

Annual Report 2011 National Registry of Deliberate Self Harm

Forum Discussion
based on Key Recommendations

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Key Recommendations

1. Since the advent of the economic recession, significant increases have been observed in self harm in Ireland between 2007-2011, with a more than 20% increase for male self harm in 19 counties/cities. During the same period, a more than 20% increase in self harm among women was observed in 12 counties/cities.

The extent of these increases is likely to be related to mental health and socioeconomic problems associated with the recession in Ireland.

- These findings strongly underline the need to prioritise implementation and evaluation of programmes to increase awareness of mental health issues among the general public and professionals involved in services supporting people who are unemployed and people experiencing financial difficulties.

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2. The Registry consistently provides evidence for different types of self harm patients presenting to Emergency Departments (EDs), such as those engaging in highly lethal acts of self harm with high risk of subsequent suicide and those using low lethal methods but who may be at risk of non-fatal repetition.
 - While it is strongly recommended that all self harm patients presenting to the ED should receive a comprehensive risk and psychosocial-psychiatric assessment, recommended treatment should be tailored according to the patient's needs and risk of subsequent suicidal behaviour. We would recommend this as a key priority of the National Mental Health Clinical Programme.

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3. In Limerick city, an area which has long been associated with high levels of self harm, a significant decrease was observed in self harm rates among both men and women in 2011. This may be related to an intensified intervention programme, a collaborative initiative between the NSRF, the Suicide Prevention Office, statutory and non-statutory services in Limerick. Optimising Suicide Prevention Programmes and their Implementation (OSPI) (*Hegerl et al, 2009*) is a multi-level intervention programme which consists of:
 - 1) workshops on depression and suicidal behaviour for GP's,
 - 2) depression and suicidal behaviour awareness training sessions for community facilitators such as social workers, counsellors, gardai, teachers, priests and media,
 - 3) public awareness campaign on depression and suicidal behaviour,
 - 4) interventions for high-risk groups (i.e. people who engaged in self harm) and supporting self-help activities, and
 - 5) restricting access to lethal means
- It would therefore be recommended to continue the implementation of intensified multi-level intervention programmes.

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4. The Registry has provided evidence for the effectiveness of restricting access to means. For example the DUMP project has a positive effect on reducing the use of benzodiazepines, and the ban on head shops may have reduced the use of street drugs in intentional overdoses in 2011 (-27%).

In January 2012, the National Office for Suicide Prevention (NOSP) established a National Working Group on Restricting Access to Means with a priority on restricting access to minor tranquillisers.

 - We would recommend that this working group targets other frequently used medication in intentional overdoses such as paracetamol/paracetamol compounds and SSRIs as additional priorities.
 - Considering the significant increase in highly lethal methods used in self harm, we would recommend prioritising research into new measures for preventing use of these methods.

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5. In 2011, a significant increase was observed in deliberate self harm involving cutting (8%). There is further evidence showing that self-cutting as an only method and self-cutting combined with intentional overdose is associated with high risk of non-fatal repeated self harm within the first three months following a presentation to the ED.
 - These findings imply that there is need for continued efforts to prioritise national implementation of evidence-based treatments shown to reduce risk of repetition, such as cognitive behavioural and dialectical behavioural interventions.
 - The NOSP has funded a pilot project to implement and evaluate dialectical behaviour therapy for people diagnosed with Borderline Personality Disorder in Cork. The NOSP has also funded a pilot project in Cork and Kerry with the aim to implement and evaluate a brief CBT programme for self harm patients presenting to EDs using a Train-The-Trainer model.

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6. In line with previous years, there was considerable variation in the next care recommended to deliberate self harm patients, and the proportion of patients who left hospital before a recommendation, from 8% in the Southern Hospitals Group to 24% in the Dublin North East Hospitals Group. In 2012, a sub group of the National Mental Health Clinical Programme Steering Group produced National Guidelines for the Assessment and Management of Patients presenting to Irish Emergency Departments following self harm (*Cassidy et al, 2012*).
- It is recommended that these guidelines be implemented nationally as a matter of priority.
 - In addition, the NOSP has funded a pilot project to implement and evaluate suicide and self harm awareness training for all ED staff and improving assessment procedures for self harm patients in Cork and Kerry, which is a collaborative initiative between Cork University Hospital and the NSRF.

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7. Continued work is being undertaken by the NSRF to link the self harm Registry data with suicide mortality data obtained through the Suicide Support and Information System in the Cork region and the CSO data. Evidence has been found for an association between self harm (involving both highly lethal and low lethal methods) and suicide, in particular in men. This is further supported by recent UK based research showing a significant association between self harm involving self-cutting and suicide among both adults and young people (*Bergen et al, 2012; Hawton et al, 2012*). In addition, there are indications that increasing rates of self harm in men are likely to be followed or paralleled by increasing suicide rates among men.
 - It is therefore recommended that deliberate self harm data be linked with suicide mortality data at a national level in order to enhance insight into predictors of suicide risk.