


The banner features logos for Queen's University Belfast, Northern Ireland Assembly, The Open University, and Ulster University. Below the logos, the text reads: "Knowledge Exchange Seminar Series (KESS) ...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland". At the bottom of the banner is a photograph of a large, classical-style building with a portico, set on a green lawn.

Findings from the Registry of Self Harm for Northern Ireland

Dr Denise O'Hagan
Public Health Agency and QUB

Overview

- What is self-harm?
- What is a Registry of Self-harm?
- Self-harm in Northern Ireland
- Comparisons with RoI and UK cities
- Implications & Next Steps



The footer banner contains the logos for Queen's University Belfast, The Open University, Ulster University, and Northern Ireland Assembly, followed by the text "Knowledge Exchange Seminar Series (KESS)".

Self Harm

Self-harm: self-injury or self-poisoning
Intent can vary – coping mechanism vs. wish to die

Self-harm is the strongest predictor of suicide

The risk of suicide is increased 50-100 times above the risk in the general population in the year after attending hospital with self-harm

Until recently, little data about the extent of self-harm in NI population

Recent survey among adolescents -10% report having self-harmed



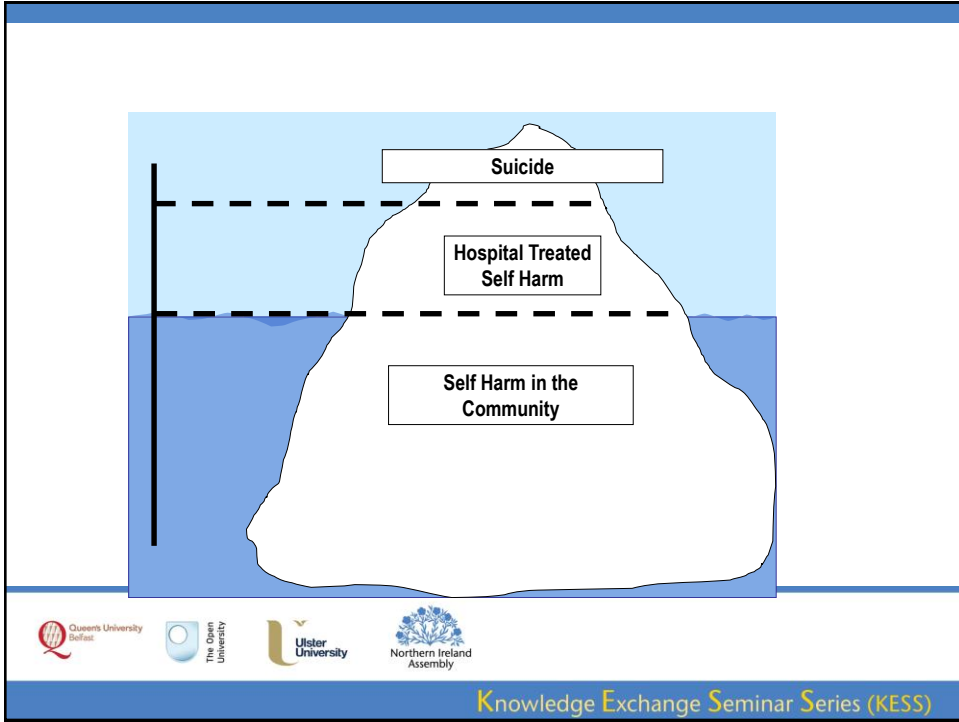
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Background

Self-harm surveillance priority in WHO report



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Self-harm registries

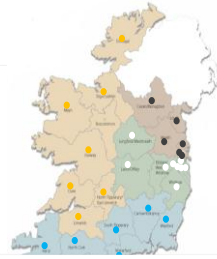
Aims:

- To establish the extent and nature of hospital-treated self-harm;
- To monitor trends over time and also by area;
- To inform policy and service development in the area of suicidal behaviour;
- To build the evidence based



National Registry of Deliberate Self Harm, Ireland

- ❖ Operated by the National Suicide Research Foundation via the Department of Health and Children since 2002
- ❖ Full coverage since 2006 (36 hospitals)
- ❖ Pop (2013 est): 4,593,300



