

National Registry of  
Deliberate Self Harm  
Ireland



ANNUAL REPORT  
2009





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National Suicide Research Foundation

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# Contents

	Page
Executive Summary and Recommendations.....	i
Methods .....	v
Acknowledgements.....	ix
Section I. Hospital Presentations.....	3
Section II. Incidence Rates .....	13
Appendix 1 - Deliberate Self Harm by HSE Hospitals Group and Hospital.....	24
Appendix 2 - Recommended Next Care by Hospital.....	31
Appendix 3 - Repetition by Hospital .....	34
Appendix 4 - Deliberate Self Harm by Residents of HSE Regions.....	37

# Executive Summary and Recommendations

This is the eighth annual report from the National Registry of Deliberate Self Harm. It is based on data collected on persons presenting to hospital emergency departments as a result of deliberate self harm in 2009 in the Republic of Ireland. The Registry had near complete coverage of the country's hospitals for the period 2002-2005 and since 2006, all general hospital and paediatric hospital emergency departments in the Republic of Ireland have contributed data to the Registry.

This report presents the Registry findings at national level, by Health Service Executive (HSE) region, HSE hospitals group and for the first time incidence rates are provided for the 32 HSE Local Health Offices in recognition of the fact that the Local Health Offices are the central focus of all HSE primary, community and continuing care services. Data by hospital are tabulated in the Appendices.

In 2009, the Registry recorded 11,966 presentations to hospital due to deliberate self harm nationally, involving 9,493 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following deliberate self harm in 2009 was 209 per 100,000, a significant 5% increase on the rate of 200 per 100,000 in 2008 and the third successive increase in the national rate of hospital-treated deliberate self harm.

In 2009, the national male rate of deliberate self harm was 197 per 100,000, 10% higher than in 2008. This is the second successive major increase in male deliberate self harm following an 11% increase in 2008. The female rate of deliberate self harm in 2009 was 222 per 100,000, virtually unchanged from the rate of 223 in 2008. As in previous years, the female rate was higher than the male rate but the gender difference was only 13% in 2009 whereas the female rate was 24% higher in 2008 and at least 32% higher in earlier years.

The increase in the male rate of hospital-treated deliberate self harm was observed in several age groups. Most notably, the rate among men aged 20-24 years increased by 21%, from 433 to 526 per 100,000. In addition, there were increases of 12-14% in the deliberate self harm rate among men aged 15-19, 35-39 and 50-59 years.

Consistent with previous years, deliberate self harm was largely confined to the younger age groups. Almost half of all presentations (45%) were by people under 30 years of age and 87% were by people aged less than 50 years. As in previous years, the peak rate for women was in the 15-19 years age group, at approximately 635 per 100,000, whereas the peak rate among men was in 20-24 year-olds at 526 per 100,000.

The incidence of deliberate self harm continued to exhibit marked variation by geographic area. City rates of deliberate self harm generally exceeded those of the counties for men and women. For the first time, in this Report, maps have been generated illustrating the incidence of male and female deliberate self harm at the level of the HSE Local Health Office (LHO). Limerick LHO had the highest male rate and the second highest female rate. Cork North Lee and Louth had high rates of deliberate self harm for men only. Four of the eight Dublin LHOs (Dublin North Central, Dublin West, Dublin South West and Dublin North West) were associated with high rates of deliberate self harm for both men and women. In contrast, the incidence of male and female self harm was low in Dublin South East and Dun Laoghaire.

As in previous years, repeat presentations to hospital due to deliberate self harm represented a significant problem. As in 2008, 21% of all deliberate self harm presentations in 2009 were due to repeat acts. The proportion of deliberate self harm patients who made at least one repeat presentation during the calendar year was 14%.



This is the same repetition rate as reported for 2008 and lower than the 15% and 16% rates reported for 2007 and 2006.

Drug overdose was the commonest method of self harm, involved in 71% of all acts registered in 2009 and more so in women (78%) than in men (64%). Minor tranquillisers, paracetamol-containing medicines and anti-depressants/ mood stabilisers were involved in 42%, 29% and 21% of drug overdose acts. The number of deliberate self harm presentations to hospital involving drug overdose in 2009 (8,504) was very similar to that in 2008 (8,456). This was also true when examined by type of drug. The exception was street drugs. The number of deliberate self harm presentations to hospital involving street drugs increased by 26% in 2009 (from 461 to 579).

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 608, the number of presentations involving attempted hanging was 18% higher in 2009 than in 2008 (16% higher for men and 21% higher for women). This is the greatest number of deliberate self harm presentations involving attempted hanging that has been recorded by the Registry.

Self-cutting was the second commonest method of self harm, used in one in five cases (22%) and significantly more often by men (25%) than by women (19%). Self-cutting was associated with increased risk of repetition. Almost one in five (19%) of individuals who presented as a result of self-cutting made a repeat presentation in the same calendar year as compared to 13% of those who presented due to an intentional drug overdose. There was evidence of alcohol consumption in

41% of all episodes of deliberate self harm and this was more often the case for men (45%) than women (37%). Alcohol may be one of the factors underlying the pattern of presentation with deliberate self harm by time of day and day of week. Presentations peaked in the hours around midnight and almost one-third of all presentations occurred on Sundays and Mondays.

Of all deliberate self harm cases, 10% were admitted for psychiatric inpatient treatment from the emergency department, 31% resulted in admission to a ward of the treating hospital, 1% refused to be admitted, 14% left before next care could be recommended and 44% were discharged following emergency treatment. Thus, the emergency department was the only treatment setting for 60% of all deliberate self harm patients. As one would expect, admission to psychiatric inpatient care directly from the emergency department was most common for cases involving the highly lethal methods of attempted hanging (26%) and attempted drowning (25%). However, almost 40% of these cases were not admitted following emergency treatment.

The next care recommended to deliberate self harm patients varied significantly by HSE hospitals group. The rate of admission to a general hospital ward following presentation to the emergency department ranged from 11% to 59%. Direct psychiatric admission and discharge from the emergency department ranged from 2% to 16% and 25% to 60%, respectively. Such variation in next care is likely to be due to variation in the availability of resources and services but it suggests that assessment and management of deliberate self harm patients is likely to be variable and inconsistent across the country.

## RECOMMENDATIONS

The increase in deliberate self harm in Ireland intensifies the need for prevention and intervention programmes to be implemented at national level. Increased support should be provided for evidence-based prevention and mental health promotion programmes in line with priorities in Reach Out, 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.

The major increase in deliberate self harm among Irish men since 2007, in particular among young men, is likely to be related to mental health and socioeconomic problems associated with the recession in Ireland. These findings underline the need to implement and evaluate the effectiveness of initiatives to increase awareness of mental health issues among the general public and professionals involved in services supporting people who are unemployed and people experiencing financial difficulties.

The increasing rate of deliberate self harm in men is likely to be followed or paralleled by an increasing suicide rate among men as international research shows a significant association between trends in deliberate self harm and trends in suicide in men. There is a need to link deliberate self harm data with suicide mortality data to enhance insight into predictors of suicide risk. This is currently being pursued by the NSRF.

This Annual Report again highlights that minor tranquillisers are by far the most common type of medication involved in intentional acts of drug overdose, accounting for approximately 3,500 presentations to hospital each year. Consideration should be given to restricting access to minor tranquillisers.

The 2009 Registry data revealed a 26% increase in the involvement of street drugs in intentional drug overdose acts. This underlines the need to increase awareness among addiction service professionals and service users of the risk of suicidal behaviour related to drug abuse.

In line with previous years, 41% of all deliberate self harm presentations involved alcohol. Misuse or abuse of alcohol may be one of the factors associated with the higher rate of self harm presentations on Sundays and Mondays and around the hours of midnight. These findings underline the need to enhance health service capacity at specific times and to increase awareness of the negative effects of alcohol misuse and abuse such as increased depressive feelings and reduced self-control.

One fifth of all deliberate self harm presentations were due to repeat acts. Continued efforts should be made to prioritise national implementation of evidence-based treatments shown to reduce risk of repetition, such as cognitive behavioural, dialectical behavioural and problem-solving interventions.

In 2009, the number of hospital presentations involving attempted hanging again increased significantly. In addition, a large proportion (nearly 40%) of these self harm patients were not admitted following emergency treatment. The high risk of suicide among such patients reinforces the need for uniform psychosocial and psychiatric assessment to be provided to all self-harm patients with particular attention to patients using highly lethal methods.

In line with previous years, there was considerable variation in the next care recommended to deliberate self harm patients which may reflect an inconsistent pattern of assessment and management of deliberate self harm patients across the country. The admission rate to a general hospital following presentation to the emergency department ranged from 11% to 59% and direct psychiatric admission ranged from 2% to 16%. We strongly 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 in the UK.

For the first time, the Registry Annual Report details and maps the incidence of male and female deliberate self harm at the level of HSE Local Health Office (LHO). We hope this will raise awareness of the problem of deliberate self harm among LHO primary and community service providers. Consideration should be given by LHOs to the development of response plans and intervention programmes related to suicidal behaviour.

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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 and is funded by the Health Service Executive's National Office for Suicide Prevention.

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.

## 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 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.



## 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 2009 were recorded using this electronic system.

## 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 to 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.

### **Initials**

Initial letters from an individual deliberate self harm patient's name are recorded in an encrypted form by the Registry data entry system for the purposes of avoiding duplication, ensuring that repeat episodes are recognised and calculating incidence rates based on persons rather than events.

### **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.

### **Area of residence**

Patient addresses are coded to the appropriate electoral division.

### **Date and hour of attendance at hospital**

### **Brought to hospital by ambulance**

### **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 self-cutting. In this report, results generally relate to the 'main method' of self harm. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken as the most lethal method employed. For acts involving self-cutting, the treatment received was recorded when known.

### **Drugs taken**

Where applicable, the name and quantity of the drugs taken are recorded.

### **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.

## 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 Service Executive (HSE) ethics committees.

## REGISTRY COVERAGE

In 2009, deliberate self harm data were collected from each HSE region in the Republic of Ireland (pop: 4,459,300).

There was complete coverage of all adult acute hospitals in the HSE Dublin/ Mid-Leinster Region (pop: 1,280,904) which comprises two HSE National Hospitals Groups. Dublin/ Midlands Hospital Group includes Adelaide & Meath including the National Children's Hospital Tallaght, the Midland Regional Hospitals at Mullingar, Portlaoise and Tullamore and Naas General Hospital. The Dublin South Hospitals Group includes Our Lady's Children's Hospital Crumlin, 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 (pop: 974,192). The region comprises the Dublin North East Hospitals Group and the North Eastern Hospitals Group. The Dublin North East Hospitals Group includes Beaumont Hospital, Children's University Hospital Temple Street, James Connolly Hospital Blanchardstown and Mater Misericordiae University Hospital. The North Eastern Hospitals 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: 1,144,300) which comprises the South Eastern and the Southern Hospitals Groups. The South Eastern Hospitals Group includes St Luke's Hospital Kilkenny, South Tipperary General Hospital, Waterford Regional Hospital and Wexford General Hospital. The Southern Hospitals Group includes Bantry General Hospital, Cork University Hospital, Kerry General Hospital, Mallow General Hospital, Mercy University Hospital Cork and Southern Infirmary/ Victoria Hospital Cork.

There was complete coverage of the acute hospitals in the HSE West Region (pop: 1,059,404) which comprises the Mid-Western and the West/ North Western Hospitals Groups. The Mid-Western Hospitals Group includes the Mid-Western Regional Hospitals at Ennis, Limerick and Nenagh and St John's Hospital Limerick. The West/ North Western Hospitals Group includes Letterkenny General Hospital, Mayo General Hospital, Portlinculla 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 of 2009 for all 39 acute hospitals 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.

## POPULATION DATA

For 2009, the Central Statistics Office population estimates were utilised. These estimates provide age-sex-specific population data for the country and its constituent regional authority areas. Proportional differences between the 2009 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 2009. For urban/rural district populations and HSE Local Health Office areas, National Census 2006 population data were utilised.

