

The epidemiology and repetition of hospital-treated self-harm in Irish children and adolescents: Findings from a national registry

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Background

- Suicidal behaviour in children and adolescents is a major health problem internationally
- Suicide is a leading cause of death in young people (Eurostat, 2013)
- Rates of hospital-treated self-harm highest among adolescents and young adults (Griffin et al, 2014; Hawton et al, 2012)
- Not all self-harm cases present to health services (Ystgaard et al, 2009; Hawton et al, 2002; Pages et al, 2004)



15-17 year-olds Source: McMahon et al, 2014: Social Psychiatry and Psychiatric Epidemiology

Hospital-treated self-harm

- Much work has been done at community level (Madge et al, 2008; Morey et al, 2008; O'Connor et al, 2014) with hospital-based studies based on limited samples (Cassidy et al, 2009; Hawton et al, 2003; Hawton et al, 2012)
- Need to explore profiles of hospital-treated self-harm nationally, the provision of care, and challenges for reduction of risk of repetition

1. Incidence of hospital-treated self-harm in 10-19 year-olds
2. Characteristics of self-harm presentation and aftercare
3. Factors associated with repetition

Study design

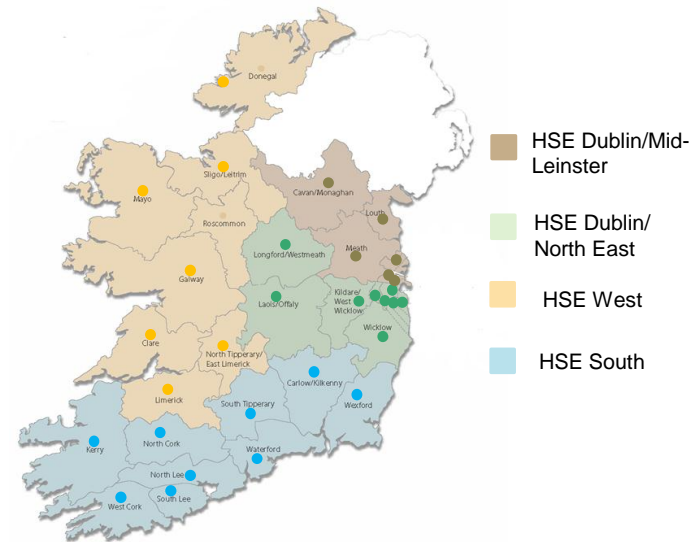
Self-harm presentations to all EDs in Ireland across a 6-year period

Study period: 1 Jan 2006 to 31 Dec 2012

Sample: 10-19 year-olds

Definition:

- non-fatal outcome
- deliberately-initiated behavior (e.g. self-cutting; drug overdose)
- varying degrees of suicidal intent
- varying intentions (e.g. wish to die; relief from a state of mind; self-punishment)