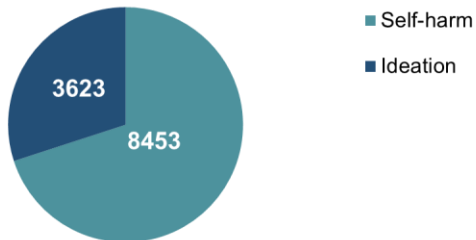
Northern Ireland Registry of Self-Harm



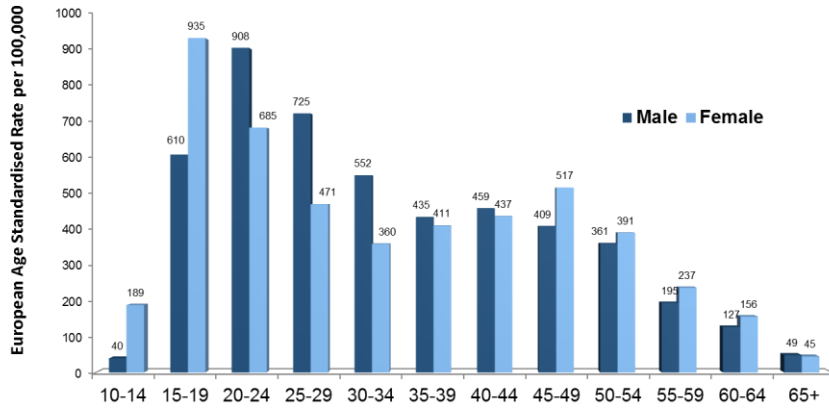
- ❖ Established in **2007** as a pilot project in the Western area
- ❖ Expanded to all Trust areas (12 hospitals) since April 2012
- ❖ Pop (2013 est): 1,829,700



Self-harm and suicidal ideation presentations to hospital EDs recorded in NI, 2013/14



Rate of self-harm in Northern Ireland by age and gender, 2013/14



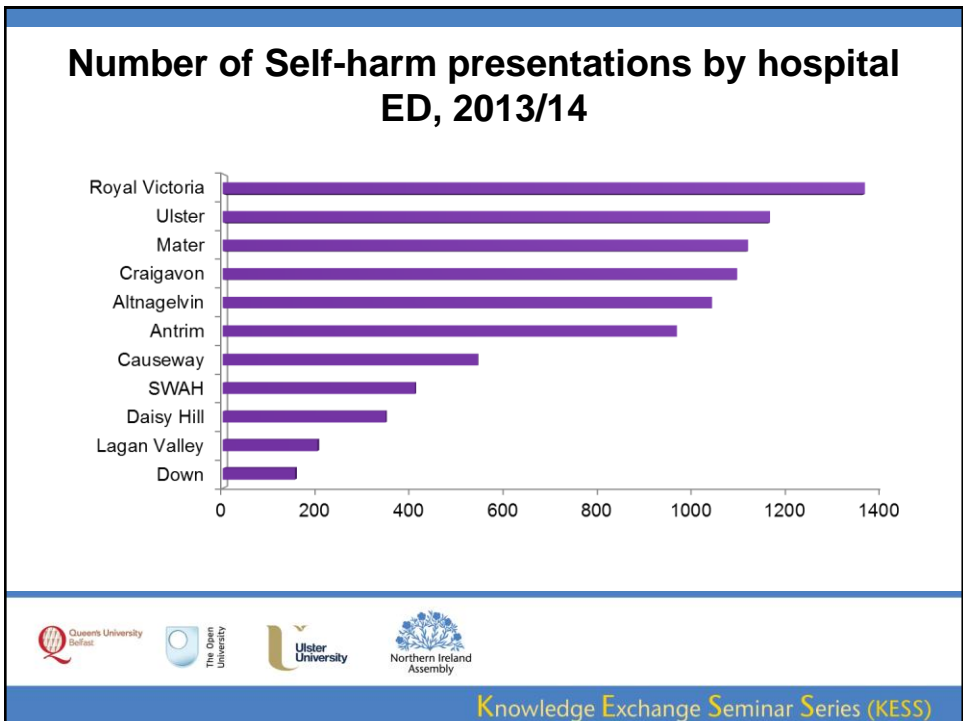
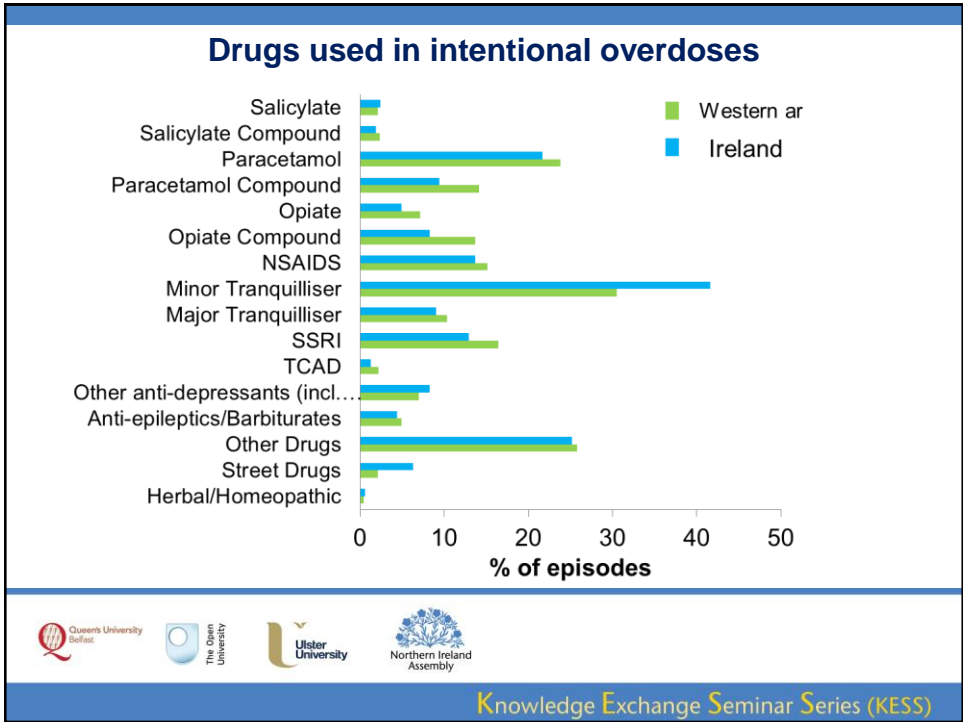
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Methods of Self Harm, NI 2013-14

