other services 8=Not known
009	Medical Card	If the patient has a medical card	1=Yes 2=No 8=Not known
035	ED Code	Electoral Division of residency	1-325
036	County Code	County Code of residency	1-34
037	SA Code	Small area of residency	
038	Date of Registration	Used to record when each record was entered	DD/MM/YYYY
039	Age	Age of patient	Age in years
040	Uniquecode	Unique identifier (encoded) generated using date of birth, initials and gender	

Data Element ID number	Data element name	Definition	Codes and Values
010	Psych review	Did the patient have a psych review or assessment	1=Yes 2=No 8=Not known
011	Admission A&E	If the patient was admitted to and A&E ward or MAU	1=Yes 2=No 8=Not known
012	Admission	Outcome of presentation	1=Admitted to general ward 2=Admitted to psychiatric ward 3=Refused to be admitted 4=Left before admission/AMA 5=Not admitted 6=Left without being seen 8=Not known
013	Not admitted	Recommended aftercare (if patient was not admitted only)	1=Discharged Home 2=Transfer to psychiatric unit/ psychiatric hospital 3=Transfer to another hospital 4=Referred for out-patient appointment 5=Referred to GP 6=Other (Please Specify): 8=Not known

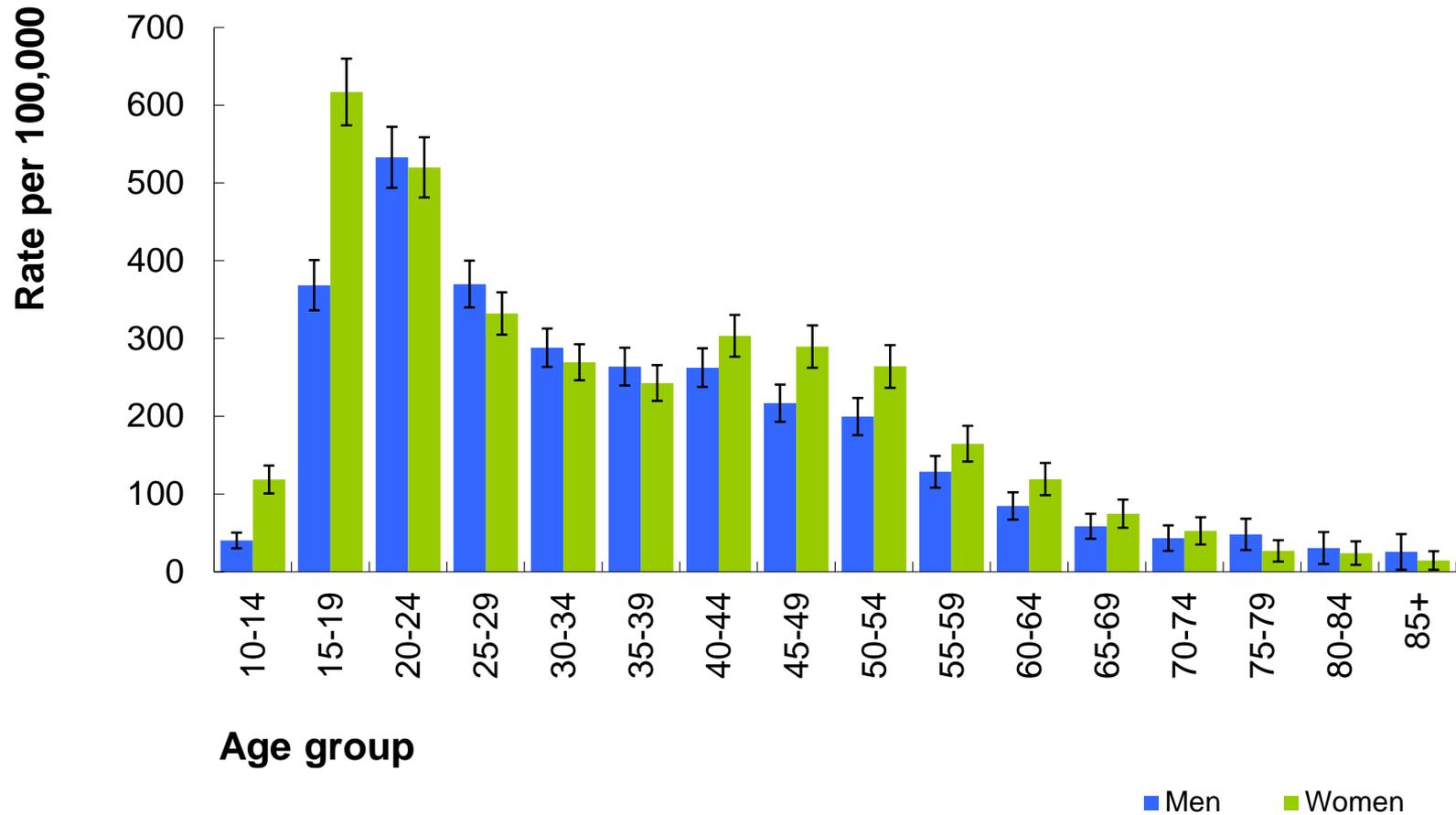
Data Element ID number	Data element name	Definition	Codes and Values
014-018	Methods	Method of self-harm (up to five selected) based on ICD-10 coding	60=Drug overdose 65=Alcohol 66=Petroleum products, other solvents and their vapours 67=Other gases and vapours 68=Pesticides, herbicides and other toxic agricultural chemicals 69=Other chemicals and noxious substances 70=Hanging, strangulation and suffocation 71=Submersion (drowning) 72=Handgun discharge 73=Rifle, shotgun and larger firearm discharge 74=Other and unspecified firearm discharge 75=Explosive material and devices 76=Fire and flames 77=Steam, hot vapours and hot objects 79=Blunt objects 80=Jumping from a high place 81=Jumping or lying before a moving object 82=Crashing of motor vehicle 83=Other specified means 84=Unspecified means 88=Not known
019-023	Method5	If method of self-harm involved self-cutting	78=self-cutting
024	Method5type	Treatment received after self-cutting	0=No treatment/cleaned 1=Steristrips 2=Sutures 3=Plastics 8=Not known
025-029	Drugs	Name of drugs taken in a drug overdose (up to 5 drugs can be recorded)	Name of drug



