Non-Fatal Self-Harm in Ireland - Findings from the National Registry of Deliberate Self-Harm, Annual Report 2012

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ABSTRACT

The eleventh annual report from the National Registry of Deliberate Self-Harm is based on data collected on persons presenting to all 35 hospital emergency departments as a result of self-harm in 2012 in the Republic of Ireland. In 2012, the Registry recorded 12,010 presentations to hospital due to deliberate self-harm nationally, involving 9,483 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following deliberate self-harm in 2012 was 211 per 100,000, a 2% decrease on the rate in 2011. However, the rate in 2012 was still 12% higher than that in 2007. In 2012, the national male rate of deliberate self-harm was 195 per 100,000, and the female rate of deliberate self-harm in 2012 was 228 per 100,000. Despite the overall decrease in 2012, the male rate has increased by 20% since 2007 and the female rate has increased by 6% over the same period (Table 1).

Table 1 - Number of Deliberate Self-Harm Presentations and Persons who Presented in the Republic of Ireland in 2002-2012

	Presentations		Persons	
Year	Number	%Diff	Number	%Diff
2002	10,537	-	8,421	-
2003	11,204	+6%	8,805	+5%
2004	11,092	-1%	8,610	-2%
2005	10,789	-3%	8,594	-<1%
2006	10,688	-1%	8,218	-4%
2007	11,084	+4%	8,598	+5%
2008	11,700	+6%	9,218	+7%
2009	11,966	+2%	9,493	+3%
2010	12,337	+3%	9,887	+4%
2011	12,216	-1%	9,834	-<1%
2012	12,010	-2%	9483	-4%

Despite a decrease in the number of self-harm presentations in 2012 from 2011, the proportion accounted for by repetition in 2012 (21.0%) was higher than that in 2010 or 2011, and similar to the years 2003-2009 (range: 20.5-23.1%). This confirms that repetition continues to pose a major challenge to hospital staff and family members involved.

Drug overdose was the most common method of self-harm, involved in 69% of all acts registered in 2012, and more so in women (75%) than in men (62%). Minor tranquillisers, paracetamol-containing medicines and anti-depressants/mood stabilisers were involved in 41%, 28% and 22% of drug overdose acts. Attempted hanging was involved in 7% of all deliberate self-harm presentations (10% for men and 3% for women). At 776, the number of presentations involving attempted hanging has increased significantly by 6% from 2011 and by 75% from 2007 (n=444). This is the greatest number of deliberate self-harm presentations involving hanging recorded by the Registry and is 75% higher than the number recorded in 2007 (n=444). Cutting was the only other common method of self-harm, involved in 23% of all episodes and was significantly more common in men (26%) than women (21%). Alcohol was involved in 38% of all cases. While overall alcohol involvement decreased slightly from 2011, alcohol was significantly more often involved in male episodes of self-harm than female episodes (42% versus 36%, respectively).

Overall, in 12% of 2012 cases, the patient left the emergency department before a next care recommendation could be made. Following their treatment in the emergency department, inpatient admission was the next stage of care recommended for 38% of cases, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Of all deliberate self-harm cases, 28% resulted in admission to a ward of the treating hospital whereas 10% were admitted for psychiatric inpatient treatment from the emergency department.

Following successive increases in deliberate self-harm in Ireland during the period 2007-2010, the 2012 Annual Report of the National Registry of Deliberate Self-Harm shows a second subsequent annual decrease. Considering the relatively small reduction, this should be interpreted with caution since it would be premature to conclude that this indicates a decreasing trend. The 2012 Registry outcomes underline an ongoing need for prevention and intervention programmes to be implemented at national level. Increased and continued support should be provided for evidence-based and best practice prevention and mental health promotion programmes in line with priorities in Reach Out, National Strategy for Action on Suicide Prevention (2005-2014) and Vision for Change, the Report of the Expert Group on Mental Health Policy.

SOURCE

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