

Deliberate Self-harm: An Update of Findings from National Registries

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Deliberate self-harm (DSH) is a frequent cause of presentation to emergency clinics and confers a major health problem. The behavior is often recurrent, is strongly associated with psychological distress or psychiatric problems, and denotes a strong predictor for self-harm repetition, suicide and premature mortality.

DSH is defined as intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent. This definition encompasses both ‘suicide attempts’ and acts with other motives or intentions, and is used widely in a similar way in countries in Europe and elsewhere in the more recent literature in an attempt to reach a more neutral terminology.



Accurate identification of DSH incidents and report of its incidence rate on a national basis have been challenging tasks globally.

Two ways to know the incidence and prevalence of DSH:

- **Surveys of representative samples of residents**
- **Medical records on self-harms treated in health-care services**

Although the method based patient records is criticized for only being able to include severe forms of DSH leading to medical attention, it provides the very best opportunity to obtain reliable and precise data of DSH with the capacity covering a large population.



Norwegian Patient Registry (NPR)

The Norwegian Patient Registry (NPR) covers the entire national population and contains data on both physical and psychiatric treatments in hospitals and associated municipality emergency rooms, ambulance, outpatient clinics, and contracted private specialists in the country.

The registry includes separate datasets from 6 divided services:

- 1) somatic hospitals and emergency clinics
- 2) adult psychiatry
- 3) child and adolescence psychiatry
- 4) substance dependence
- 5) contracted private specialist – somatic
- 6) contracted private specialist – psychiatry



Based on data from the NPR, 2008-2013, we included about 1.5 millions episode contacts as eligible records and identified possible incidents of deliberate self-harm (DSH) treated in the secondary health case system in Norway.

We further profiled the socioeconomic characteristics and clinical features of the adjusted DSH incidents in our analyses and followed these incidents for subsequent treatment referrals.

Since the presented results are unpublished , thus regarded as confidential at the moment, I have chosen to remove the slides hereafter this point -- sorry.



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