## 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.  $(n / p) * 100,000$ .

European age-standardised rates (EASRs) are the incidence rates that would be observed if the population under study had the same age composition as a theoretical European population. Adjusting for the age composition of the population under study ensures that differences observed by gender or by area are due to differences in the incidence of deliberate self harm rather than differences in the composition of the populations. EASRs were calculated as follows: For each five-year age group, the number of persons who engaged in deliberate self harm was divided by the population at risk and then multiplied by the number in the European standard population. The EASR is the sum of these age-specific figures.

## A NOTE ON SMALL NUMBERS

Calculated rates that are based on less than 20 events may be an unreliable measure of the underlying rate. In addition, deliberate self harm events may not be independent 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  $n \pm 2\sqrt{n}$ . For example, if 25 deliberate self harm presentations are observed in a specific region in one year, then the 95% confidence interval will be  $25 \pm 2\sqrt{25}$  or 15 to 35. Thus, 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.

# Acknowledgements

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Rita Cullivan

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## ***HSE West Region***

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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 from 1 January to 31 December 2009, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,493 individuals. Thus, the number of deliberate self harm presentations increased by 2% from 2008 while the number of persons involved increased by 3%. As can be seen in Table 1, which summarises the changes in the number of presentations and persons since the Registry reached near national coverage in 2002, 2009 is the third successive year in which the numbers of self harm presentations and persons presenting have increased.

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following deliberate self harm in 2009 was 209 (95% Confidence Interval (CI): 205 to 214) per 100,000, a significant 5% increase on the equivalent rate of 200 (95% CI: 196 to 205) per 100,000 in 2008. 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, hospitals group, age and gender are given in Appendix 1. Of the recorded presentations in 2009, 47% were made by men and 53% were made by women. Deliberate self harm episodes were generally confined to the younger age groups. Almost half of all presentations (45%) were by people under 30 years of age and 87% in each year were by people aged less than 50 years.

Year	Presentations		Persons	
	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%
2009	11,966	+2%	9,493	+3%

*Table 1: Number of deliberate self harm presentations and persons who presented in the Republic of Ireland in 2002-2009 (2002-2005 figures extrapolated to adjust for hospitals not contributing data).*

In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 10-14 year age group where there were 2.5 times as many female presentations. However, in the 20-34 year age group, the number of self harm presentations made by men was 18% higher than the number made by women.

In 2009, 297 (2.5%) of all deliberate self harm presentations were by residents of homeless hostels and people of no fixed abode and 80 (0.7%) were made by hospital inpatients. The proportion of deliberate self harm presentations made by residents of homeless hostels and people of no fixed abode varied by HSE region, accounting for 5% of all presentations to Dublin/ Mid-Leinster hospitals, 2% in the Dublin/ North East and South Regions and 1% of all presentations in the West.

## DELIBERATE SELF HARM BY HSE HOSPITALS GROUP

Based on provisional figures acquired from the HSE Business Intelligence Unit, deliberate self harm accounted for 1.18% of total attendances to general emergency departments in the country. This percentage of attendances accounted for by deliberate self harm varied by HSE hospitals group from 0.79% in the Dublin/ Midlands, to 0.93% in the North Eastern, 1.02% in the South Eastern, 1.12% in the Southern, 1.13% in the West/ North Western, 1.18% in the Mid-Western, 1.58% in the Dublin South and 2.19% in the Dublin North East.

The proportion of deliberate self harm presentations treated in each hospitals group in 2009 ranged from 8% in the North Eastern, to 9% in the Mid-Western, 10% in the South Eastern, 12% in the Southern and Dublin/ Midlands, 15% in the Dublin South, 16% in the West/ North Western and 17% in the Dublin North East.

The gender balance of recorded episodes in 2009 (at 47% men to 53% women) varied by hospitals group (Figure 1). Deliberate self harm presentations by women outnumbered those by men in five of the eight hospitals groups. There were equal numbers of self harm presentations by men and women in the North Eastern and men accounted for a small majority of the cases treated in the West/ North Western and Southern Hospitals Groups.

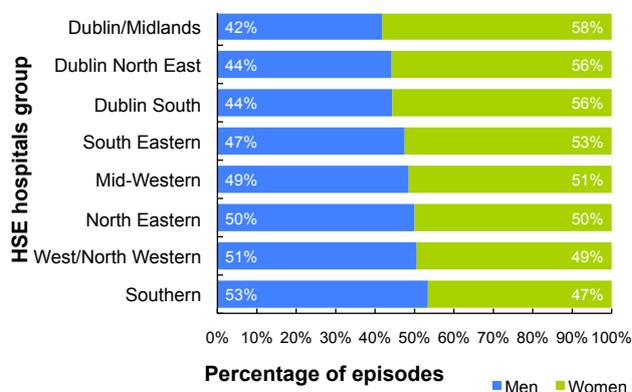


Figure 1: Gender balance of deliberate self harm presentations by HSE hospitals group.

## ANNUAL CHANGE IN DELIBERATE SELF HARM PRESENTATIONS TO HOSPITAL

The 2% increase in the national number of deliberate self harm presentations to hospital was in contrast with some of the relatively large changes in the number of presentations at the level of the individual hospitals (Figures 2a and 2b). Only slightly more hospitals saw an increase in self harm presentations between 2008 and 2009 than saw a decrease. The major decreases of about 50% observed for Monaghan General Hospital and the Mid-Western Regional Hospitals in Nenagh and

Ennis were almost certainly related to the reduction in emergency services at those hospitals last year. These decreases may have led to some of the large increases in presentations to nearby hospitals such as Cavan General Hospital and both Limerick hospitals (St John's Hospital not shown in Figure 2a due to small numbers). However, independent of such changes, several relatively large hospitals saw increases of 21-46% in self harm presentations.

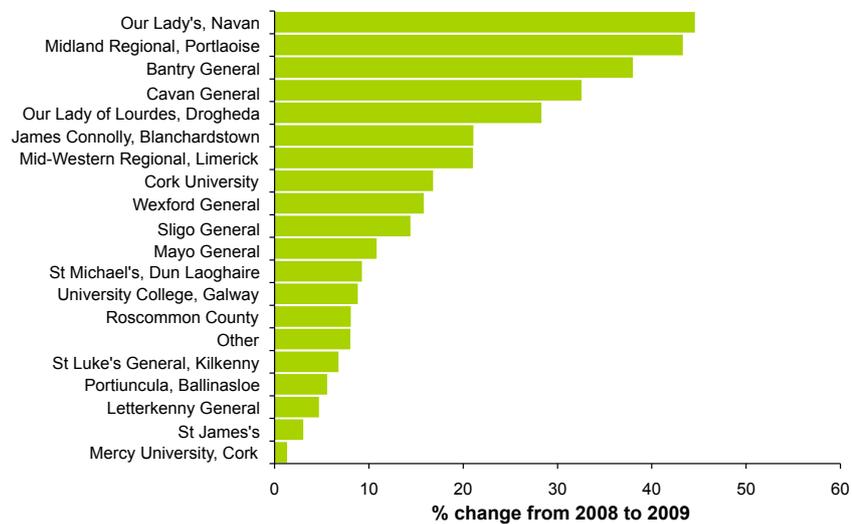


Figure 2a: Hospitals receiving more deliberate self harm presentations in 2009.

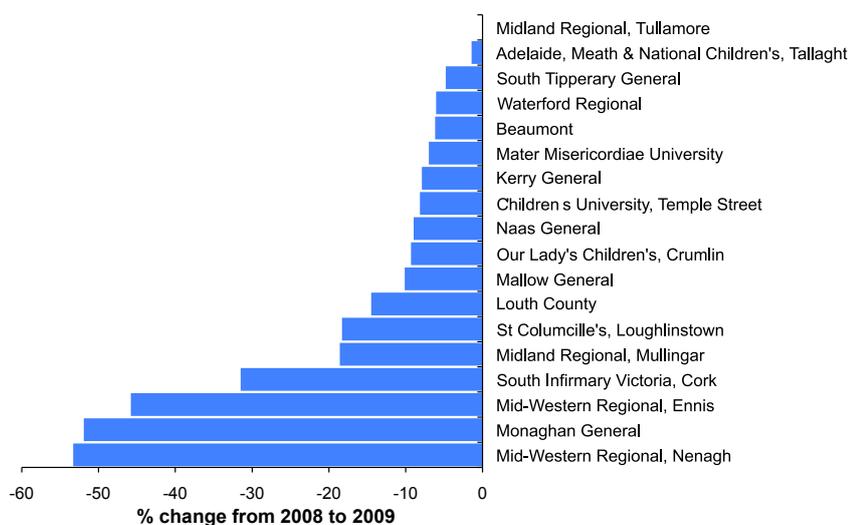
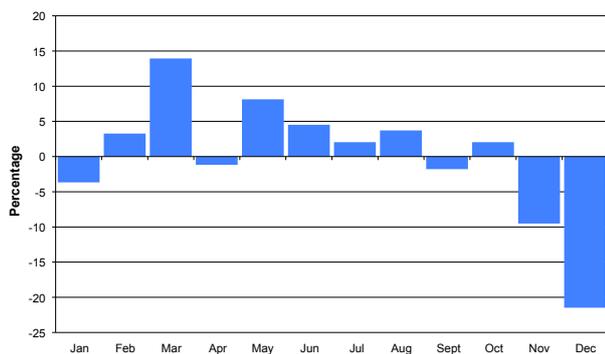


Figure 2b: Hospitals receiving fewer deliberate self harm presentations in 2009.

## VARIATION BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	447	434	539	468	505	456	510	503	468	513	420	390	5653
Women	532	514	619	504	594	572	527	551	498	524	470	408	6313
Total	979	948	1158	972	1099	1028	1037	1054	966	1037	890	798	11966

*Table 2: Number of deliberate self harm presentations in 2009 by month for men and women.*



*Figure 3: Percentage difference between the observed and expected number of deliberate self harm presentations by month in 2009.*

The monthly average number of deliberate self harm presentations to hospitals in 2009 was 997. Accounting for the number of days in each calendar month, monthly variation was evident across the year. Consistent with previous years, there was a Spring/Summer peak and pre-end of year fall in self harm presentations. Respectively, in March and May 2009, there were 14% and 8% more presentations than might be expected whereas in November and December there were 10% and 22% fewer self harm presentations than might have been expected. This monthly pattern in the number of deliberate self harm presentations was broadly similar for men and women.

## VARIATION BY DAY

	Monday	Tuesday	Wed'day	Thursday	Friday	Saturday	Sunday	Total
Men	811 (14.3%)	785 (13.9%)	735 (13.0%)	823 (14.6%)	807 (14.3%)	817 (14.5%)	875 (15.5%)	5653 (100%)
Women	995 (15.8%)	854 (13.5%)	829 (13.1%)	892 (14.1%)	829 (13.1%)	854 (13.5%)	1060 (16.8%)	6313 (100%)
Total	1806 (15.1%)	1639 (13.7%)	1564 (13.1%)	1715 (14.3%)	1636 (13.7%)	1671 (14.0%)	1935 (16.2%)	11966 (100%)

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

Table 3: Deliberate self harm presentations in 2009 by weekday

The number of deliberate self harm presentations was highest on Mondays and Sundays. These days accounted for 31% of all presentations. Numbers fell after Monday to a level that was similar from Tuesday to Saturday before rising again on Sunday. This pattern of the number of presentations by day of the week was more pronounced in women than in men.

