

WHSSB Registry of Self-Harm – January to December 2007

Summary Report

The Northern Ireland Suicide Prevention Strategy, 'Protect Life – A Shared Vision' (DHSSPS, 2006), seeks to tackle the issue of suicide and self-harm with actions targeting both the general population and those individuals and communities most at risk.

The strategy also acknowledges the potential for parallel implementation with the Republic of Ireland's Suicide Prevention Strategy 'Reach Out' (HSE, 2005), and the subsequent benefits of North/South work on the issue.

As a result, an all-island action plan was developed in conjunction with the National Office of Suicide Prevention in the Republic of Ireland.

Both strategies, North and South, recognise the importance of enhancing knowledge and understanding of suicide and self-harm, and improving the information available about these issues.

The action plan identified the potential to pilot the Republic of Ireland's National Registry of Deliberate Self-Harm, in the Western Health and Social Services Board area of Northern Ireland.

The Registry in the Republic of Ireland, operated by the National Suicide Research Foundation (NSRF) in Cork, has collected data from a number of general hospitals in the country since 2002.

In 2007, the Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI) commissioned Co-operation and Working Together (CAWT) to establish a pilot project to implement the work of the NSRF within the Western Board Area.

Co-operation and Working Together (CAWT) is a cross border health and social care partnership comprising the border counties of the Health Service Executive in the Republic of Ireland, and, the Southern and Western Health and Social Services Boards and Trusts in Northern Ireland. CAWT manages a range of cross border health and social care programmes.

For this pilot project, information was collated on the incidence of hospital attendance due to self-harm behaviour at the Accident & Emergency Departments in Altnagelvin, Tyrone County and Erne Hospitals.

The pilot will identify trends and patterns of self-harm and the information will be used to inform and target resources effectively to enhance existing services and plan for future service delivery.

This summary document provides an overview of the first interim report of the WHSSB Self-Harm Registry looking at information collected from 1st January 2007 to 31st December 2007.

RATES

- Figure 1 demonstrates that the highest rates of self-harm were among 20-24 year old males and females.
- There was a clear secondary peak in incidence of self-harm for females aged 35-44 years.
- Self-harm rates were significantly lower among the elderly (over 65 years).
- Among the young, female rates were considerably higher than male rates, particularly within the 10-14 and 15-19 age groups.
- Male and female rates were both high in the 20-34 age groups, whereas females had the higher rate in those aged 35-44 years.

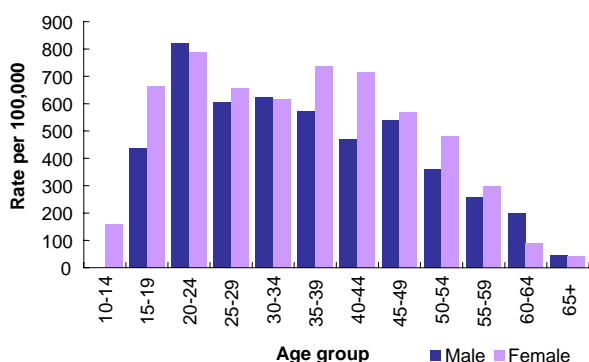


Figure 1: Rates of self-harm by age group in the Western Board area in 2007

RATES - LOCAL AREA COMPARISON

- There was significant variation in the incidence of self-harm when examined at council area level. Figure 2 illustrates that the highest rate was in Derry City Council (CC) area, followed by Strabane District Council (DC), Omagh DC, Fermanagh DC and Limavady DC.

- The rate in Derry CC was 31% higher than in the Western Board as a whole.
- In contrast, rates in Strabane DC, Omagh DC, Fermanagh DC and Limavady DC were 11%, 22%, 29%, and 43% lower respectively than that of the Western Board.
- Males and females had almost identical rates in Derry CC and Limavady DC area.
- The female rate was 15% higher in Fermanagh DC, 33% higher in Omagh DC and 48% higher in Strabane DC.

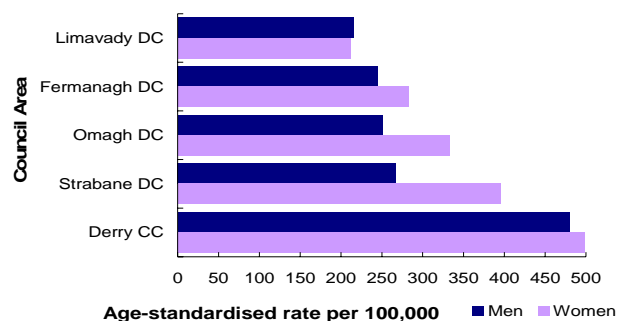


Figure 2: rates of self-harm by council area in the Western Board, 2007.