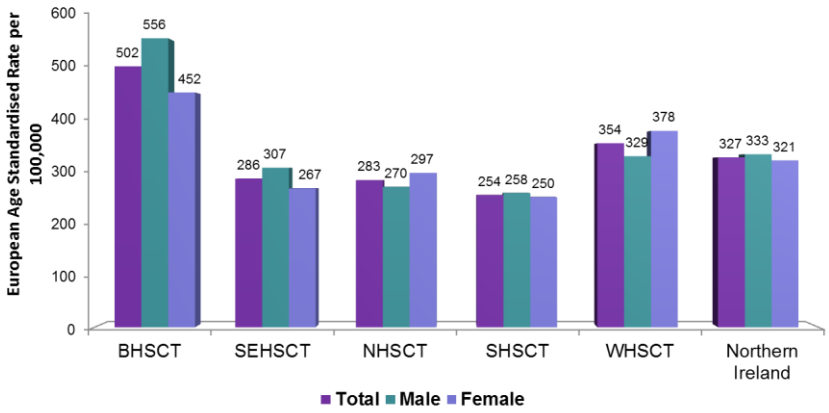
Methods of self-harm	Number of presentations (%)	
Drug Overdose	6232	(73.7%)
Self-cutting	2011	(23.8%)
Attempted Hanging	303	(3.6%)
Attempted Drowning	91	(1.1%)
Self-poisoning	95	(1.1%)



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European Age Standardised Incidence rates of self-harm, all ages per 100,000 by gender and HSC area, 2013/14



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Involvement of alcohol in self-harm

- Involved in almost half of the total presentations (49%),
- Varies from 39% in the South Eastern Trust area to 57% in the Western Trust area.
- Similar to England but higher than the Republic of Ireland (37%).
- More often involved in male episodes of self-harm than female episodes (53.8% and 43.4% resp.).
- The time of presentation to the ED is strongly associated with the involvement of alcohol with presentations involving alcohol rising steadily through the evening time and peaking in the early hours of the morning.



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Repetition of Self Harm, NI 2013-14

Number of presentations	Persons	% of all persons	Total Presentations	% of total presentations
1	4803	80.3	4803	56.8
2	711	11.9	1422	16.8
3	216	3.6	648	7.7
4	105	1.8	420	5.0
5+	127	2.5	1160	13.7



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Homeless – a high risk group

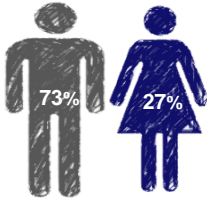
Approx 330 self harm attendances per year for self harm

Approx 200 attendances with suicidal ideation

Higher rates of repetition of self harm – 48% vs 33%

Age and gender profile for self harm differs

- younger and more likely to be male.



