



# National Suicide Research Foundation

## Research Bulletin

## December 2011

This is the 10<sup>th</sup> issue of the Research Bulletin produced by the National Suicide Research Foundation (NSRF). The main objective is to provide regular updates of our research findings to a wide range of relevant agencies and professionals in the health and community care services, thereby helping to provide an evidence base for suicide and self harm prevention programmes.

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### Alcohol and deliberate self harm

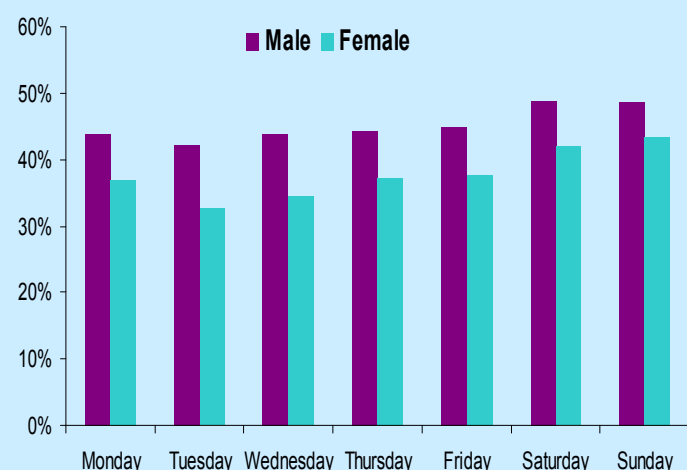
In 2010, the National Registry of Deliberate Self Harm (NRDSH) showed a fourth successive increase in the national rate of hospital-treated deliberate self harm. In total, 11,966 presentations due to self harm were recorded, involving 9,630 individuals.

Alcohol was involved in 41% of all self harm cases. Alcohol was significantly more common in men who engaged in deliberate self harm (44%) than in women who self harmed (37%). Alcohol is one of the factors underlying the pattern of self harm presentations by day of the week and time of day.

### Alcohol, self harm and time of the week

Figure 1 shows an increasing trend in involvement of alcohol with self harm during the week, starting on Tuesday with a peak on Saturday and Sunday, and with similar patterns for men and women. However, significantly higher proportions of alcohol involvement were found among men on all days of the week.

Figure 1 Average percentage of self harm episodes involving alcohol by weekday (2003-2010)

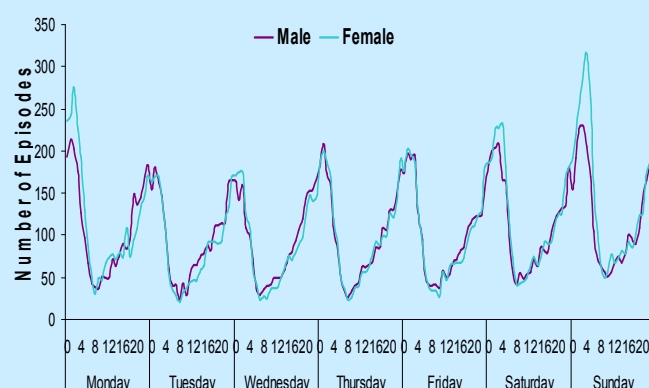


### Alcohol, self harm and time of the day

Figure 2 shows that the peak times for presentations with alcohol are between 8pm – 2am, which is a consistent pattern on all days of the week. In addition, there is a peak for female presentations in the early hours of Sunday and Monday mornings.

### Psychological characteristics, stressful life events and

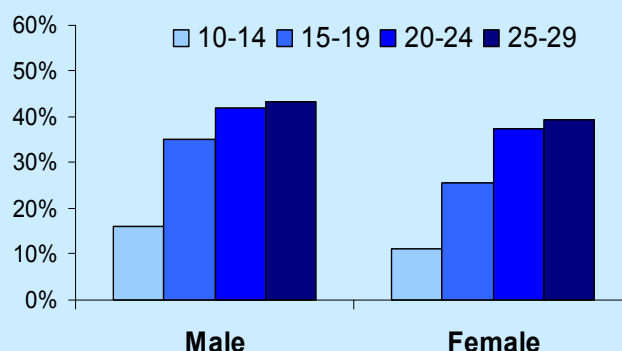
Figure 2 Average number of episodes involving alcohol by hour and weekday (2003-2010)



### Alcohol involved in self harm among young people

Alcohol involvement in self harm is prevalent among both young males and females with an increasing trend across the age groups. Sixteen percent of boys aged 10-14 years who engaged in self harm had used alcohol at the time of the self harm act which increased to 43.3% among young adult men aged 25-29 years. Among girls aged 10-14 years, 11.1% had used alcohol at the time of the self harm act and this increased to 39.2% among young adult women aged 25-29 years.

Figure 3 Average percentage of self-harm episodes involving alcohol in young people by year (2003-2010)



### Recommendations

These findings underline the need to:

- Enhance health service capacity at specific times and to increase awareness of the negative effects of alcohol misuse and abuse, such as increased depressive feelings and reduced self-control.
- Intensify national strategies to increase awareness of the risks involved in the use and misuse of alcohol, starting at pre-adolescent age.
- Intensify national strategies to reduce access to alcohol.

## **deliberate self harm: Findings from the Child & Adolescent Self harm in Europe (CASE) Study**

Deliberate self harm is a significant problem among young people in Ireland and other European countries. There is evidence to suggest that both psychological characteristics and stressful life events may contribute to self harm in young people. This study examined the extent of the association between self harm and these factors among young people.

