

Welcome to the 13th Issue of the National Suicide Research Foundation's (NSRF) Research Bulletin. The main objective of our Research Bulletin is to provide updates of our research findings to a wide range of relevant agencies and professionals in the health and community care services, thereby helping to provide an evidence base for suicide prevention programmes and related work.

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Self-harm and repetition – Findings from the National Registry of Deliberate Self Harm

There were 12,010 presentations to hospital emergency departments due to self-harm in Ireland in 2012, involving 9,483 individuals. This means that more than one in five (21%) of all presentations in 2012 were due to a repeat act. Risk of repetition is highest in the days and weeks following a self-harm presentation, with 17.4% of self-harm presentations resulting in a repeat act within 3 months.

Data from the Registry enables us to provide a more complete picture of the extent of repeated self-harm (Table 1). Between 2003 and 2012, 77% of individuals presented only once during this period, accounting for 48.2% of all presentations. However, between 2003 and 2013, 722 people made ten or more presentations. This group accounted for 13,372 (12%) of all self-harm presentations recorded.

Number of self harm 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%

Table 1: The extent of repeated self-harm (2003-2012)

The factor most strongly associated with risk of repetition was the number of previous self-harm presentations an individual had made (Figure 1). Among people with a history of 5 or more previous acts of self-harm, 81% engaged in a repeat self-harm act in 3 months following the last presentation. Sixty-one per cent did so following a fourth presentation, 41% following a third and 31% following a second presentation. Just one in ten first presentations was followed by a repeat act.

The proportion of self-harm presentations followed by a repeat presentation was examined by recommended next care following the initial act. Risk of repetition within three months was highest among those admitted to a psychiatric ward and those who left before receiving a risk assessment and recommendation.

The relatively high risk of self-harm repetition among those admitted to a psychiatric ward may be related to the presence of multiple mental health problems, such as borderline personality disorder and bipolar mood disorder. Repetition risk was lowest for those admitted to a general ward (Figure 2).

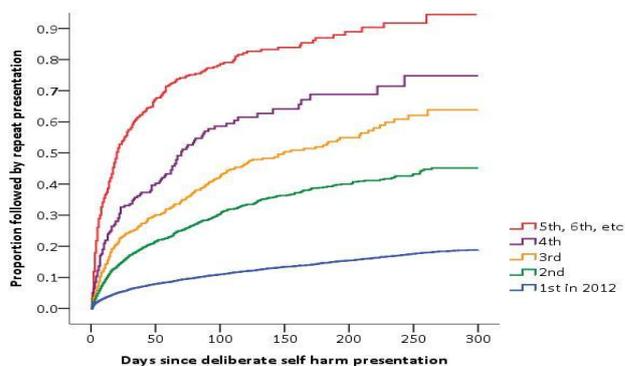


Figure 1: Rate of repeated presentations to hospital following a self-harm presentation by number of previous self-harm acts

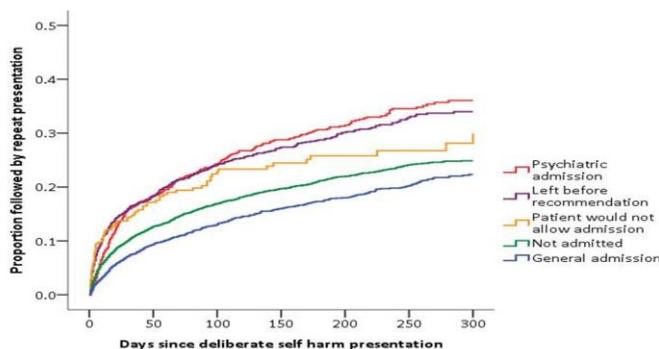


Figure 2: Rate of repeated presentation to hospital following a self-harm presentation by recommended next care

The impact of people who engage in patterns of frequent self-harm is extensive in terms of increased suicide risk for those involved, the concerns of family members and health care staff. The Health Service Executive and National Office for Suicide Prevention have prioritised actions addressing the needs of people who frequently engage in self-harm, such as:

- The National implementation of Dialectical Behaviour Therapy for people with borderline personality disorder and frequent self-harm.
- Implementing and evaluating suicide and self-harm awareness training for all Emergency Department (ED) staff and improving risk assessment procedures in the HSE South.
- Allocating specialist self-harm assessment nurses to all general hospital EDs.
- Supporting the development of national guidelines for the assessment and management of people presenting to Irish Emergency Departments following self-harm.