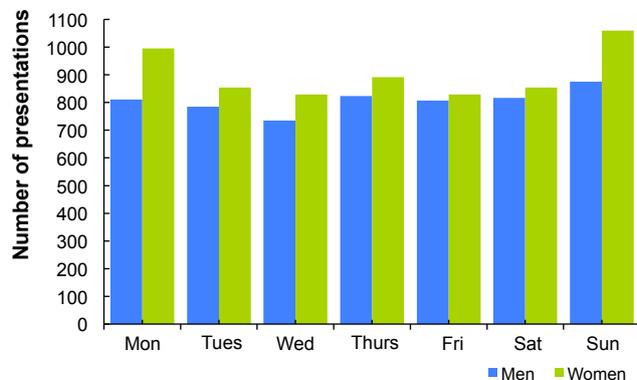


Figure 4: Number of presentations by weekday, 2009.

## VARIATION BY HOUR

There was a striking pattern in the number of deliberate self harm presentations seen over the course of the day. The numbers for both men and women gradually increased during the day. There was a clear peak in the hour before midnight for women whereas the peak for male self harm was over the period 10pm to 3am. Almost half (47%) of the total number of presentations were made during the eight-hour period 7pm-3am. This contrasts with the quietest eight-hour period of the day, from 5am-1pm, which accounted for just 19% of all presentations.

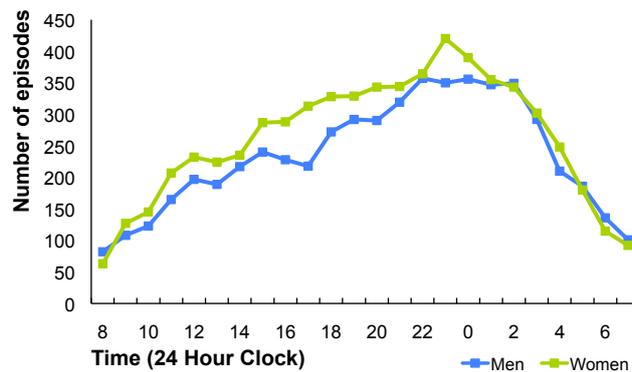


Figure 5: Number of presentations by time of attendance, 2009.

The majority of patients (58%) were brought to hospital by ambulance. The proportion brought by ambulance varied over the course of the day from 50% for presentations between noon and 4pm to 69% for those who presented between midnight and 8am.

## METHOD OF DELIBERATE SELF HARM

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	3609 (63.8%)	2546 (45.0%)	120 (2.1%)	408 (7.2%)	186 (3.3%)	1426 (25.2%)	324 (5.7%)	5653
Women	4895 (77.5%)	2353 (37.3%)	81 (1.3%)	200 (3.2%)	101 (1.6%)	1192 (18.9%)	206 (3.3%)	6313
Total	8504 (71.1%)	4899 (40.9%)	201 (1.7%)	608 (5.1%)	287 (2.4%)	2618 (21.9%)	530 (4.4%)	11966

Table 4: Method of deliberate self harm by gender, 2009.

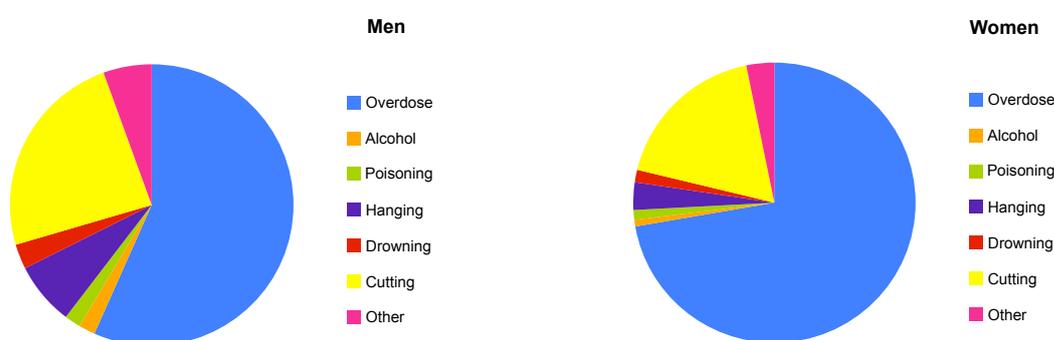


Figure 6: Most lethal method of self harm used by gender, 2009.

Almost three quarters (71%) of all deliberate self harm presentations involved an overdose of medication (65% as the most lethal method of self harm employed). Drug overdose was more commonly used as a method of self harm by women than by men. It was involved in 64% of male presentations (57% as the most lethal method) and 78% of female episodes (72% as the most lethal method). While rare as a main method of self harm, alcohol was involved in 41% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (45%) than in female episodes (37%).

Cutting was the only other common method of self harm, involved in 22% of all episodes. Cutting was significantly more common in men (25%) than in women (19%). In 86% of all cases that

involved self-cutting, the treatment received was recorded. Almost half (47%) received steristrips or steribonds, 21% did not require any, 28% required sutures while 5% were referred for plastic surgery. Men who cut themselves were twice as often referred for plastic surgery (6% vs. 3%).

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 608, the number of presentations involving attempted hanging was 18% higher in 2009 than in 2008 (16% higher for men and 21% higher for women). This is the greatest number of deliberate self harm presentations involving attempted hanging that has been recorded by the Registry.

## DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 76% of all cases of drug overdose. On average, 30 tablets were taken in the episodes of deliberate self harm that involved drug overdose. One quarter of drug overdose acts involved less than 12 tablets, half involved less than 21 tablets and three-quarters involved less than 38 tablets. On average, men took more tablets in overdose acts than women (mean: 33 vs. 29). Figure 7 illustrates the pattern of the number of tablets taken in drug overdose episodes for both genders. Half (51%) of the female episodes and 42% of the male episodes of overdose involved 10-29 tablets. At least 50 tablets were taken by 19% 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. 42% of all overdoses involved a minor tranquilliser and such a drug was used marginally more often by men than by women. A major tranquilliser was involved in 9% of overdoses. Almost half (48%) of all female overdose acts and 36% of all male acts involved an analgesic drug. Paracetamol was the most common analgesic drug taken, being involved

in some form in 29% of drug overdose acts. Paracetamol was used significantly more often by women (34%) than by men (23%). More than one in five acts (21%) of deliberate overdose involved an anti-depressant/mood stabiliser. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 13% of overdose cases. Street drugs were involved in 12% of male and 3% of female intentional drug overdose acts. 'Other prescribed drugs' were taken in one in four (24%) of all overdoses which reflects the wide range of drugs taken deliberately in acts of drug overdose.

The number of deliberate self harm presentations to hospital involving drug overdose in 2009 (8,504) was very similar to that in 2008 (8,456). This was also true when the number of presentations involving each of the drug types described here were examined. The exception was street drugs. In 2008, 461 deliberate self harm presentations to hospital involved street drugs. This increased by 26% to 579 presentations in 2009.

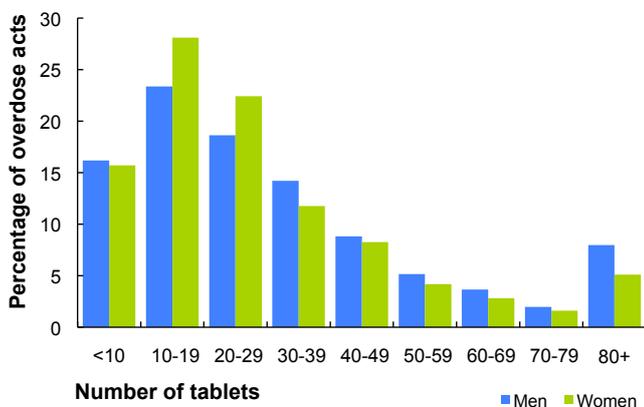


Figure 7: The pattern of the number of tablets taken in male and female acts of drug overdose.

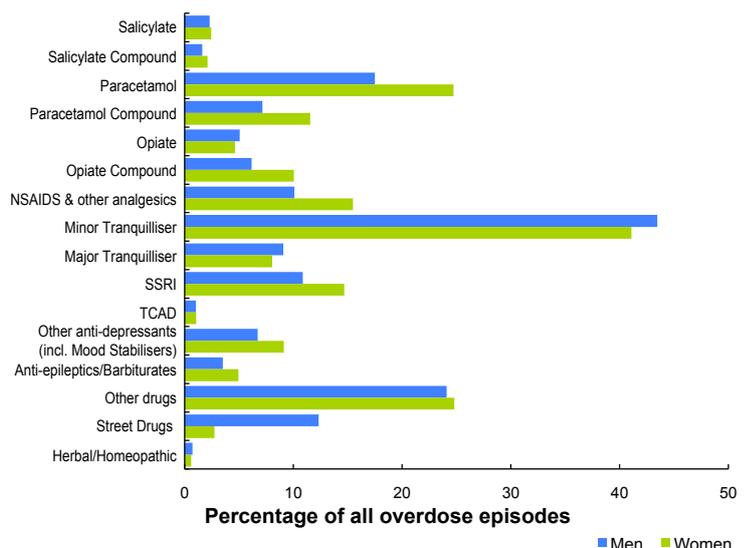


Figure 8: The variation in the type of drugs used. Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

## RECOMMENDED NEXT CARE

In 14% of 2009 cases, the patient left the emergency department before a next care recommendation could be made. Following their treatment in the emergency department, inpatient admission was the next stage of care recommended for almost 41%, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Of all deliberate self harm cases, 31% resulted in admission to a ward of the treating hospital whereas 10% were admitted for psychiatric inpatient treatment from the emergency department. This percentage is 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 will be subsequently admitted as psychiatric inpatients. In just 1% of cases, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. Most commonly, 44% of cases were discharged following treatment in the emergency department.

Next care recommendations in 2009 were similar for men and women albeit that men more often left the emergency room before a recommendation was made (16% vs. 13%). In previous years, women were more often admitted to a ward of the treating hospital than men.

Recommended next care varied according to the main method of self harm (Table 5). 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 the main method of self harm, over half (56%) 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.

	<b>Overdose</b> (n=7764)	<b>Alcohol Poisoning</b> (n=155)	<b>Poisoning</b> (n=175)	<b>Hanging</b> (n=608)	<b>Drowning</b> (n=253)	<b>Cutting</b> (n=2497)	<b>Other</b> (n=514)	<b>Total</b> (n=11966)
General admission	36.8%	20.0%	41.1%	22.0%	21.7%	14.8%	24.5%	30.5%
Psychiatric admission	7.1%	8.4%	10.9%	26.2%	24.5%	11.3%	16.5%	9.8%
Patient would not allow admission	0.8%	3.9%	2.3%	3.0%	2.4%	0.9%	0.8%	1.0%
Left before recommendation	14.1%	23.2%	11.4%	9.7%	13.8%	17.1%	11.1%	14.4%
Not admitted	41.1%	44.5%	34.3%	39.1%	37.5%	55.9%	47.1%	44.3%

*Table 5: Recommended next care in 2009 by main method of deliberate self harm.*

Next care varied significantly by HSE hospitals group (Table 6). The proportion of deliberate self harm patients who left before a recommendation was made varied from 8% in the South Eastern Hospitals Group to 22% in the Dublin North East Hospitals Group. Across the hospitals groups, inpatient care (irrespective of type and whether patient refused) was recommended for 18% of the patients treated in the Dublin North East, 29% in the North Eastern, 35% in the Dublin South, 42% in the Southern, 44% in the Dublin/ Midlands, half (50%) in the West/ North Western, 58% in the Mid-Western and two thirds (67%) in the South Eastern. As a corollary to this, the proportion of cases discharged following emergency treatment ranged from 25% in the South Eastern Hospitals Groups

to 60% in the Dublin North East. The balance of general and psychiatric admissions directly after treatment in the emergency department differed significantly by hospitals group. Overall, direct psychiatric and general admission were almost equally common in the Dublin South Hospitals Group. In contrast, direct general admissions were eight and ten times more common than direct psychiatric admissions in the South Eastern and North Eastern Hospitals Groups, respectively.

