April 26th 2024

Letter to editor: Re Prevalence of Self-Harm among children and adolescents in the Republic of Ireland- a systematic review

Dear Dr Lyne,

Thank you for the opportunity to respond and revised our manuscript considering the feedback from two reviewers.

Reviewer 1 expressed grave concerns regarding the design and comprehensiveness of the search strategy and the accuracy of data extraction. We would like to address these two very important points.

Reviewer 1 is correct to raise concerns about the search strategy being limited to SH alone, rather than also including ‘self-injury, drug overdose and suicide attempts. We were aware from the literature of different and at times overlapping terminology and increasing discussions about the need for clarity when used. (Angelotta C. Defining and refining self-harm: A historical perspective on non-suicidal self-injury. The Journal of nervous and mental disease. 2015 Feb 1;203(2):75-80). We carefully considered this prior to the search methodology and choose SH which sat under the MESH term self-injurious behaviour and included other SH variants (ie harm-self, SH-intentional, SH-deliberate) and other categories of harm such as self-destructive behaviour, self-injurious behaviour, and non-suicidal self-injury (NSSI). The search did in fact identify papers with other forms of SH, including papers focussed on self-injurious behaviour. We were also aware of difference of opinion between researchers regarding the introduction of the term non-suicidal self-injury with proponents suggesting it improves consistency in reporting (Butler AM, Malone K. Attempted suicide v. non-suicidal self-injury: behaviour, syndrome, or diagnosis? The British Journal of Psychiatry. 2013 May;202(5):324-5) and others expressing concerns about creating a false dichotomy between "suicidal" and "non-suicidal" behaviours/attempts (Kapur N, Cooper J, O'Connor RC, Hawton K. Non-suicidal self-injury v. attempted suicide: new diagnosis or false dichotomy? The British Journal of Psychiatry. 2013 May;202(5):326-8). These considerations made us opt for a term that ***reflected a discrete or definitive behaviour***, that of self-harm, but without classification by presence or degree of intent, or without regard to motive. We felt this would allow us to identify the most relevant sturdies linked to the study’s aim.

However, we are aware that our own deliberations and concerns were considered by reviewer 1, and that by restriction to SH we may miss important studies. We have therefore taken Reviewer 1’s important consideration on board and have followed their suggestion of repeating the search using broader category. We also applied the criteria for self-harm as used in a Cochrane Review by Keith Hawton and colleagues (Witt KG, Hetrick SE, Rajaram G, Hazell P, Salisbury TL, Townsend E, Hawton K. Interventions for self‐harm in children and adolescents. Cochrane database of systematic reviews. 2021 [3]). The search terminology, search results are found in appendix 1 attached. The new search was conducted on 30th March. The PRISMA and paper have been updated, with the total number of included studies now rising to 18.

Reviewer 1 expressed concern that we may have missed some important publications ( eg Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Ashcroft DM, Arensman E. Paracetamol-related intentional drug overdose among young people: a national registry study of characteristics, incidence and trends, 2007–2018. Social psychiatry and psychiatric epidemiology. 2021 May; 56:773-81). We had in fact been aware of this paper before, presenting important data on SH methods captured by the NSHR, but we have not included it. This was because we had included the most recent data from the National Self-Harm Registry Ireland – the most recent published report that has included data on youth is for 2020 (Joyce, M, Chakraborty, S, O’Sullivan, G, Hursztyn, P, Daly, C, McTernan, N, Nicholson, S, Arensman, E, Williamson, E, Corcoran, P (2022). National Self-Harm Registry Ireland Annual Report 2020. Cork: National Suicide Research Foundation. <https://www.nsrf.ie/wp-content/uploads/2022/11/NSRF-National-Self-Harm-Registry-Ireland-annual-report-2020-Final-for-website.pdf>). We have therefore captured the incidence rates of SH, including the fact that SH in general has increased over the timeframe. In our paper, we did not report on paracetamol-related overdoses, or reference the higher rate of increase in females aged 18-24, as this was not the remit of the systematic review. One paper published using data form the NSRF was included as it related solely to the age group under study (Griffin et al. 2018). Based on reviewer 1’s concern, in the revised submission, we have explicitly clarified the justifications for not including additional publications which report on findings from the same cohort, unless they offered new information. This applied to many other publications from the NRSH or NSRF, CASE, and SEYLE studies.