- Males had a higher percentage of episodes involving alcohol across most of the council areas with the exception of Omagh DC where females had a higher percentage than males (62% for females v 54% for males).
- Strabane DC had the highest rate for males (70%) and Omagh DC had the highest rate for females (62%).
- In the 15-19 year age group, Derry CC had the highest percentage of self-harm episodes involving alcohol (52%).
- In the 20-24 year age group, Strabane and Omagh both had high percentages of episodes of self-harm involving alcohol with 69% and 64% respectively.

- Derry CC and Strabane DC had relatively high percentages of self-harm episodes involving alcohol in the 25-34 (63% and 62% respectively) and in the 35-44 year age groups (70% and 75% respectively).
- The percentage figures for self-harm episodes involving alcohol were similar across the whole of the Western Board for the 45-54 year age group ranging from 56% to 69%.
- Omagh had a significantly high percentage of self-harm episodes involving alcohol in the 55-64 year age group (77%).
- In contrast, Limavady DC showed relatively low percentage of self-harm episodes involving alcohol in the 15-19 year age group.
- Fermanagh also showed a significantly low percentage of self-harm episodes involving alcohol in the 20-24 year age group (38%).

RATES – ALL-ISLAND COMPARISON

Derry CC rates were compared with those of the five cities in Ireland (figure 3).

- The highest rates were in Derry CC for both genders though not significantly higher than in Limerick for males (+6%) or females (+9%).
- The male rate in Derry CC was 81-92% higher than the male rates in the other cities of the Republic of Ireland.
- The female rate in Derry CC was 56-99% higher than the female rate in the other cities.

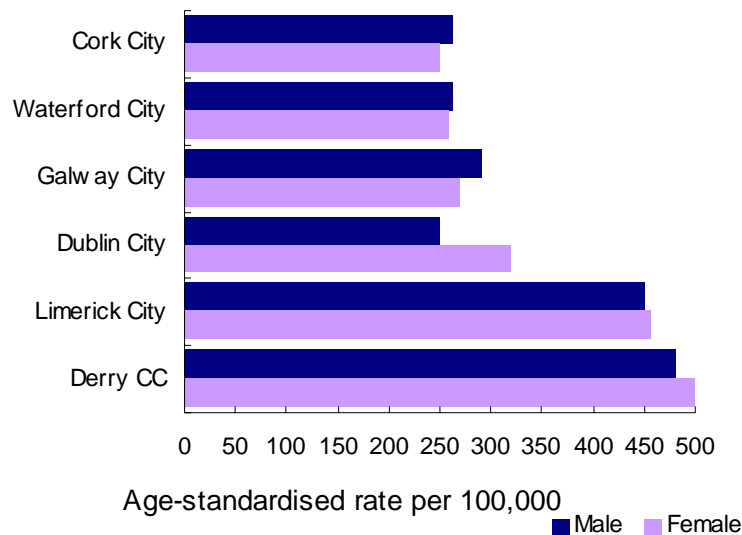


Figure 3: Rates of self-harm in Derry in 2007 compared to R.I. cities

Table 1 illustrates the incidence rates in the Western Board was 471 per 100,000 and 236 per 100,000 in the Republic of Ireland.

Table 1: Incidence rates in the Western Board compared to R.I.

| | Males | Females | Total |
|--------|-------|---------|-------|
| WHSSB | 437 | 505 | 471 |
| R.O.I. | 205 | 267 | 236 |

- An all-island comparison of cities (figure 4) shows Derry CC had the highest percentage of self-harm episodes involving alcohol in both genders.
- Cork and Waterford were the only cities where females had a higher percentage of self-harm episodes involving alcohol than males.
- Episodes of self-harm involving alcohol were relatively low in females in Republic of Ireland cities (30-46%) than in Derry CC (59%).
- The percentage of self-harm episodes involving alcohol for males was high within Derry CC, Limerick and Galway (54-66%).

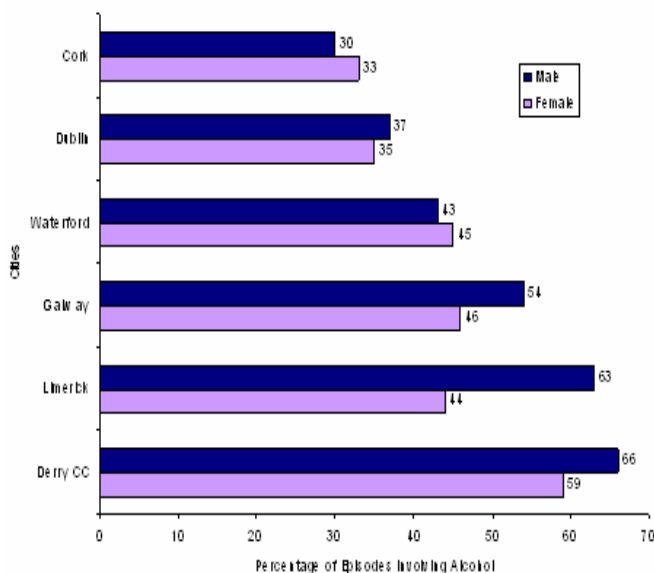


Figure 4: Percentage of self-harm episodes involving alcohol by gender in cities (all-island).