Appendix 2 details the recommended next care for deliberate self harm patients treated at every hospital. For each hospitals 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 (n=1486)	Dublin South (n=1783)	Dublin North East (n=2027)	North Eastern (n=964)	South Eastern (n=1234)	Southern (n=1433)	Mid-Western (n=1076)	West/North Western (n=1963)	
General admission	35.8%	18.9%	11.4%	26.3%	58.5%	27.8%	45.4%	34.9%	30.5%
Psychiatric admission	8.0%	15.8%	5.8%	2.2%	7.5%	13.1%	8.5%	13.3%	9.8%
Patient would not allow admission	0.5%	0.2%	1.0%	0%	0.6%	0.6%	3.8%	1.7%	1.0%
Left before recommendation	11.9%	15.4%	21.6%	13.4%	7.9%	11.2%	13.5%	15.6%	14.4%
Not admitted	43.7%	49.6%	60.2%	58.1%	25.4%	47.2%	28.9%	34.5%	44.3%

Table 6: Recommended next care in 2009 by HSE hospitals group.

## REPETITION OF DELIBERATE SELF HARM

There were 9,493 individuals treated for 11,966 deliberate self harm episodes in 2009. This implies that approaching one in five (2,473, 20.7%) of the presentations in 2009 were due to repeat acts. Repeat acts accounted for 19.3-23.1% of the deliberate self harm presentations recorded by the Registry in previous years. Of the 9,493 deliberate self harm patients treated in 2009, 1,356 (14.3%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for previous years (13.0-16.4%). At least five deliberate self harm presentations were made by 118 individuals in 2009. These repeaters accounted for just 1.2% of

all deliberate self harm patients in the year but their presentations represented 7.6% of all deliberate self harm presentations recorded.

The rate of repetition varied highly significantly according to the main method of self harm involved in the deliberate self harm act (Table 7). Of the commonly used methods of self harm, self-cutting was associated with an increased level of repetition. Almost one in five of those who used cutting as their main method of self harm in their index act made at least one subsequent deliberate self harm presentation in the calendar year.

	Overdose	Alcohol Poisoning	Hanging	Drowning	Cutting	Other	Total	
Number of individuals treated	6389	122	140	484	214	1756	9493	
Number who repeated	817	23	19	68	40	325	1356	
Percentage who repeated	12.8%	18.9%	13.6%	14.0%	18.7%	18.5%	16.5%	14.3%

**Table 7: Repeat presentation after index deliberate self harm presentation in 2009 by main method of self harm.**

Repetition rates varied significantly by HSE hospitals group. As in 2004-2007, the lowest rate was among deliberate self harm patients treated in the Southern Hospitals Group (11.0%). Also consistent with the findings from some recent years, the highest repetition rate, at 17-18%, was for patients treated in the Dublin South, Mid-Western and West/ North Western Hospitals Groups.

Appendix 3 details the repetition rate for male, female and all patients treated following deliberate self harm in 2009. Caution should be taken in interpreting the repetition rates associated with the smaller hospitals as the calculations may be based on small numbers of patients and hence percentages may be misleading.

	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	
<b>Number of individuals treated</b>									
Men	523	575	740	410	466	660	411	740	4525
Women	703	700	875	404	538	582	418	748	4968
Total	1226	1275	1615	814	1004	1242	829	1488	9493
<b>Number who repeated</b>									
Men	56	95	87	53	71	78	68	134	642
Women	91	135	119	51	70	58	73	117	714
Total	147	230	206	104	141	136	141	251	1356
<b>Percentage who repeated</b>									
Men	10.7%	16.5%	11.8%	12.9%	15.2%	11.8%	16.5%	18.1%	14.2%
Women	12.9%	19.3%	13.6%	12.6%	13.0%	10.0%	17.5%	15.6%	14.4%
Total	12.0%	18.0%	12.8%	12.8%	14.0%	11.0%	17.0%	16.9%	14.3%

**Table 8: Repetition in 2009 by gender and HSE hospitals group.**

## II. Incidence Rates

For the period from 1 January to 31 December 2009, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,493 individuals. Based on these data, the Irish person-based crude and age-standardised rate of deliberate self harm in 2009 was 213 (95% CI: 208 to 217) and 209 (95% CI: 205 to 214) per 100,000, respectively. Thus, the age-standardised rate in 2009 was 5% higher than it was in 2008 (200 per 100,000). This represents the third successive increase in the Irish rate of persons presenting to hospital as a result of deliberate self harm and equals the highest rate previously recorded by the Registry.

Year	Men		Women		All	
	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%
2009	197	+10%	222	<-1%	209	+5%

**Table 9: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2002-2009 (extrapolated data used for 2002-2005 to adjust for non-participating hospitals).**

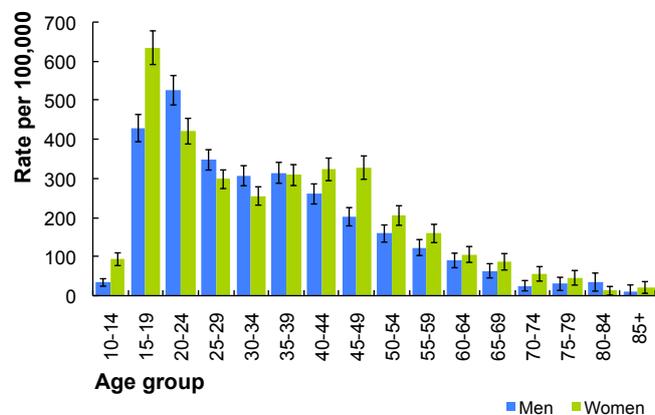
Population figures and the number and rate of persons treated in hospital following deliberate self harm in 2009 are given in Appendix 4 by age and gender for persons residing in the Republic of Ireland and for the residents of each of the four HSE regions.

### VARIATION BY GENDER AND AGE

The person-based age-standardised rate of deliberate self harm for men and women in 2009 was 197 (95% CI: 191–203) and 222 (95% CI: 216–228) per 100,000, respectively. Thus, there was virtually no change in the female rate between 2008 and 2009. In contrast, the male rate increased by 10% in 2009, the second successive major increase. The male rate in 2009 was 23% higher than the rate of 160 per 100,000 recorded in 2006.

The female rate of deliberate self harm in 2009 was significantly higher (+13%) than the male rate. The gender difference has been decreasing for a number of years. The female rate was 37% higher in 2004-2005, 32-33% higher in 2006-2007 and 24% higher in 2008.

There was a striking pattern in the incidence of deliberate self harm when examined by age. The rate was highest among the young. At 635 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 157 girls in this age group presented to hospital in 2009 as a consequence of deliberate self harm. The peak rate for men was 526 per 100,000 among 20-24 year-olds or one in every 190 men. The incidence of deliberate self harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at about 300 per 100,000, across the 25 to 49 year age range.



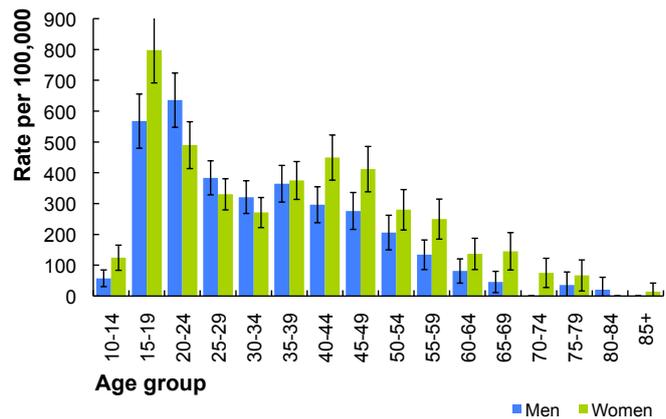
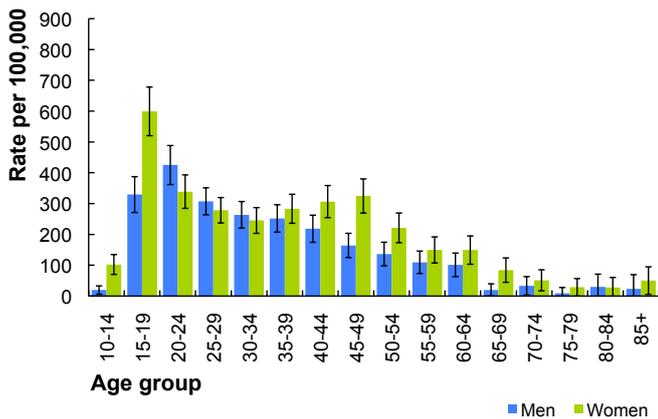
**Figure 9: Person-based rate of deliberate self harm in the Republic of Ireland in 2009 by age and gender.**

Gender differences in the incidence of deliberate self harm varied with age. The female rate was almost three times the male rate in 10-14 year-olds and was 50% higher than the male rate in 15-19 year-olds. The female rate of deliberate self harm was again higher than the male rate across the 40-59 year age range. However, in 20-34 year-olds, the male rate was 20% higher than the female rate. This is the first year the Registry has recorded a significantly higher rate of deliberate self harm in young men than in young women.

There were a number of notable changes in the age-specific deliberate self harm rate between 2008 and 2009, particularly for men. The rate among men aged 20-24 years increased by 21%, from 433 to 526 per 100,000. In addition, there were increases of 12-14% in the deliberate self harm rate among men aged 15-19 (from 382 to 429 per 100,000), 35-39 (from 275 to 314 per 100,000) and 50-59 years (from 126 to 142 per 100,000). The largest changes in female deliberate self harm were among age groups with a relatively low rate. There was a 27% decrease in the self harm rate among 10-14 year-olds (from 128 to 93 per 100,000) and a 21% increase in self harm among women aged 65-79 years (from 54 to 66 per 100,000).

(a) HSE Dublin/ Mid-Leinster

(b) HSE Dublin/ North East



(c) HSE South

(d) HSE West

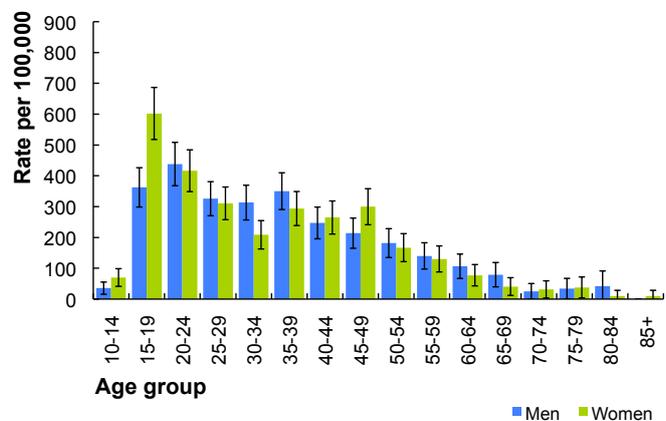
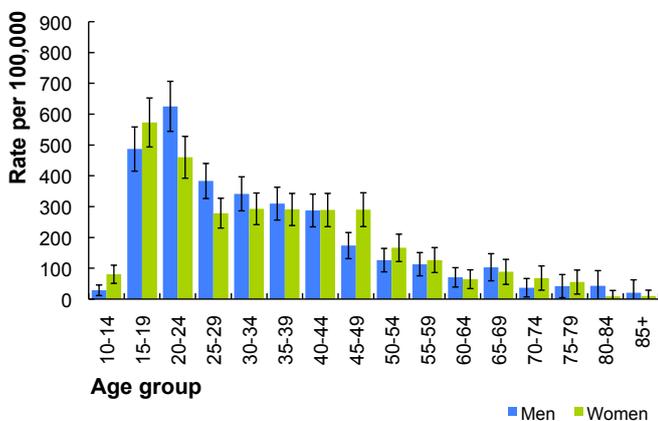


Figure 10: Person-based rate of deliberate self harm in 2009 by residents of the four HSE regions by age and gender.