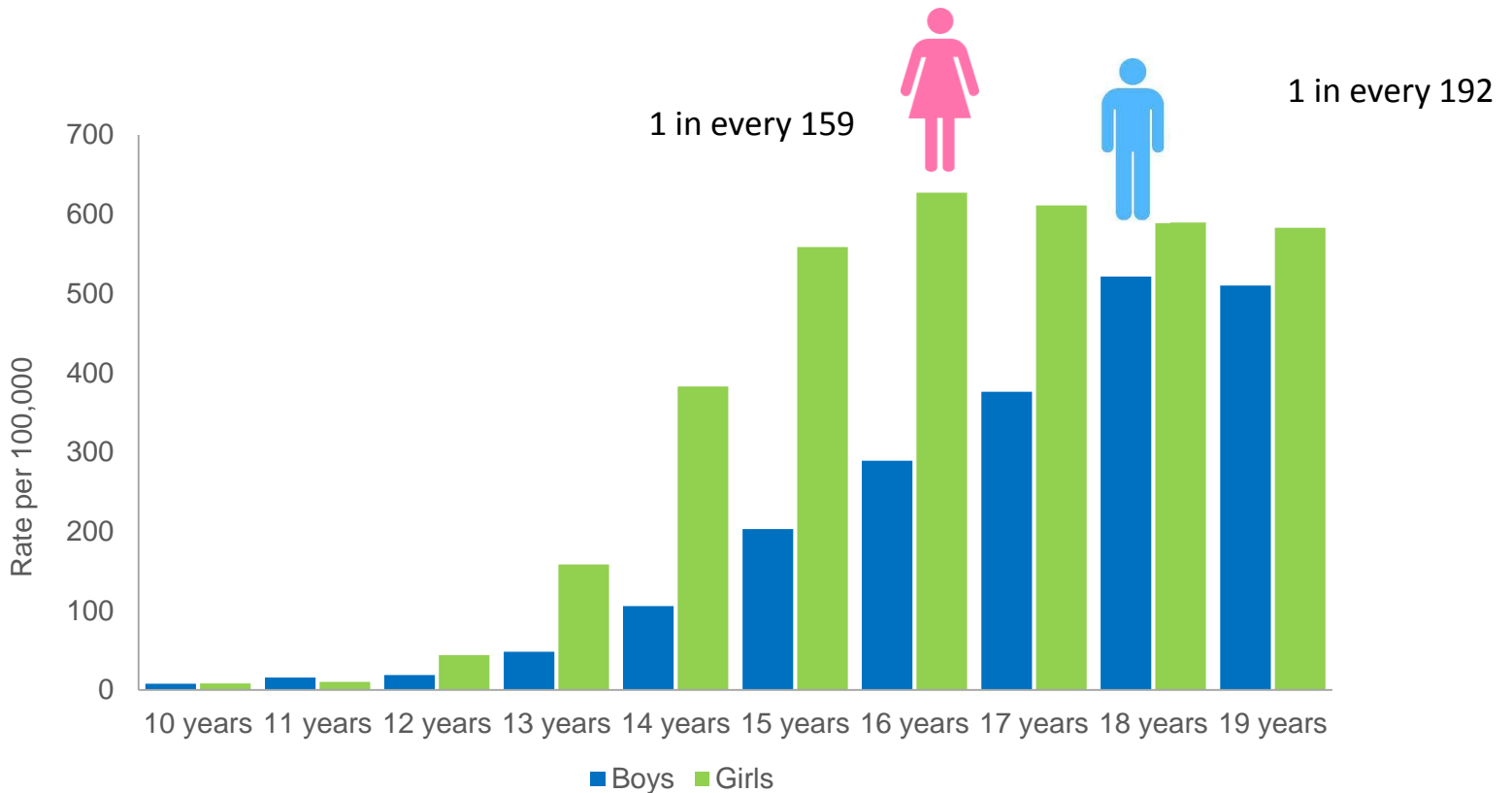


Results

1. Incidence of hospital-treated self-harm in 10-19 year-olds
2. Characteristics and aftercare of self-harm
3. Factors associated with repetition

Self-harm in young people

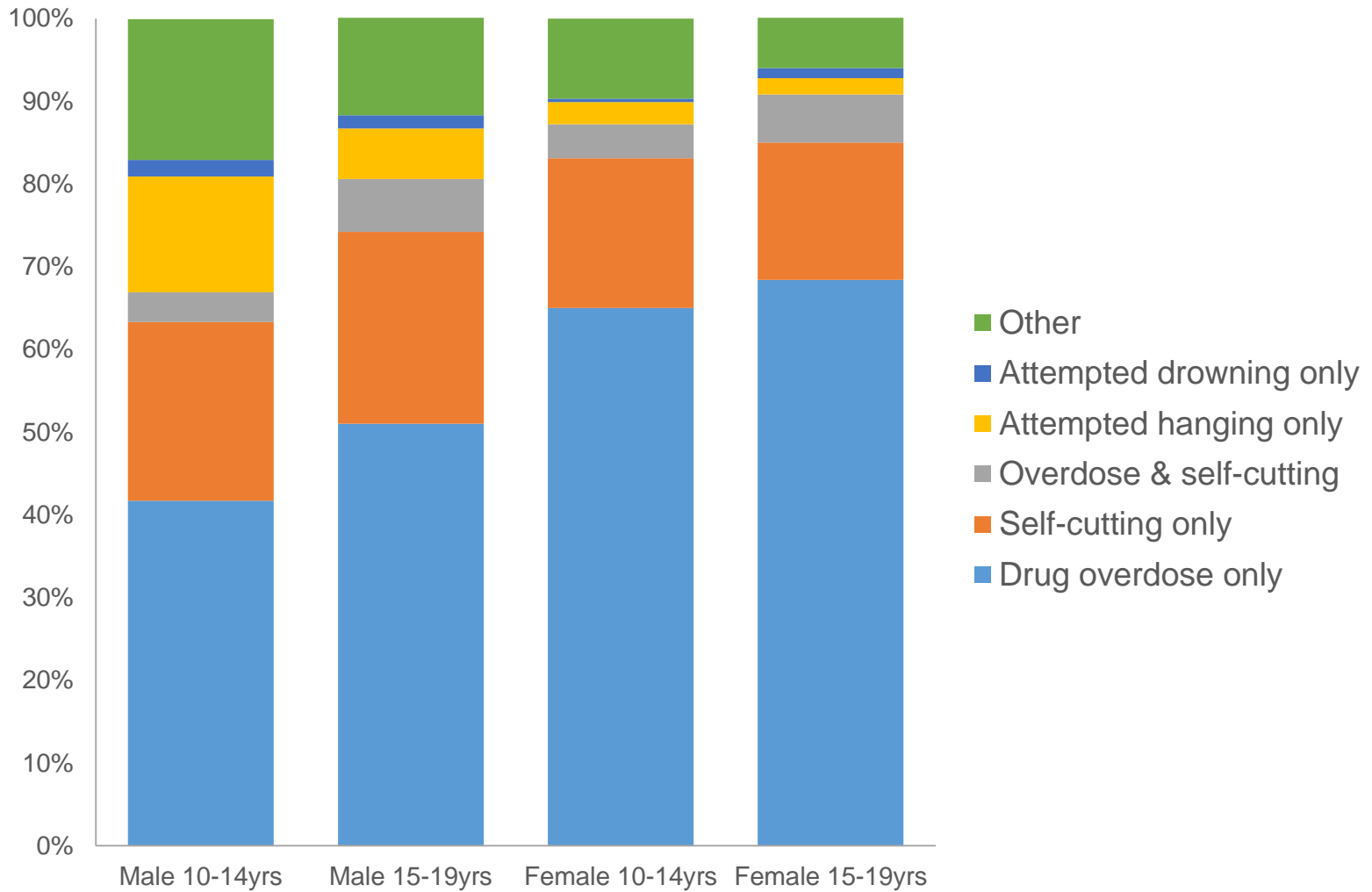
- Over a six year period, 9,792 children and adolescents made 13,320 presentations



