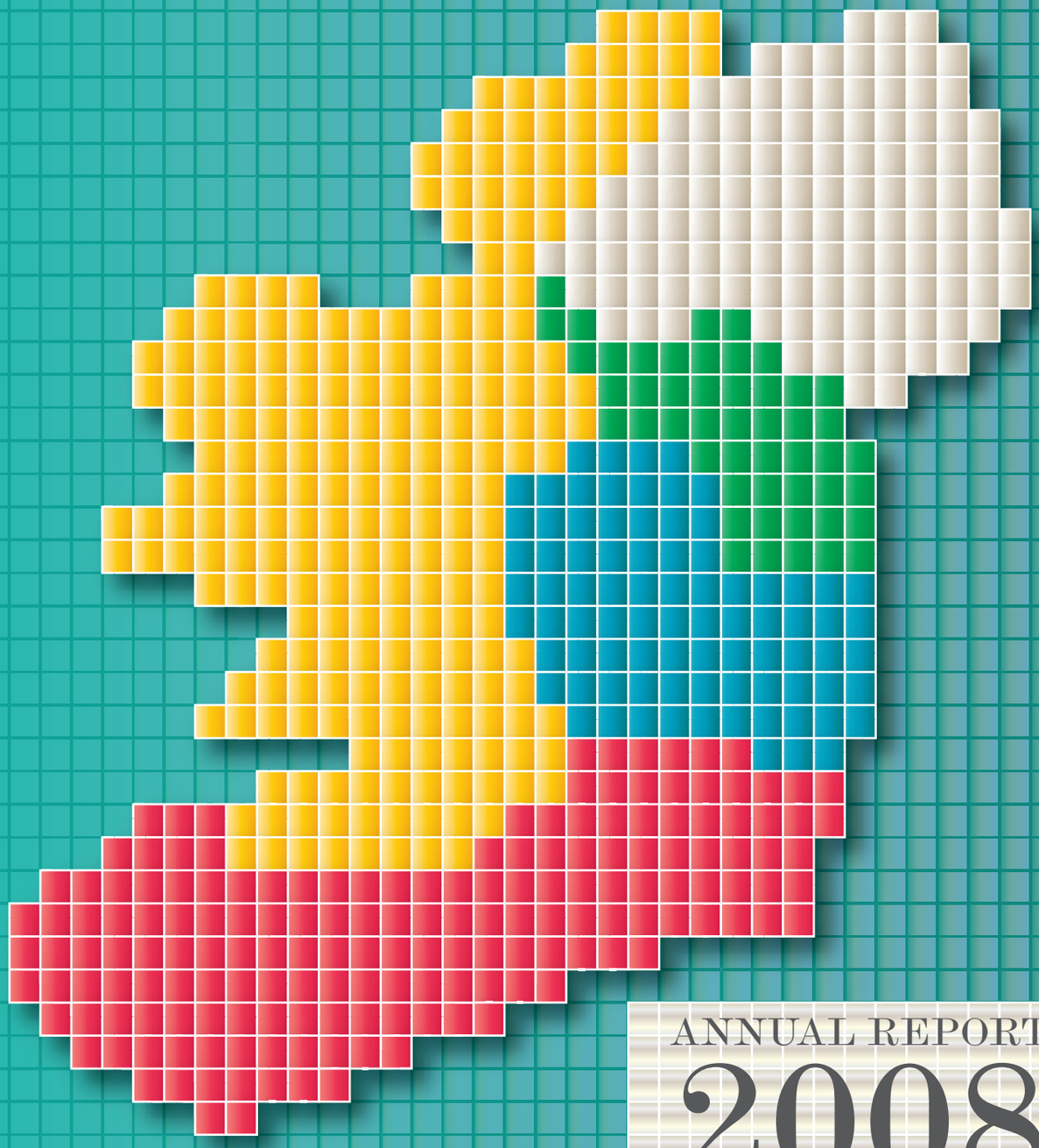
National Registry of Deliberate Self Harm Ireland



ANNUAL REPORT 2008

NATIONAL SUICIDE RESEARCH FOUNDATION

National Registry of Deliberate Self Harm Ireland

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Executive Summary and Commentary

This is the seventh annual report from the National Registry of Deliberate Self Harm. It is based on data collected in 2008 in the Republic of Ireland on persons presenting to hospital emergency departments as a result of deliberate self harm. The Registry had near complete coverage of the country's hospitals for the period 2002-2005. From 2006 onwards, all general hospital and paediatric hospital emergency departments in the Republic of Ireland have contributed data to the Registry.

The year 2008 is the fourth year in which the Health Service Executive (HSE) had full operational responsibility for running the country's health and personal social services. In 2008 there were four HSE administrative regions: Dublin / Mid-Leinster, Dublin / North East, South and West. This report presents the Registry findings at national level by HSE region and by hospital group. Moreover, data for each hospital are tabulated in the Appendices.

In 2008 the Registry recorded 11,700 presentations to hospital nationally, involving 9,218 individuals due to deliberate self harm. The findings for the period 2002-2007 indicated that the incidence of hospital treated deliberate self harm in Ireland was relatively stable. However, in 2008 there was a significant increase (6%) in the national person-based rate of deliberate self harm to a rate of 200 per 100,000 from 188 per 100,000 in 2007.

The rate of deliberate self harm was considerably higher in women (223 per 100,000) than in men (180 per 100,000). The increase from 2007 was more pronounced in men (11% higher) than in women (4% higher). We also observed an increase in both boys and girls in the 10-14 years age group. Consistent with previous years, deliberate self harm was largely confined to the younger age groups. Almost half of all presentations (46.5%) were by people under 30 years of age and 88% were by people aged less than 50 years. Only a minority of all deliberate self harm episodes (2%) were by people of 65 years and older.

As in previous years, the peak rate for women was in the 15-19 years age group at 639 per 100,000, whereas the peak rate for men was in the 20-24 years age group at 433 per 100,000. This means that one in every 156 Irish adolescent girls and one in every 231 men in the 20-24 years age group were treated in hospital as a result of deliberate self harm.

The incidence of deliberate self harm continued to exhibit marked variation by geographic area. Deliberate self harm rates were highest in the HSE Dublin / North East Region, and this time lowest in the HSE South Region. City rates of deliberate self harm generally exceeded those of the counties, particularly for men. With support from Health Atlas Ireland we have included maps in this year's report showing the incidence of hospital presentations with deliberate self harm in men and women at the city/county level.

As in previous years, repeat presentations to hospital due to deliberate self harm represented a significant problem. More than one in five (21%) of all deliberate self harm presentations in 2008 were due to repeat acts, which was slightly lower than in 2007 (23%). The proportion of deliberate self harm patients who made at least one repeat presentation during the calendar year was 14% in 2008, which was again slightly lower than in the previous two years (2007: 15%, 2006: 16%).

Drug overdose was the most common method of self harm in 2008, involved in 72% of cases, more often used by women (79%) than men (64%). Among this group, minor tranquillisers (41%), paracetamol-containing medicines (32%) and anti-depressants / mood stabilisers (22%) were most commonly used, which is broadly similar to the pattern observed in 2006-2007. The prescription paracetamol compound distalgesic was withdrawn from the Irish market in January 2005. However, in 2008 distalgesic was still involved in 29 intentional drug overdose cases, which may be linked to household stock (between 2002-2005 it was used in approximately 400 cases annually and in only 40 cases in 2007).

With regard to street drugs, cocaine (190 cases; 6% decrease when compared to 2007) and heroin (132 cases; 47% increase when compared to 2007) were used in 3.8% of all overdose acts.

As in previous years, self-cutting was the second commonest method of self harm used in one in five cases (21%), and significantly more often by men (25%) than by women (18%). Self-cutting was associated with increased risk of repetition. More than one in four (28%) of individuals who presented with the main or co-method of self-cutting made a repeat presentation in the same calendar year as compared to 15% of those who presented due to an intentional drug overdose.

Alcohol consumption was reported in 42% of all episodes of deliberate self harm and this was more often the case for men (46%) than women (38%). For men, the level of alcohol consumption was higher than in previous years and this may be a factor associated with the increase in self harm rates observed in men. Ongoing research in the National Suicide Research Foundation shows strong evidence that alcohol is an important factor contributing to variation in the pattern of deliberate self harm by time of day, day of week and season. Deliberate self harm presentations peak in the hours around midnight, in the Spring and Summer months, and one-third of all presentations occur on Sundays and Mondays.

Attempted hanging was more often used as a method of deliberate self harm than in previous years. Of particular concern is the high proportion of attempted hanging recorded in adolescent boys: 16% of all acts in the 10-14 years age group and 9% of all acts in the 15-19 years age group.

Of all deliberate self harm cases, 10% were admitted for psychiatric inpatient treatment from the emergency department (12% in 2006-2007), 33% were admitted to a ward of the treating hospital (35% in 2006-07), 1% refused admission (stable when compared to the previous periods), 12% left before next care could be recommended (13% in 2006-07) and 44% (39% in 2006-07) were discharged following emergency treatment. Thus, the admission rate was significantly lower than in previous years. The emergency department was the only treatment setting for more than half of all deliberate self harm patients. As expected, admission to psychiatric inpatient care directly from the emergency department was most common for cases involving the highly lethal methods of attempted hanging (28%, down from 34% in 2006-07) and attempted drowning (22%, down from 28% in 2006-07). Psychiatric admission rates were also lower in 2008 than in 2007. It should also be noted that approximately 40% of cases which involved highly lethal methods were not admitted following emergency treatment. This is a major issue of concern given the high risk of a repeated fatal attempt among those who engage in attempted hanging and drowning.

The next care recommended to deliberate self harm patients varied significantly by HSE hospital group and HSE area. The admission rate to a general ward ranged from 5% to 82% across the general hospitals, and the direct psychiatric admission rate from the emergency department ranged from 4% to 35%. The proportion of patients who left the emergency department without being seen or before a recommendation for next care was available also varied between 2% and 28% in different hospitals. It is most likely that variation of this magnitude in next care reflects variation in resources and quality of care, which highlights the importance of ongoing efforts focused on implementing uniform procedures of assessment and management of deliberate self harm across the country.

The National Suicide Research Foundation is working with colleagues in the North of Ireland to establish a registry of deliberate self harm in Northern Ireland. A summary of data for 2008 from a pilot project conducted in the Western Area of Northern Ireland is presented in Section III of this report. This is a first important step in comparing the incidence of hospital-treated deliberate self harm in the Republic of Ireland and Northern Ireland. We look forward to an extension of the registry in the North and ultimately the development of a standardised all-island system for monitoring deliberate self harm.

RECOMMENDATIONS

The significant increase in deliberate self harm in Ireland in 2008 may indicate an increasing trend that started in 2007. This underlines the need to implement more intensified prevention and intervention programmes at national level. Continued support should be provided for programmes that have been initiated in recent years, including the national mental health awareness campaign and evidence based mental health promotion initiatives undertaken by the National Office for Suicide Prevention (NOSP).

The significant increase in deliberate self harm among Irish men in 2008, in particular among young adult men, may reflect mental health and social problems associated with the economic downturn that started in Ireland in 2008. This indicates the need to develop and implement initiatives to increase awareness of mental health issues among the general public and professionals involved in services supporting people who are unemployed or who are experiencing financial difficulties, such as the recently developed programme 'Looking after your mental health in tough economic times' by NOSP.

The increase of deliberate self harm among young men, who also represent the demographic group with the highest risk of suicide, underlines the need to develop a system that enables linking deliberate self harm data with suicide mortality data, which would enhance our understanding of risk factors associated with suicide.

Considering the high rates of deliberate self harm in 2008 in adolescents aged 15 to 19 years and the increase in self harm among those aged 10-14 years, there is a need to prioritise evidence based mental health programmes for children and adolescents, as well as specialist mental health services, in line with recommendations in Reach Out, the Irish National Strategy for Action on Suicide Prevention (2005-2014), the reports of the Houses of the Oireachtas on the high level of suicide in Irish society and Vision for Change, the Report of the Expert Group on Mental Health Policy.

In 2008, the proportion of deliberate self harm patients who left the emergency department without admission increased from 2007, with particular concern for those who used highly lethal methods of self harm, such as attempted hanging and drowning. Moreover, the admission rates varied considerably across hospitals and HSE regions. These findings reflect the need to prioritise the development of more uniform assessment procedures and evidence based interventions specifically targeting patients who repeatedly engage in deliberate self harm. We recommend that minimum guidelines for the assessment of deliberate self harm patients be implemented by the HSE in line with the guidelines of the National Institute of Clinical Excellence (NICE, 2004) in the UK. This recommendation is also in accordance with the priorities of Reach Out and the reports of the Houses of the Oireachtas on the high level of suicide in Irish society.

Following the withdrawal of the paracetamol compound distalgesic from the Irish market in 2005, the use of distalgesic has reduced significantly with little evidence for substitution. This underlines the need to develop and implement further guidelines to restrict or withdraw highly lethal drugs as effective interventions in reducing and preventing deliberate self harm.

As in previous years, repeat presentations of deliberate self harm represented a major problem for services. Considering that the extent of repetition is similar for men and women, and that studies providing evidence for the effectiveness of treatments in reducing repeated self harm (e.g. Cognitive Behavioural and Problem-Solving treatments) mainly involve women, there is a need to verify the effectiveness of these interventions among male deliberate self harm patients.

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Methods

BACKGROUND

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. It has been established, at the request of the Department of Health and Children, by the National Suicide Research Foundation.

The National Suicide Research Foundation was founded in January 1995 by the late Dr Michael J Kelleher and currently operates under the Medical Directorship of Dr Margaret Kelleher, the Research Directorship of Dr Ella Arensman and Professor Ivan J Perry as Director of the National Registry of Deliberate Self Harm. Ms Eileen Williamson is the Executive Director.

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 a self harm registry in the Western Area of Northern Ireland.

DEFINITION AND TERMINOLOGY

The Registry uses the following as its definition of deliberate self harm: 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences'. This definition was developed by the WHO/Euro Multicentre Study Working Group and was associated with the term 'parasuicide'. Internationally, the term parasuicide has been superseded by the term 'deliberate self harm' and, consequently, the Registry has adopted the term 'deliberate self harm'. The definition includes acts involving varying levels of suicidal intent and various underlying motives such as loss of control, cry for help or self-punishment.

INCLUSION CRITERIA

- All methods of deliberate self harm are included, i.e. drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self harm was intentionally inflicted.
- All individuals who are alive on admission to hospital following a deliberate self harm act are included.

EXCLUSION CRITERIA

The following cases are NOT considered to be deliberate self harm:

- Accidental overdoses, e.g. an individual who takes additional medication in the case of illness, without any intention to self harm.
- Alcohol overdoses alone where the intention was not to self harm.
- Accidental overdoses of street drugs, i.e. drugs used for recreational purposes, without the intention to self harm.
- Individuals who are dead on arrival at hospital as a result of suicide.

QUALITY CONTROL

The validity of the Registry findings is dependent on the standardised application of the case-definition and inclusion/exclusion criteria. The Registry has undertaken a cross-checking exercise in which pairs of data registration officers independently collected data from two hospitals for the same consecutive series of attendances to the accident and emergency department. Results from this exercise indicate that there is a very high level of agreement between the data registration officers. Furthermore, the data is continuously checked for consistency and accuracy.

Duplicate episodes of deliberate self harm, e.g. episodes that were recorded twice, were not included in the analyses and in this report. This decision was based on available demographic

information and characteristics of the self harm act. For example, an individual who left an emergency department after a deliberate self harm act and was brought back to the emergency department on the same day was considered as one case only, if there was no indication of a new deliberate self harm method or a repeated self harm act.

For the Registry in the Western Area of Northern Ireland, the same cross-checking exercise was carried out along with a number of audits to ensure consistency and accuracy of the data.

DATA RECORDING

In previous years, Registry data were collected on pre-printed forms. These forms were scanned centrally at the National Suicide Research Foundation using high resolution optical character recognition software based on an integrated survey design and data capture system. Approximately half of the deliberate self harm presentations that were made in 2006 were recorded using this method. In 2006, the Registry began recording its data onto laptop computers and transferring the data electronically to the offices of the National Suicide Research Foundation. Data for all deliberate self harm presentations made in 2008 were therefore recorded using this electronic system.

For the pilot study in the Western Area of Northern Ireland, a query was designed using a key word search to identify all possible self harm episodes. Each episode was then checked by the data registration officer and, using the inclusion/exclusion criteria, identified as actual self harm episodes. Anonymised information on these cases was then entered onto a data entry system for analysis.

DATA ITEMS

A minimal dataset has been developed to determine the extent of deliberate self harm, the circumstances relating to both the act and the individual and to examine trends by area. While the data items below will enable the system to avoid duplicate recording and recognise repeat acts of deliberate self harm by the same individual, they ensure that it is impossible to identify an individual on the basis of the data recorded.

Some data items differed for the pilot study in the Western Area of Northern Ireland to comply with UK Data Protection Laws.

Entry number
Each deliberate self harm presentation recorded by the Registry receives a unique entry number. An individual is identified as a person by an encrypted identification number which is calculated based on initials, gender and date of birth.

Initials
Initials of an individual deliberate self harm patient are recorded solely for the purposes of avoiding duplication and ensuring that repeat episodes are recognised. Initials are recorded in an encoded format so as to ensure that an individual cannot be identified.