Figure 10 shows the incidence of deliberate self harm by age and gender for the residents of each of the country's four HSE regions. The pattern was broadly similar to that at national level. The deliberate self harm rate was highest among the young – among 15-19 year-olds for women and among 20-24 year-olds for men. In previous years, the highest rate of deliberate self harm in each HSE Region has been in 15-19 year-old women. In 2009, for the first time, this was not the case in the HSE South as men aged 20-24 had the highest rate.

Deliberate self harm was rare in 10-14 year-olds, particularly for boys. Respectively, the male and female rate was 12.7 and 6.8 times higher in 15-19 year-olds. Thus, the incidence of deliberate self harm increases rapidly over a short age range. This is illustrated in greater detail in Figure 12. It can be seen that deliberate self harm was rare in those aged 12 years and younger. In 13-17 year-olds, the female rate of deliberate self harm was significantly higher than the male rate. The increases in the female rate in early teenage years were particularly striking. For 16-18 year-olds, the female rate of deliberate self harm was almost 700 per 100,000. At each age from 20 to 24, the male rate was higher than the female rate by a margin in the range 16-47%.

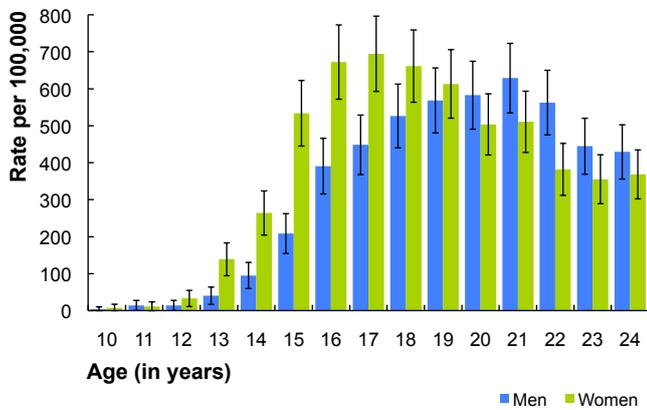


Figure 11: Person-based rate of deliberate self harm in the Republic of Ireland in 2009 by single year of age for 10-24 year-olds.

## RATE BY HSE REGION

The female rate of deliberate self harm was significantly higher than the male rate only in the HSE regions of Dublin/ Mid-Leinster (+30%) and Dublin/ North East (+20%). In previous years, the female rate was significantly higher in each region. There was virtually no gender difference in the incidence of deliberate self harm in the HSE South and HSE West.

In 2009, the incidence of deliberate self harm in the HSE Dublin/ North East Region was significantly higher than the national rate for both men and women. In contrast, men living in the HSE Dublin/ Mid-Leinster Region and women living in the HSE West Region had a significantly lower rate of deliberate self harm than nationally.

The 10% increase in the national male rate of deliberate self harm was highly significant and follows a similar increase of 11% in 2008. The increase in the male rate was due to the major increases in the HSE Dublin/ North East (+25%) and South (+22%) Regions. At national level, there was no change in the female rate of deliberate self harm. However, as for men, there was a significant increase in the female rate in the HSE Dublin/ North East (+11%) Region.

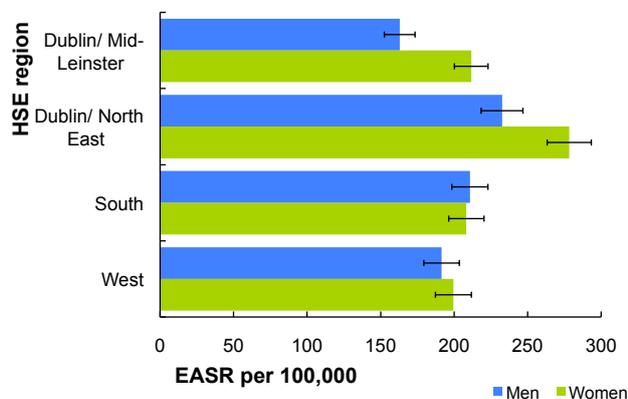


Figure 12: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2009 by HSE region of residence and gender.

HSE Region	Men					Women				
	Rate	95% CI*	Rate difference**	95% CI***	% difference	Rate	95% CI*	Rate difference**	95% CI***	% difference
Dublin/ Mid-Leinster	163.0	(+/-14)	-34	(+/-12)	-17.3	211.6	(+/-15)	-10	(+/-13)	-4.6
Dublin/ North East	232.6	(+/-12)	35	(+/-15)	18.0	278.3	(+/-12)	56	(+/-16)	25.4
South	210.7	(+/-12)	14	(+/-14)	6.9	208.3	(+/-12)	-14	(+/-14)	-6.1
West	191.5	(+/-10)	-6	(+/-14)	-2.9	199.5	(+/-11)	-22	(+/-14)	-10.1
Ireland	197.1	(+/-6)				221.9	(+/-6)			

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

Table 10: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2009 by HSE region of residence and gender with comparison to the national rate.

HSE Region	Men					Women				
	2009	2008	Rate difference	95% CI*	% difference	2009	2008	Rate difference	95% CI*	% difference
Dublin/ Mid-Leinster	163.0	177.6	-15	(+/-19)	-8.2	211.6	227.1	-15	(+/-21)	-6.8
Dublin/ North East	232.6	185.5	47	(+/-17)	25.4	278.3	251.6	27	(+/-17)	10.6
South	210.7	172.8	38	(+/-17)	22.0	208.3	196.8	12	(+/-18)	5.9
West	191.5	191.8	0	(+/-15)	-0.2	199.5	217.1	-18	(+/-17)	-8.1
Ireland	197.1	179.8	17	(+/-8)	9.6	221.9	222.6	-1	(+/-9)	-0.3

\* 95% Confidence Interval for deliberate self harm rate difference.

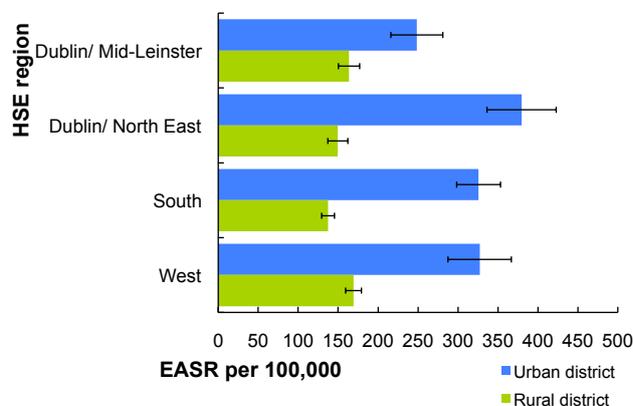
**Table 11: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2009 and 2008 by HSE region of residence and gender.**

The increase in the rate of deliberate self harm in the HSE Dublin/North East was particularly pronounced in men aged 15-29 years (from 376 to 505 per 100,000; +34%), 35-39 years (from 97 to 150 per 100,000; +54%) and 50-64 years (from 109 to 145 per 100,000) and in women aged 45-49 years (from 306 to 412 per 100,000;

+35%) and 55-74 years (from 122 to 164 per 100,000; +35%). The increase in male deliberate self harm in the HSE South region was most notable among 15-24 year-olds (from 401 to 556 per 100,000; +39%) and 40-44 year-olds (from 215 to 287 per 100,000; +34%).

## URBAN AND RURAL DISTRICT COMPARISON BY HSE REGION

Figure 13 illustrates the deliberate self harm rate for residents of urban districts and rural districts in each of the four HSE regions. Nationally, the incidence of persons presenting to hospital with deliberate self harm was 319 per 100,000 for residents of urban districts, twice (+108%) the incidence rate of 153 per 100,000 among residents of rural districts. In each HSE region, the incidence of deliberate self harm was significantly higher in the urban district population. The difference was least pronounced in the HSE Dublin/ Mid-Leinster and HSE West Regions where the urban district populations had 52% and 93% higher rates, respectively. The deliberate self harm rate was 154% and 137% higher in the urban district populations of the HSE Dublin/ North East, and HSE South Regions, respectively.



**Figure 13: Person-based European age-standardised rate (EASR) of deliberate self harm in 2009 for urban and rural district residents by HSE region.**

## RATE BY CITY AND COUNTY

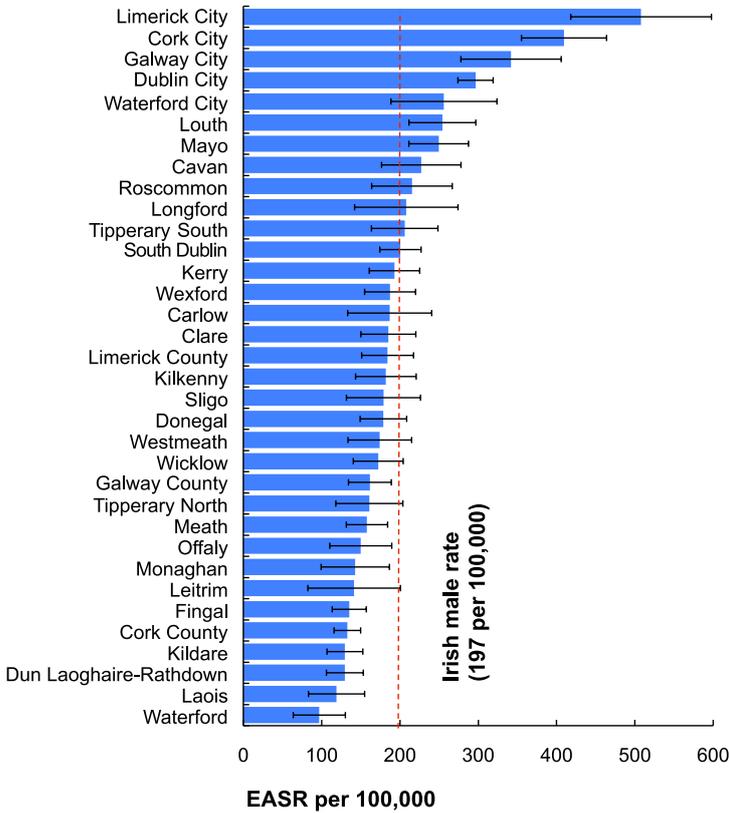


Figure 14a: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2009 by city/county of residence for men.

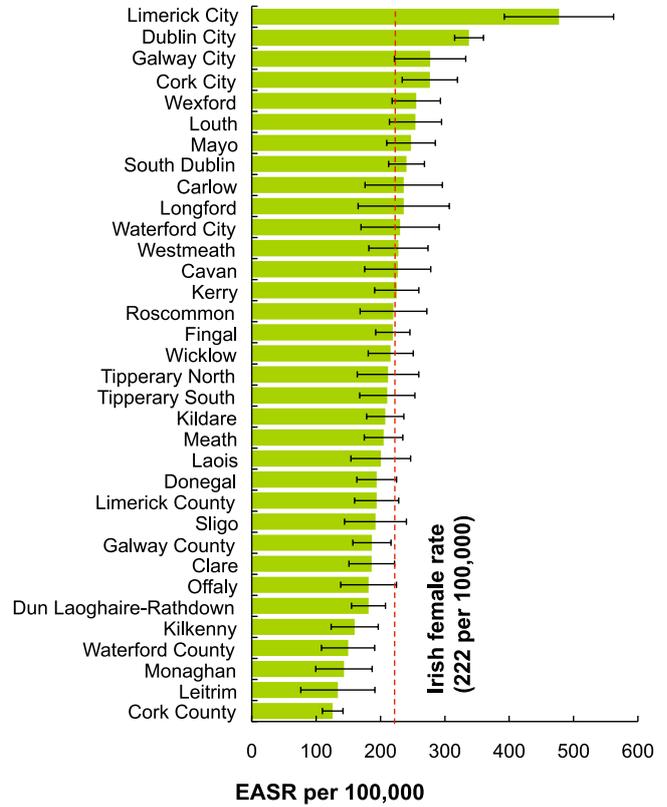


Figure 14b: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2009 by city/county of residence for women.