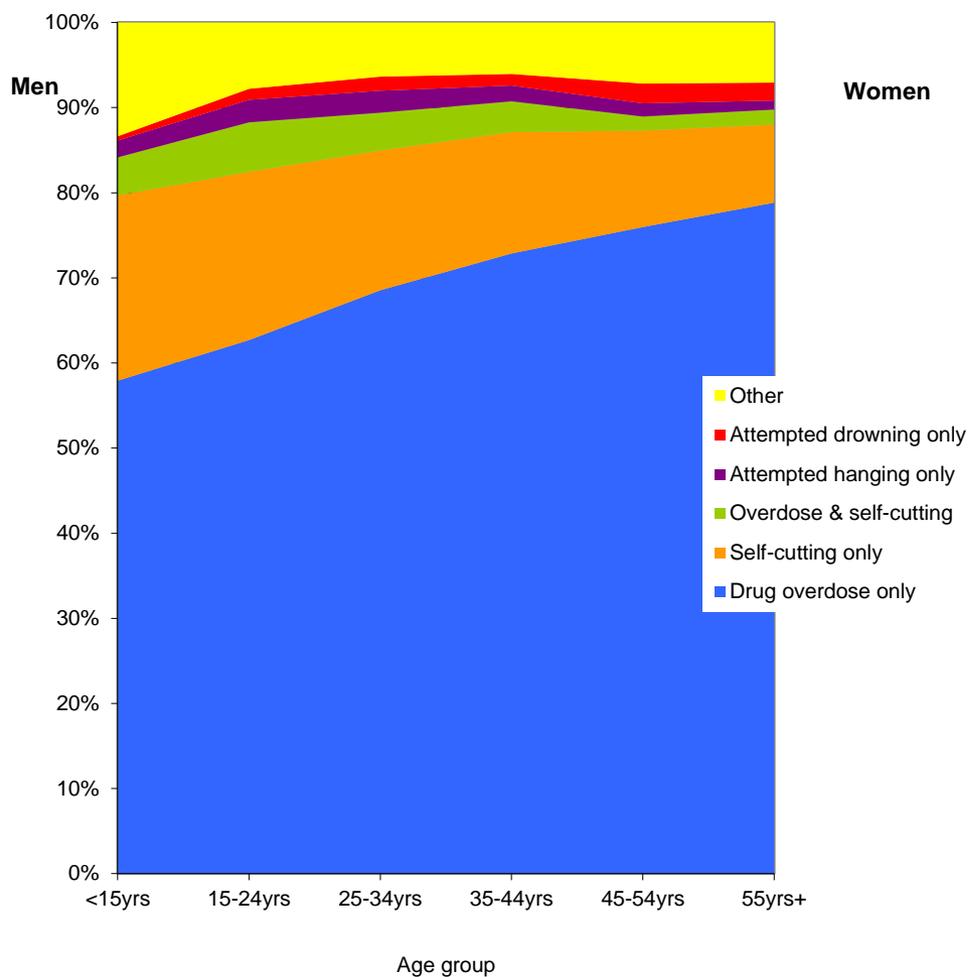
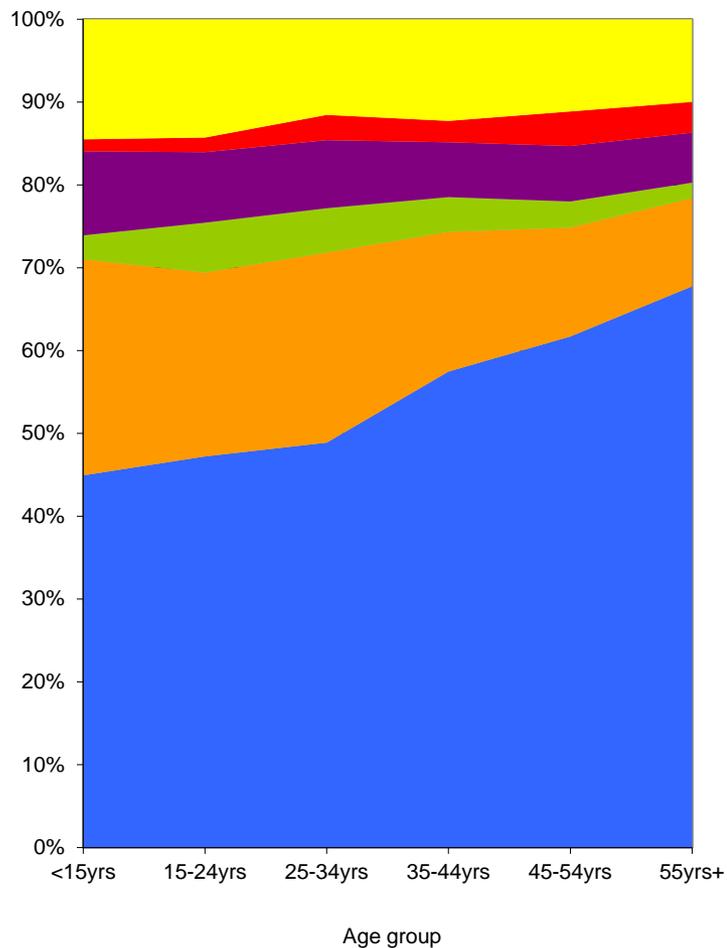
Trends in the rate of self-harm