Gender
Male or female gender is recorded when known.

Date of birth
Date of birth is recorded in an encoded format to further protect the identity of the individual. As well as being used to identify repeat deliberate self harm presentations by the same individual, date of birth is used to calculate age. In the rare cases where the date of birth is not available, age is recorded.

Area of residence
Data registration officers recode patient addresses to the appropriate Electoral Division and this is encoded numerically before being recorded by the Registry.

Date and hour of attendance at hospital
Both parameters are used to identify an index episode of deliberate self harm in each year.

Brought to hospital by ambulance
Information is recorded if ambulance or other emergency services were involved.

Method(s) of self harm
The method(s) of self harm are recorded according to the Tenth Revision of the WHO's International Classification of Diseases codes for intentional injury (X60-X84). The main methods are overdose of drugs and medicaments (X60-

X64), self-poisonings by alcohol (X65), poisonings which involve the ingestion of chemicals, noxious substances, gases and vapours (X66-X69) and self harm by hanging (X70), by drowning (X71) and by sharp object (X78). Some individuals may use a combination of methods, e.g., overdose of medications and laceration of wrists. In contrast to previous reports, in this report results do not relate to the 'primary method' of self harm. The involvement of each method in a deliberate self harm act is investigated in order to gain more insight into combinations of methods

Drugs taken
Where applicable, the name and quantity of the drugs taken are recorded. An overall sum of the number of tablets is calculated. The number may sometimes be underestimated because missing information for number of tablets used is not replaced by estimates.

Medical card status
Whether the individual presenting has a medical card or not is recorded.

Seen by
For general hospital treated cases, this indicates the different disciplines involved in the initial treatment of the presentation.

Recommended next care
Recommended next care following treatment in the hospital emergency department is recorded.

CONFIDENTIALITY

Confidentiality is strictly maintained. The National Suicide Research Foundation is registered with the Data Protection Agency and complies with the Irish Data Protection Act of 1988 and the Irish Data Protection (Amendment) Act of 2003. Only anonymised data are released in aggregate form in reports. The names and addresses of patients are not recorded. Numbers of episodes or individuals below five are not displayed in the report in order to protect confidentiality.

For the Registry in the Western Area of Northern Ireland, no identifiable data was collected. The study strictly adhered to the UK Data Protection Act of 1998.

ETHICAL APPROVAL

Ethical approval has been granted by the National Research Ethics Committee of the Faculty of Public Health Medicine. The Registry has also received ethical approval from the relevant hospitals and Health Services Executive (HSE) ethics committees.

In respect of ethical approval for the Registry in the Western Area of Northern Ireland, advice was sought from the Office of Ethics and Research Committees NI (ORECNI). As all information relating to people who self harmed contained in the Registry is in non-identifiable format, ORECNI deemed ethical approval unnecessary.

REGISTRY COVERAGE

In 2008, deliberate self harm data were collected from each HSE region in the Republic of Ireland (population estimate 4,422,200).

There was complete coverage of all adult acute hospitals in the HSE Dublin/ Mid-Leinster Region (pop: 1,274,327) which comprises two HSE National Hospital Office Groups. Dublin/ Midlands Hospital Group includes the Adelaide & Meath Hospitals including the National Children's Hospital, Tallaght, the Midland Regional Hospitals at Mullingar, Portlaoise and Tullamore and Naas General Hospital and Our Lady's Children's Hospital, Crumlin. The Dublin South Hospital Group includes St Columcille's Hospital, Loughlinstown, St James's Hospital, St Michael's Hospital, Dun Laoghaire and another hospital whose ethics committee stipulated that it should not be named in Registry reports.

There was complete coverage of all acute hospitals in the HSE Dublin/ North East Region (population estimate: 972,893). The region comprises the Dublin North East Hospital Group and the North Eastern Hospital Group. The Dublin North East Hospital Group includes Beaumont Hospital, Children's University Hospital, Temple Street, James Connolly Memorial Hospital, Blanchardstown and Mater Misericordiae University Hospital. The North Eastern Hospital Group includes Cavan General Hospital, Louth County Hospital, Monaghan General Hospital, Our Lady of Lourdes Hospital, Drogheda and Our Lady's Hospital, Navan.

There was complete coverage of all acute hospitals in the HSE South Region (pop: 1,127,850) which comprises the South Eastern and the Southern Hospital Groups. The South Eastern Hospital Group includes St Luke's Hospital, Kilkenny, South Tipperary General Hospital, Waterford Regional Hospital and Wexford General Hospital. The Southern Hospital Group includes Bantry General Hospital, Cork University Hospital, Kerry General Hospital, Mallow General Hospital, Mercy University Hospital, Cork and Southern Infirmary/Victoria Hospital, Cork. Our Lady's Hospital, Cashel did not contribute to the registry in 2008.

There was complete coverage of the acute hospitals in the HSE West Region (pop: 1,047,449) which comprises the Mid-Western and the West/North Western Hospital Groups. The Mid-Western Hospital Group includes the Mid-Western Regional Hospitals at Ennis, Limerick and Nenagh and St John's Hospital Limerick. The West/North Western Hospital Group includes Letterkenny General Hospital, Mayo General Hospital, Portiuncula Hospital, Ballinasloe, Roscommon County Hospital, Sligo General Hospital and University College Hospital Galway.

In total, deliberate self harm data were collected for the full calendar year 2008 for all 40 acute hospitals with emergency departments that operated in Ireland during this year. As mentioned previously, since 2006 the Registry has achieved complete national coverage of all acute hospitals in Ireland.

For the Registry in Northern Ireland, data were collected from three acute hospitals in the Western Area of Northern Ireland covering the Derry City Council area and the District Council areas of Limavady, Strabane, Omagh and Fermanagh with a total estimated population of 295,192 (MYE, NISRA, 2007).

POPULATION DATA

For 2008, the Central Statistics Office population estimates were utilised. These estimates provide age-sex-specific population data for the country. Proportional differences between the 2008 regional authority population estimates and the equivalent National Census 2006 figures were calculated and applied to the National Census 2006 population figures for Irish cities, counties and HSE Region figures in order to derive population estimates for 2008.

For the Registry in the Western area of Northern Ireland, 2007 Mid-Year Estimates (MYE) provided by the Northern Ireland Statistics and Research Agency (NISRA) were used to calculate rates.

CALCULATION OF RATES

Deliberate self harm rates were calculated based on the number of persons resident in the relevant area who engaged in deliberate self harm irrespective of whether they were treated in that area or elsewhere.

Crude and age-specific rates per 100,000 population were calculated by dividing the number of persons who engaged in deliberate self harm (n) by the relevant population figure (p) and multiplying the result by 100,000, i.e. (n / p) * 100,000. The same procedure applies to episode based rates by replacing the number of persons with the number of episodes. Total person-based rates are expressed as European age-standardised rates (EASR).

Crude and age-specific rates of suicide were calculated as described above. In order to contrast patterns of deliberate self harm with those of suicide, the latter was analysed over the most recent five-year period for which data were available. These data comprised deaths that occurred in the years 2002-2006 that were registered as suicide by the Central Statistics Office. The longer time span was taken because of the relative infrequency of suicide. Suicide rates were estimated for each of the four HSE regions. For Dublin City suicide deaths, it was not possible to separate those from the north and south of the city. A weighting was calculated based on the distribution of the population between the two sides of the city and this was used in the calculation of the estimated suicide rate for the HSE Dublin/ Midlands Region (which contains Dublin City South) and the HSE Dublin/ North East Region (which contains Dublin City North).

A NOTE ON SMALL NUMBERS

Calculated rates that are based on less than 20 events are an inherently unreliable measure of the underlying rate. Numbers below 5 are not displayed due to data confidentiality concerns. Therefore, rates for numbers below 5 are not calculated either. In addition, suicide and deliberate self harm events should not be considered independently of one another, although these assumptions are used in the calculation of confidence intervals in the absence of any clear knowledge of the relationship between these events.

A NOTE ON CONFIDENCE INTERVALS

Confidence intervals provide us with a margin of error within which underlying rates may be presumed to fall on the basis of observed data. Confidence intervals assume that the event rate *(n / p)* is small and that the events are independent of one another. A 95% confidence interval for the number of events *(n)*, is $n +/- 2\sqrt{n}$. For example, if 25 deliberate self harm presentations are observed in a specific region in one year, then the 95% confidence interval will be $25 +/- 2\sqrt{25}$ or 15 to 35. Therefore, the 95% confidence interval around a rate ranges from $(n - 2\sqrt{n}) / p$ to $(n + 2\sqrt{n}) / p$, where p is the population at risk. If the rate is expressed per 100,000 population, then these quantities must be multiplied by 100,000.

A 95% confidence interval may be calculated to establish whether the two rates differ statistically significantly. The difference between the rates is calculated. The 95% confidence interval for this rate difference (rd) ranges from $rd - 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ to $rd + 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$. If the rates were expressed per 100,000 population, then $2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ must be multiplied by 100,000 before being added to and subtracted from the rate difference. If zero is outside of the range of the 95% confidence interval, then the difference between the rates is statistically significant.

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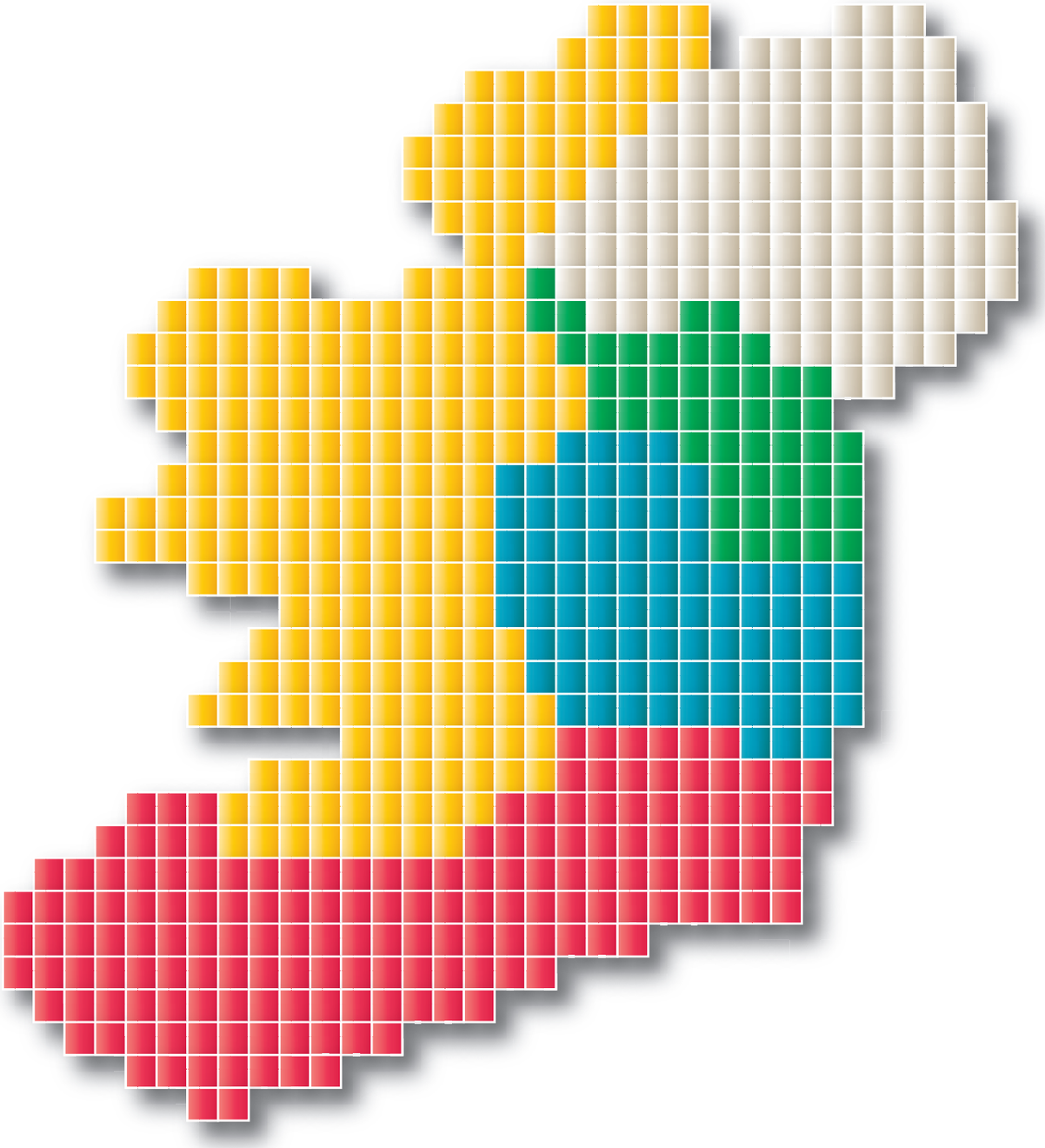
National Registry of Deliberate Self Harm Ireland

DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND

NATIONAL SUICIDE RESEARCH FOUNDATION

Deliberate Self Harm in the Republic of Ireland



I. Hospital Presentations

For the period 1 January to 31 December 2008, the Registry recorded 11,700 deliberate self harm presentations to hospital that were made by 9,218 individuals. Therefore, the number of deliberate self harm presentations increased by 6% from 2007 while the number of persons involved increased by 7%. Table 1 summarises the changes in the number of presentations and persons since the Registry reached near national coverage in 2002.

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland (Person-based European Age-Standardised rate EASR) following deliberate self harm in 2008 was 200 (95% Confidence Interval (CI): 196 to 205) per 100,000, a significant 6% increase on the equivalent rate of 188 (95% CI: 180 to 189) per 100,000 in 2007. The incidence of deliberate self harm in Ireland is examined in detail in Part II of this section of the Annual Report.

The numbers of deliberate self harm episodes treated in the Republic of Ireland by HSE region, hospital group, age and gender are given in Appendix 1. Of the recorded presentations in 2008, 45% were made by men and 55% by women. Deliberate self harm episodes were generally confined to the younger age groups. Almost half of all presentations (46.5%) were by people under 30 years of age and 88% in each year were by people aged less than 50 years.

In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 15-19 year age group where there were three times more acts (ratio: 3.1) by women. However, in 2008, more self harm presentations (ratio: 1.1) were made by men and women in the 25-34 year age group.

	Presentations		Persons	
Year	Number	% diff	Number	% diff
2002	10,537	-	8,421	-
2003	11,204	+6%	8,805	+5%
2004	11,092	-1%	8,610	-2%
2005	10,789	-3%	8,594	-<1%
2006	10,688	-1%	8,218	-4%
2007	11,084	+4%	8,598	+5%
2008	11,700	+6%	9.218	+7%

Table 1: Number of deliberate self harm presentations and number of persons who presented in the Republic of Ireland in 2002-2008 (2002-2005 figures extrapolated to adjust for hospitals not contributing data).

In 2008, 276 (2.4%) of all episodes of deliberate self harm were by residents of homeless hostels and people of no fixed abode, and 137 (1.2%) by hospital inpatients.

The proportion of deliberate self harm presentations due to these groups varied across the country. Residents of homeless hostels and people of no fixed abode accounted for 3.5% of all presentations in the hospitals in the HSE area Dublin Mid-Leinster, 3.1% in the South, 2.4% in the West and 0.5% in Dublin North-East.

Hospital inpatients accounted for about 2% of all presentations in Dublin Mid-Leinster and South HSE areas, and for less than 1% of all presentations in the HSE areas of Dublin North-East and West areas.

DELIBERATE SELF HARM BY HSE HOSPITALS GROUP

Deliberate self harm presentations recorded by the Registry were distributed unevenly between the HSE's eight hospital groups. The proportion of cases treated by the hospital groups in 2008 ranged from 7% in the North Eastern Hospitals Group to 17% in the Dublin North East Hospital Group. The proportions for the remaining hospital groups were: 9% in the West/North Western, 10% in the South Eastern, 12% in the Southern, 13% in the Dublin/Midlands and 15% in the West/North Western and Dublin South Hospital Group.

The gender balance of recorded episodes in 2008 (45% men vs. 55% women) varied by hospital group (Figure 1). Deliberate self harm presentations by women outnumbered those by men, except for the Southern Hospital Group. This gender imbalance was particularly pronounced in the Dublin/ Midlands, North Eastern and Dublin North East Hospital Groups.

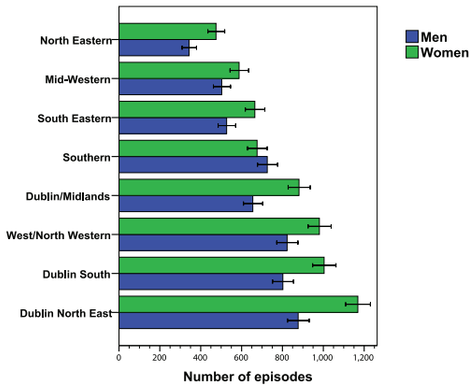


Figure 1: Gender balance of deliberate self harm presentations by HSE hospital group.

EPISODES BY TIME OF OCCURRENCE

Variation by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	502	412	480	462	461	414	458	431	397	447	388	403	5255
Women	586	529	524	539	534	543	569	581	539	550	504	440	6438
Total	1089	941	1004	1001	996	957	1030	1012	936	997	892	843	11700

Table 2: Number of deliberate self harm presentations in 2008 by month for men and women.