There was widespread variation in the male and female deliberate self harm rate when examined by city/county of residence. The male rate varied from 97 per 100,000 for Waterford County to 508 per 100,000 for Limerick City. The lowest and highest female rate was recorded for Cork County and Limerick City residents at 126 and 477 per 100,000, respectively. Relative to the national rate, a high rate of deliberate self harm was recorded for city residents, especially for men living in Limerick (+158%), Cork (+108%), Galway (+74%) and Dublin (+51%) and for women living in Limerick (+115%) and Dublin (+52%). It can be seen from these relative differences that male city residents were particularly associated with an elevated rate of deliberate self harm. This was further evidenced by the observation that the five cities had the highest male rate of self harm, as has been the case since 2005.

At national level, the female deliberate self harm rate exceeded the male rate by 13%. The magnitude of this gender difference varied by city/county. The female rate far exceeded the male rate in Fingal (+62%) and in counties Kildare (+60%) and Laois (+68%) because the female rate in these areas was similar to the national rate whereas the male rate was relatively low.

In the four cities outside of Dublin, the male rate of deliberate self harm was higher than the female rate – 48% higher in Cork, 23% higher in Galway, 11% higher in Waterford and 6% higher in Limerick. This was also the case in County Kilkenny (male rate 14% higher).

Between 2008 and 2009, there were a number of significant changes in the rate of hospital-treated deliberate self harm at city/county level. The female rate in Laois increased by 51% from a low rate in 2008 to an average rate in 2009. The opposite happened in Monaghan where the female rate decreased by 40%. There were a greater number of significant changes in the male deliberate self harm rate and all these changes were increases. There were male rate increases of 15% in Dublin City, 18% in Cork City and 27% in Galway City. The male rate increased by about 30% in the three North-Eastern counties of Cavan (+34%), Louth (+30%) and Monaghan (+30%) and there were increases from a low baseline rate in Fingal (+31%) and in the counties of Kilkenny (+53%), Cork (+27%), Limerick (+34%) and Leitrim (+65%).

## RATE BY HSE LOCAL HEALTH OFFICE

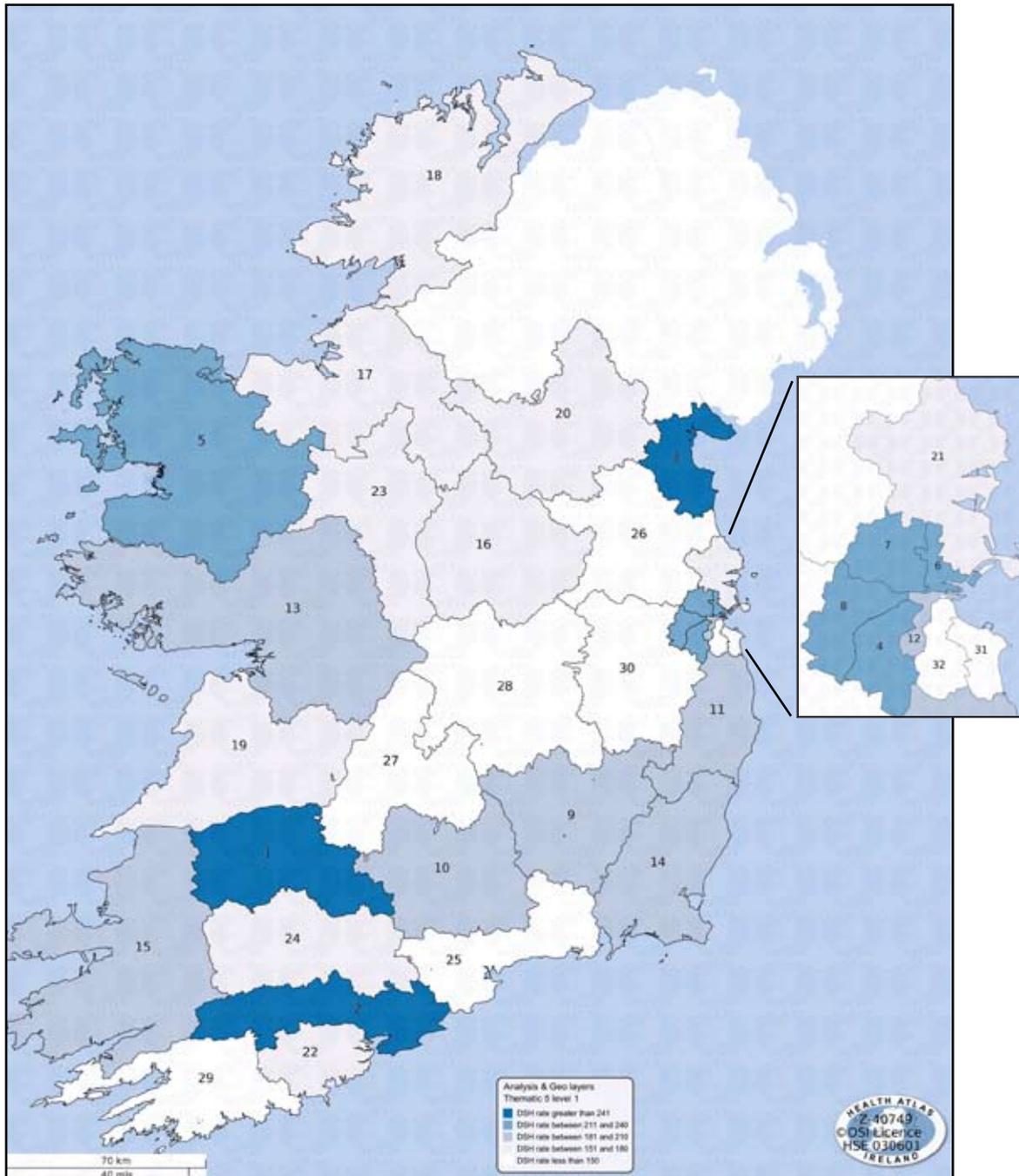
For the first time the Registry Annual Report details the incidence of deliberate self harm for male and female residents of the country's 32 HSE Local Health Offices (LHOs) in recognition of the fact that the LHOs are the central focus of all HSE primary, community and continuing care services. For each LHO, Table 12 details the population (derived by the National Census 2006), number of men and women who presented to hospital as a result of deliberate self harm and the incidence rate (age-adjusted to the European standard population). Thematic maps are also provided to illustrate the variation in the male and female incidence of hospital-treated deliberate self harm by LHO.

There was less variation in the deliberate self harm rate by LHO than was observed by city/county. This is primarily because LHOs are generally not wholly made up of city populations and therefore the high city rate of deliberate self harm may be lowered by the inclusion of county areas in LHOs. The LHO rate of deliberate self harm in 2009 for men ranged from 90 per 100,000 in Dublin South East to 286 per 100,000 in Limerick and for women ranged from 122 per 100,000 in Cork North to 318 per 100,000 in Dublin North Central. As well as having the highest male rate, Limerick LHO had the second highest female rate. Cork North Lee and Louth had a high rate of deliberate self harm for men only. Four of the eight Dublin LHOs (Dublin North Central, Dublin West, Dublin South West and Dublin North West) were associated with a high rate of deliberate self harm for both men and women. In contrast, the incidence of male and female self harm was low in Dublin South East and Dun Laoghaire.

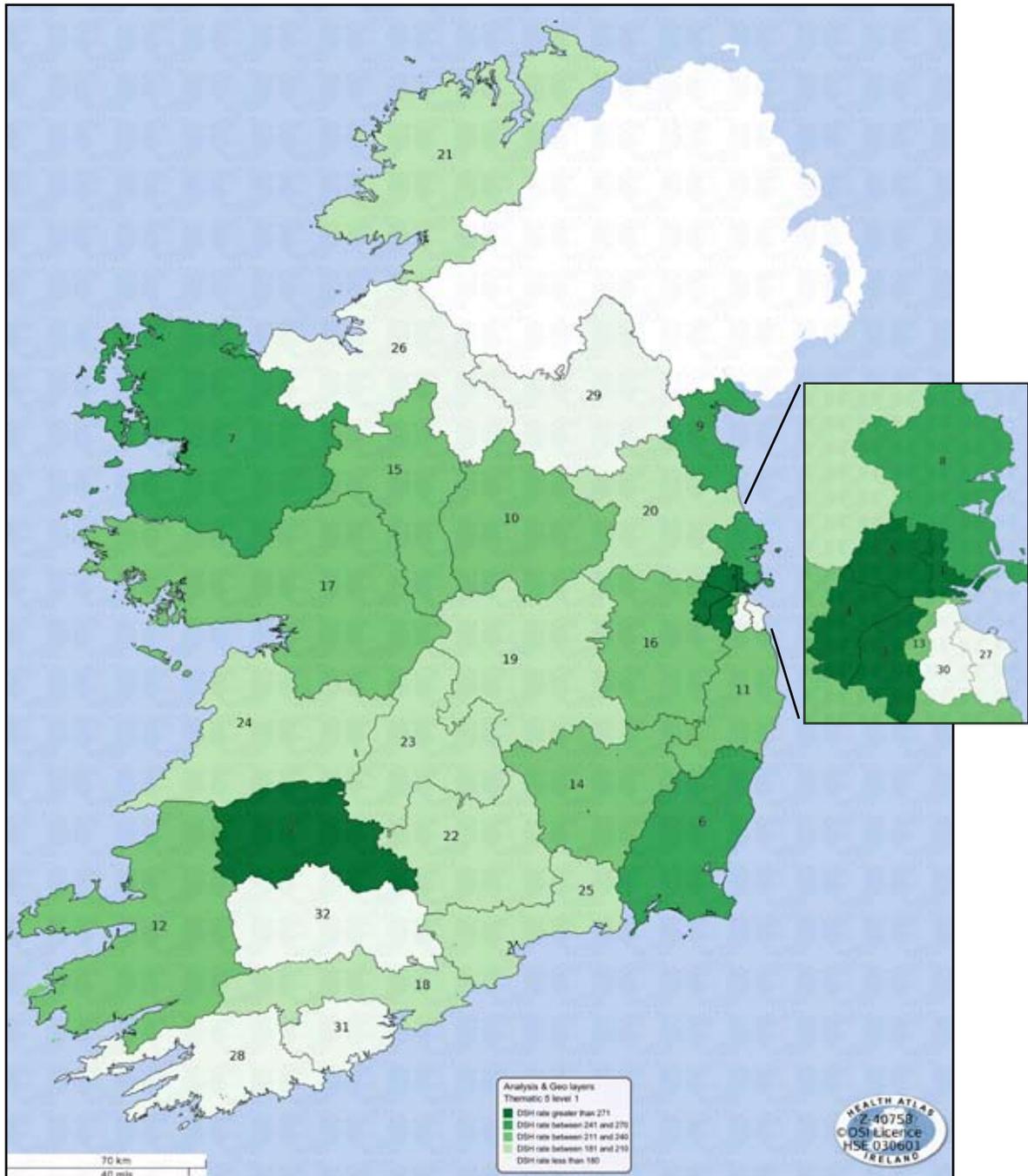
HSE Region and LHO		Men			Women				
		Population*	Deliberate self harm		Population*	Deliberate self harm			
			Persons	Rate**	Rank		Persons	Rate**	Rank
DUBLIN MID LEINSTER	Dublin South City	66482	144	196	12	67861	159	225	13
	Dublin South East	53042	55	90	90	57445	89	153	30
	Dublin South West	72666	189	238	4	75696	229	292	4
	Dublin West	66343	176	233	8	66737	202	294	3
	Kildare/West Wicklow	102893	139	123	30	100434	232	218	16
	Laois/Offaly	70346	96	131	28	67581	133	200	19
	Longford/Westmeath	57392	109	180	16	56345	133	236	10
DUBLIN NORTH EAST	Dun Laoghaire	60055	73	117	31	66327	112	166	27
	Wicklow	54202	115	198	11	55000	132	233	11
	Cavan/Monaghan	60827	103	167	20	57964	95	165	29
	Dublin North	109346	197	166	21	112703	289	249	8
	Dublin North Central	62639	172	235	6	63933	215	318	1
	Dublin North West	91983	244	235	7	93917	261	281	5
	Louth	55335	142	242	3	55932	133	242	9
SOUTH	Meath	82651	130	149	26	80180	160	199	20
	Carlow/Kilkenny	61065	130	203	9	59566	133	220	14
	Cork North	41080	71	163	24	39689	46	122	32
	Cork North Lee	84204	223	243	2	83497	177	207	18
	Cork South Lee	88297	164	166	22	90963	140	140	31
	Cork West	27233	33	126	29	26332	40	165	28
	Kerry	70641	131	184	15	69194	152	226	12
	Tipperary South	44933	91	199	10	43508	82	193	22
	Waterford	60058	95	150	25	59959	109	181	25
	Wexford	66070	130	192	14	65679	173	265	6
WEST	Clare	56048	96	172	19	54902	100	186	24
	Donegal	73970	126	174	18	73294	142	198	21
	Galway	116476	241	194	13	115194	255	211	17
	Limerick	75891	230	286	1	75399	232	296	2
	Mayo	62636	144	235	5	61203	142	250	7
	Tipperary North/East Limerick	50357	74	140	27	48431	92	189	23
	Roscommon	30178	49	164	23	28590	58	220	15
Sligo/Leitrim	45831	81	175	17	45222	80	180	26	