- Comparisons were made in the percentage of self-harm episodes involving alcohol between Derry CC and Limerick in a number of age groups i.e. 20-24 year age group (61% and 60% respectively), 25-34 year age group (63% and 50% respectively), the 35-44 year age group (70% and 68% respectively), and in the 45-54 year age group (66% and 83% respectively).
- This pattern was reflected again in the overall percentage of self-harm episodes involving alcohol where Derry CC and Limerick had the highest percentage rate of 63% and 54% respectively.
- Galway and Waterford had a particularly high percentage rate in two of the age groups. In the 45-54 year age group, 69% of self-harm episodes in both Galway and Waterford involved alcohol, and in the 55-64 year age-group 58% of self-harm episodes in both Galway and Waterford involved alcohol.

- In contrast, Dublin and Cork had the lowest percentages of self-harm episodes involving alcohol throughout all age-groups.
- Dublin had a fairly low percentage rate among the 15-19 year age group with 24% of self-harm episodes involving alcohol.
- Cork had the lowest percentage rate of self-harm episodes involving alcohol within the 20-24 year age-group (25%).

RATES – GB / NI / ROI COMPARISON

A GB / NI / ROI comparison of cities shows the highest incidence rates are in Derry CC and the lowest rates in Oxford. (Table 2)

Table 2: Incidence rates in cities within GB, NI and ROI

| | Males | Females | Total |
|--------------------|------------|------------|------------|
| Derry CC | 616 | 626 | 621 |
| Limerick** | 573 | 543 | 556 |
| Manchester* | 460 | 587 | 527 |
| Dublin** | 313 | 396 | 354 |
| Galway** | 369 | 333 | 351 |
| Leeds* | 291 | 374 | 333 |
| Waterford** | 338 | 323 | 332 |
| Cork** | 330 | 313 | 322 |
| Oxford* | 285 | 342 | 314 |

(Rates presented in the above tables are age-standardised per 100,000 for those aged over 15 years)

*Source – (2007) *Self-Harm in England: a tale of three cities. Multicentre study of self-harm. Social Psychiatry and Psychiatric Epidemiology*, 42, 513-521. Hawton, K., Bergen, H., Casey, D., Simkin, S., Palmer, B., Cooper, J., Kapur, N., Horrocks, J., House, A., Lilley, R., Noble, R., Owens, D. (2007) *Self-harm in England: a tale of three cities.*

**Source – 2006-2007 Report on Deliberate Self-Harm, National Suicide Research Foundation. Corcoran, P. Perry, I.

Figure 5 below highlights the percentage rates of self-harm episodes involving alcohol in cities across England, Northern Ireland and Republic of Ireland.

- Oxford had the highest percentage rates for males (69%) and Derry CC had the highest percentage rate for females (59%).
- The lowest percentage rate for males was in Cork (30%).
- The lowest percentage rate for females was in Cork (33%).

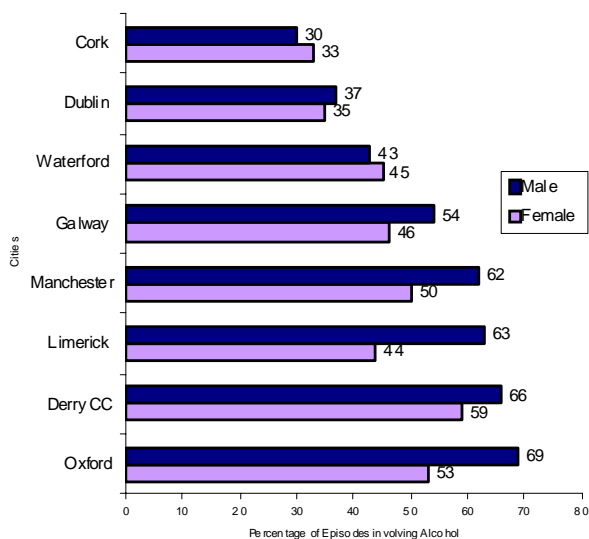


Figure 5: Percentage of episodes involving alcohol by gender, GB, NI, RoI.