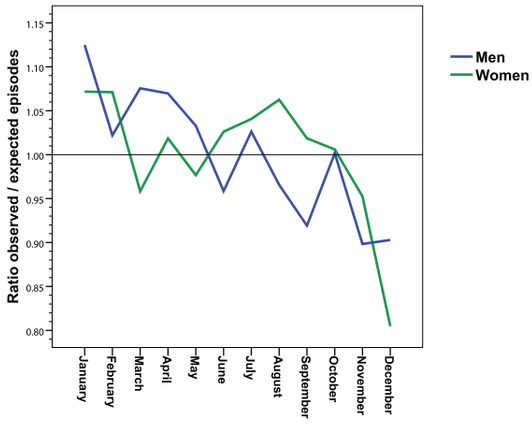


Figure 2: Rate difference between the observed and expected number of deliberate self harm presentations by month and gender in 2008

The monthly average number of deliberate self harm presentations to hospitals in 2008 was 975. There was a notable peak in self harm presentations in Spring and Summer, and a nadir at the end of the year (particularly in December) in 2008. It is noteworthy that the Spring and Summer peak is more pronounced in men than in women (Figure 2).

Variation by Day

	Monday	Tuesday	Wed'day	Thursday	Friday	Saturday	Sunday	Total
Men	769	750	679	715	727	748	867	5255
	14.6%	14.3%	12.9%	13.6%	13.8%	14.2%	16.5%	100%
Women	998	940	848	848	855	920	1029	6438
	15.5%	14.6%	13.2%	13.2%	13.3%	14.3%	16.0%	100%
Total	1769	1690	1527	1564	1582	1670	1896	11700
	15.1%	14.4%	13.1%	13.4%	13.5%	14.3%	16.2%	100%

Note: On average, each day would be expected to account for 14.3% of presentations.

Table 3: Deliberate self harm presentations in 2008 by weekday for men and women.

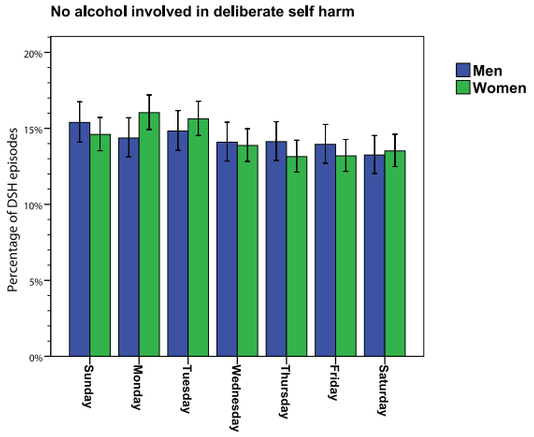


Figure 3a: Deliberate self harm episodes (no alcohol involved) by weekday of attendance and gender.

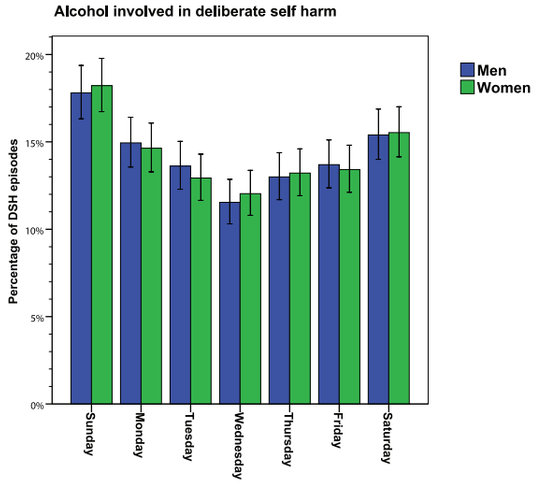


Figure 3b: Deliberate self harm episodes (alcohol involved) by weekday of attendance and gender.

The number of deliberate self harm presentations was highest on Mondays and Sundays. These days accounted for one in three of all presentations. There was a clear pattern over the course of the week. Numbers fell after Monday to a low during midweek before rising again as Sunday approached. This pattern of the number of presentations by day of the week was observed in men and women, which was even more pronounced when alcohol was involved in the deliberate self harm act (Figure 3a and 3b).

Variation by Hour

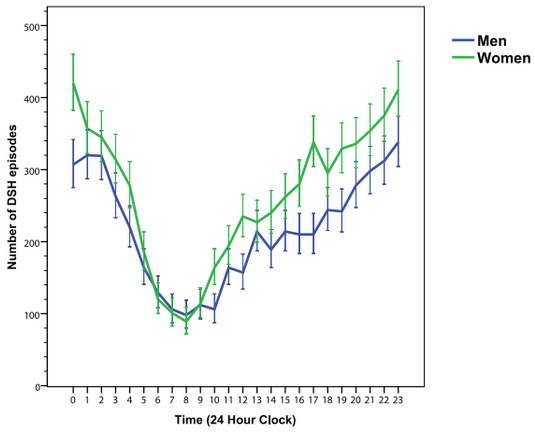


Figure 4: Number of DSH episodes by time of attendance and gender.

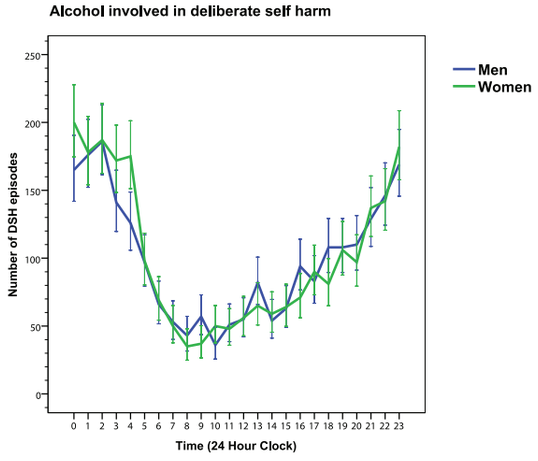


Figure 5: Number of DSH episodes (alcohol involved) by time of attendance and gender.

There was a striking pattern in the number of deliberate self harm presentations seen over the course of the day (Figure 4). The numbers for both men and women gradually increased during the day and peaked just before midnight for women and just after midnight for men. The number of presentations was high (>5% of all presentations per hour) over the period from 8pm to 3am. During this seven hour period, over 40% of the total number of presentations were made. Presentations due to deliberate self harm acts involving alcohol occurred more often in the late night hours (Figure 5).

Taking into account the weekdays, the percentage of presentations due to deliberate self harm out of typical service hours (outside 9am to 6pm from Monday to Friday) was 81%. Therefore, only one of five presentations was made during service hours.

The majority of patients (57%) were brought to hospital by ambulance. The proportion brought by ambulance varied over the course of the day from 45% and 73%. In general, the percentage of patients who were brought to the emergency department by ambulance was higher between midnight and 8am (range: 62-73%).

METHOD OF DELIBERATE SELF HARM

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other
Men	3385	2409	91	351	180	1298	272
	(64.4%)	(45.8%)	(1.7%)	(6.7%)	(3.4%)	(24.7%)	(5.2%)
Women	5068	2459	83	165	129	1137	225
	(78.7%)	(38.2%)	(1.3%)	(2.6%)	(2.0%)	(17.7%)	(3.5%)
Total	8456	4870	174	516	310	2436	497
	(72.3%)	(41.6%)	(1.5%)	(4.4%)	(2.6%)	(20.8%)	(4.2%)

Table 4: Method of deliberate self harm by gender, 2008.

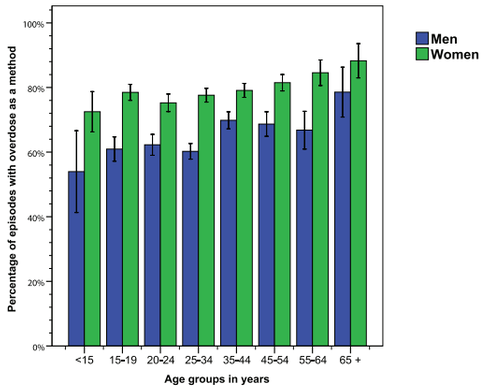


Figure 6a: Drug overdose involved in deliberate self harm by gender and age.

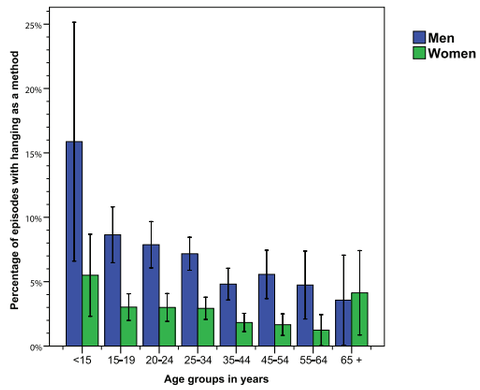


Figure 6c: Attempted hanging involved in deliberate self harm by gender and age

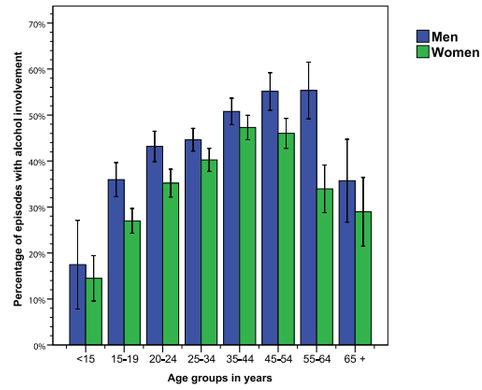


Figure 6b: Alcohol involved in deliberate self harm by gender and age.

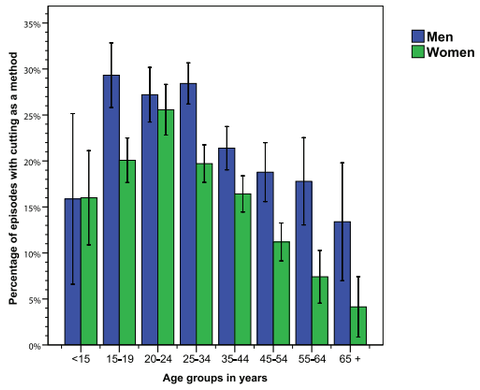


Figure 6d: Self-cutting involved in deliberate self harm by gender and age.

Over two thirds (72%) of all deliberate self harm episodes involved an overdose of medication as a method of self harm employed. Drug overdose was more commonly used as a method of self harm by women than by men (64% of male episodes and 79% of female episodes), and was more often used with increasing age (Figure 6a).

Alcohol was involved in 42% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (46%) than in female episodes (38%). The percentage of episodes with alcohol involvement increased in men until the mid-fifties and decreased thereafter, whereas the peak of alcohol involvement in women was about 10 years earlier (Figure 6b).

In 2008, attempted hanging was more often used as a method of deliberate self harm than in previous years. Of particular concern was the high proportion of attempted hanging incidents recorded in adolescent boys: 16% of all acts in the 10-14 years age group and 9% of all acts in the 15-19 years age group (Figure 6c).

Cutting was the only other common method of self harm used as the main method in one in five of all cases (21%). Cutting was significantly more common in men (25%) than in women (18%), which was more pronounced in the age group 15-19 years, and above 25 years. (Figure 6d).

In 79% of all cases that involved self-cutting, the treatment received was recorded. The majority (52%) received steristrips or steribonds, 13% did not require any, almost one in three (30%) required sutures while 5% were referred for plastic surgery. Men who cut themselves generally required more intensive treatment. They were more often referred for plastic surgery (6% vs. 4%) and had more sutures (34% vs. 26%) than women.

Method-specific rates (deliberate self harm acts with self-cutting involved per 100,000) by county are illustrated by two maps (Map 2a and 2b) after section II.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 74% of all cases of drug overdose. On average, at least 31 (median: 22) tablets were taken in the episodes of deliberate self harm that involved drug overdose. One fifth of drug overdose acts involved 10 tablets or less, about half (48%) involved 20 tablets or less and a quarter involved 40 tablets or more. On average, men took significantly more tablets in overdose acts than women (median: 24 vs. 21). Figure 7 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. At least 50 tablets were taken by 17% of men as compared to 14% of women.

Figure 8 illustrates the frequency with which the most common types of drugs were used in overdose. 41% of all overdoses involved a minor tranquilliser and such a drug was used more often by men than by women (43% vs. 39%). A major tranquilliser was involved in 9% of overdoses. The majority of deliberate self harm acts involved drugs with an analgesic compound. Paracetamol was the most common analgesic drug taken, being involved in 23% of drug overdose acts as a single compound and in 9% in a combination compound. Paracetamol was used significantly more often by women than by men (e.g. mono compound containing paracetamol: 26% vs. 18%). The prescription paracetamol compound distalgesic was withdrawn from the Irish market in January 2005. However, in 2008 distalgesic was still involved in 29 intentional drug overdose cases, which may be linked to household stock (between 2002-2005 it was used in approximately 400 cases annually and in only 40 cases in 2007).

The second most common group of deliberate drug overdose involved an anti-depressant/mood stabiliser. The group of the more modern anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was present in 13% of overdose cases, whereas tricyclic antidepressants were only used in less than 1% of all episodes. 'Other prescribed drugs' were taken in more than a quarter of all overdoses which reflects the wide range of drugs taken deliberately in acts of drug overdose.

With regard to street drugs, cocaine (190 cases; 6% decrease when compared to 2007) and heroin (132 cases; 47% increase when compared to 2007) were used in 3.8% of all overdose acts.

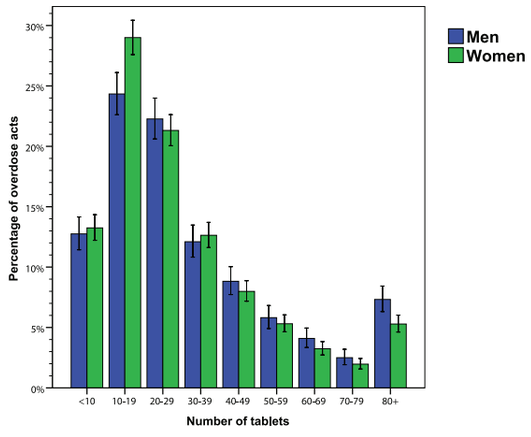


Figure 7: The number of tablets taken in overdose acts by gender.

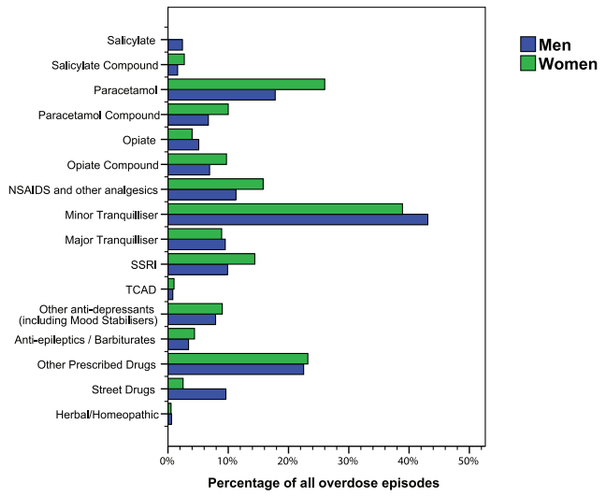


Figure 8: The variation in the type of drugs used by gender.
Note: Some drugs (e.g. compounds containing paracetamol and an opiate) are counted in two categories.

RECOMMENDED NEXT CARE

In 2008, 10% of all deliberate self harm cases were admitted for psychiatric inpatient treatment from the emergency department (12% in 2006-2007), 33% were admitted to a ward of the treating hospital (35% in 2006-07), 1% refused admission (stable when compared to the previous years), 12% left before next care could be recommended (13% in 2006-07) and 44% were discharged following emergency treatment (39% in 2006-07). Therefore, the admission rate in 2008 was significantly lower than in previous years. The emergency department was the only treatment setting for more than half of all deliberate self harm patients.

As expected, admission to psychiatric inpatient care directly from the emergency department was most common for cases involving the highly lethal methods of attempted hanging (28%, down from 34% in 2006-07) and attempted drowning (22%, down from 28% in 2006-07). Overall, psychiatric admission rates were also lower in 2008 than in 2007. However, both percentages are an underestimate of the percentage of all deliberate self harm cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward were subsequently admitted as psychiatric inpatients.

It should also be noted that approximately 40% of cases which involved highly lethal methods were not admitted following emergency treatment. This is a major issue of concern given the high risk of a repeated fatal attempt among those who engage in attempted hanging and drowning. Table 5 gives an overview of different methods.

Next care recommendations varied significantly by gender. Women were more often admitted to a ward of the treating hospital (35% vs. 31%). Men more often left the emergency room before a recommendation was made (14% vs. 12%). The greater frequency of general inpatient care in women may be related to their greater use of drug overdose as a method of self harm. As can be seen from Table 5, recommended next care varied according to the method of self harm. General inpatient care was most common following cases of drug overdose and self-poisoning, less common after attempted hanging and drowning and least common after self-cutting. The latter finding may be a reflection of the superficial nature of the injuries sustained in some cases of self-cutting. Of those cases where the patient used cutting as a method of self harm, over half (55%) were discharged after receiving treatment in the emergency department. The greater the potential lethality of the method of self harm involved, the higher the proportion of cases admitted for psychiatric inpatient care directly from the emergency department.

