Frequent repeaters of self-harm: Findings from the Irish National Registry of Deliberate Self-Harm

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Background

- Hospital-treated self-harm is a significant health issue
  - In Ireland, approx. 12,000 cases per annum (Griffin et al, 2013)
  - In England 220,000 estimated attendances per annum (Hawton et al, 2007)

- Estimated median risk of non-fatal repetition of 16% within 1 year (Owens et al, 2002; Carroll et al, 2014)


- Repetition varies by age, method of self-harm and number of previous presentations as well as psychosocial vulnerabilities (Perry et al, 2012; Larkin et al, 2014)
Factors associated with repeated self-harm

Figure 3: Kaplan-Meier failure curves showing the cumulative probability of a repeated deliberate self-harm (DSH) presentation

Background

- **Major / grand repeaters (5+ acts)** (Kreitman & Casey, 1988; Kerkhof et al, 1998; Bergen et al, 2010)

- **Frequent repeaters are a minority, but have a major impact on services and their environment (resource, concerns and economic)** (Rodger & Scott, 1995; Haw et al, 2007)

- **Sign of persistent distress**
  - 60-80% of those with Borderline Personality Disorder engage in suicidal behaviour (Linehan et al, 2006)
  - **Personality disorder as a risk factor for repetition** (Mehlum et al, 1994; Haw et al, 2007; Larkin et al, 2014)

- **Effectiveness of psychosocial assessment and person-based therapies** (Hawton et al, 1998; Linehan et al, 2006; Bergen et al, 2010; Kapur et al, 2013)
Aims of research

1. Quantify impact of frequent repeaters

2. Explore how patterns of self-harm change according to chronicity

3. Highlight a national health service response to issue of frequent repeaters
Setting: National Registry of Deliberate Self-Harm

• Republic of Ireland

• 4 Health Service Executive (HSE) regions

• 37-40 general hospital emergency departments operating 2004-2012

• Approximately 1.2m presentations annually (2012) (self-harm represents approx. 1%)

• Population: 4,593,300 (2012)
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’.

(Platt et al, 1992)

- 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)

Repetition: Any repeat presentation to an emergency department following an index episode of self-harm (Perry et al, 2012)
Results

• Over the 8-year period 2004-2012 there were 101,904 presentations made to hospital recorded by the Registry, involving 63,457 individuals

• 55% (n=55,538) were female

• Drug overdose was the most common method of self-harm (72%, followed by self-cutting (22%)

• 14,755 (23%) individuals repeated at least once
The extent of repeated self-harm presentations

<table>
<thead>
<tr>
<th>No. of self-harm acts in 2004-2012</th>
<th>Persons (n=63,457)</th>
<th>Presentation (n=101,904)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>(%)</td>
</tr>
<tr>
<td>One</td>
<td>48,702</td>
<td>76.7</td>
</tr>
<tr>
<td>Two</td>
<td>8,159</td>
<td>12.9</td>
</tr>
<tr>
<td>Three</td>
<td>2,809</td>
<td>4.4</td>
</tr>
<tr>
<td>Four</td>
<td>1,305</td>
<td>2.1</td>
</tr>
<tr>
<td>Five - Nine</td>
<td>1,854</td>
<td>2.9</td>
</tr>
<tr>
<td>10 or more</td>
<td>628</td>
<td>1.0</td>
</tr>
</tbody>
</table>

628 people made 11,617 self-harm presentations to hospital
Alcohol was involved in 38% of all cases (42% in men, 36% in women)
How method of self-harm changes with repeated presentation (N=101,904)
Aftercare of self-harm (N=101,904)
How aftercare of self-harm changes with repeated presentation

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

Presentation order
How time to next self-harm act changes with repetition (n=628)

Median = 52 days
Summary

- In an eight-year period, 628 people made over 11,000 presentations to hospital involving self-harm.
- There was an association with self-cutting and repetition.
- Frequent repeaters were less often admitted to hospital wards, and more likely to leave without a recommendation.
- Time to next act was considerably short, with most repeating within 5 months.
- The findings suggest that self-harmers are not a homogenous group.
Dialectical behavioural therapy and suicidal behaviour


DBT 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 DBT in different countries and settings
Outcomes initial DBT programme implemented in the North Lee Adult Mental Health Services – Endeavour Programme
(Flynn and Kells, 2013)

- Following 12 months DBT intervention:
  - Reductions in self-harm repetition, symptoms of BPD, depression and hopelessness
  - Reductions in ED visits (49 to 0), in-patient admissions (12 to 1) and bed days (207 to 1)

- Project expanded to 16 community mental health teams over 2 years
Discussion

• Non-fatal repetition of self-harm remains a real clinical challenge
  • Impact on both services and environment

• Patterns of aftercare and timing of acts suggest ‘a gap’ in services for frequent repeaters

• All self-harm patients presenting to the ED should receive a comprehensive assessment and tailored treatment
  • Screening for suicide risk
Thank You!

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