Over 30,000 15 and 16 year olds took part in an anonymous questionnaire survey conducted in secondary schools in Ireland, Belgium, England, Hungary, The Netherlands, Norway and Australia. The study found that pupils with an increased severity of self harm history also had higher levels of depression, anxiety, impulsivity, lower self esteem and had experienced more stressful life events. Being female, having experienced the suicide or self harm of others, having experienced physical or sexual abuse and having worries about sexual orientation all differentiated between pupils who engaged in one act of self harm from pupils who thought about self harm, without acting on it. Furthermore, female gender, higher depression, lower self esteem, having experienced the suicide or self harm of others and having been in trouble with the police all differentiated between pupils who engaged in multiple acts of self harm from pupils who engaged in just one act of self harm.

This study underlines that many psychological characteristics and stressful life events substantially increase the risk of self harm among young people and that some factors are more likely than others to be associated with increased risk.

*Reference:* Madge N, Hawton K, McMahon E, Corcoran P, De Leo D, De Wilde E, Fekete S, Van Heeringen K, Ystgaard M, Arensman E. (2011). Psychological characteristics, stressful life events and deliberate self harm: findings from the Child & Adolescent Self harm in Europe (CASE) Study. *European Child and Adolescent Psychiatry*, 10, 499-508. doi:10.1007/s00787-011-0210-4.

## **Impact of different pack sizes of paracetamol in the United Kingdom and Ireland on intentional overdoses: A comparative study**

Paracetamol is commonly used in acts of intentional overdoses. In order to reduce acts of intentional overdoses involving paracetamol, legislation was introduced in the UK in 1998 to restrict pack sizes of paracetamol sold in pharmacies (max. 32 tablets) and non-pharmacy outlets (max. 16 tablets), and in Ireland in 2001 (max. 24 and 12 tablets resp.). The aim of this study was to examine whether pack size reductions resulted in smaller overdoses of paracetamol in Ireland compared to the UK.

This study investigated the number of paracetamol tablets consumed in non-fatal overdoses resulting in hospital presentation between 2002 and 2007 recorded by the Multicentre Study of Self Harm in England and the National Registry of Deliberate Self Harm in Ireland. There were clear peaks in numbers of overdoses reflecting the maximum pack sizes in each respective country. There were also peaks at multiples of these pack sizes. The average number of tablets consumed in paracetamol overdoses did not differ significantly between the English (22 tablets) and the Irish sample (24 tablets). However the average number of packs used in overdose was greater in Ireland (2.63 packs) than in England (2.07 packs).

This study has shown that people who take paracetamol overdoses tend to consume numbers of tablets related to available pack size. The difference in paracetamol pack size legislation between England and Ireland does not appear to have resulted in a major difference in size of overdoses. This is because more pack equivalents are taken in overdoses in Ireland, possibly reflecting differing enforcement of sales advice and differences in access to clinical services.

*Reference:* Hawton K, Bergen H, Simkin S, Arensman E, Corcoran P, Cooper J, Waters K, Gunnell D, Kapur N. (2011). Impact of different pack sizes of paracetamol in the United Kingdom and Ireland on intentional overdoses: a comparative study. *BMC Public Health*, 11:460.

## **Award for Excellence in Research**

On 5<sup>th</sup> October 2011, the Irish Association of Suicidology (IAS) organised a Master Class for young researchers working in suicide research and prevention in Ireland in conjunction with their annual conference. At this event, Celine Larkin received the IAS Award for Excellence in Research for her submission and Jacklyn McCarthy was short listed. Summaries of the research presentations by Celine Larkin and Jacklyn McCarthy are presented below.

## **Risk Factors for Repetition of Self Harm: A Systematic Review of Prospective Hospital-Based Studies – Celine Larkin**

Self harm is a significant health problem in Ireland and internationally, with almost 12,000 hospital presentations to Irish emergency departments in 2010 (NSRF, 2011). Over a fifth of these presentations involved persons who had already presented at least once in that calendar year. All self harm patients presenting to hospital should be assessed to determine who is at risk of further self harm but at present there is no consensus on what constitutes “at risk”. This was the first systematic review to examine risk factors for repetition of self harm among those presenting to emergency departments and was intended to synthesise existing evidence to aid assessment and intervention for self harm patients. The search located 116 eligible studies, which were quality assessed using an original instrument. A number of factors were consistently associated with a higher risk of repetition. These were: previous history of self harm; previous or current psychiatric treatment; alcohol or drug abuse; higher hopelessness scores; and a history of sexual abuse. Consistent protective factors included being married and older age. The principal conclusion was that self harm patients with particular vulnerabilities are at an elevated risk of repetition. Therefore, while such patients present as complex cases in clinical settings, it is likely that intervention in one area of difficulty may have the effect of enhancing resilience against future challenges.

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## **Suicidal Behaviour, Risk Behaviours and Related Mental Health Difficulties in a Sample of Sexually Assailed Irish Adolescents – Jacklyn McCarthy**

Research into sexual assault has focused primarily on adult populations. Despite the lack of research in this area, a number of studies have highlighted age as a major risk factor. Adolescents and young adults are four times more likely to experience sexual assault than any other age group. Young sexual assault victims are also more likely to engage in risk behaviours, such as alcohol and drug abuse, deliberate self harm and suicidal ideation. As part of this study 20 students (13 to 16 year olds) from a randomly selected sample of secondary school students (1,112) responded yes to the question ‘Has anyone ever forced you (physically or verbally) to engage in sexual activity against your will’. This group consisted of 14 (70%) girls and 6 (30%) boys. The estimated prevalence of sexual assault was 1.8%. Although this is a small group, these young people experienced marked differences in their sexual behaviour, relationships, risk behaviours and mental health, when compared with their non-sexually assaulted peers. The wide ranging and severe difficulties experienced by these young people highlights the need for appropriate interventions.

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