	Overdose (n=8425)	Alcohol (n=4857)	Poisoning (n=172)	Hanging (n=515)	Drowning (n=310)	Cutting (n=2429)	Other (n=495)
General admission	39.3%	35.3%	39.5%	25.4%	22.6%	14.6%	21.0%
Psychiatric admission	7.9%	8.1%	8.7%	27.8%	21.6%	14.2%	18.0%
Patient would not allow admission	0.9%	1.4%	1.2%	2.5%	2.9%	1.7%	1.2%
Left before recommendation	11.5%	14.4%	10.5%	7.0%	9.7%	14.5%	9.9%
Not admitted	40.4%	40.7%	40.1%	37.3%	43.2%	54.9%	49.9%

Table 5: Recommended next care in 2008 by method of deliberate self harm.

The next care recommended to patients after a deliberate self harm episode varied significantly by HSE hospital group and HSE area (Table 6). The admission rate to a general ward ranged from 5% to 82% across the general hospitals, and the direct psychiatric admission rate from the emergency department ranged from 4% to 35%. The proportion of patients who left the emergency department without being seen or before a recommendation for next care was available also varied between 2% and 28% in different hospitals. It is most likely that variation of this magnitude in next care reflects variation in resources and quality of care, which highlights the importance of ongoing efforts focused on implementing uniform procedures of assessment and management of deliberate self harm across the country.

Appendix 2 details the recommended next care for deliberate self harm patients treated at every hospital that contributed data to the Registry. For each hospital group there were significant differences between the hospitals in their pattern of next care recommendations.

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland
	Dublin/ Midlands	Dublin South	Dublin North East	North Eastern	South Eastern	Southern	Mid-Western	West/North Western	
	(n=1535)	(n=1791)	(n=2042)	(n=813)	(n=1193)	(n=1393)	(n=1091)	(n=1801)	(n=11659)
General admission	38.4%	18.8%	9.6%	42.8%	62.3%	30.6%	47.7%	37.8%	32.9%
Psychiatric admission	10.0%	14.8%	4.8%	4.3%	8.4%	12.9%	9.7%	13.5%	10.1%
Patient would not allow admission	0.5%	0.7%	0.7%	0.1%	0.6%	0.1%	3.7%	2.6%	1.1%
Left before recommendation	9.6%	15.9%	11.6%	10.6%	9.0%	12.4%	12.0%	12.4%	11.9%
Not admitted	41.6%	49.9%	73.0%	42.2%	19.8%	43.9%	26.9%	33.8%	43.9%

Table 6: Recommended next care in 2008 by HSE hospital group.

REPETITION OF DELIBERATE SELF HARM

There were 9,218 individuals treated for 11,700 deliberate self harm episodes in 2008. As in previous years, repeat presentations to hospital due to deliberate self harm represented a significant problem. More than one in five (21%) of all deliberate self harm presentations in 2008 were due to repeat acts, which was slightly lower than in 2007 (23%). The proportion of deliberate self harm patients who made at least one repeat presentation during the calendar year was 14% in 2008, which was again slightly lower than in the previous two years (2007: 15%, 2006: 16%).

The rate of repetition varied significantly according to the main method of self harm involved in the deliberate self harm act (Table 7). Cutting, attempted hanging and drowning were associated with increased levels of repetition.

The percentage of individuals who repeated a deliberate self harm episode within 2008 was fairly similar in men and in women (14%). Repetition varied significantly by age. One in nine deliberate self harm patients aged less than 15 years (11%) re-presented with self harm in the calendar year of their index presentation with one (7%) or two and more (4%) repeated episodes. The proportion of those who repeated increased with growing age up to 50 years, and was highest for 30-49 year-olds. In these age groups the majority of individuals engaged in at least three repeated deliberate self harm acts within 2008.

Repetition rates varied significantly by HSE area and hospital group (Table 8). The lowest rate, at 10%, was among deliberate self harm patients treated in the North Eastern Hospital Group. The highest repetition rate, at 17%, was among patients treated in the Mid-Western Hospital Group.

Appendix 3 details the repetition rate for male, female and all patients treated following deliberate self harm in 2008. Caution should be taken in interpreting the repetition rates associated with the smaller hospitals as these calculations may be based on small numbers of patients and hence percentages may be misleading.

	Overdose	Alcohol Poisoning	Hanging	Drowning	Cutting	Other
Number of individuals treated	7080	4154	163	470	290	1903	434
Number who repeated	81098	831	36	129	86	529	141
Percentage who repeated	15.5%	20.0%	22.1%	27.4%	29.7%	27.8%	32.5%

Table 7: Repeat presentation after index deliberate self harm presentation in 2008 by method of self harm.

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland
	Dublin/ Midlands	Dublin South	Dublin North East*	North Eastern	South Eastern	Southern	Mid-Western	West/North Western	
Number of individuals treated									
Men	565	587	703	307	410	615	380	646	4213
Women	711	719	867	406	539	570	435	753	5000
Total	1276	1308	1571	714	950	1185	815	1399	9218
Number who repeated									
Men	72	83	91	26	66	71	66	98	573
Women	89	121	131	42	70	62	71	119	705
Total	161	204	222	68	136	133	137	217	1278
Percentage who repeated									
Men	12.7%	14.1%	12.9%	8.5%	16.1%	11.5%	17.4%	15.2%	13.6%
Women	12.5%	16.8%	15.1%	10.3%	13.0%	10.9%	16.3%	15.8%	14.1%
Total	12.6%	15.6%	14.1%	9.5%	14.3%	11.2%	16.8%	15.5%	13.9%

Table 8: Repetition in 2008 by gender and HSE hospital group.

SUICIDE 2006

In the five-year period 2002-2006, 2,409 deaths occurred in the Republic of Ireland that were registered as suicides by the Central Statistics Office. Men and women accounted for 1,940 (80.5%) and 469 (19.5%) of these deaths respectively. This yields a male/female suicide ratio of 4.1 to one. The average number of suicide deaths per year was 388 for men and 94 for women. Based on the deliberate self harm figures for the country annually, there are approximately 14 episodes of deliberate self harm for every death by suicide among men and approximately 69 episodes of deliberate self harm for every death by suicide among women.

The average Irish rate of 18.7 per 100,000 in men, and 4.7 per 100,000 in women for the years 2002-2006 reflects a decrease compared to the rates in the nineties. However, it is important to note an increase in deaths of undetermined intent in the last years.

METHOD OF SUICIDE

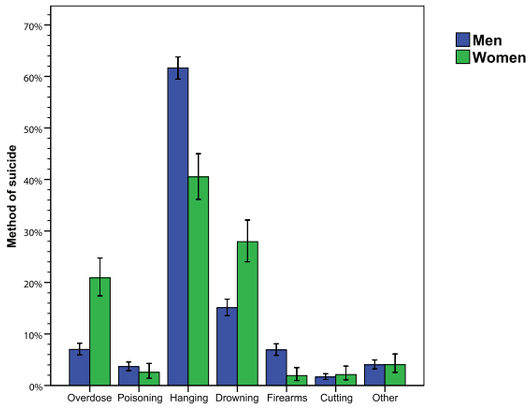


Figure 9: The method of suicide by gender.

The methods employed in acts of suicide contrasted with those used in episodes of deliberate self harm. The more lethal methods of hanging and, to a lesser extent, drowning were more dominant, especially for men. Three-quarters of male suicides involved either hanging (62%) or drowning (15%). No other method of suicide was common among men. Hanging (41%), drowning (28%) and drug overdose (21%) accounted for 89% of all female suicide deaths.

II. Incidence Rates

For the period 1 January to 31 December 2008, the Registry recorded 11,700 deliberate self harm presentations to hospital involving 9,218 individuals. Based on these data, the Irish person-based crude and age-standardised rates (EASR) of deliberate self harm in 2008 were 208 (95% CI: 204 to 213) and 200 (95% CI: 196 to 205) per 100,000 respectively. Therefore, the age-standardised rate in 2008 was 6% higher than it was in 2007 and 9% when compared to 2006. The rate differences between 2008 and 2007 were statistically significant.

	Men		Women		All	
Year	Rate	% diff	Rate	% diff	Rate	% diff
2002	167	-	237	-	202	-
2003	177	+7%	241	+2%	209	+4%
2004	170	-4%	233	-4%	201	-4%
2005	167	-2%	229	-1%	198	-2%
2006	160	-4%	210	-9%	184	-7%
2007	162	+2%	215	+3%	188	+2%
2008	180	+11%	223	+4%	200	+6%

Table 9: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2002-2008 (extrapolated data used for 2002-2005 to adjust for non-participating hospitals).

Population figures, the number and rate of persons treated in hospital following deliberate self harm in 2008 and the annual rate of suicide (based on suicide deaths that occurred in the five years 2002-2006) are given in Appendix 4 by age and gender for persons residing in the Republic of Ireland and for the residents of each of the four HSE regions. A complete set of appendices is provided.

VARIATION BY GENDER AND AGE

The person-based age-standardised rates of deliberate self harm for men and women in 2008 were 180 (95% CI: 174–186) and 223 (95% CI: 217–229) per 100,000 respectively. These male and female rates are 11% and 4% higher than in 2007. The increase in the male rate was statistically significant, being the highest since the start of the Registry in 2002. The female rate increase failed to reach statistical significance.

As in previous years, the female rate of deliberate self harm in 2008 was significantly higher (+24%) than the male rate. However, the magnitude of the gender difference in 2008 was smaller than in previous years.

There was a striking pattern in the incidence of deliberate self harm when examined by age. The rates were highest among the young. At 639 (95% CI: 596-682) per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 156 girls in this age group presented to hospital in 2008 as a consequence of deliberate self harm. The peak rate for men was 433 (95% CI: 401-466) per 100,000 among 20-24 year-olds or one in every 231 men. The incidence of deliberate self harm then gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, between 419 and 500 per 100,000, across the 30 to 49 year age bands (Figure 10).

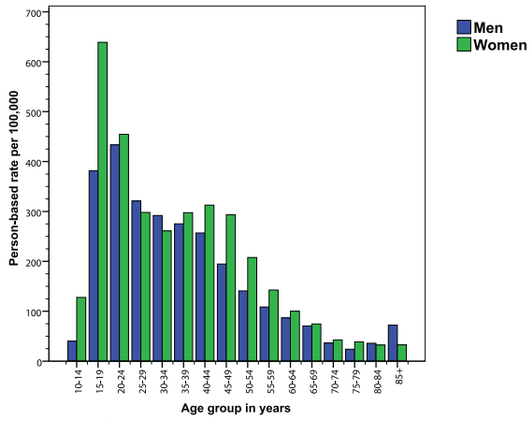
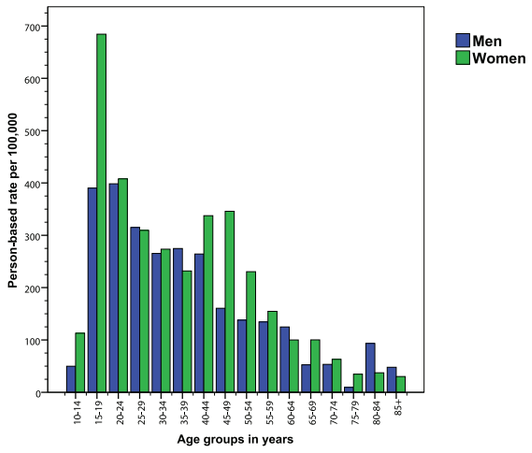
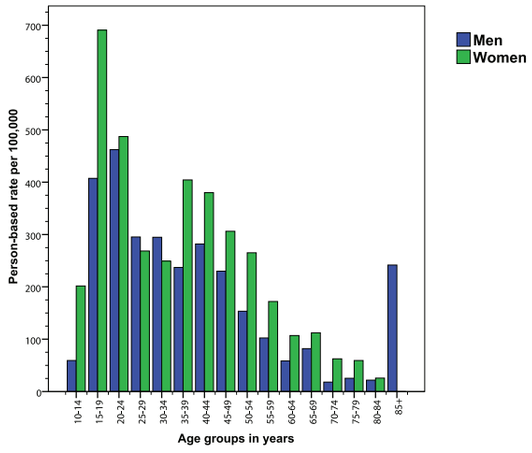


Figure 10: Annual person-based rate of deliberate self harm in the Republic of Ireland in 2008 by age and gender.

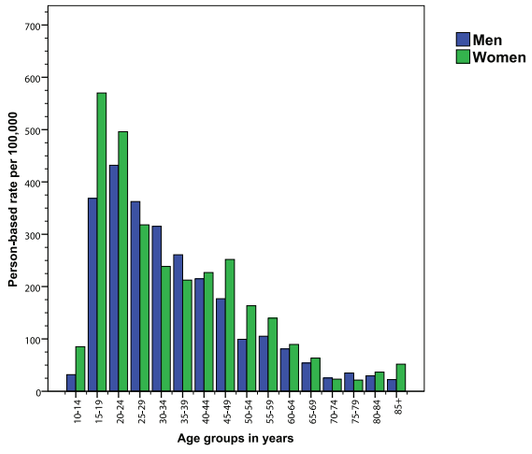
(a) HSE Dublin/ Mid-Leinster



(b) HSE Dublin/ North East



(c) HSE South



(d) HSE West

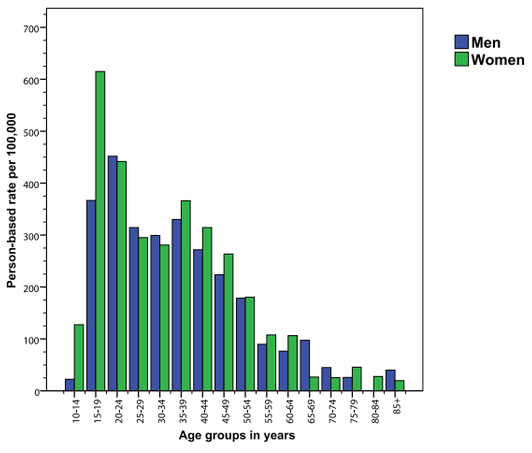


Figure 11: Annual person-based rate of deliberate self harm in 2008 by residents of the four HSE regions by age and gender.

The extent of gender differences in the incidence of deliberate self harm varied with age. The female rate was more than three times the male rate in 10-14 year-olds (ratio: 3.2) and to a lesser extent to the male rate in 15-19 year-olds (ratio: 1.7). It was still higher than the male rate in 20-24 year-olds but by a smaller margin (ratio: 1.1). The rates were lower in women aged 25-34 years (ratio: 0.9), whereas the female rate was consistently higher across the 35-64 year age bands (see Appendix 1)

Figure 11 shows the pattern of the incidence of deliberate self harm by age and gender for the residents of each of the country's four HSE regions separately. The pattern was broadly similar to that at national level. The deliberate self harm rate was highest among the young. In all areas, the peak female rate was in 15-19 year-olds. This was most notable in the HSE Dublin/ North East where the 15-19 year-old female rate was 691 per 100,000 and the HSE Dublin/ Midlands Region where the 15-19 year-old female rate was 684 per 100,000. The equivalent rate was 570 and 615 per 100,000 in the HSE South and HSE West Region respectively. Across most age-sex-specific groups the rate was higher in the HSE Dublin/ North East Region. In addition, the secondary peak in middle-aged women was most evident in the HSE Dublin/ North East Region. The peak male rate, while less pronounced, was in the 20-24 year age group in all regions.

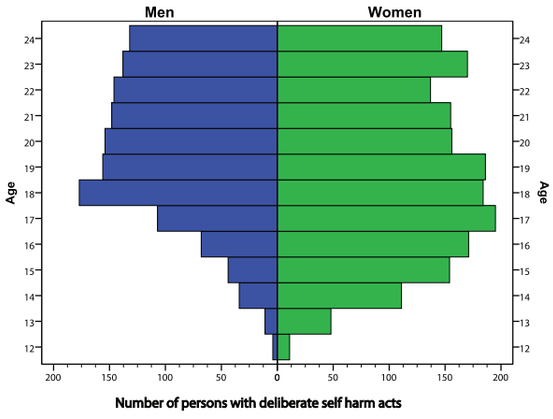


Figure 12: Number of persons (involved in deliberate self harm acts), aged between 12 and 24 years of age by gender

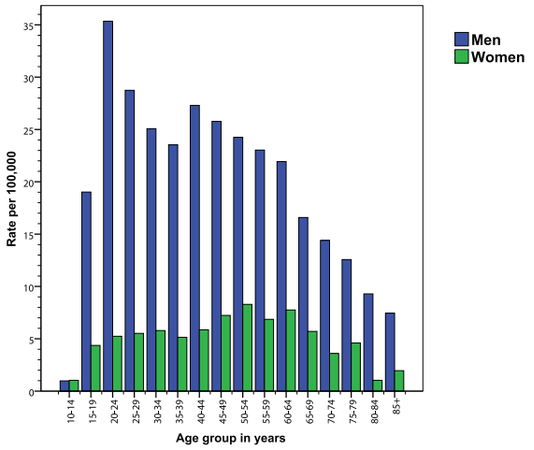


Figure 13: Annual rate of suicide in the Republic of Ireland by age and gender (based on deaths that occurred in 2002-2006).

Deliberate self harm was rare in 10-14 year-olds, particularly boys. Respectively, for males and females, rates were 10.0 and 5.0 times higher in 15-19 year-olds: therefore, the incidence of deliberate self harm increases rapidly over a short age range (Figure 12).