Incidence rate by age and gender (2012)



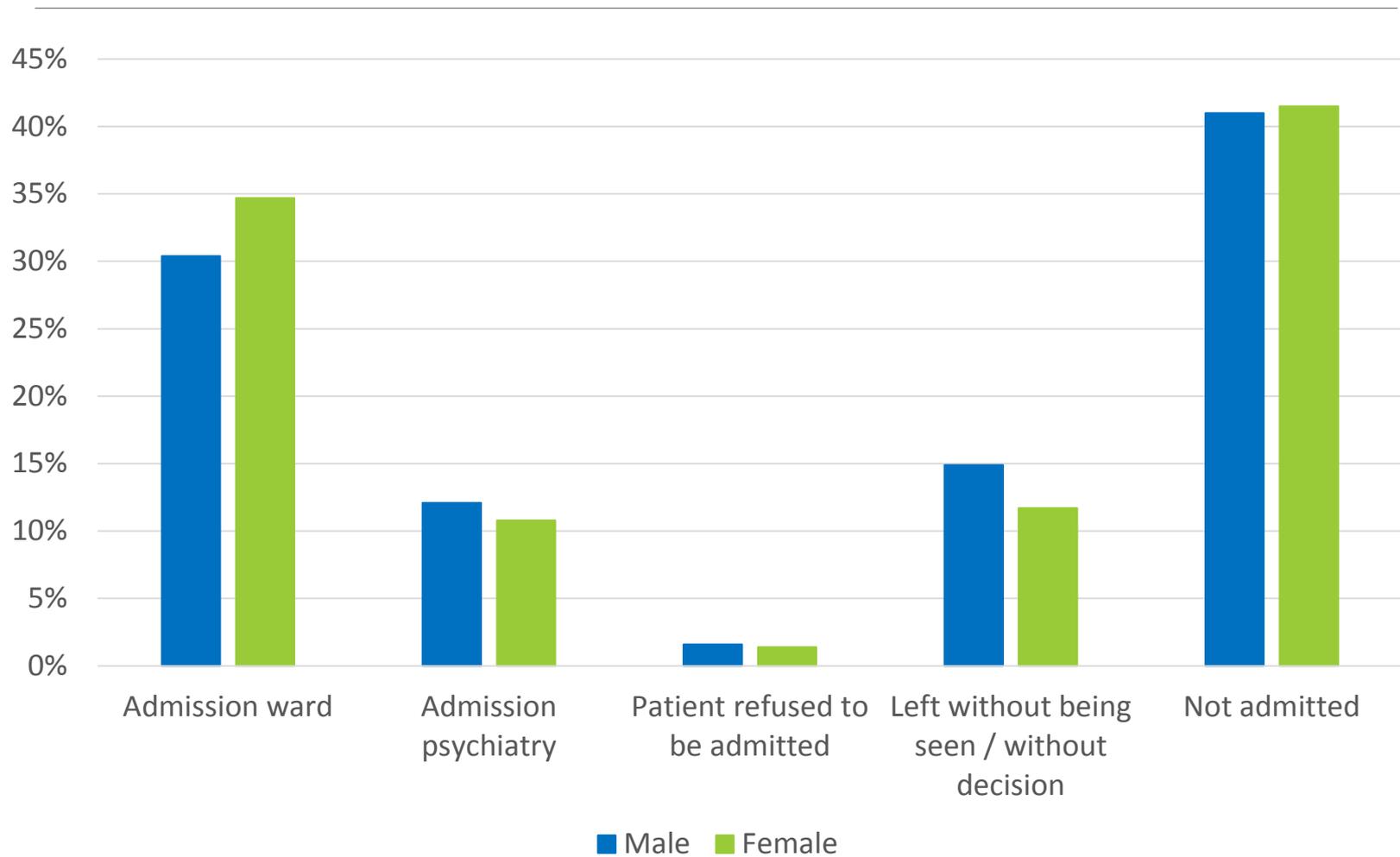
Methods of self-harm by age and gender



Alcohol was involved in 38% of all cases (42% in men, 36% in women)



Aftercare of self-harm patients (2004-2012)