Reviewer 1 drew our attention to possible errors we made in extracting data from two papers reporting on the same cohort: Madge et al, 2008 and Morey et al, 2008. Reviewer 1 is indeed correct in that we have made two error in data transfer, and we apologise sincerely for this. In the paper by Madge et al (2008), total rates were not presented, but rather listed by gender. We had intended to calculate a total rate to allow comparison with other studies found, and inadvertently duplicated the row in the table which reflected male rates. The total rates were omitted. We have corrected this error. The other error was in reporting past year thoughts SH in females, which occurred when rounding up 21.98% inaccurately to 29.8%. Both these errors have been corrected in the revised submission, and a thorough cross checking between data of all CASE papers (and indeed all others included) has been carried out.

We have rewritten this section and used Madge et al 2008 as providing the main prevalence data by gender and Morey et al 2008 for total rates. We have also calculated total rate from the CASE (using weighted calculations) to help generate total Eu data and allow us to highlight similarities and differences with reference to the other 6 CASE countries. We have further calculated a total prevalence rate to allow us to put this alongside Morey et al 2008 paper and have added this to the table. We have also emphasised additional and clinically relevant data beyond that limited to prevalence rates, for both papers. When making specific points or giving data, we have been careful to accurately reference the source of the data and whilst we have drawn attention in brief in the discussion to difference between studies, we have not over emphasised this issue, as it takes away from the main findings. In many cases, while there were differences, they were indeed slight. We mention these more to highlight methodological difficulties and the need (as indeed CASE/SEYLE/ NSRF do) for standardised measures/definition of terms.

Whilst it does not excuse this error, it may be helpful to offer some background as to difficulties we encountered when examining data presented in different papers but based on the same cohort. If of interest to you or the Reviewers, this is given in appendix 2 attached.

We hope that these revisions to the paper will be reassuring, and that contrary to Reviewer 1 legitimate initial concerns about carelessness, we have indeed worked very hard to reconcile the data across studies and present coherent data, where it exists for the reader.

Reviewer 1 also drew our attention to the distinction between incidence and prevalence rates and a need for greater clarity in both text and tabular form. We have addressed these in the text and reference in the table 5. We have also addressed errors made in acronyms and our failure to define various abbreviation ahead of use, we apologise for this oversight.

We have also taken on board concerns expressed regarding poorly structured tables and source of graph and have amended these. We have also gone through the manuscript carefully to correct any typographical errors and to improve the overall writing. We are grateful to Reviewer 1 for having gone through our paper so thoroughly and believe that by taking on board their suggestions and concerns, the current revisions is an improved paper.

We are also grateful to Reviewer 2 for offering feedback and appreciate their view of the paper as ‘timely and well written’. As suggested, we have added in more reflection on the findings of an increase in SH among younger age groups especially post Covid. The work by Lyons-Ruth K and colleagues (Lyons-Ruth K, Bureau JF, Holmes B, Easterbrooks A, Brooks NH. Borderline symptoms and suicidality/self-injury in late adolescence: Prospectively observed relationship correlates in infancy and childhood. Psychiatry research. 2013 Apr 30;206(2-3):273-81) highlighting the link between adversities in infancy and childhood and later self-harm behaviours has also been added to the discussion.

We are also grateful for your own positive review and suggestions of how to improve.

We hope we have addressed all the issues raised by both reviewers and that the paper as currently stands is of a higher standard as a result.

We hope we have reached the standard that reflects IJPM submissions. We hope you and your readership will find this of interest.

Yours Sincerely, on behalf of all authors,



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