In order to compare the age pattern of deliberate self harm with that of suicide, the annual age-specific rate of suicide (based on deaths that occurred in 2002-2006) is illustrated in Figure 13. The clearest difference relates to the male preponderance in suicide across all ages but particularly among 20-24 year-olds. The male suicide rate peaked in 20-24 year-olds, the age group with the peak male rate of deliberate self harm presentations to hospital. In elderly men the rate of suicide fluctuated between 21 and 26 per 100,000. In elderly men the rate of suicide decreased with increasing age. The age pattern of female suicide did not show any great similarity to that for deliberate self harm as it increased with increasing age, peaking among 50-54 year-olds.

VARIATION BY AREA

Rates by HSE region

In each of the four HSE regions, the female rate of deliberate self harm was significantly higher than the male rate. The margin differed by region: +14%, +16%, +28% and +35% in the HSE South, West, Dublin/ Mid-Leinster and Dublin/ North East Regions respectively. Each of the four HSE regions observed a smaller gender difference in 2008 than was observed in 2007 or 2006. In 2008 the incidence of deliberate self harm in female residents of the HSE Dublin/ North East Region was significantly higher than the national female rate of 223 per 100,000. In contrast, women living in the HSE South Region had significantly lower rates of deliberate self harm than the national female rate.

In 2008 the 11% increase in the national male rate of deliberate self harm was significant. The increase in the male rate was most pronounced in the HSE West Region (26%). This was a statistically significant change. In 2008 the 4% increase in the national female rate of deliberate self harm failed to reach statistical significance. Similar to the male rate, the decrease in the female rate was most pronounced in the West (10.5%). In contrast to the male rates, Dublin-North East and South showed lower rates in 2008 than in 2007. However, these changes were not significant. There was a 26% increase in the male rate in the HSE West Region and 10% in Dublin / Mid-Leinster. The increase in Dublin North / East and South was less pronounced with 7% and 5% respectively (Table 10 and Table 11).

	Men (national rate: 179.8)				Women (national rate: 222.6)			
HSE Region	Rate	95% CI*	Rate difference**	% difference	Rate	95% CI*	Rate difference**	% difference
Dublin/ Mid-Leinster	177.6	(±11)	-2.2	-1,2%	227.1	(±12)	+4.5	+2.0%
Dublin/ North East	185.5	(±10)	+5.7	+5.7%	251.6	(±14)	+29.0	+13.0%
South	172.8	(±11)	-7.0	-4,1%	196.8	(±12)	-25.8	-11.6%
West	191.8	(±12)	+12.0	+6.7%	217.1	(±13)	-5.6	-2.5%

* 95% Confidence Interval for the HSE region deliberate self harm rate.
** Rate difference = HSE region rate – national rate for men and women.

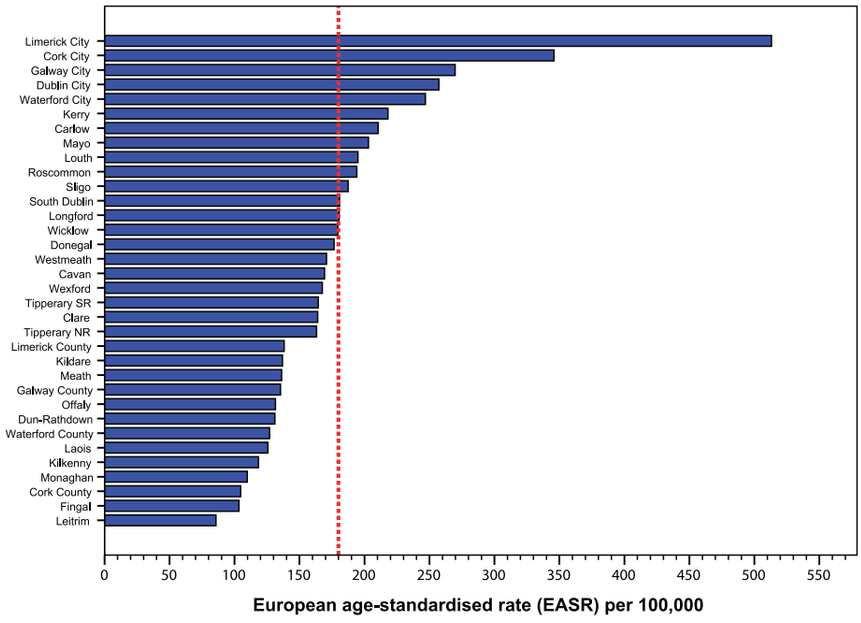
Table 10: Annual person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by HSE region of residence and gender with comparison to the national rate.

	Men				Women			
HSE Region	2008 Rate	2007 Rate	Rate difference*	% difference	2008 Rate	2007 Rate	Rate difference*	% difference
Dublin/ Mid-Leinster	177.6	160.8	+16.8	+10.4%	227.1	216.1	+11.0	+5.1%
Dublin/ North East	185.5	173.1	+12.4	+7.2%	251.6	256.5	-4.9	-1.9%
South	172.8	164.1	+8.7	+5.3%	196.8	199.2	-2.4	-1.2%
West	191.8	151.8	+40.0	+26.4%	217.1	196.5	+20.6	+10.5%
Ireland	179.8	162.1	+17.7	+10.9%	222.6	215.3	+7.3	+3.4%

* Rate difference = HSE region rate 2008 – HSE region rate 2007.

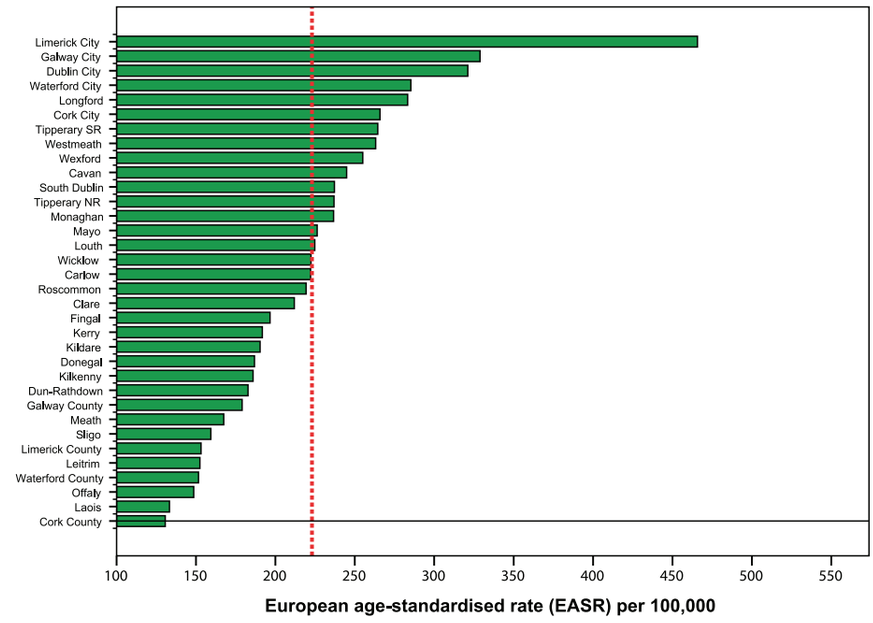
Table 11: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by HSE region of residence and gender.

RATES BY CITY AND COUNTY



Red line: Irish male rate: 180 per 100,000

Figure 14a: Annual person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by city/county of residence for men.

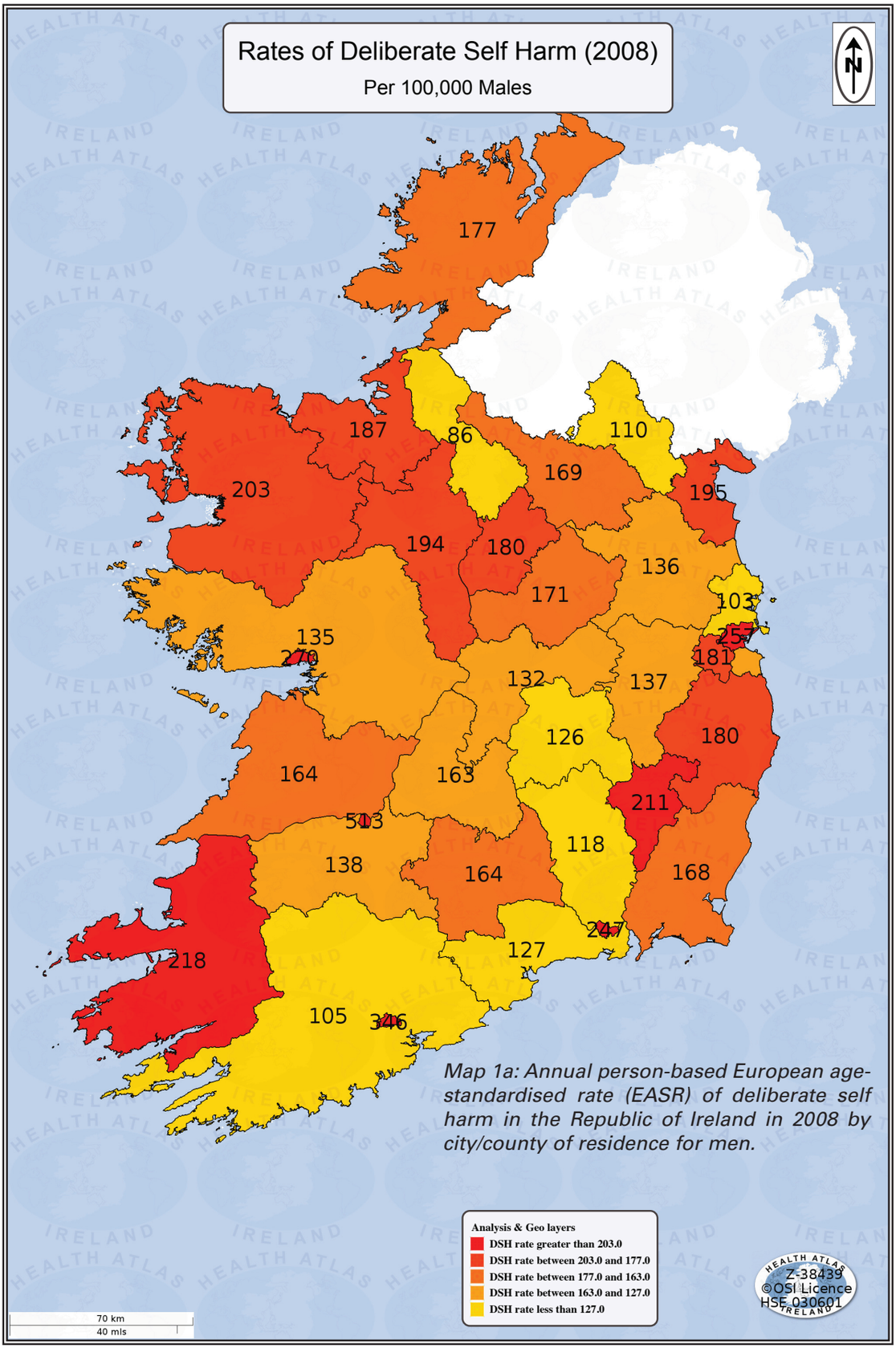


Red line: Irish female rate: 223 per 100,000

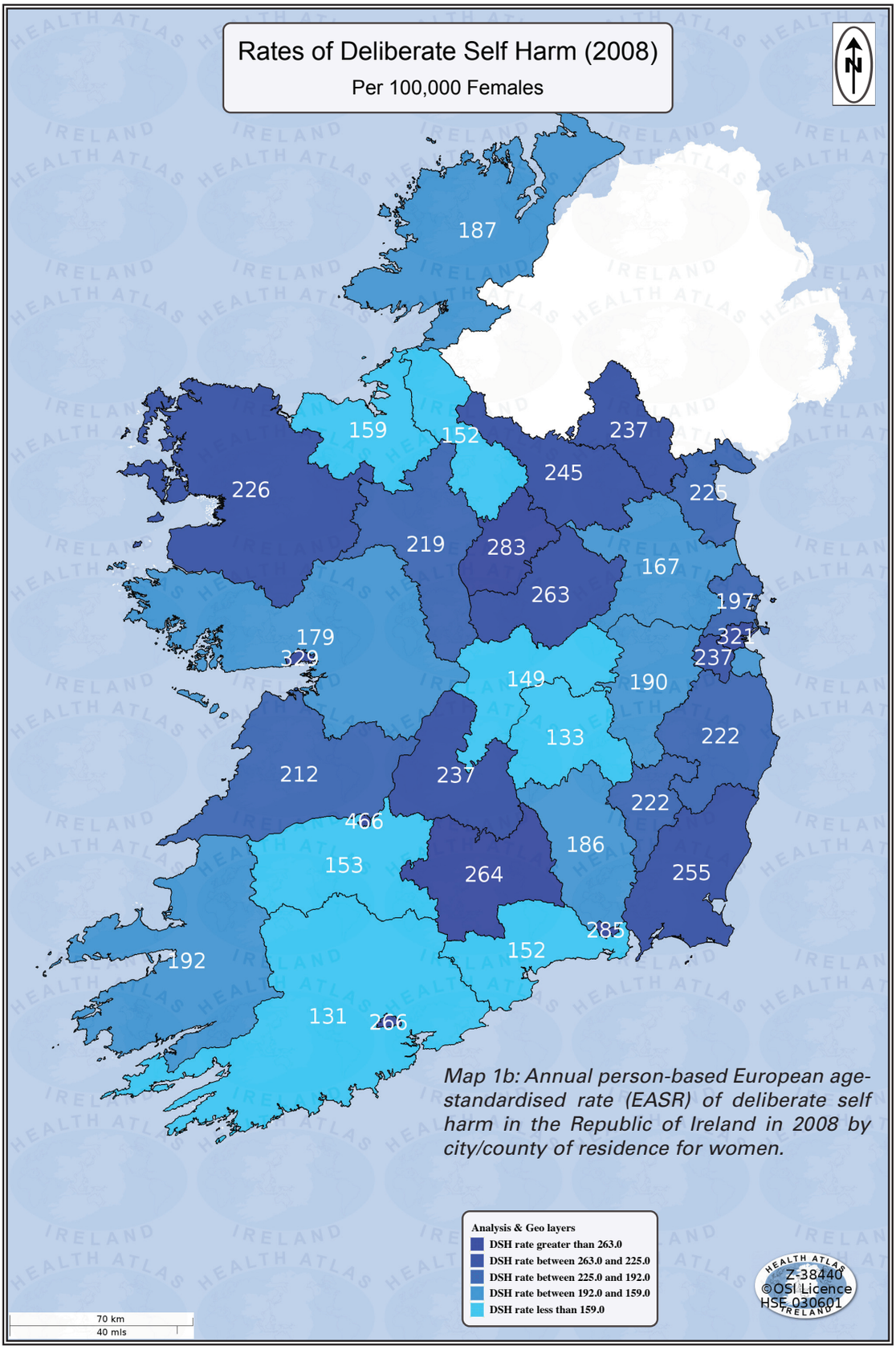
Figure 14b: Annual person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by city/county of residence for women.

There was widespread variation in male and female deliberate self harm rates when examined by city/county of residence. The male rate varied from 86 per 100,000 for Leitrim to 513 per 100,000 for Limerick City. The lowest rate was stable when comparing 2008 to 2007. However, the highest rate was 23% higher in 2008 than 2007. The lowest and highest female rates were recorded for Laois and Limerick City residents at 133 and 466 per 100,000 respectively. The highest female rates in 2008 were also recorded among Limerick City residents.

