Self-harm: Early identification and effective treatments

Dr Eve Griffin,
National Suicide Research Foundation

GROW Information Evening,
“Understanding and minding your mental health”,
Tuesday 18th March 2014,
Silver Springs Hotel, Cork
Overview

• Introduction to self-harm

• Hospital-treated self-harm in Ireland

• Treatment of self-harm

• Challenges and recommendations

• Actions from the Registry
Suicide and medically-treated deliberate self-harm: 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.

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 suicide attempts but there may be other intentions involved
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
Who is the information for?

Registry

Hospitals

National Office for Suicide Prevention

International agencies

Academia

Politicians

Professional Health Care Workers
Trends in the rate of self-harm
Incidence rate by age and gender (2012)
Key outcomes

• More women present to an ED with self-harm than men

• 15-19 year-old females and 20-24 year-old males

• Almost three-quarters of presentations involved drug overdose (69%)

• Inpatient admission was the next stage of care in 38% of all cases

• 15% of people presented more than once during the year
Methods of self-harm by gender

Alcohol was involved in 38% of all cases (42% in men, 36% in women)

Men

- Drug overdose only: 12%
- Self-cutting only: 3%
- Overdose & self-cutting: 7%
- Attempted hanging only: 5%
- Attempted drowning only: 2%
- Other: 19%

Women

- Drug overdose only: 16%
- Self-cutting only: 4%
- Overdose & self-cutting: 2%
- Attempted hanging only: 2%
- Attempted drowning only: 7%
- Other: 69%
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 | Female
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

- 5th, 6th, etc
- 4th
- 3rd
- 2nd
- 1st in 2012
The extent of repeated self-harm presentations

<table>
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<th>Number of DSH acts in 2003-2011</th>
<th>Persons</th>
<th></th>
<th>Presentations</th>
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<tr>
<td></td>
<td>Number</td>
<td>(%)</td>
<td>Number</td>
<td>(%)</td>
</tr>
<tr>
<td>One</td>
<td>48,066</td>
<td>77.1%</td>
<td>48,066</td>
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<tr>
<td>Two</td>
<td>7,899</td>
<td>12.7%</td>
<td>1,5798</td>
<td>15.8%</td>
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<td>Three</td>
<td>2,709</td>
<td>4.3%</td>
<td>8,127</td>
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<td>Four</td>
<td>1,297</td>
<td>2.1%</td>
<td>5,188</td>
<td>5.2%</td>
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<tr>
<td>Five - Nine</td>
<td>1,713</td>
<td>2.8%</td>
<td>11,010</td>
<td>11%</td>
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<tr>
<td>10 or more</td>
<td>635</td>
<td>1.0%</td>
<td>11,483</td>
<td>11.5%</td>
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</table>
Evidence based interventions of self-harm

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

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

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

- **Pharmacological treatment**

(Hawton et al., 1998; Arensman et al, 2000; Arensman & Hawton, 2004; Cipriani et al., 2005)
Challenges to treatment of self-harm in EDs

• Profile of self-harm patients

• Availability / staffing of services

• Attitudes of healthcare professionals
ED Psychiatric Assessment Services, 2013*

* Based on data from 27 Irish EDS, NSRF, 2014
Attitudes of healthcare professionals

Attitudes held by clinical staff towards those who self-harm may affect clinical practice and experiences and outcomes of patients

- General attitudes and feelings of helplessness
- Knowledge and understanding of self-harm
- Access to guidelines for care and management
- Training in awareness and knowledge

(Saunders et al, 2011)
Actions

• The implementation of self-harm specialist nurses in hospital EDs as part of the National Mental Health Programme (2013-2014)

• Emergency Healthcare Staff Training Cork (2013)

• The implementation of Dialectical Behavioral Therapy at national level (2013-2015)

• The implementation of guidelines for assessment and management of self-harm patients presenting to Irish EDs (2013-2014)
NSRF Information Evening: 14th April

• Theme of self-harm

• Monday 14th April, River Lee Hotel, Cork City

• Representatives from GROW and Pieta House

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Thank You!

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