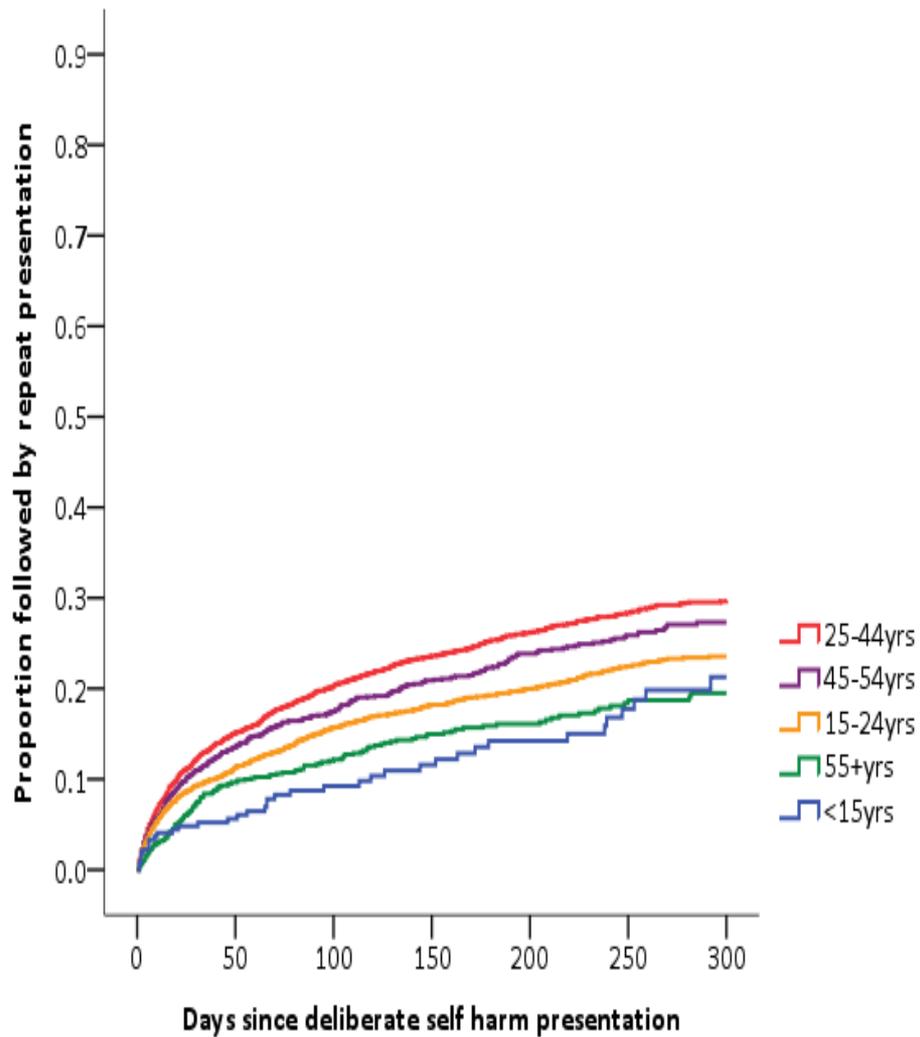




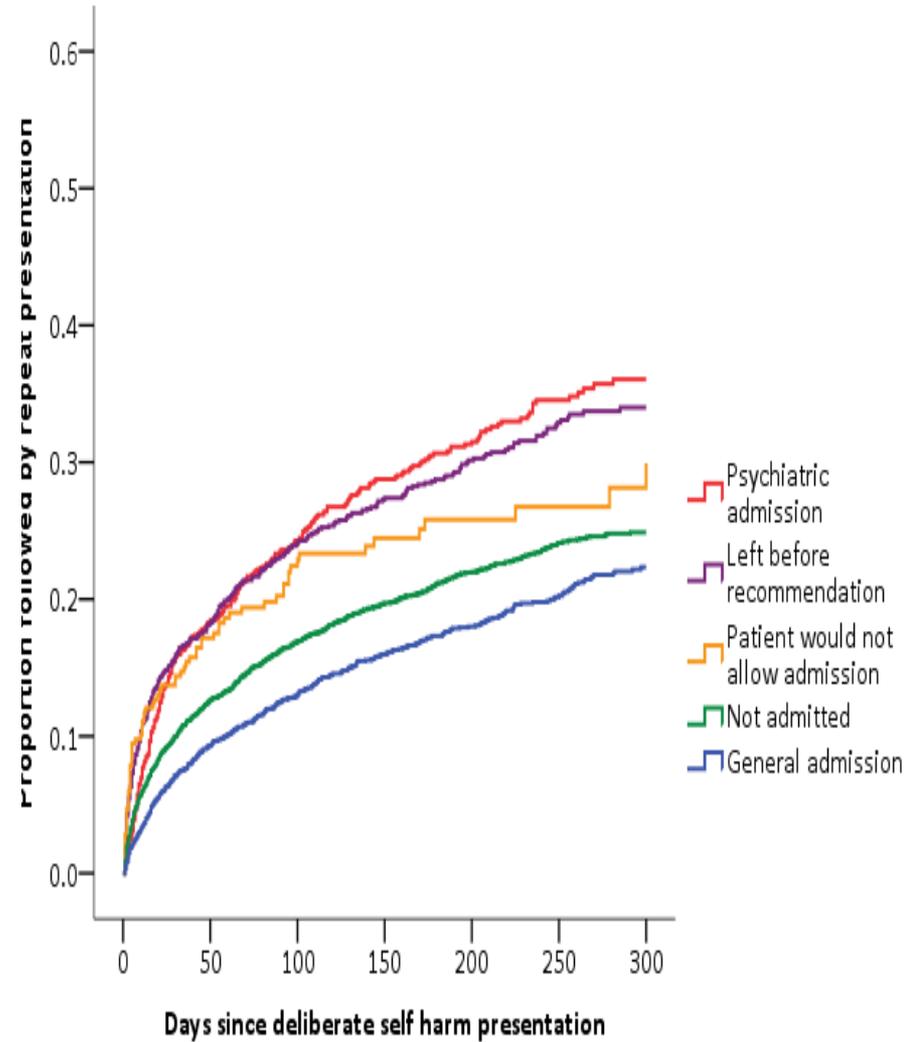
Repetition of self-harm

- 12,010 presentations by 9,483 individuals in 2012
 - 2,527 (21%) were repeat acts
 - 1,374 individuals (14.5%) repeated in 2012
- Risk of repetition is greatest in the short-term
- Risk of repetition varies by:
 - Age
 - Recommended next-care
 - Method of self-harm
 - Number of previous self-harm presentations