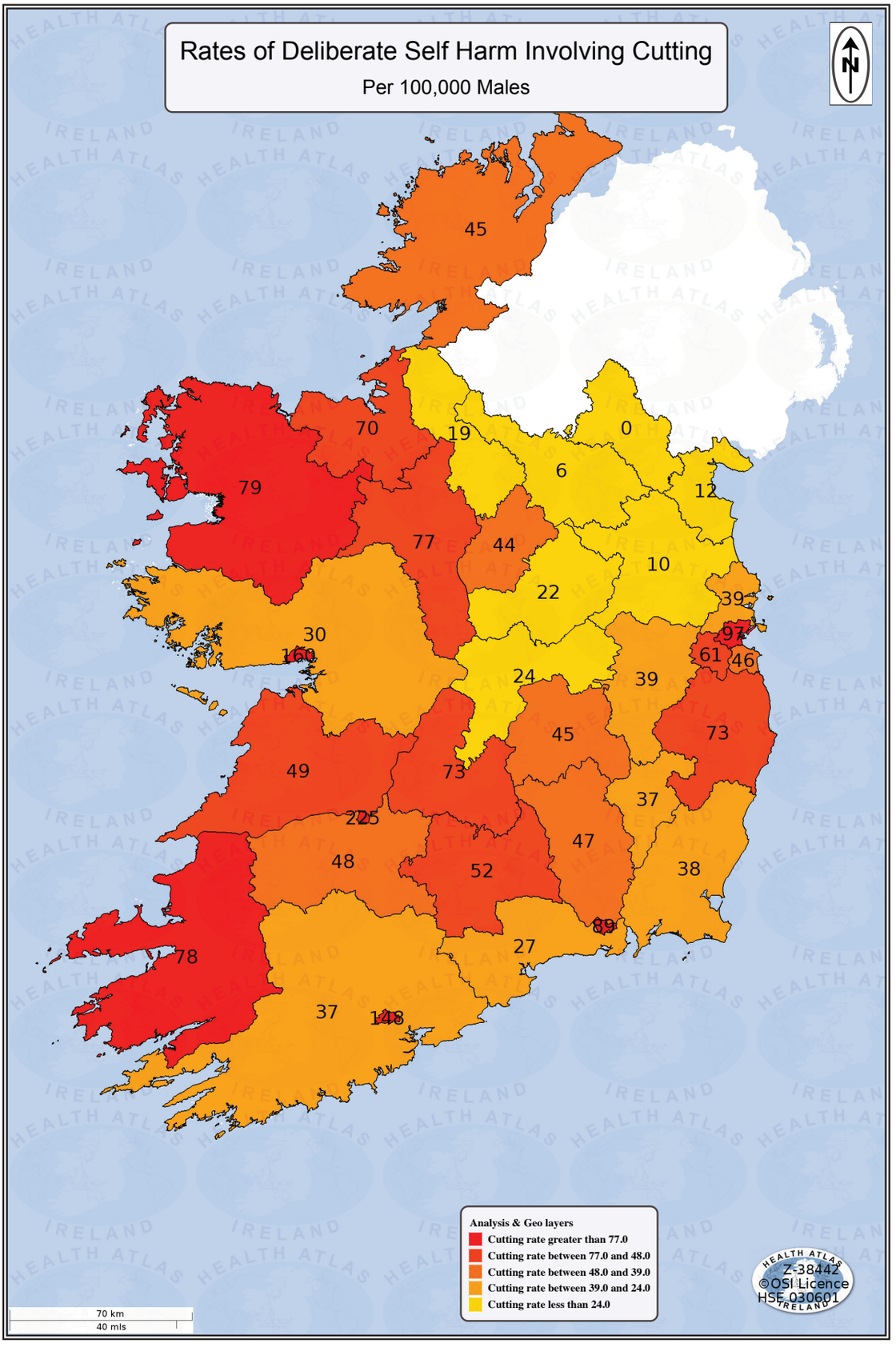
Generally, at city/county level the female deliberate self harm rate exceeded the male rate by a margin similar to that for the country as a whole. However, in Limerick City and Cork City the male rate was higher than the female rate (10% and 30%, respectively). Details can be found in Figure 14a and b.

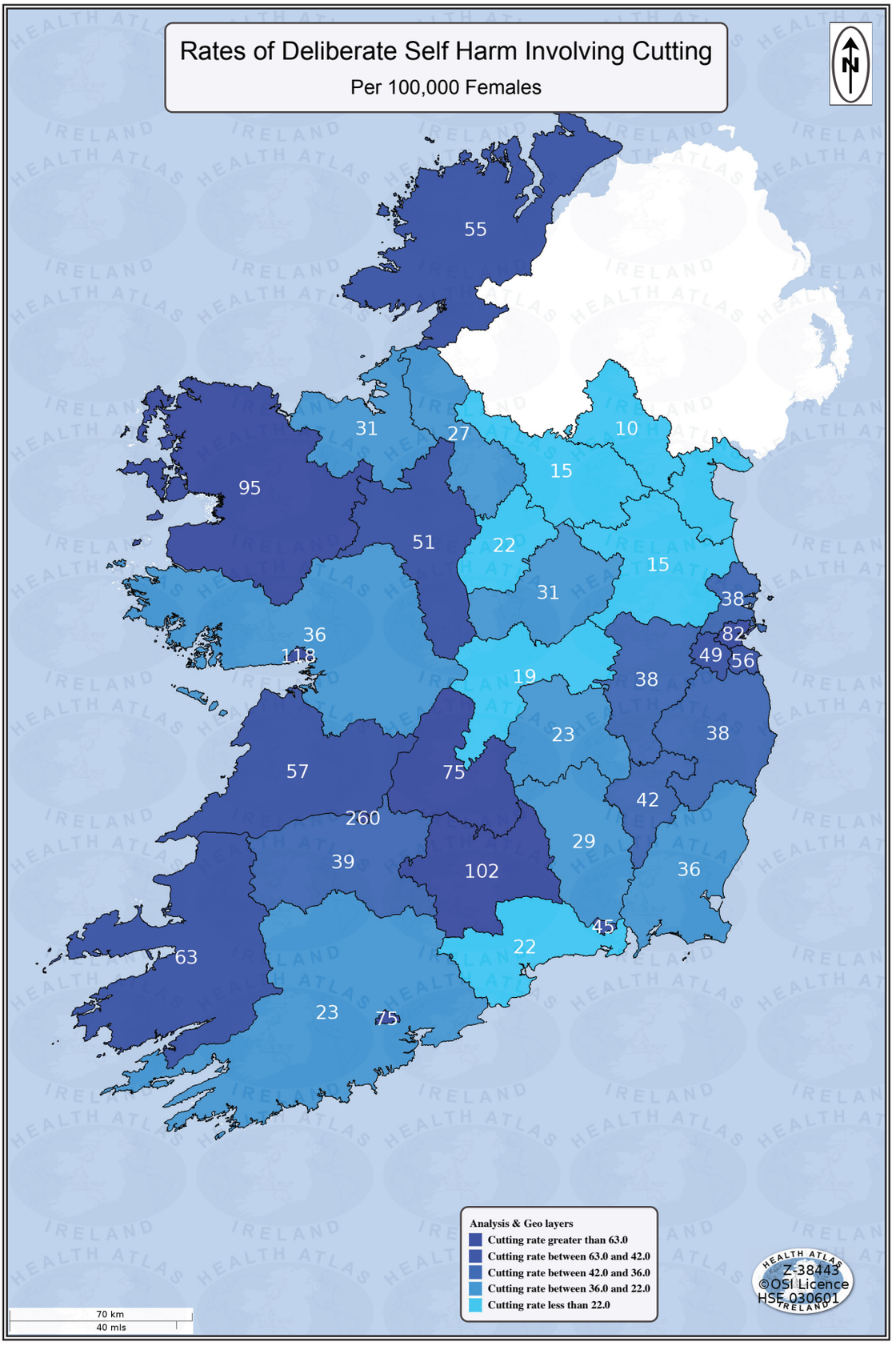


Map 1a: Annual person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by city/county of residence for men.



Map 1b: Annual person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2008 by city/county of residence for women.





III. Western Area of Northern Ireland

For the period 1 January to 31 December 2008 the Registry in the Western Area of Northern Ireland recorded 1,323 deliberate self harm presentations to hospital which equated to 1,048 individuals. The number of deliberate self harm presentations decreased slightly by 3% from 2007 while the number of persons remained stable (<1%). Repeat presentations to hospital due to deliberate self harm represented a significant problem in the Western Area of Northern Ireland. More than one in five (21%) of all deliberate self harm presentations in 2008 were due to repeat acts, which is consistent with data from the Republic of Ireland.

The age-standardised rate of individuals presenting to hospital in the Western Area of Northern Ireland following deliberate self harm in 2008 was 374 (Person-based European age-standardised rate EASR); 95% Confidence Interval (CI): 351 to 397) per 100,000, which is 86% higher than the national rate of the Republic of Ireland. The corresponding person-based age-standardised rates of deliberate self harm for males and females in 2008 were in the Western area of Northern Ireland, 337 (95% CI: 306–368) and 412 (95% CI: 378–446) per 100,000 respectively. These rates were higher (men: 87% higher; women: 85% higher) than the gender-specific rates in the Republic of Ireland. However, when the gender specific rates in the Western area of Northern Ireland are compared with rates on county level in the Republic of Ireland, these rates are within the range of city rates in the Republic of Ireland.

In 2008 the highest rates of self harm in the Western Area of Northern Ireland were in the 15-19 year old female age-group and 20-29 year old male age-group, with a secondary peak in incidence of self harm among females aged 45-49 years. Further data collection over the coming period will determine if this is a significant peak. Figure 17 illustrates the age and gender-specific rates per 100,000.

Drug overdose was the most common method of deliberate self harm in 2008 involved in 77% of cases, more often used by females (82%) than males (77%). Drug overdose was more frequent as a method in the Western Area of Northern Ireland than the corresponding figure (72%) in the Republic of Ireland.

Self-cutting was used as a method of deliberate self harm in 17% of all episodes, which is lower than comparative data from the Republic of Ireland (21%). Males in the Western Area of Northern Ireland tend to use self-cutting as a method only slightly more often than females (17% versus 16%). These figures do not reflect the distinct male-dominated gender imbalance as found in the Republic of Ireland.

Alcohol consumption was reported in 69% of all episodes of deliberate self harm in 2008 (Figure 16). This was more often the case for males (77%) than females (61%). These figures are much higher than the gender-based rates of alcohol involvement in the Republic of Ireland (46% and 28% respectively). Ongoing research and findings in the next year will contribute to a better understanding of this discrepancy.

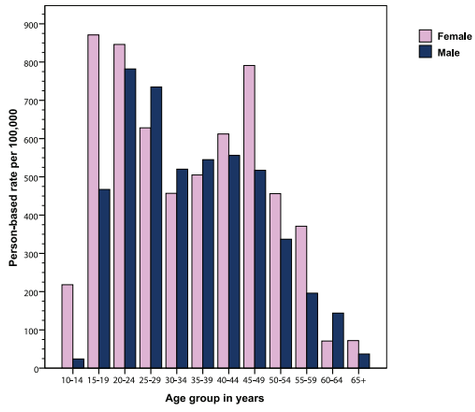


Figure 15: Person-based rate of deliberate self harm in 2008 per 100,000 by age and gender

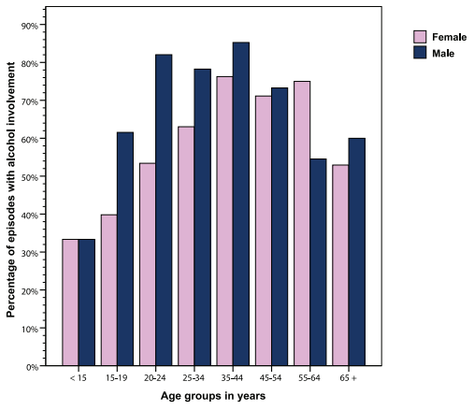


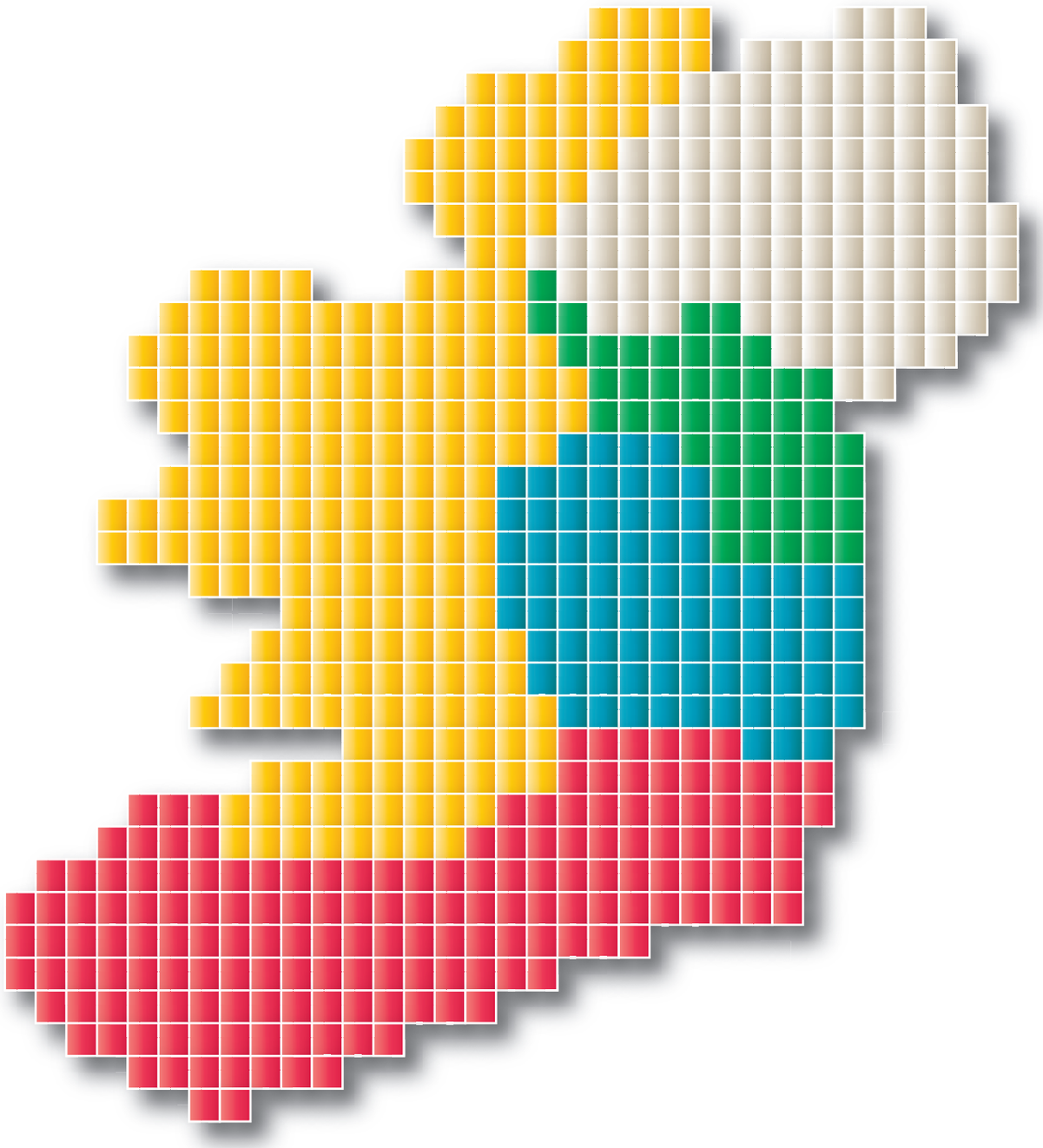
Figure 16: Alcohol involved in deliberate self harm by age and gender

Attempted hanging and attempted drowning represented 4% respectively in all deliberate self harm episodes. Attempted drowning is more commonly used as a deliberate self harm method in the Western area of Northern Ireland, which could be explained by its geography.

In all deliberate self harm cases, 7% were admitted for psychiatric inpatient treatment from the emergency department, 59% were admitted to a ward of the treating hospital, 4% refused admission, 5% left before next care could be recommended and 25% were discharged following emergency treatment.

Despite the considerable variation of admission rates across the different hospitals in the Republic of Ireland (as outlined in the Appendix), some general conclusions can be drawn. The overall admission rate in the Western area of Northern Ireland is higher than in the Republic of Ireland. Fewer patients left the emergency department before a decision was made or without being seen by an emergency doctor. The psychiatric admission rate tends to be lower and the refusal of patients to be admitted tends to be higher than in the Republic.

Appendices



APPENDIX 1: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND BY HSE REGIONS AND HOSPITAL GROUPS, 2008.

HSE Region	Dublin/ Mid-Leinster				Dublin/ North East				South				West				Republic of Ireland	
Hospital Group	Dublin/ Midlands		Dublin South		Dublin North East		North Eastern		South Eastern		Southern		Mid-Western		West/ North Western			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	<5
10-14yrs	20	43	<5	5	10	52	6	15	10	20	6	14	<5	19	<5	29	63	197
15-19yrs	82	172	81	132	118	169	41	69	70	130	99	96	69	126	88	162	648	1056
20-24yrs	115	109	100	147	148	150	62	74	87	125	134	117	83	96	135	148	864	966
25-29yrs	95	113	162	140	137	104	56	69	92	72	131	101	68	45	109	130	850	774
30-34yrs	91	94	120	110	120	108	54	54	69	59	101	84	41	89	116	94	712	692
35-39yrs	84	80	103	98	93	143	40	63	47	75	80	57	88	60	116	122	651	698
40-44yrs	61	83	80	106	82	152	35	40	67	64	47	53	57	50	84	118	513	666
45-49yrs	33	88	56	120	78	105	19	37	32	44	49	63	26	39	66	77	359	573
50-54yrs	27	42	26	66	32	70	12	22	16	25	24	33	31	26	48	45	216	329
55-59yrs	20	32	30	20	24	45	<5	10	21	24	21	24	13	17	19	20	152	192
60-64yrs	17	11	19	23	13	31	<5	9	12	10	14	16	8	12	15	20	101	132
65-69yrs	<5	8	10	12	9	22	<5	<5	<5	10	10	5	10	<5	14	<5	60	65
70-74yrs	<5	<5	5	9	<5	9	<5	0	<5	<5	<5	<5	<5	0	<5	7	21	32
75-79yrs	0	<5	<5	<5	<5	5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	10	23
80-84yrs	<5	0	<5	5	<5	<5	0	0	0	<5	<5	<5	0	<5	0	<5	9	13
85yrs+	<5	0	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0	<5	<5	<5	12	12
Unknown	0	<5	<5	5	5	0	<5	7	0	0	<5	<5	0	0	<5	0	15	16
Total	**655**	**881**	**800**	**999**	**877**	**1169**	**343**	**475**	**527**	**665**	**726**	**676**	**503**	**588**	**823**	**981**	**5256**	**6439**

This table does not include five episodes of deliberate self harm for which gender was unknown

APPENDIX 1A: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN/MIDLANDS HOSPITAL GROUP, 2008.