\* Population derived by the National Census 2006 \*\* Person-based European age-standardised rate per 100,000 population

Table 12: Deliberate self harm in 2009 by HSE Local Health Office (LHO) of residence and gender



Map 1: Person-based European age-standardised rate of deliberate self harm in the Republic of Ireland in 2009 by HSE Local Health Office for men (Numbers indicate rank of rate from 1 for highest to 32 for lowest).



Map 2: Person-based European age-standardised rate of deliberate self harm in the Republic of Ireland in 2009 by HSE Local Health Office for women (Numbers indicate rank of rate from 1 for highest to 32 for lowest).

# Appendices



### APPENDIX 1A: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN/MIDLANDS HOSPITALS GROUP, 2009

	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	<5	20	<5	<5	0	<5	0	<5	0	<5	10	15
15-19yrs	36	54	9	17	<5	22	5	12	14	49	<5	13
20-24yrs	50	44	12	9	10	9	9	6	23	16	0	0
25-34yrs	101	77	21	24	7	16	23	12	52	62	0	0
35-44yrs	41	68	25	30	21	14	18	15	26	45	0	0
45-54yrs	30	44	9	25	<5	23	10	12	6	32	0	0
55-64yrs	16	30	<5	<5	7	<5	<5	8	5	9	0	0
65yrs+	<5	10	0	<5	<5	0	<5	<5	<5	<5	0	0
<b>Total</b>	<b>280</b>	<b>347</b>	<b>82</b>	<b>115</b>	<b>51</b>	<b>88</b>	<b>67</b>	<b>72</b>	<b>129</b>	<b>216</b>	<b>11</b>	<b>28</b>

### APPENDIX 1B: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2009.

	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	0	<5	0	0	<5	0
15-19yrs	28	30	41	54	<5	0	15	41
20-24yrs	33	31	74	43	<5	5	21	30
25-34yrs	59	37	130	100	<5	8	47	67
35-44yrs	36	62	96	117	5	10	41	58
45-54yrs	14	44	53	101	11	6	34	59
55-64yrs	6	9	20	31	<5	<5	9	12
65yrs+	<5	5	<5	18	0	<5	<5	8
<b>Total</b>	<b>178</b>	<b>219</b>	<b>418</b>	<b>465</b>	<b>25</b>	<b>34</b>	<b>169</b>	<b>275</b>

APPENDIX 1C: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2009

	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	13	31	0	0	0	0
15-19yrs	18	50	8	27	33	46	64	54
20-24yrs	50	50	0	0	49	38	80	40
25-34yrs	72	91	0	0	56	70	130	75
35-44yrs	58	114	0	0	41	60	91	108
45-54yrs	36	46	0	0	16	59	43	66
55-64yrs	10	26	0	0	5	27	15	19
65yrs+	<5	12	0	0	<5	10	<5	10
Total	248	391	21	58	201	310	426	372

APPENDIX 1D: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2009

	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	0	<5	0	0	<5	5	<5	<5
15-19yrs	13	21	7	14	<5	<5	28	37	19	15
20-24yrs	15	15	10	6	<5	<5	26	25	24	11
25-34yrs	23	23	17	11	<5	<5	45	34	30	34
35-44yrs	24	31	14	10	7	9	36	24	33	30
45-54yrs	21	14	11	7	<5	<5	18	30	18	17
55-64yrs	11	7	<5	<5	<5	<5	<5	14	7	11
65yrs+	<5	0	0	<5	0	0	0	<5	<5	<5
Total	111	113	62	56	16	22	160	171	133	120

### APPENDIX 1E: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTH EASTERN HOSPITALS GROUP, 2009

	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	<5	<5	<5	<5	<5	<5	0	8
15-19yrs	29	37	17	20	20	27	26	29
20-24yrs	31	24	27	16	27	16	29	26
25-34yrs	38	28	39	21	39	22	45	53
35-44yrs	21	37	20	30	41	34	44	65
45-54yrs	15	28	11	35	8	19	8	20
55-64yrs	10	9	10	<5	11	6	<5	13
65yrs+	<5	<5	<5	<5	<5	<5	5	6
Total	148	167	128	131	149	130	161	220

### APPENDIX 1F: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTHERN HOSPITALS GROUP, 2009

	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	0	0	<5	9	0	<5	0	0	<5	<5	<5	0
15-19yrs	<5	<5	36	28	25	33	5	<5	30	29	<5	5
20-24yrs	<5	<5	55	32	28	30	7	7	45	39	7	<5
25-34yrs	13	6	76	46	44	57	13	<5	74	45	7	<5
35-44yrs	6	7	48	26	43	37	6	<5	58	43	<5	<5
45-54yrs	<5	10	17	20	17	24	0	6	26	38	<5	0
55-64yrs	0	9	9	6	8	11	<5	<5	13	7	0	0
65yrs+	<5	<5	9	10	6	8	<5	0	5	6	<5	0
Total	29	40	254	177	171	202	35	27	252	209	24	13

APPENDIX 1G: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE MID-WESTERN HOSPITALS GROUP, 2009

	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	7	14	<5	<5	0	0
15-19yrs	6	5	57	83	7	8	<5	5
20-24yrs	11	5	53	75	6	6	<5	5
25-34yrs	8	13	105	102	8	6	<5	<5
35-44yrs	16	12	88	78	8	5	<5	<5
45-54yrs	7	8	58	75	<5	7	<5	7
55-64yrs	5	6	25	6	<5	<5	<5	0
65yrs+	10	<5	19	7	0	<5	0	<5
Total	63	53	412	440	35	36	12	25

APPENDIX 1H: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE WEST/NORTH WESTERN HOSPITALS GROUP, 2009

	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	6	<5	<5	<5	0	0	0	0	<5	<5	6
15-19yrs	13	24	18	27	9	21	5	9	13	22	39	52
20-24yrs	24	17	36	52	19	9	11	10	16	19	55	50
25-34yrs	41	40	52	43	22	24	22	18	47	22	85	66
35-44yrs	34	52	45	48	24	29	13	13	21	23	97	68
45-54yrs	28	24	36	19	<5	15	17	11	28	15	31	35
55-64yrs	8	14	7	11	<5	5	11	5	7	10	19	17
65yrs+	<5	<5	6	5	0	<5	<5	<5	5	<5	<5	<5
Total	156	178	204	206	82	107	80	67	137	117	333	296

## APPENDIX 2A: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN/ MIDLANDS HOSPITALS GROUP, 2009

	<b>Adelaide &amp; Meath &amp; National Children's Hospital, Tallaght</b> (n=627)	<b>Midland Regional Hospital, Mullingar</b> (n=197)	<b>Midland Regional Hospital, Portlaoise</b> (n=139)	<b>Midland Regional Hospital, Tullamore</b> (n=139)	<b>Naas General Hospital</b> (n=345)	<b>Our Lady's Children's Hospital, Crumlin</b> (n=39)
General admission	29.7%	58.9%	37.4%	44.6%	25.2%	74.4%
Psychiatric admission	4.0%	10.2%	10.1%	14.4%	11.3%	2.6%
Patient would not allow admission	0.5%	0%	0%	0%	0.9%	5.1%
Left before recommendation	13.7%	9.1%	15.1%	6.5%	12.5%	0%
Not admitted	52.2%	21.8%	37.4%	34.5%	50.1%	17.9%

## APPENDIX 2B: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2009.

	<b>St Columcille's Hospital, Loughlinstown</b> (n=397)	<b>St James's Hospital</b> (n=883)	<b>St Michael's Hospital, Dun Laoghaire</b> (n=59)	<b>Other</b> (n=444)
General admission	22.4%	20.6%	27.1%	11.3%
Psychiatric admission	15.9%	16.0%	13.6%	15.8%
Patient would not allow admission	0%	0.5%	0%	0%
Left before recommendation	10.8%	21.3%	6.8%	9.0%
Not admitted	50.9%	41.7%	52.5%	64.0%

## APPENDIX 2C: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2009.

	<b>Beaumont Hospital</b> (n=639)	<b>Children's University Hospital, Temple Street</b> (n=79)	<b>James Connolly Hospital, Blanchardstown</b> (n=511)	<b>Mater Misericordiae University Hospital</b> (n=798)
General admission	8.5%	43.0%	10.2%	11.4%
Psychiatric admission	0%	0%	8.0%	9.5%
Patient would not allow admission	0.2%	2.5%	2.2%	0.8%
Left before recommendation	17.5%	0%	16.8%	30.1%
Not admitted	73.9%	54.4%	62.8%	48.2%

APPENDIX 2D: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2009.

	<b>Cavan General Hospital</b>	<b>Louth County Hospital</b>	<b>Monaghan General Hospital</b>	<b>Our Lady of Lourdes Hospital, Drogheda</b>	<b>Our Lady's Hospital, Navan</b>
	(n=224)	(n=118)	(n=38)	(n=331)	(n=253)
General admission	40.2%	25.4%	68.4%	13.3%	25.3%
Psychiatric admission	6.3%	0%	0%	0.3%	2.4%
Patient would not allow admission	0%	0%	0%	0%	0%
Left before recommendation	12.5%	17.8%	5.3%	16.6%	9.1%
Not admitted	41.1%	56.8%	26.3%	69.8%	63.2%

APPENDIX 2E: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH EASTERN HOSPITALS GROUP, 2009.

	<b>St Luke's General Hospital, Kilkenny</b>	<b>South Tipperary General Hospital</b>	<b>Waterford Regional Hospital</b>	<b>Wexford General Hospital</b>
	(n=315)	(n=259)	(n=279)	(n=381)
General admission	74.6%	52.5%	29.4%	70.6%
Psychiatric admission	3.8%	9.3%	14.3%	4.5%
Patient would not allow admission	0.3%	0.4%	1.1%	0.5%
Left before recommendation	5.7%	4.2%	13.6%	8.1%
Not admitted	15.6%	33.6%	41.6%	16.3%

APPENDIX 2F: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTHERN HOSPITALS GROUP, 2009.

	<b>Bantry General Hospital</b>	<b>Cork University Hospital</b>	<b>Kerry General Hospital</b>	<b>Mallow General Hospital</b>	<b>Mercy University Hospital, Cork</b>	<b>South Infirmary Victoria Hospital Cork</b>
	(n=69)	(n=431)	(n=373)	(n=62)	(n=461)	(n=37)
General admission	46.4%	41.8%	13.9%	58.1%	19.3%	24.3%
Psychiatric admission	20.3%	0.7%	37.3%	4.8%	6.3%	0%
Patient would not allow admission	0%	0%	2.4%	0%	0%	0%
Left before recommendation	8.7%	5.1%	8.8%	1.6%	20.8%	8.1%
Not admitted	24.6%	52.4%	37.5%	35.5%	53.6%	67.6%

APPENDIX 2G: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE MID-WESTERN HOSPITALS GROUP, 2009.