- There was a similarity in self-harm episodes involving alcohol in Oxford, Derry CC and Limerick across all age groups.
- Oxford had the highest percentage rate in the 55-64 year age group than any of the cities investigated (65%).
- Manchester had a relatively high percentage rate of self-harm episodes involving alcohol in all age-groups over 25 years.
- In contrast, Manchester had a relatively low percentage rate of self-harm episodes involving alcohol within the 15-19 year age group.

- Manchester also had the highest rate of self-harm episodes involving alcohol in all cities within the 45-54 year age group (68%).

HOURLY ATTENDANCE & ASSOCIATION WITH ALCOHOL

- The pattern of presentations over the course of the day was similar for males and females.
- One gender difference that was evident was that female self-harm presentations peaked at the hour before midnight, whereas, male self-harm presentations continued to increase until 3am.
- The pattern of presentation over the course of the day was influenced by whether alcohol was involved in the act (figure 16).
- The increase in rate of presentation over the course of the day was more evident for cases involving alcohol.
- These cases largely accounted for the dip in presentations at 10:00 pm.
- Most striking was the very high rates of presentation in the period from 11pm to 5am.

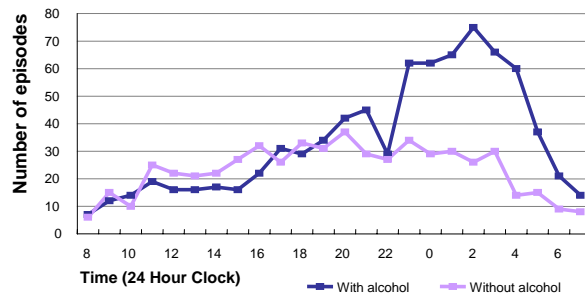


Figure 6: Pattern of self-harm episodes with and without alcohol involvement by hour in the Western Board in 2007.

METHODS

- Almost three quarters (72.7%) of all deliberate self-harm episodes involved an overdose of medication.
- Drug overdose was more commonly used as a method of self-harm by females than males (77% of female episodes and 68% male episodes).
- Cutting was the other common method of self-harm, being used in 16.9% of all cases.
- Cutting was the main method of self-harm in 17% of male episodes and 16% of female episodes.

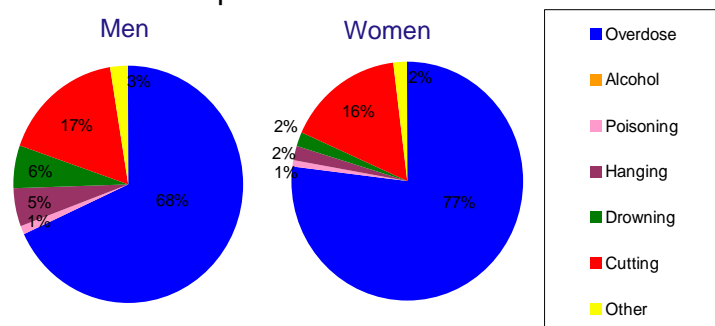


Figure 7: Methods of self-harm episodes by gender in the Western Board, 2007.

RECOMMENDED NEXT CARE

- Of the 1,369 self-harm presentations, 59% resulted in a general admission to hospital.
- Admission to a psychiatric hospital directly after emergency care followed 10% of all episodes. This is an underestimate of the total proportion admitted for psychiatric care given that some patients admitted initially to a general ward were subsequently admitted for psychiatric care.
- Almost one in five (19%) were not admitted after emergency care. These patients generally receive a referral to other services such as out-patient appointment or GP/Community Psychiatric Nurse (CPN).
- Patients refusing, leaving before a decision was made and leaving without being seen accounted for 6%, 3% and 4% of all other episodes respectively.
- Almost two thirds (63%) of self-harm presentations to Altnagelvin Hospital resulted in general admission, compared to approximately half of those who presented to Tyrone County Hospital (53%) and Erne Hospital (46%).
- Direct psychiatric admission was lowest at 6% in Altnagelvin Hospital compared to 18% and 16% in Tyrone County Hospital and Erne Hospital respectively.
- One in four (26%) patients was discharged following emergency treatment in Erne Hospital compared to 18% at both Altnagelvin Hospital and Tyrone County Hospital.
- In general, admission patterns following emergency treatment were similar for males and females with the exception that males were more often admitted directly to psychiatric care (13%) compared to females (7%).
- More than two thirds (70%) of drug overdose acts resulted in general ward admission compared to 28% of attempted hangings, 41% of attempted drowning and 22% of self-cuttings.
- Direct psychiatric admission followed one in three cases of attempted hanging (34%) and attempted drowning (31%).
- Almost half (46%) of self-harm patients who had used self-cutting were not admitted after emergency treatment.