	Adelaide & Meath & National Children's Hospital, Tallaght		Midland Regional Hospital, Mullingar		Midland Regional Hospital, Portlaoise		Midland Regional Hospital, Tullamore		Naas General Hospital		Our Lady's Children's Hospital, Crumlin	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	8	19	<5	<5	0	0	0	0	<5	<5	8	19
15-19yrs	38	71	13	21	5	12	11	17	11	40	5	11
20-24yrs	59	45	19	15	9	7	6	14	22	28	0	0
25-34yrs	77	79	21	38	13	12	20	15	55	63	0	0
35-44yrs	60	61	18	33	12	9	19	15	36	45	0	0
45-54yrs	29	46	10	30	6	7	7	7	8	40	0	0
55-64yrs	14	24	10	<5	0	<5	<5	6	11	8	0	0
65yrs+	<5	<5	<5	<5	<5	<5	0	0	<5	5	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	>285	>345	95	146	>45	51	>63	74	148	>229	13	30

APPENDIX 1B: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN SOUTH HOSPITAL GROUP, 2008.

	St Columcille's Hospital, Loughlinstown		St James's Hospital		St Michael's Hospital, Dun Laoghaire		Other	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	<5	0	0	<5	<5
15-19yrs	33	36	30	61	<5	<5	16	33
20-24yrs	33	42	52	68	0	8	15	29
25-34yrs	103	46	134	109	6	11	39	84
35-44yrs	43	51	93	110	<5	0	43	43
45-54yrs	19	45	41	79	<5	9	18	53
55-64yrs	7	12	29	25	<5	<5	10	5
65yrs+	6	6	10	8	<5	<5	<5	15
Unknown	0	<5	<5	<5	0	0	0	0
Total	**244**	**241**	**391**	**461**	**20**	**34**	**145**	**>262**

Unknown gender in one episode in other hospital(s)

APPENDIX 1C: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN NORTH EAST HOSPITAL GROUP, 2008.

	Beaumont Hospital		Children's University Hospital, Temple Street		James Connolly Hospital, Blanchardstown		Mater Misericordiae University Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	10	49	0	<5	0	0
15-19yrs	33	54	<5	23	25	34	57	58
20-24yrs	44	61	<5	0	26	49	77	40
25-34yrs	71	76	0	0	58	43	128	93
35-44yrs	47	128	0	0	37	47	91	120
45-54yrs	36	53	0	0	21	45	53	77
55-64yrs	17	32	0	0	6	15	14	29
65yrs+	8	15	0	0	<5	12	7	11
Unknown	<5	0	0	0	<5	0	<5	0
Total	**>256**	**>419**	**14**	**72**	**176**	**>245**	**>427**	**428**

Unknown gender in one episode in Beaumont and Blanchardstown

APPENDIX 1D: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE NORTH EASTERN HOSPITAL GROUP, 2008.

	Cavan General Hospital		Louth County Hospital		Monaghan General Hospital		Our Lady of Lourdes Hospital, Drogheda		Our Lady's Hospital, Navan	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	<5	<5	0	<5	<5	<5	<5	<5
15-19yrs	9	22	7	12	<5	6	13	19	11	10
20-24yrs	15	17	9	12	6	13	22	21	10	11
25-34yrs	8	32	23	17	9	10	33	42	37	22
35-44yrs	19	15	6	17	9	12	29	33	12	26
45-54yrs	<5	15	<5	9	<5	7	16	16	6	12
55-64yrs	0	7	<5	8	<5	0	<5	<5	<5	<5
65yrs+	<5	0	<5	<5	0	<5	<5	<5	0	<5
Unknown	0	0	<5	<5	0	0	0	<5	<5	<5
Total	**59**	**>108**	**54**	**83**	**29**	**50**	**117**	**141**	**84**	**91**

Unknown gender in one episode in Louth County Hospital

APPENDIX 1E: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTH EASTERN HOSPITAL GROUP, 2008.

	St Luke's General Hospital, Kilkenny		South Tipperary General Hospital		Waterford Regional Hospital		Wexford General Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	0	<5	<5	<5	8	5	11
15-19yrs	18	19	13	30	22	35	17	46
20-24yrs	22	31	26	41	22	24	17	29
25-34yrs	41	41	36	27	46	34	38	29
35-44yrs	29	37	25	34	29	27	31	41
45-54yrs	14	10	7	15	15	15	12	29
55-64yrs	13	16	8	<5	<5	6	8	9
65yrs+	0	<5	<5	<5	0	8	<5	<5
Unknown	0	0	0	0	0	0	0	0
Total	**137**	**>154**	**119**	**153**	**140**	**157**	**>128**	**>194**

Unknown gender in one episode in St Luke's General Hospital

APPENDIX 1F: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTHERN HOSPITAL GROUP, 2008.

	Bantry General Hospital		Cork University Hospital		Kerry General Hospital		Mallow General Hospital		Mercy University Hospital, Cork		South Infirmary/ Victoria Hospital Cork	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	<5	6	0	6	<5	<5	<5	0	0	0
15-19yrs	<5	<5	35	28	26	23	<5	<5	29	28	<5	10
20-24yrs	<5	<5	40	29	38	25	5	9	46	46	<5	7
25-34yrs	10	<5	68	41	72	59	15	9	60	73	7	<5
35-44yrs	5	<5	27	19	47	32	<5	6	39	45	5	<5
45-54yrs	<5	<5	23	21	16	24	<5	<5	20	41	7	<5
55-64yrs	<5	<5	10	6	11	15	<5	<5	5	16	<5	0
65yrs+	<5	<5	5	5	7	<5	<5	0	<5	<5	0	0
Unknown	<5	0	<5	<5	0	0	0	0	0	0	0	<5
Total	**30**	**20**	**212**	**155**	**217**	**>184**	**35**	**34**	**203**	**249**	**29**	**25**

APPENDIX 1G: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE MID-WESTERN HOSPITAL GROUP, 2008.

	Mid-Western Regional Hospital, Ennis		Mid-Western Regional Hospital, Limerick		Mid-Western Regional Hospital, Nenagh		St John's Hospital, Limerick	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	14	0	<5	0	0
15-19yrs	12	23	47	87	10	11	0	5
20-24yrs	14	23	57	60	12	10	0	<5
25-34yrs	12	37	84	80	8	14	5	<5
35-44yrs	30	27	81	57	32	25	<5	<5
45-54yrs	5	12	44	45	7	7	<5	<5
55-64yrs	5	<5	13	17	<5	8	0	0
65yrs+	6	<5	8	6	<5	<5	0	0
Unknown	0	0	0	0	0	0	0	0
Total	**84**	**130**	**334**	**366**	**73**	**79**	**8**	**13**

APPENDIX 1H: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE WEST/NORTH WESTERN HOSPITAL GROUP, 2008.

	Letterkenny General Hospital		Mayo General Hospital		Portiuncula Hospital, Ballinasloe		Roscommon County Hospital		Sligo General Hospital		University College Hospital, Galway	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	8	0	5	<5	<5	0	<5	<5	<5	<5	11
15-19yrs	21	28	21	34	11	21	6	12	8	15	21	52
20-24yrs	25	13	22	42	8	10	9	9	18	21	53	53
25-34yrs	37	54	50	37	15	36	19	12	37	19	67	66
35-44yrs	40	42	36	39	13	30	8	23	22	24	81	82
45-54yrs	21	20	29	28	6	16	18	5	15	16	25	37
55-64yrs	<5	<5	<5	9	5	<5	<5	6	8	9	11	12
65yrs+	<5	<5	7	7	<5	<5	<5	0	<5	<5	<5	<5
Unknown	0	0	0	0	0	0	<5	0	<5	0	0	0
Total	**151**	**168**	**>165**	**201**	**60**	**119**	**68**	**>67**	**112**	**110**	**263**	**>313**

APPENDIX 1I: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE WESTERN AREA OF NORTHERN IRELAND, 2008.

	Hospital 1		Hospital 2		Hospital 3	
	Male	Female	Male	Female	Male	Female
<15yrs	<10	18	<10	<10	<10	<10
15-19yrs	48	82	<10	29	10	<10
20-24yrs	65	53	13	12	11	23
25-34yrs	120	93	29	23	21	22
35-44yrs	116	88	20	21	20	30
45-54yrs	73	104	15	19	13	19
55-64yrs	12	32	<10	<10	<10	<10
65yrs+	**<10**	**12**	**<10**	**<10**	**0**	**<10**

APPENDIX 2A: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN/ MIDLANDS HOSPITAL GROUP, 2008.

	Adelaide & Meath & National Children's Hospital, Tallaght	Midland Regional Hospital, Mullingar	Midland Regional Hospital, Portlaoise	Midland Regional Hospital, Tullamore	Naas General Hospital	Our Lady's Children's Hospital, Crumlin
	(n=639)	(n=241)	(n=97)	(n=139)	(n=379)	(n=43)
General admission	26.0%	66.4%	32.0%	61.2%	28.0%	97.7%
Psychiatric admission	4.1%	11.6%	16.5%	8.6%	18.7%	0%
Patient would not allow admission	0.8%	0%	0%	0%	0.8%	0%
Left before recommendation	13.0%	5.8%	11.3%	4.3%	8.4%	2.3%
Not admitted	56.2%	16.2%	40.2%	25.9%	44.1%	0%

APPENDIX 2B: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN SOUTH HOSPITAL GROUP, 2008.

	St Columcille's Hospital, Loughlinstown	St James's Hospital	St Michael's Hospital, Dun Laoghaire	Other
	(n=469)	(n=862)	(n=54)	(n=415)
General admission	18.1%	22.4%	27.8%	11.3%
Psychiatric admission	14.1%	14.4%	16.7%	16.4%
Patient would not allow admission	0%	1.4%	0%	0%
Left before recommendation	10.0%	21.7%	5.6%	11.6%
Not admitted	57.8%	40.1%	50.0%	60.7%

APPENDIX 2C: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN NORTH EAST HOSPITAL GROUP, 2008.

	Beaumont Hospital	Children's University Hospital, Temple Street	James Connolly Hospital, Blanchardstown	Mater Misericordiae University Hospital
	(n=679)	(n=87)	(n=424)	(n=859)
General admission	8.4%	55.2%	12.5%	4.5%
Psychiatric admission	0.7%	0%	14.6%	4.0%
Patient would not allow admission	0.1%	1.1%	3.3%	0%
Left before recommendation	16.3%	1.1%	18.4%	5.6%
Not admitted	74.4%	42.5%	51.2%	85.9%

APPENDIX 2D: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE NORTH EASTERN HOSPITAL GROUP, 2008.

	Cavan General Hospital	Louth County Hospital	Monaghan General Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan
	(n=170)	(n=137)	(n=79)	(n=259)	(n=170)
General admission	49.4%	53.3%	82.3%	25.9%	35.9%
Psychiatric admission	11.8%	1.5%	1.3%	3.1%	2.4%
Patient would not allow admission	0%	0%	1.3%	0%	0%
Left before recommendation	7.6%	13.1%	5.1%	10.4%	14.1%
Not admitted	31.2%	32.1%	10.1%	60.6%	47.6%

APPENDIX 2E: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH EASTERN HOSPITAL GROUP, 2008.

	St Luke's General Hospital, Kilkenny	South Tipperary General Hospital	Waterford Regional Hospital	Wexford General Hospital
	(n=295)	(n=272)	(n=297)	(n=329)
General admission	79.3%	51.5%	36.4%	79.3%
Psychiatric admission	6.4%	9.6%	15.2%	3.0%
Patient would not allow admission	0%	0%	0.7%	1.5%
Left before recommendation	6.8%	7.4%	13.1%	8.5%
Not admitted	7.5%	31.4%	34.7%	7.6%

APPENDIX 2F: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTHERN HOSPITAL GROUP, 2008.

	Bantry General Hospital	Cork University Hospital	Kerry General Hospital	Mallow General Hospital	Mercy University Hospital, Cork	South Infirmary/ Victoria Hospital Cork
	(n=49)	(n=373)	(n=403)	(n=69)	(n=453)	(n=50)
General admission	49.0%	46.4%	19.9%	68.1%	19.9%	30.0%
Psychiatric admission	8.2%	0.5%	34.7%	0%	7.3%	2.0%
Patient would not allow admission	0%	0%	0.2%	0%	0.2%	0%
Left before recommendation	12.2%	5.9%	11.2%	2.9%	18.5%	28.0%
Not admitted	30.6%	47.2%	34.0%	29.0%	54.1%	40.0%

APPENDIX 2G: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE MID-WESTERN HOSPITAL GROUP, 2008.

	Mid-Western Regional Hospital, Ennis	Mid-Western Regional Hospital, Limerick	Mid-Western Regional Hospital, Nenagh	St John's Hospital, Limerick
	(n=214)	(n=708)	(n=152)	(n=21)
General admission	47.2%	45.6%	56.6%	52.4%
Psychiatric admission	20.6%	7.9%	4.6%	0%
Patient would not allow admission	2.8%	4.0%	3.9%	0%
Left before recommendation	8.4%	13.6%	9.9%	9.5%
Not admitted	21.0%	29.0%	25.0%	38.1%

APPENDIX 2H: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE WEST/ NORTH WESTERN HOSPITAL GROUP, 2008.

	Letterkenny General Hospital	Mayo General Hospital	Portiuncula Hospital, Ballinasloe	Roscommon County Hospital	Sligo General Hospital	University College Hospital, Galway
	(n=319)	(n=369)	(n=180)	(n=135)	(n=222)	(n=583)
General admission	46.1%	40.9%	62.2%	65.2%	15.3%	26.6%
Psychiatric admission	12.9%	12.7%	7.8%	5.2%	10.8%	18.9%
Patient would not allow admission	1.3%	2.7%	3.3%	0.7%	5.0%	2.4%
Left before recommendation	10.3%	8.4%	13.3%	4.4%	8.6%	18.9%
Not admitted	29.5%	35.2%	13.3%	24.4%	60.4%	33.3%

APPENDIX 2I: RECOMMENDED NEXT CARE BY HOSPITAL IN THE WESTERN AREA OF NORTHERN IRELAND

	Hospital 1	Hospital 2	Hospital 3
	(n=921)	(n=207)	(n=195)
General admission	64.4%	41.5%	50.8%
Psychiatric admission	3.3%	16.4%	16.9%
Patient would not allow admission	4.1%	3.4%	4.6%
Left before recommendation	5.0%	1.4%	5.7%
Not admitted	23.2%	37.2%	22.1%

APPENDIX 3A: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN/MIDLANDS HOSPITAL GROUP, 2008.

		Adelaide & Meath & National Children's Hospital, Tallaght	Midland Regional Hospital, Mullingar	Midland Regional Hospital, Portlaoise	Midland Regional Hospital, Tullamore	Naas General Hospital	Our Lady's Children's Hospital, Crumlin
Number of individuals treated	Men	242	84	44	57	125	13
	Women	291	117	47	62	167	27
	Total	533	201	91	119	292	40
Number who repeated	Men	37	10	<5	5	18	0
	Women	33	17	<5	7	27	<5
	Total	70	27	6	12	45	<5
Percentage who repeated	Men	15.3%	11.9%	<5%	8.8%	14.4%	0%
	Women	11.3%	14.5%	<10%	11.3%	16.2%	<5%
	Total	13.1%	13.4%	<10%	10.1%	15.4%	<5%

APPENDIX 3B: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN SOUTH HOSPITAL GROUP, 2008.

		St Columcille's Hospital, Loughlinstown	St James's Hospital	St Michael's Hospital, Dun Laoghaire	Other
Number of individuals treated	Men	187	276	17	107
	Women	199	338	16	166
	Total	387	614	33	274
Number who repeated	Men	28	35	<5	18
	Women	27	53	<5	37
	Total	55	88	6	55
Percentage who repeated	Men	13.6%	15.7%	<30.0%	22.3%
	Women	15.0%	12.7%	<20%	16.8%
	Total	14.2%	14.3%	<20%%	20.1%

APPENDIX 3C: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN NORTH EAST HOSPITAL GROUP, 2008.

		Beaumont Hospital	Children's University Hospital, Temple Street	James Connolly Hospital,	Mater Misericordiae University Hospital
Number of individuals treated	Men	225	14	152	322
	Women	321	60	203	283
	Total	537	74	355	605
Number who repeated	Men	27	0	15	49
	Women	42	11	21	57
	Total	69	11	36	106
Percentage who repeated	Men	12.6%	0%	9.9%	15.2%
	Women	13.1%	18.3%	10.3%	20.1%
	Total	12.8%	14.9%	10.1%	17.5%

APPENDIX 3D: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE NORTH EASTERN HOSPITAL GROUP, 2008.

		Cavan General Hospital	Louth County Hospital	Monaghan General Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan
Number of individuals treated	Men	54	50	25	102	76
	Women	90	75	39	120	82
	Total	144	126	64	222	158
Number who repeated	Men	<5	<5	<5	12	<5
	Women	12	<5	7	14	6
	Total	16	7	9	26	10
Percentage who repeated	Men	<10%	<10%	<10%	11.8%	<10%
	Women	13.3%	<5%	17.9%	11.7%	7.3%
	Total	<12%	<6%	<15%%	11.7%	<7%%

APPENDIX 3E: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTH EASTERN HOSPITAL GROUP, 2008.