Age

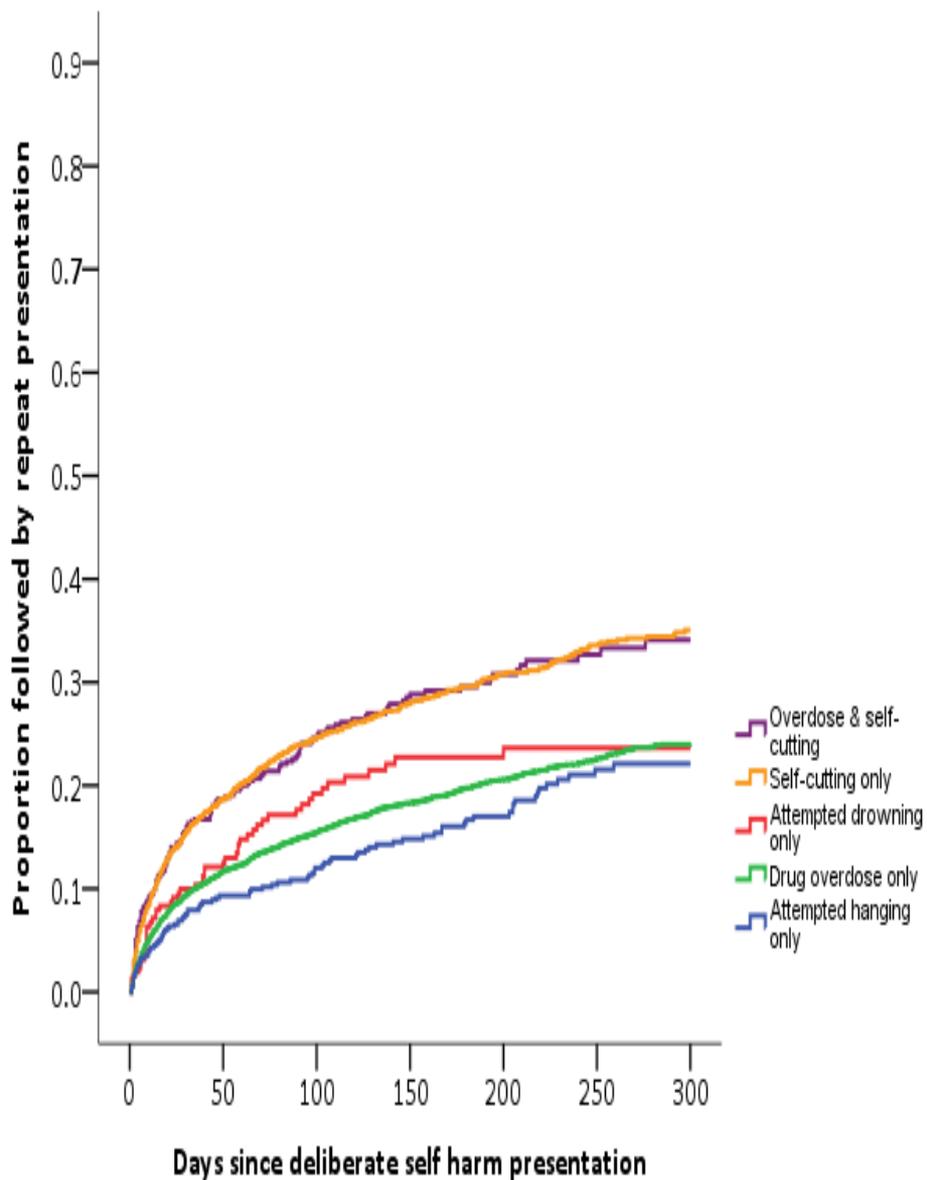


Recommended next care

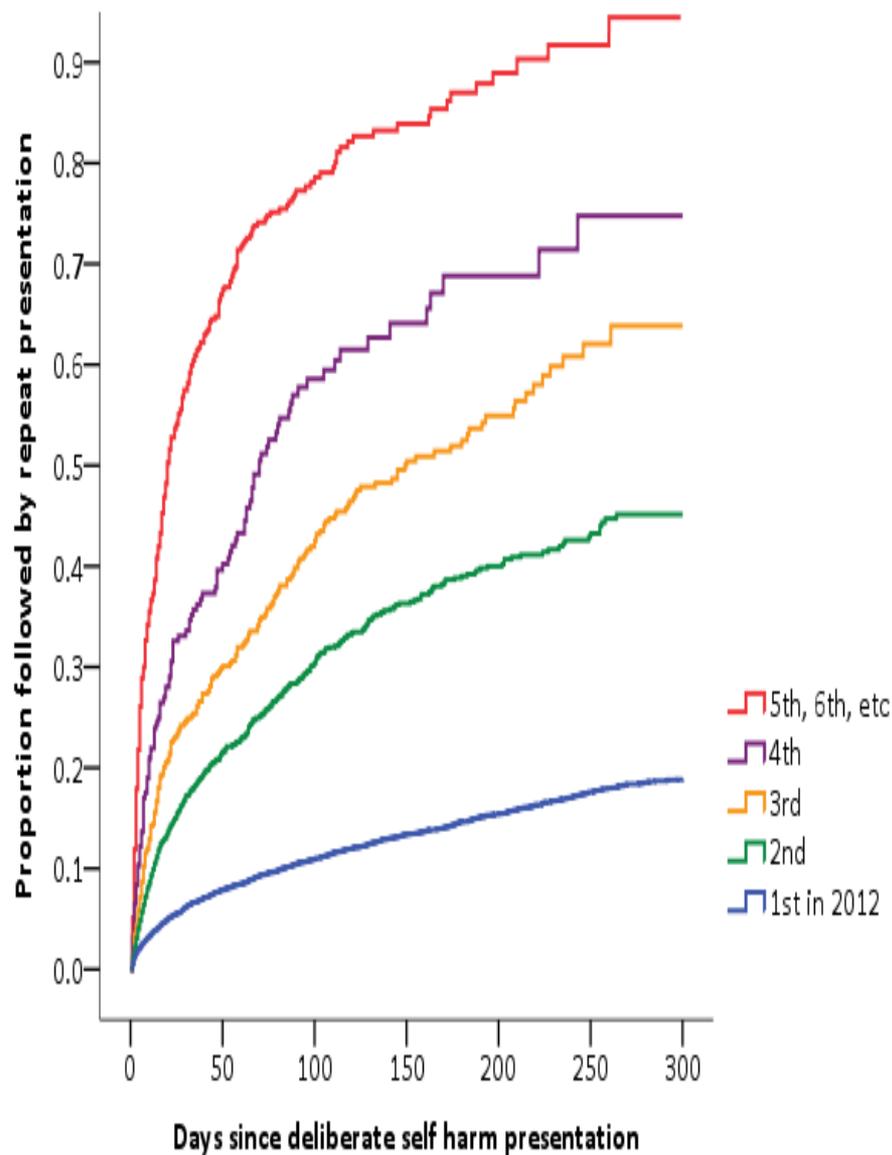




Method of self-harm



Previous presentations



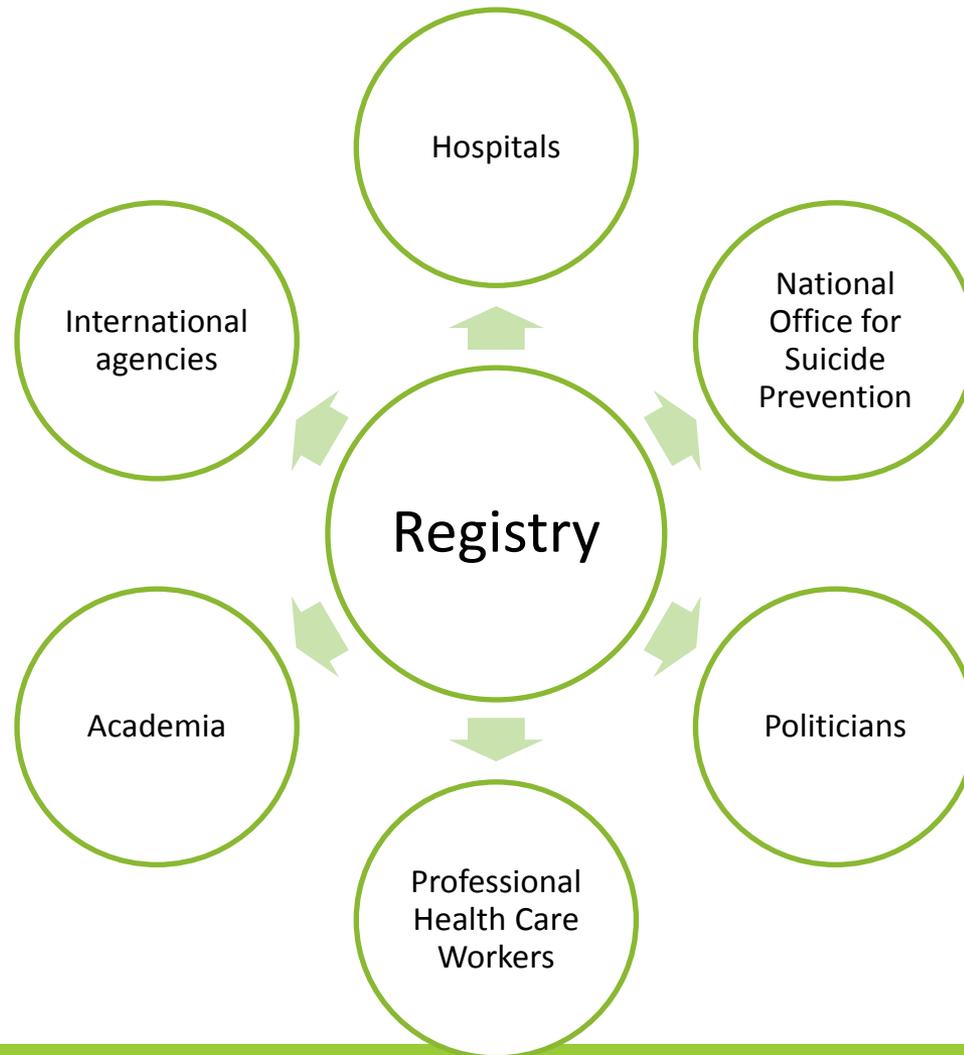


The extent of repeated self-harm presentations

Number of DSH acts in 2003-2012	Persons		Presentations	
	Number	(%)	Number	(%)
One	48,066	77.1%	48,066	48.2%
Two	7,899	12.7%	1,5798	15.8%
Three	2,709	4.3%	8,127	8.2%
Four	1,297	2.1%	5,188	5.2%
Five - Nine	2,070	3.0%	12,946	11.6%
10 or more	722	1.0%	13,372	12.0%



Who is the information for?



Key recommendations and activities

- On-going need for prevention and intervention programmes to be implemented at a national level
- All self-harm patients presenting to the ED should receive a comprehensive assessment and tailored treatment
 - Screening for suicide risk
- Monitoring patient medication use by the prescribing health professionals, and referral to complementary therapies for patients with anxiety disorders
- The implementation of self-harm specialist nurses in hospital EDs as part of the National Mental Health Programme (2013-2014)
- The implementation of Dialectical Behavioral Therapy at national level (2013-2015)
- The implementation of guidelines for assessment and management of self-harm patients presenting to Irish EDs (2013-2014)