Self-Harm in Ireland:
An update from the
National Registry of Deliberate Self Harm

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National Suicide Research Foundation

NSRF Information Evening,
“Self-Harm: Recent Trends, Assessment and Intervention”
Monday 14th April 2014,
River Lee Hotel, Cork
Overview

• Introduction to self-harm

• Hospital-treated self-harm in Ireland

• Repetition of self-harm

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

- Suicide: Approx. 550 p.a.
- Medically treated self-harm: Approx. 12,000 p.a.
- “Hidden” cases of self-harm: Approx. 60,000 p.a.

National Registry of Deliberate Self-Harm
What is self-harm?

• It is a non-fatal act
• It is deliberately initiated
• The individual knows it may cause physical harm to her or himself and may cause death
• It includes behaviour with varying levels of suicidal intent and varying motives
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
Trends in the rate of self-harm over time

- Women
- Men

Rate change:
+6%
+12%
+20%
Incidence rate by age and gender (2012)
Alcohol was involved in 38% of all cases (42% in men, 36% in women)
Aftercare of self-harm patients (2004-2012)

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

Male and Female breakdowns for each category.
Repetition of self-harm

• Re-presenting to an ED with self-harm in the year following an initial act

• 1 in 5 presentations resulted in a follow-up presentation (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
Method of self-harm

Previous presentations

Days since deliberate self harm presentation

Proportion followed by repeat presentation

- Overdose & self-cutting
- Self-cutting only
- Attempted drowning only
- Drug overdose only
- Attempted hanging only

Days since deliberate self harm presentation

Proportion followed by repeat presentation

- 1st in 2012
- 2nd
- 3rd
- 4th
- 5th, 6th, etc
Factors associated with repeated self-harm

- Previous self-harm
- Personality disorder
- History of psychiatric treatment
- Schizophrenia
- Alcohol misuse/dependence
- Drug misuse/dependence
- Living alone

*Larkin, DiBlasi & Arensman, 2014*

Factors such as depression and anxiety were not primarily associated with repetition, but are strongly associated with a first episode of self-harm and with suicide.
The extent of repeated self-harm presentations

<table>
<thead>
<tr>
<th>Number of DSH acts in 2003-2012</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>
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<tr>
<td>Four</td>
<td>1,297</td>
<td>2.1%</td>
<td>5,188</td>
</tr>
<tr>
<td>Five - Nine</td>
<td>2,070</td>
<td>3.0%</td>
<td>12,946</td>
</tr>
<tr>
<td>10 or more</td>
<td>722</td>
<td>1.0%</td>
<td>13,372</td>
</tr>
</tbody>
</table>
Evidence based interventions of self-harm

- **Cognitive Behaviour Therapy**
  - Individuals with single/infrequent self-harm acts

- **Dialectical Behaviour Therapy**
  - Individuals with a history of multiple self-harm acts

- **Problem-solving interventions**
  - Individuals with single self-harm acts

- **Pharmacological treatment**
  
  *(Hawton et al., 1998; Arensman et al, 2000; Arensman & Hawton, 2004; Cipriani et al., 2005)*
Thank You!

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