These actions are in line with international best practice guidelines to improve the care of people who engage in self-harm (e.g. NICE, 2012; Knesper et al, 2011)

Risk Factors for Repetition of Self-Harm: A Systematic Review of Prospective Hospital-Based Studies

Self-harm entails a major impact on individuals and society in terms of suicide risk, morbidity and use of healthcare services. Repetition of self-harm is associated with an increased risk of suicide and risk assessment of self-harm patients forms a key component of the health care management of self-harm patients.

This review aims to:

1) Address risk factors for future repetition of self-harm after an initial presentation to a hospital emergency department, irrespective of suicidal intent, 2) Inform those who conduct risk assessments of self-harm patients, 3) Identify gaps in existing research so to move the focus from individual risk factors to a more comprehensive account of self-harm repetition.

In total, 129 studies taken from Journal articles, abstracts letters and theses published before June 2012 were included, including 329,001 participants. The following factors were found to have a consistent association with repeated self-harm:

History of previous self-harm	History of psychiatric treatment
Personality disorder	Alcohol abuse/dependence
Hopelessness	Drug abuse/dependence
Schizophrenia	

The most consistent evidence for increased risk of repetition comes from long-standing psychological vulnerabilities, rather than characteristics associated with an initial episode of self-harm. This review will contribute to enhancing prediction of self-harm and assist in the allocation of intervention resources.

Reference: Larkin C, Di Blasi Z, Arensman E, (2014). Risk Factors for Repetition of Self-Harm: A Systematic Review of Prospective Hospital-Based Studies. PLoS ONE 9(1): e84282.

Antidepressant Utilisation and Suicide in Europe: An Ecological Multi-National Study

Antidepressants are the most common treatment for mood disorders, but there are concerns regarding the efficacy and safety of antidepressants, with some authors suggesting that these medications are no better than placebo, whilst others believe their benefit is greater than their risk.

Given the on-going debate on whether substantial increases in the rate of antidepressant prescription result in a reduction in suicide, this study aims to describe anti-depressant utilisation and suicide in Europe. Data were obtained for 29 European countries between 1980 and 2009. The effects of antidepressants on suicide rates as well as the interaction between antidepressant utilisation and suicide were explored. Analysis of this data showed that the use of antidepressants increased on average by 19.8% per year, whilst the overall rate for suicide decreased at a rate of 0.8% per year.

Overall, suicide rates have tended to decrease in European countries where there has been a greater increase in the use of antidepressants. These findings underline the importance of the appropriate use of antidepressants as part of routine care for people diagnosed with depression, therefore reducing the risk of suicide

Reference: Gusmão, R., Quintão, S., McDaid, D., Arensman, E., Van Audenhove, C., et al. (2013). Antidepressant Utilization and Suicide in Europe: An Ecological Multi-National Study. PLoS ONE 8(6): e66455.

Media Recommendations on reporting suicidal behaviour and suggestions for optimisation

Research continues to show that the portrayal of suicidal behaviour in the media carries the risk of imitation e.g. copycat suicide. Considerate reporting, by contrast, might decrease suicide and suicide attempt rates.

34 media recommendations from 74 countries were assessed and deficiencies were revealed with regard to format, content, being up-to-date, accessibility and availability.

Based on these findings, the following key recommendations were put forward:

- Organisations should update their recommendations on a regular basis, keep track of research on imitation and with new media developments and importantly, include these items in new editions.
- Media recommendations need to be updated regularly and refer to all relevant preventive factors.
- Translations of the World Health Organisation's recommendations into further languages would significantly increase the availability and accessibility of resources for media professionals worldwide.
- Media monitoring agencies should observe the implementation of recommendations for considerate reporting and respond to cases of inadequate reports.

Reference: Maloney J, Pfuhlmann B, Arensman E, Coffey C, Gusmão R, Poštuvan V, Scheerder G, Sisask M, van der Feltz-Cornelis, C. M, Hegerl U, Schmidtke, A. (2013). Media recommendations on reporting suicidal behaviour and suggestions for optimisation. Acta Psychiatrica Scandinavica, 128: 314-315.

Upcoming events

June 2014 Launch Seminar



iFightDepression: E-Self-Management of Depression in the Context of Current and Future Mental Health Programmes

Location: 1.07 Western Gateway Building, UCC

Date & Time: Wednesday June 25th, 3pm - 5.30pm

Attendance: All welcome, free of charge

More details: Contact gillian.karwig@ucc.ie

October 2014 Symposium



Transitions and Youth Mental Health

Location: Cork County Hall, Carrigrohane Road

Date: Friday, October 10th

Call for abstracts: By 5pm on Friday, 27th June

More details: Contact fenella@inspire.ie

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The National Suicide Research Foundation is in receipt of funding from the National Office for Suicide Prevention and has a collaborative link with the Department of Epidemiology and Public Health in University College Cork