Results

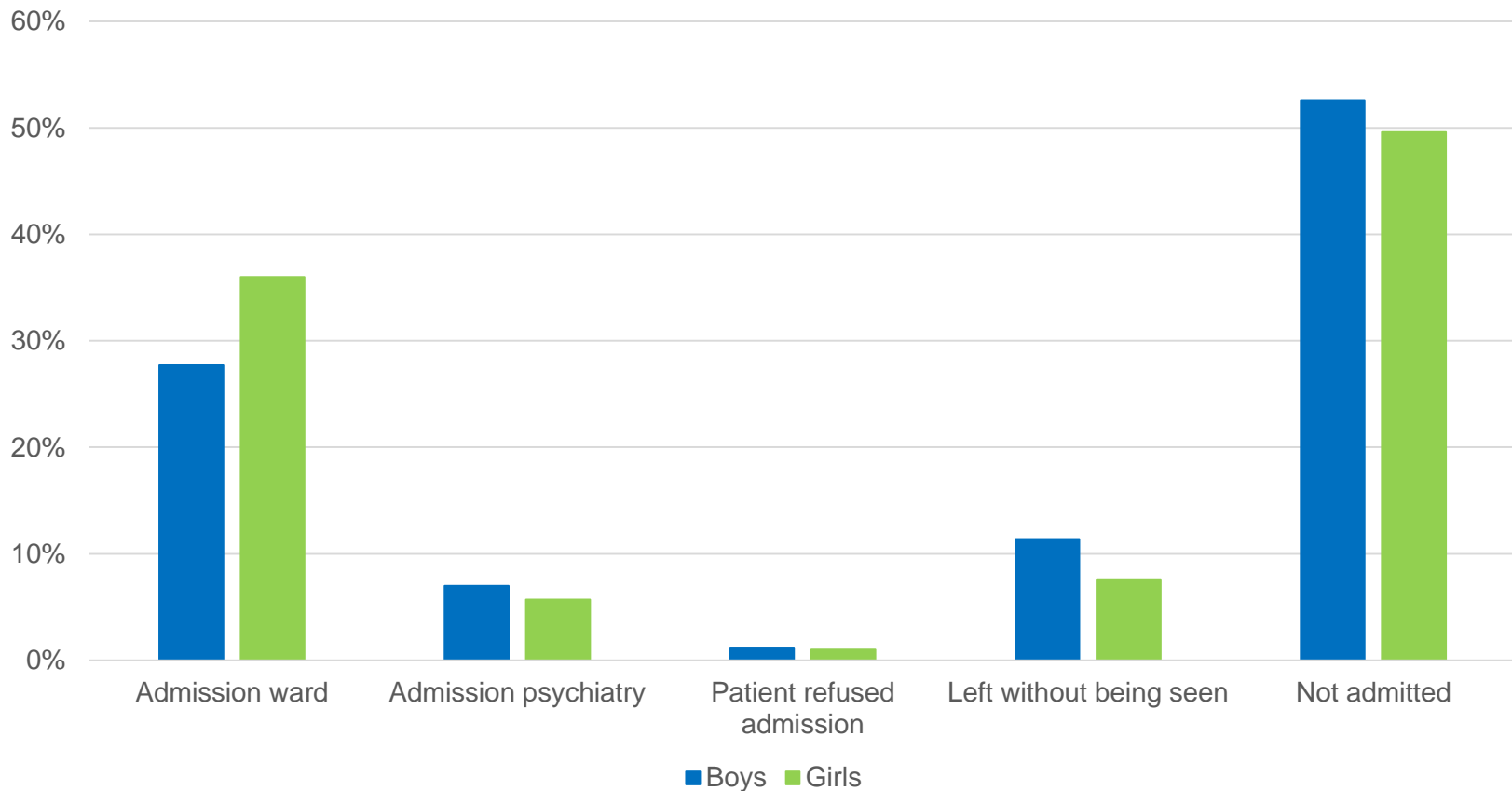
1. Incidence of hospital-treated self-harm in 10-19 year-olds
- 2. Characteristics and aftercare of self-harm**
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Methods of self-harm