		St Luke's General Hospital, Kilkenny	South Tipperary General Hospital	Waterford Regional Hospital	Wexford General Hospital
Number of individuals treated	Men	104	81	114	111
	Women	130	109	137	163
	Total	235	190	251	274
Number who repeated	Men	19	18	16	13
	Women	19	17	16	18
	Total	38	35	32	31
Percentage who repeated	Men	18.3%	22.2%	14.0%	11.7%
	Women	14.6%	15.6%	11.7%	11.0%
	Total	16.2%	18.4%	12.7%	11.3%

APPENDIX 3F: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTHERN HOSPITAL GROUP, 2008.

		Bantry General Hospital	Cork University Hospital	Kerry General Hospital	Mallow General Hospital	Mercy University Hospital, Cork	South Infirmary/ Victoria Hospital, Cork
Number of individuals treated	Men	26	190	172	32	178	17
	Women	20	149	138	34	211	18
	Total	46	339	310	66	389	35
Number who repeated	Men	<5	21	27	0	17	<5
	Women	0	12	22	<5	25	<5
	Total	<5	33	49	<5	42	<5
Percentage who repeated	Men	<20%	11.1%	15.7%	0%	9.6%	<15%
	Women	0%	8.1%	15.9%	<5%	11.8%	<15%
	Total	<9%	9.7%	15.8%	<2%	10.8%	<12%

APPENDIX 3G: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE MID-WESTERN HOSPITAL GROUP, 2008.

		Mid-Western Regional Hospital, Ennis	Mid-Western Regional Hospital, Limerick	Mid-Western Regional Hospital, Nenagh	St John's Hospital, Limerick
Number of individuals treated	Men	69	261	43	7
	Women	92	270	63	10
	Total	161	531	106	17
Number who repeated	Men	9	46	9	<5
	Women	12	49	7	<5
	Total	21	95	16	<5
Percentage who repeated	Men	13.0%	17.6%	20.9%	<30%
	Women	13.0%	18.1%	11.1%	<35%
	Total	13.0%	17.9%	5.1%	<30%

APPENDIX 3H: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE WEST/ NORTH WESTERN HOSPITAL GROUP, 2008.

		Letterkenny General Hospital	Mayo General Hospital	Portiuncula Hospital, Ballinasloe	Roscommon County Hospital	Sligo General Hospital	University College Hospital, Galway
Number of individuals treated	Men	125	128	49	51	89	204
	Women	130	134	95	51	98	245
	Total	255	262	144	102	187	449
Number who repeated	Men	17	24	6	10	13	28
	Women	17	25	19	11	10	37
	Total	34	49	25	21	23	65
Percentage who repeated	Men	13.6%	18.8%	12.2%	19.6%	14.6%	13.6%
	Women	13.1%	18.7%	20.0%	21.6%	10.2%	15.1%
	Total	13.3%	18.7%	17.4%	20.6%	12.3%	14.5%

APPENDIX 4: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND BY HSE REGIONS AND HOSPITAL GROUPS, 2008.

Age group	Men						Women					
	Population	Deliberate self harm			Suicide*		Population	Deliberate self harm			Suicide*	
		Persons	Rate	95% CI**	Rate	95%CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	168,200	0	0	(±0)	0	(±0)	159,700	0	0	(±0)	0	(±0)
5-9yrs	154,900	0	0	(±0)	0.1	(±0.3)	148,500	<5	N/A	N/A	0	(±0)
10-14yrs	144,100	58	40	(±11)	1.0	(±0.7)	136,900	175	128	(±19)	1.0	(±0.8)
15-19yrs	144,600	552	382	(±33)	19.0	(±3.1)	139,300	890	639	(±43)	4.4	(±1.5)
20-24yrs	165,700	718	433	(±32)	35.3	(±4.1)	168,300	765	455	(±33)	5.2	(±1.6)
25-29yrs	209,400	672	321	(±25)	28.7	(±3.7)	207,300	618	298	(±24)	5.5	(±1.6)
30-34yrs	185,300	541	292	(±25)	25.1	(±3.5)	181,600	474	261	(±24)	5.8	(±1.7)
35-39yrs	174,000	479	275	(±25)	23.5	(±3.5)	168,100	500	297	(±27)	5.1	(±1.6)
40-44yrs	155,700	400	257	(±26)	27.3	(±3.9)	154,500	483	313	(±28)	5.9	(±1.8)
45-49yrs	143,400	279	195	(±23)	25.8	(±4.0)	142,800	419	293	(±29)	7.2	(±2.1)
50-54yrs	129,200	182	141	(±21)	24.2	(±4.0)	128,000	266	208	(±25)	8.3	(±2.4)
55-59yrs	117,000	127	108	(±19)	23.0	(±4.1)	115,000	164	143	(±22)	6.9	(±2.3)
60-64yrs	100,400	87	87	(±19)	21.9	(±4.6)	98,800	99	100	(±20)	7.7	(±2.7)
65-69yrs	73,600	52	71	(±20)	16.6	(±4.4)	75,200	56	74	(±20)	5.7	(±2.6)
70-74yrs	57,500	21	37	(±16)	14.4	(±4.6)	63,300	27	43	(±16)	3.6	(±2.2)
75-79yrs	41,800	10	24	(±15)	12.6	(±5.1)	51,800	20	39	(±17)	4.6	(±2.7)
80-84yrs	25,000	9	36	(±24)	9.3	(±5.6)	40,100	13	32	(±18)	1.0	(±1.5)
85yrs+	16,600	12	72	(±42)	7.5	(±6.7)	36,600	12	33	(±19)	2.0	(±2.3)
Total* **	**2,206,400**	**4213**	**180**	**(±6)**	**18.7**	**(±0.8)**	**2,215,800**	**5000**	**223**	**(±6)**	**4.7**	**(±0.4)**

This table does not include five episodes of deliberate self harm for which gender was unknown

APPENDIX 4A: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE DUBLIN / MID-LEINSTER REGION, 2008.

Age group	Men						Women					
	Population	Deliberate self harm			Suicide*		Population	Deliberate self harm			Suicide*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	48,504	0	0	(±0)	0	(±0)	45,683	0	0	(±0)	0	(±0)
5-9yrs	43,964	0	0	(±0)	0	(±0)	41,873	<5	N/A	N/A	0	(±0)
10-14yrs	40,110	20	50	(±22)	1.0	(±1.4)	38,089	43	113	(±34)	1.3	(±1.6)
15-19yrs	40,232	157	390	(±62)	15.0	(±5.3)	39,739	272	684	(±83)	5.1	(±3.1)
20-24yrs	49,693	198	398	(±57)	28.5	(±6.7)	51,964	212	408	(±56)	3.4	(±2.3)
25-29yrs	66,672	210	315	(±43)	21.0	(±5.6)	66,259	205	309	(±43)	4.2	(±2.5)
30-34yrs	55,018	146	265	(±44)	18.6	(±5.5)	54,469	149	274	(±45)	5.2	(±2.9)
35-39yrs	50,588	139	275	(±47)	19.1	(±5.9)	49,607	115	232	(±43)	4.3	(±2.8)
40-44yrs	43,899	116	264	(±49)	21.4	(±6.5)	45,048	152	337	(±55)	5.8	(±3.3)
45-49yrs	41,084	66	161	(±40)	19.7	(±6.5)	41,621	144	346	(±58)	6.7	(±3.8)
50-54yrs	36,266	50	138	(±39)	22.2	(±7.2)	37,330	86	230	(±50)	5.7	(±3.6)
55-59yrs	31,992	43	134	(±41)	18.0	(±7.0)	32,323	50	155	(±44)	8.5	(±4.8)
60-64yrs	26,441	33	125	(±43)	19.7	(±8.4)	27,011	27	100	(±39)	6.6	(±4.8)
65-69yrs	19,082	10	52	(±33)	9.7	(±6.7)	20,958	21	100	(±44)	6.0	(±4.9)
70-74yrs	14,983	8	53	(±38)	9.7	(±7.4)	17,437	11	63	(±38)	2.4	(±3.4)
75-79yrs	10,705	<5	N/A	N/A	10.4	(±9.2)	14,425	5	35	(±31)	1.9	(±3.3)
80-84yrs	6,430	6	93	(±76)	6.6	(±9.3)	10,719	<5	N/A	N/A	0.8	(±2.5)
85yrs+	4,177	<5	N/A	N/A	5.9	(±11.8)	9,932	<5	N/A	N/A	2.0	(±4.4)
Total* **	**629,841**	**1,206**	**178**	**(±11)**	**14.7**	**(±1.5)**	**644,486**	**1,505**	**227**	**(±12)**	**4.1**	**(±0.7)**

** Annual rate based on suicide deaths that occurred in 2002-2006.*
*** 95% Confidence Interval.*
**** The total rates are European age-standardised rates per 100,000.*

APPENDIX 4B: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE DUBLIN / NORTH EAST REGION, 2008.

Age group	Men						Women					
	Population	Deliberate self harm			Suicide*		Population	Deliberate self harm			Suicide*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	38,900	0	0	(±0)	0	(±0)	36,752	0	0	(±0)	0	(±0)
5-9yrs	34,284	0	0	(±0)	0.6	(±1.3)	32,742		N/A	N/A	0	(±0)
10-14yrs	30,416	18	59	(±28)	0	(±0)	28,750	58	202	(±53)	1.8	(±2.3)
15-19yrs	30,187	123	407	(±73)	19.4	(±7.0)	28,959	200	691	(±98)	4.8	(±3.6)
20-24yrs	37,639	174	462	(±70)	31.1	(±8.0)	38,374	187	487	(±71)	4.8	(±3.2)
25-29yrs	52,143	154	295	(±48)	23.2	(±6.6)	52,141	140	269	(±45)	4.3	(±2.8)
30-34yrs	45,465	134	295	(±51)	28.3	(±7.5)	44,952	112	249	(±47)	5.7	(±3.4)
35-39yrs	40,928	97	237	(±48)	24.2	(±7.3)	38,825	157	404	(±64)	5.3	(±3.5)
40-44yrs	34,057	96	282	(±58)	27.4	(±8.4)	33,418	127	380	(±67)	5.1	(±3.6)
45-49yrs	30,008	69	230	(±55)	23.6	(±8.3)	29,708	91	306	(±64)	3.2	(±3.1)
50-54yrs	26,073	40	153	(±48)	19.4	(±8.0)	26,026	69	265	(±64)	9.3	(±5.6)
55-59yrs	23,473	24	102	(±42)	26.3	(±9.9)	23,842	41	172	(±54)	6.0	(±4.7)
60-64yrs	20,532	12	58	(±34)	20.1	(±9.7)	20,576	22	107	(±46)	7.7	(±6.0)
65-69yrs	14,652	12	82	(±47)	18.6	(±10.5)	15,154	17	112	(±54)	5.9	(±5.8)
70-74yrs	11,103	<5	N/A	N/A	15.6	(±10.9)	12,813	8	62	(±44)	0	(±0)
75-79yrs	7,906	<5	N/A	N/A	13.6	(±12.3)	10,128	6	59	(±48)	7.0	(±7.4)
80-84yrs	4,589	<5	N/A	N/A	9.2	(±13.0)	7,775	<5	N/A	N/A	1.6	(±4.1)
85yrs+	2,897	7	242	(±183)	0	(±0)	6,707	<5	N/A	N/A	4.2	(±7.7)
Total* **	**485,252**	**974**	**186**	**(±13)**	**18.0**	**(±1.9)**	**487,642**	**1,249**	**252**	**(±14)**	**4.3**	**(±0.9)**

** Annual rate based on suicide deaths that occurred in 2002-2006.*
*** 95% Confidence Interval.*
**** The total rates are European age-standardised rates per 100,000.*

APPENDIX 4C: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE SOUTH REGION, 2008.

Age group	Men						Women					
	Population	Deliberate self harm			Suicide*		Population	Deliberate self harm			Suicide*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	42,338	0	0	(±0)	0	(±0)	40,293	0	0	(±0)	0	(±0)
5-9yrs	39,621	0	0	(±0)	0	(±0)	38,101	0	0	(±0)	0	(±0)
10-14yrs	37,733	12	32	(±18)	2.7	(±2.4)	36,418	31	85	(±31)	0	(±0)
15-19yrs	37,990	140	369	(±62)	20.8	(±6.4)	35,964	205	570	(±80)	3.2	(±2.6)
20-24yrs	40,525	175	432	(±65)	47.4	(±9.6)	40,517	201	496	(±70)	3.0	(±2.4)
25-29yrs	48,284	175	362	(±55)	40.2	(±9.1)	46,549	148	318	(±52)	8.0	(±4.1)
30-34yrs	45,057	142	315	(±53)	31.7	(±8.0)	43,199	103	238	(±47)	9.3	(±4.4)
35-39yrs	43,320	113	261	(±49)	24.7	(±7.2)	41,896	89	212	(±45)	9.0	(±4.4)
40-44yrs	40,952	88	215	(±46)	34.1	(±8.5)	40,097	91	227	(±48)	7.5	(±4.0)
45-49yrs	37,329	66	177	(±44)	32.4	(±8.7)	37,315	94	252	(±52)	10.6	(±5.0)
50-54yrs	34,257	34	99	(±34)	31.3	(±8.9)	33,045	54	163	(±44)	9.8	(±5.1)
55-59yrs	31,363	33	105	(±37)	32.6	(±9.5)	30,053	42	140	(±43)	7.3	(±4.6)
60-64yrs	27,192	22	81	(±35)	29.1	(±10.1)	26,841	24	89	(±37)	9.8	(±5.9)
65-69yrs	20,439	11	54	(±32)	26.7	(±10.7)	20,519	13	63	(±35)	9.4	(±6.3)
70-74yrs	15,848	<5	N/A	N/A	21.4	(±10.7)	17,291	<5	N/A	N/A	6.0	(±5.4)
75-79yrs	11,531	<5	N/A	N/A	20.9	(±12.6)	14,082	<5	N/A	N/A	4.2	(±4.9)
80-84yrs	6,800	<5	N/A	N/A	6.2	(±8.8)	10,918	<5	N/A	N/A	1.9	(±3.8)
85yrs+	4,498	<5	N/A	N/A	11.0	(±15.6)	9,676	5	52	(±46)	0	(±0)
Total* **	**565,076**	**1024**	**173**	**(±11)**	**24.3**	**(±1.9)**	**562,774**	**1114**	**197**	**(±12)**	**5.8**	**(±0.9)**

** Annual rate based on suicide deaths that occurred in 2002-2006.*
*** 95% Confidence Interval.*
**** The total rates are European age-standardised rates per 100,000.*

APPENDIX 4D: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE WEST REGION, 2008.

Age group	Men						Women					
	Population	Deliberate self harm			Suicide*		Population	Deliberate self harm			Suicide*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	38,562	0	0	(±0)	0	(±0)	36,867	0	0	(±0)	0	(±0)
5-9yrs	37,235	0	0	(±0)	0	(±0)	35,785	0	0	(±0)	0	(±0)
10-14yrs	35,840	8	22	(±6)	0	(±0)	33,745	43	127	(±39)	1.8	(±2.1)
15-19yrs	35,993	132	367	(±64)	21.5	(±6.7)	34,638	213	615	(±84)	4.4	(±3.1)
20-24yrs	37,843	171	452	(±69)	25.4	(±7.2)	37,348	165	442	(±69)	10.7	(±4.8)
25-29yrs	42,299	133	314	(±55)	34.7	(±9.0)	42,351	125	295	(±53)	6.5	(±3.9)
30-34yrs	39,760	119	299	(±55)	22.8	(±7.2)	39,187	110	281	(±54)	2.9	(±2.6)
35-39yrs	39,371	130	330	(±58)	27.2	(±7.9)	37,980	139	366	(±62)	1.8	(±2.0)
40-44yrs	36,790	100	272	(±54)	26.7	(±8.0)	35,937	113	314	(±59)	4.8	(±3.4)
45-49yrs	34,876	78	224	(±51)	27.8	(±8.4)	34,155	90	264	(±56)	7.7	(±4.5)
50-54yrs	32,503	58	178	(±47)	23.1	(±7.8)	31,598	57	180	(±48)	8.9	(±4.9)
55-59yrs	30,070	27	90	(±35)	15.9	(±6.8)	28,783	31	108	(±39)	5.3	(±4.0)
60-64yrs	26,131	20	77	(±54)	18.3	(±8.0)	24,475	26	106	(±42)	6.8	(±5.2)
65-69yrs	19,529	19	97	(±45)	11.2	(±7.1)	18,674	5	27	(±24)	1.1	(±2.3)
70-74yrs	15,567	7	45	(±34)	10.9	(±7.7)	15,759	<5	N/A	N/A	5.3	(±5.3)
75-79yrs	11,555	<5	N/A	N/A	5.7	(±6.6)	13,166	6	46	(±37)	6.0	(±6.0)
80-84yrs	7,081	0	N/A	N/A	14.9	(±13.3)	10,787	<5	N/A	N/A	0	(±0)
85yrs+	5,027	<5	N/A	N/A	9.8	(±13.9)	10,180	<5	N/A	N/A	2.3	(±4.7
Total* **	**526,034**	**1,009**	**187**	**(±12)**	**17.6**	**(±1.7)**	**521,415**	**1,132**	**217**	**(±13)**	**4.5**	**(±0.9)**

** Annual rate based on suicide deaths that occurred in 2002-2006.*
*** 95% Confidence Interval.*
**** The total rates are European age-standardised rates per 100,000.*

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