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Self Harm Rates Comparison with Republic of Ireland

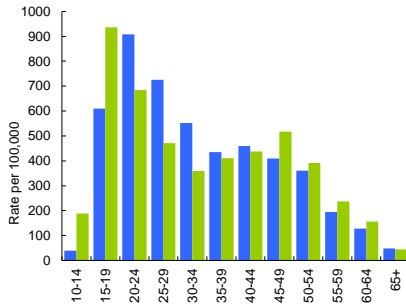
EASR Incidence Rate per 100,000	Northern Ireland	Republic of Ireland
Total	327	199
Male	333	182
Female	321	217



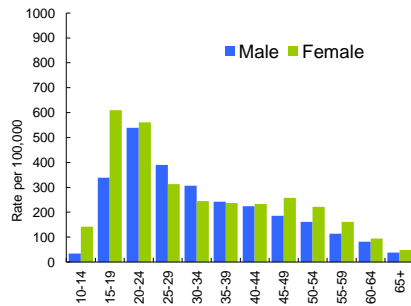
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Incidence of self-harm, 2013

Northern Ireland



Ireland



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What explains the difference?



Different health services



Prevalence of psychiatric disorders and mental illness



Assembly

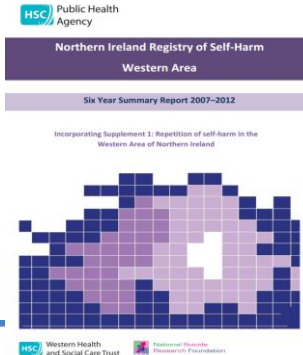
Rates of Self Harm – Comparison with other UK and Irish cities

EASR	Males	Females	All Persons
Incidence Rate per 100,000			
Belfast	661	602	632
Derry	577	664	622
Limerick	515	705	610
Derby	322	552	435
Northern Ireland Average	430	413	421
Cork	467	351	411
Manchester	355	446	398
Dublin	332	375	354
Galway	391	378	353
Waterford	345	269	307
Oxford	248	358	301
Republic of Ireland Average	230	265	247



Key findings from 6 year report

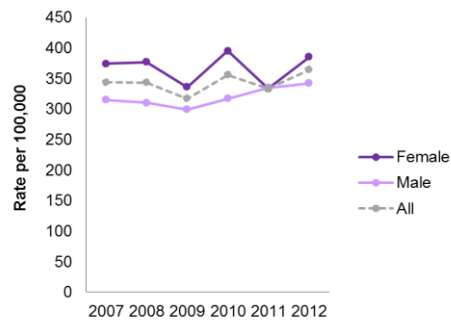
- The risk of repetition was highest in the short term with 20% of presentations repeating within 3 months.
- Risk of repetition related to number of previous self harm attendances:
 - Repetition within 3 months
 - <10% following 1st presentation
 - 20% following 2nd presentation
 - 33% following 3rd presentation
 - 57% following 5+ presentation
- People who left the ED without seeing a doctor were at high risk of repetition (26.5%).



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Trends – good news?

- 6% increase in self harm in the Western area during the period 2007-2012.
- ..greater rise seen in the Republic of Ireland (12%) and USA.
- There may be some protective factor at work to buffer the effect of the economic recession



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Implications and next steps

- Obtaining data from other sources (eg Minor Injury Units) may give a fuller picture of the issue and might explain some of the variation seen across NI.
- Monitor trends and evaluate interventions

Protect Life Strategy needs to address:

- Prevention of self harm
- Intervention following self harm
- Self harm and co-existing substance misuse problems
- People who repeatedly self harm
- High risk groups- eg homeless, Looked After Children, prisoners ...
- Access to means: further reduce access to / availability of 'minor tranquillisers' -most commonly taken in overdose; bridges
- use data to inform service developments and training programmes
- Future Research : Link with other datasets including mortality data.



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Acknowledgments

NSRF Cork:

Eve Griffin, Caroline Daly, Ella Arensman, Ivan J Perry, Eileen Williamson,, Paul Corcoran

Public Health Agency:

Brendan Bonner, Amanda O'Neill, Linda Cassidy
Members of the Self Harm Registry Steering Group.



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