

## National Self-Harm Registry Ireland

### Report for January-June 2015<sup>1</sup>

- In the first six months of 2015, the Registry recorded 5,475 presentations to hospital due to self-harm. This is 3% higher than the number recorded for the same period of 2014 (n=5,327).
- More than half of the presentations were made by women (n=3,012, 55%).
- In total, 4,648 individuals were treated following self-harm. Thus, 827 (15%) of the presentations recorded were due to repetition.
- Drug overdose was the most common method of self-harm, involved in 67% of cases. Alcohol was involved in 32% of cases (30% for women and 36% for men). Self-cutting was the only other common method, involved in 26% of cases.
- These figures are in line with the equivalent figures for the same period of 2014.
- There were 379 acts involving attempted hanging. While only accounting for 7% of all self-harm cases, this number is 1% higher than that recorded in the first six months of 2014 (n=374).

### Incidence Rate in Ireland

**Table 1: Incidence rate (EASR) per 100,000**

|                | <b>2014</b> | <b>2015</b> | <b>Change</b> |
|----------------|-------------|-------------|---------------|
| <b>Male</b>    | 186         | 193         | +3.7%         |
| <b>Female</b>  | 225         | 238         | +5.7%         |
| <b>Overall</b> | 205         | 215         | +4.9%         |

- Taking into account the population, the national rate of persons presenting to hospital following self-harm was 215 per 100,000 in first six months of 2015. The female rate was 23% higher than the male rate.
- The national rate for the first six months of 2015 was 5% higher than the rate for the same period of 2014 (4% higher for men, 6% higher for women).

<sup>1</sup> Provisional figures

Table 2: Incidence rates (EASR) per 100,000 by HSE Region

|         | HSE Dublin/ Mid-Leinster | HSE Dublin/ North East | HSE South | HSE West | Ireland |
|---------|--------------------------|------------------------|-----------|----------|---------|
| Male    | 192                      | 156                    | 234       | 191      | 193     |
| Female  | 240                      | 230                    | 245       | 244      | 238     |
| Overall | 215                      | 193                    | 239       | 216      | 215     |

- The incidence of self-harm was highest in the HSE regions South and West. The female rate was higher than the male rate in all HSE regions.
- The incidence of self-harm was highest – at 604 per 100,000 – among 20-24 year olds, while the lowest rates was among those aged under 10 years and over 65 years.
- This pattern was similar for HSE regions South and West (649 and 676 per 100,000) however for the remaining regions 15-19 year olds had the highest rates (588-611 per 100,000).

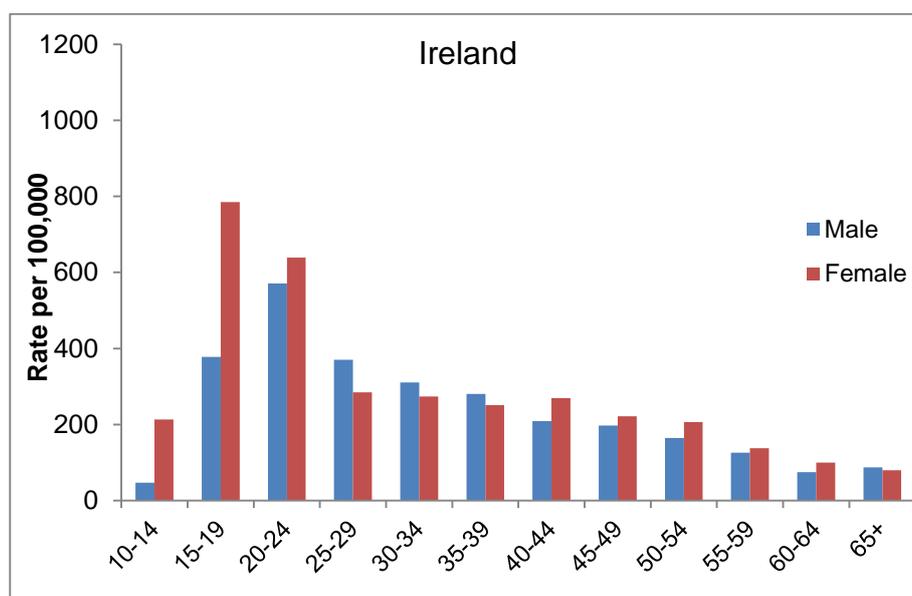


Figure 1: Age/sex-specific rate of self-harm in Ireland

- The highest rate of self-harm, for both genders, was among adolescents and young adults.
- The peak female rate was 785 per 100,000, among 15-19 year olds.
- The peak male rate was 571 per 100,000 among 20-24 year olds.
- In many age groups there was little difference in incidence rates by gender.

- The exceptions were among 10-14 year olds and 15-19 year olds where the female rate was 353% higher and 108% higher than the male rate, respectively.



Figure 2: Age/sex-specific rate (per 100,000) of self-harm by HSE region

- The age pattern in the rate of self-harm was similar across the HSE regions with the exception of HSE West which had considerably lower rates in 15-19 year olds and higher rates of self-harm in 20-34 years old.
- Uniquely, the HSE South saw a significantly higher male rate of self-harm across the age range 20-24 years.

The outcomes of the Registry continue to highlight the importance of improving access to services for people engaging in self-harm, in line with strategic goal 4 and 7 of *Connecting for Life*, Ireland’s new National Strategy to Reduce Suicide, 2015-2020. This involves access to real-time surveillance data on self-harm, and improving the provision of psychosocial and psychiatric assessment for self-harm patients in the emergency department, as well as delivering targeted interventions for self-harm.

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