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.
National Registry of Deliberate Self-Harm

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: +9%
- Women: -7%
- All: +5%

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

Age group

Rate per 100,000

Men

Women

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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

Self-harm by day of the week and gender

[Bar graph showing number of presentations by day of the week and gender for men and women.]

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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

- 5th, 6th, etc
- 14th
- 3rd
- 2nd
- 1st in 2012

Days since deliberate self harm presentation

Proportion followed by repeat presentation

- Psychiatric admission
- Left before recommendation
- Patient would not allow admission
- Not admitted
- General admission
## 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>
<th></th>
</tr>
</thead>
<tbody>
<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>
<td>48.2%</td>
</tr>
<tr>
<td>Two</td>
<td>7,899</td>
<td>12.7%</td>
<td>1,5798</td>
<td>15.8%</td>
</tr>
<tr>
<td>Three</td>
<td>2,709</td>
<td>4.3%</td>
<td>8,127</td>
<td>8.2%</td>
</tr>
<tr>
<td>Four</td>
<td>1,297</td>
<td>2.1%</td>
<td>5,188</td>
<td>5.2%</td>
</tr>
<tr>
<td>Five - Nine</td>
<td>1,713</td>
<td>2.8%</td>
<td>11,010</td>
<td>11%</td>
</tr>
<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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Methods of self-harm among those who repeat 10 times or more (women: 55%, men: 45%)

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

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

<table>
<thead>
<tr>
<th>% of presentations</th>
<th>Male</th>
<th>Female</th>
<th>All patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission ward</td>
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<td></td>
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<tr>
<td>Admission psychiatry</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient refused to be admitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left without being seen / without decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not admitted</td>
<td></td>
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</tbody>
</table>

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