Aftercare of self-harm

NICE guideline 4.9.1.3: *“all children or young people who have self-harmed should normally be admitted overnight to a paediatric ward...”*



Results

1. Incidence of hospital-treated self-harm in 10-19 year-olds
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Factors associated with repetition of self-harm

*p<0.05; **p<0.01; ***p<0.001

| | | Crude OR | 95% CL | Adjusted OR | 95% CI |
|------------------------------|-------------------------|----------|-----------|-------------|-------------|
| Gender | Male | 1.04 | 0.96-1.14 | 1.11* | 1.01-1.22 |
| | Female | 1.00 | Ref | 1.00 | Ref |
| Age | 10-14yrs | 0.85* | 0.74-0.97 | 1.19* | 1.03-1.37 |
| | 15-19yrs | 1.00 | Ref | 1.00 | Ref |
| Method | Overdose | 1.47*** | 1.35-1.60 | 1.23** | 1.06-1.43 |
| | Self-cutting | 0.53*** | 0.48-0.57 | 1.85*** | 1.61-2.13 |
| | Attempted hanging | 0.86 | 0.72-1.02 | 1.28* | 1.03-1.59 |
| | Attempted drowning | 1.32 | 0.93-1.88 | 0.87 | 0.59-1.29 |
| Aftercare | General ward | 1.00 | Ref | 1.00 | Ref |
| | Psychiatric ward | 0.92 | 0.83-1.01 | 1.56*** | 1.29-1.88 |
| | Refused admission | 2.30*** | 1.98-2.69 | 1.26 | 0.84-1.89 |
| | Left without being seen | 1.68** | 1.18-2.41 | 1.02 | 0.86-1.22 |
| | Not admitted | 1.28*** | 1.11-1.48 | 0.96 | 0.86-1.07 |
| Presentation sequence | 1 st | 1.00 | Ref | 1.00 | Ref |
| | 2 nd | 0.51*** | 0.04-0.06 | 2.66*** | 2.37-2.99 |
| | 3 rd | 0.14*** | 0.11-0.17 | 3.90*** | 3.30-4.61 |
| | 4 th | 0.21*** | 0.17-0.27 | 6.63*** | 5.26-8.35 |
| | 5 th plus | 0.36*** | 0.27-0.47 | 18.30*** | 15.17-22.07 |

How many were assessed (2013 data)?

NICE guideline 4.9.1.1: *“children and young people who have self-harmed should be triaged, assessed, and treated”*



Referrals for young people (2013)



33% outpatient appointment



27% discharged home



16% to general practitioner



11% to community-based services



3% to psychological services

Discussion

- Over the 6-year period 2006-2012 there were 13,320 presentations made to hospital recorded by the Registry, involving 9,792 individuals
- Rate of self-harm among girls was 1.7 times as high as for boys
- 15% of boys and 13% of girls made at least one repeat presentation with self-harm within 1 year
- Psychiatric admission, self-cutting, and number of previous attendances associated with increased risk of repetition

Discussion

- Patterns of aftercare and repetition rates suggest a ‘gap’ in services
- There is need for uniform assessment and referral procedures, in line with international best practice, to ensure the most appropriate treatment
 - Targeted interventions for frequent repeaters (e.g. youth-focused DBT for those with a diagnosis of Borderline Personality Disorder)
 - Results highlight need for monitoring of medication availability (in particular paracetamol and minor tranquillisers)
- Extent of self-harm in community highlights need for school-based interventions for increased awareness and for engagement with health services

Thank You!

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