Self-harm in Ireland: Trends, risk factors and implications for intervention and prevention

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Dialectical Behaviour Therapy was the only psychotherapeutic treatment showing a significant reduction in self-harm.

**Target group:** People with a history of multiple acts of self-harm who met the diagnostic criteria for Borderline Personality Disorder.
Consistency of positive outcomes in applying Dialectical Behaviour Therapy in different countries and settings
Overview

- The National Registry of Deliberate Self-Harm
- Trends in self-harm in Ireland and associated risk factors
- Evidence based interventions for self-harm
- Evidence informed implementation of DBT in Ireland
Suicide and medically treated deliberate self harm in Ireland: the tip of the iceberg

- Suicide: Approx. 550 p.a.
- Medically treated DSH: Approx. 12,000 p.a.
- “Hidden” cases of self-harm: Approx. 60,000 p.a.
Identification of deliberate self harm presentations in accordance with an internationally recognised definition (Schmidtke et al, 1996)
- Non-fatal outcome
- Deliberately initiated self-harming behaviour
- Varying behaviours (e.g. self cutting, overdose etc.)
- Varying intentions (e.g. wish to die, self-punishment, relief from state of mind)

In 2012, there were 12,010 presentations made by 9,483 individuals: Since 2003 there have been 111,682 presentations of self-harm recorded by the Registry
Trends in rates of self-harm and suicide in Ireland

Trends in rate of suicide

Age-standardised rate per 100,000

Men  Women  All

+9%  +5%  -7%

Women

Men

All
Rates of self-harm per 100,000 by age and gender

Age group

10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85+

Rate per 100,000

Men
Women
Methods of self-harm by gender

Alcohol was involved in 38% of all cases (42% in men, 36% in women)
Consistent peaks of self-harm during the year and week

- Average number of self-harm presentations to hospital per day: n=33

- Dates in the year on which 50 or more self-harm presentations occurred were mostly public holidays or the day after, e.g. in 2012:
  - January 1st
  - March 17th and 18th
  - June 5th
Repetition of self-harm by gender

Repetition of self-harm by method
Repetition by number of self-harm presentations

Repetition of self-harm by recommended next care

Days since deliberate self harm presentation

Proportion followed by repeat presentation

Days since deliberate self harm presentation

Proportion followed by repeat presentation
The extent of repeated self-harm presentations

<table>
<thead>
<tr>
<th>Number of DSH acts in 2003-2011</th>
<th>Persons</th>
<th></th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>(%)</td>
<td>Number</td>
</tr>
<tr>
<td>One</td>
<td>48,066</td>
<td>77.1%</td>
<td>48,066</td>
</tr>
<tr>
<td>Two</td>
<td>7,899</td>
<td>12.7%</td>
<td>1,5798</td>
</tr>
<tr>
<td>Three</td>
<td>2,709</td>
<td>4.3%</td>
<td>8,127</td>
</tr>
<tr>
<td>Four</td>
<td>1,297</td>
<td>2.1%</td>
<td>5,188</td>
</tr>
<tr>
<td>Five - Nine</td>
<td>1,713</td>
<td>2.8%</td>
<td>11,010</td>
</tr>
<tr>
<td>10 or more</td>
<td>635</td>
<td>1.0%</td>
<td>11,483</td>
</tr>
</tbody>
</table>
Methods of self-harm among those who repeat 10 times or more (women: 55%, men: 45%)

**Men**
- Overdose: 54%
- Alcohol: 2%
- Poisoning: 2%
- Hanging: 2%
- Drowning: 1%
- Cutting: 3%
- Other: 3%
- Unknown: 1%

**Women**
- Overdose: 56%
- Alcohol: 5%
- Poisoning: 3%
- Hanging: 1%
- Drowning: 3%
- Cutting: 29%
- Other: 3%
- Unknown: 3%
Recommended aftercare among those who repeat 10 times or more

- Admission ward
- Admission psychiatry
- Patient refused to be admitted
- Left without being seen / without decision
- Not admitted

% of presentations

Male
Female
All patients
Evidence based interventions taking into account differences among people who self-harm

- **Dialectical Behaviour Therapy** – Individuals with a history of multiple self-harm acts, often associated with Borderline Personality Disorder and co-morbid mental health problems.

- **Cognitive Behaviour Therapy, Mindfulness based Cognitive Therapy** - Individuals with single/infrequent self-harm acts, often associated with mood, anxiety disorders, and alcohol/drug abuse.

- **Problem-solving interventions** – Individuals with single self-harm acts, not primarily associated with mental health problems.
National Clinical Programme for Mental Health

- A programme for the management of self-harm among people presenting to hospital emergency departments

Key objectives:

- Enhance assessment and management of self-harm for people presenting to EDs at national level and ensure continuity of care, e.g. referral to indicated treatment, and follow-up

- Standardisation of evidence based treatment options nationally for people who have engaged in self-harm based on best available evidence
Evidence informed implementation of Dialectical Behaviour Therapy in Ireland
Outcomes initial DBT programme implemented in the North Lee Adult Mental Health Services – Endeavour Programme

*(Flynn and Kells, 2013)*

- Following 12 month DBT, reductions in most outcomes:
  - Self-harm repetition rates
  - Symptoms of Borderline Personality Disorder
  - Depression
  - Hopelessness

- Cost-effectiveness – Comparing use of service in the 12 months prior to DBT and in the 3 months after completion of the programme:
  - Significant reductions in:
    - ED visits (from 49 to 0)
    - In-patient admissions (from 12 to 1)
    - Bed days (from 207 to 1)
Wider implementation of DBT in Ireland

- After the initial project, DBT was expanded to 3 other adult mental health sites in Cork, funded by the National Office for Suicide Prevention (NOSP)

- Additional funding has been provided by NOSP to further implement DBT in Ireland over the period 2013-2015 – Key objectives:
  - Establishment of National DBT Project Office in Cork, June 2013
  - Support the administration of the national roll out of DBT and allied interventions
  - Ensure continued independent evaluation focussing on effectiveness and cost/benefit of training
  - Ensure meaningful involvement in DBT and allied intervention programmes
Action plan National DBT project

• Training 16 teams nationwide over a period of 2 years

• Teams selected on the basis of their area’s incidence of repeated self-harm and local commitment to the implementation of DBT

• Teams selected in year 1:
  - 4 adult (AMHS) and 4 adolescent (CAMHS)
  - Teams trained in December 2013
  - Delivery of DBT to start in March 2014
  - Training of further 8 teams in September 2014
Consideration of variation in self-harm repetition rates when implementing DBT at national level
DBT recommended as part of a comprehensive treatment programme for persons with Borderline Personality Disorder
Challenges

• The high levels of self-cutting and repeated self-harm among Irish men may pose challenges for the implementation of DBT as most DBT trials included women.

• How can DBT be sustained in the long term, and integrated in the mental health services as one of the options of a menu of evidence based treatments offered to people with multiple self-harm acts?

• Linking the implementation of guidelines of the national clinical programme to the national roll out of DBT.
“People who attempt suicide never want to die, what they want is a different life”

(R. Wieg, 2003)
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Thank you!

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