	Mid-Western Regional Hospital, Ennis (n=116)	Mid-Western Regional Hospital, Limerick (n=852)	Mid-Western Regional Hospital, Nenagh (n=71)	St John's Hospital, Limerick (n=37)
General admission	48.3%	42.0%	71.8%	62.2%
Psychiatric admission	15.5%	8.1%	5.6%	0%
Patient would not allow admission	6.9%	3.8%	1.4%	0%
Left before recommendation	9.5%	15.4%	1.4%	5.4%
Not admitted	19.8%	30.8%	19.7%	32.4%

APPENDIX 2H: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE WEST/ NORTH WESTERN HOSPITALS GROUP, 2009.

	Letterkenny General Hospital (n=334)	Mayo General Hospital (n=410)	Portiuncula Hospital, Ballinasloe (n=189)	Roscommon County Hospital (n=147)	Sligo General Hospital (n=254)	University College Hospital, Galway (n=629)
General admission	49.4%	29.5%	63.5%	63.9%	13.0%	24.3%
Psychiatric admission	11.1%	17.6%	14.3%	8.8%	6.3%	15.3%
Patient would not allow admission	2.4%	2.2%	1.6%	0.7%	1.2%	1.4%
Left before recommendation	12.6%	15.1%	9.5%	9.5%	10.2%	22.9%
Not admitted	24.6%	35.6%	11.1%	17.0%	69.3%	36.1%

APPENDIX 3A: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN/MIDLANDS HOSPITALS GROUP, 2009.

		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	244	74	45	62	117	9
	Women	295	99	72	66	176	23
	Total	539	173	117	128	293	32
Number who repeated	Men	31	10	3	10	11	1
	Women	48	10	9	6	27	4
	Total	79	20	12	16	38	5
Percentage who repeated	Men	12.7%	13.5%	6.7%	16.1%	9.4%	11.1%
	Women	16.3%	10.1%	12.5%	9.1%	15.3%	17.4%
	Total	14.7%	11.6%	10.3%	12.5%	13.0%	15.6%

APPENDIX 3B: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2009.

		St Columcille's Hospital, Loughlinstown	St James's Hospital	St Michael's Hospital, Dun Laoghaire	Other
Number of individuals treated	Men	155	309	16	142
	Women	175	347	26	198
	Total	330	656	42	340
Number who repeated	Men	21	56	5	25
	Women	34	68	8	48
	Total	55	124	13	73
Percentage who repeated	Men	13.5%	18.1%	31.3%	17.6%
	Women	19.4%	19.6%	30.8%	24.2%
	Total	16.7%	18.9%	31.0%	21.5%

APPENDIX 3C: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2009.

		Beaumont Hospital	Children's University Hospital, Temple Street	James Connolly Hospital,	Mater Misericordiae University Hospital
Number of individuals treated	Men	223	20	179	344
	Women	309	45	271	290
	Total	532	65	450	634
Number who repeated	Men	24	1	21	53
	Women	46	11	39	42
	Total	70	12	60	95
Percentage who repeated	Men	10.8%	5.0%	11.7%	15.4%
	Women	14.9%	24.4%	14.4%	14.5%
	Total	13.2%	18.5%	13.3%	15.0%

### APPENDIX 3D: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2009.

		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	95	59	12	140	118
	Women	99	54	20	146	103
	Total	194	113	32	286	221
Number who repeated	Men	13	8	2	21	13
	Women	12	3	7	18	15
	Total	25	11	9	39	28
Percentage who repeated	Men	13.7%	13.6%	16.7%	15.0%	11.0%
	Women	12.1%	5.6%	35.0%	12.3%	14.6%
	Total	12.9%	9.7%	28.1%	13.6%	12.7%

### APPENDIX 3E: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTH EASTERN HOSPITAL GROUP, 2009.

		St Luke's General Hospital, Kilkenny	South Tipperary General Hospital	Waterford Regional Hospital	Wexford General Hospital
Number of individuals treated	Men	130	96	118	130
	Women	147	106	113	180
	Total	277	202	231	310
Number who repeated	Men	12	16	20	25
	Women	18	15	18	23
	Total	30	31	38	48
Percentage who repeated	Men	9.2%	16.7%	16.9%	19.2%
	Women	12.2%	14.2%	15.9%	12.8%
	Total	10.8%	15.3%	16.5%	15.5%

### APPENDIX 3F: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTHERN HOSPITALS GROUP, 2009.

		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	25	221	139	34	235	24
	Women	32	168	161	25	193	13
	Total	57	389	300	59	428	37
Number who repeated	Men	3	25	24	3	25	0
	Women	2	14	22	4	19	0
	Total	5	39	46	7	44	0
Percentage who repeated	Men	12.0%	11.3%	17.3%	8.8%	10.6%	0%
	Women	6.3%	8.3%	13.7%	16.0%	9.8%	0%
	Total	8.8%	10.0%	15.3%	11.9%	10.3%	0%

APPENDIX 3G: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE MID-WESTERN HOSPITALS GROUP, 2009.

		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	51	338	31	9
	Women	41	346	27	23
	Total	92	684	58	32
Number who repeated	Men	13	56	3	3
	Women	9	56	8	7
	Total	22	112	11	10
Percentage who repeated	Men	25.5%	16.6%	9.7%	33.3%
	Women	22.0%	16.2%	29.6%	30.4%
	Total	23.9%	16.4%	19.0%	31.3%

APPENDIX 3H: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE WEST/ NORTH WESTERN HOSPITALS GROUP, 2009.

		Letterkenny General Hospital	Mayo General Hospital	Portiuncula Hospital, Ballinasloe	Roscommon County Hospital	Sligo General Hospital	University College Hospital, Galway
Number of individuals treated	Men	126	149	64	62	105	259
	Women	137	143	93	59	99	227
	Total	263	292	157	121	204	486
Number who repeated	Men	20	29	12	16	27	36
	Women	18	29	13	9	13	39
	Total	38	58	25	25	40	75
Percentage who repeated	Men	15.9%	19.5%	18.8%	25.8%	25.7%	13.9%
	Women	13.1%	20.3%	14.0%	15.3%	13.1%	17.2%
	Total	14.4%	19.9%	15.9%	20.7%	19.6%	15.4%

#### APPENDIX 4: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE REPUBLIC OF IRELAND, 2009.

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	175300	0	0	(+/-0)	166400	0	0	(+/-0)
5-9yrs	157600	8	5	(+/-4)	150500	<5	1	(+/-1)
10-14yrs	147700	50	34	(+/-10)	140400	131	93	(+/-16)
15-19yrs	141800	608	429	(+/-35)	136800	868	635	(+/-43)
20-24yrs	148600	781	526	(+/-38)	156100	657	421	(+/-33)
25-29yrs	204600	711	348	(+/-26)	208800	622	298	(+/-24)
30-34yrs	186000	571	307	(+/-26)	185400	473	255	(+/-23)
35-39yrs	175600	552	314	(+/-27)	172400	532	309	(+/-27)
40-44yrs	157500	410	260	(+/-26)	155000	501	323	(+/-29)
45-49yrs	147000	297	202	(+/-23)	146500	480	328	(+/-30)
50-54yrs	131500	209	159	(+/-22)	130200	267	205	(+/-25)
55-59yrs	118500	146	123	(+/-20)	116900	186	159	(+/-23)
60-64yrs	104300	94	90	(+/-19)	103200	109	106	(+/-20)
65-69yrs	76900	49	64	(+/-18)	78400	68	87	(+/-21)
70-74yrs	58700	15	26	(+/-13)	64500	36	56	(+/-19)
75-79yrs	42900	13	30	(+/-17)	52400	24	46	(+/-19)
80-84yrs	25900	9	35	(+/-23)	40000	5	13	(+/-11)
85yrs+	17500	<5	11	(+/-16)	37900	8	21	(+/-15)
<b>Total**</b>	<b>2217900</b>	<b>4525</b>	<b>197</b>	<b>(+/-6)</b>	<b>2241800</b>	<b>4968</b>	<b>222</b>	<b>(+/-6)</b>

\* 95% Confidence Interval.

\*\* The total rates are European age-standardised rates per 100,000.

APPENDIX 4A: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE DUBLIN/ MID-LEINSTER REGION, 2009

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	50853	0	0	(+/-0)	48135	0	0	(+/-0)
5-9yrs	45376	5	11	(+/-10)	42909	0	0	(+/-0)
10-14yrs	41244	8	19	(+/-14)	39094	40	102	(+/-32)
15-19yrs	38878	128	329	(+/-58)	38556	231	599	(+/-79)
20-24yrs	42346	180	425	(+/-63)	46043	156	339	(+/-54)
25-29yrs	64102	197	307	(+/-44)	65387	182	278	(+/-41)
30-34yrs	56535	149	264	(+/-43)	56287	138	245	(+/-42)
35-39yrs	51225	129	252	(+/-44)	51204	145	283	(+/-47)
40-44yrs	44886	98	218	(+/-44)	45035	138	306	(+/-52)
45-49yrs	42063	69	164	(+/-39)	42505	138	325	(+/-55)
50-54yrs	37356	51	137	(+/-38)	37969	84	221	(+/-48)
55-59yrs	32857	36	110	(+/-37)	33392	50	150	(+/-42)
60-64yrs	27657	28	101	(+/-38)	28153	42	149	(+/-46)
65-69yrs	20061	<5	20	(+/-20)	21395	18	84	(+/-40)
70-74yrs	15046	5	33	(+/-30)	17585	9	51	(+/-34)
75-79yrs	10837	<5	9	(+/-18)	14118	<5	28	(+/-28)
80-84yrs	6795	<5	29	(+/-42)	10706	<5	28	(+/-32)
85yrs+	4331	<5	23	(+/-46)	9984	5	50	(+/-45)
<b>Total**</b>	<b>632448</b>	<b>1091</b>	<b>163</b>	<b>(+/-10)</b>	<b>648456</b>	<b>1383</b>	<b>212</b>	<b>(+/-11)</b>

\* 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, 2009

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	40613	0	0	(+/-0)	38326	0	0	(+/-0)
5-9yrs	34553	<5	3	(+/-6)	32998	0	0	(+/-0)
10-14yrs	31243	18	58	(+/-27)	29765	37	124	(+/-41)
15-19yrs	29427	167	568	(+/-88)	28334	226	798	(+/-106)
20-24yrs	32881	209	636	(+/-88)	33905	166	490	(+/-76)
25-29yrs	50316	193	384	(+/-55)	51511	170	330	(+/-51)
30-34yrs	45479	146	321	(+/-53)	45400	123	271	(+/-49)
35-39yrs	41167	150	364	(+/-60)	39736	149	375	(+/-61)
40-44yrs	34780	103	296	(+/-58)	33610	151	449	(+/-73)
45-49yrs	30786	85	276	(+/-60)	30359	125	412	(+/-74)
50-54yrs	26209	54	206	(+/-56)	26079	73	280	(+/-66)
55-59yrs	23147	31	134	(+/-48)	23632	59	250	(+/-65)
60-64yrs	20919	17	81	(+/-39)	21222	29	137	(+/-51)
65-69yrs	15325	7	46	(+/-35)	15844	23	145	(+/-61)
70-74yrs	11515	0	0	(+/-0)	13320	10	75	(+/-47)
75-79yrs	8277	<5	36	(+/-42)	10485	7	67	(+/-50)
80-84yrs	4925	<5	20	(+/-41)	7878	0	0	(+/-0)
85yrs+	3104	0	0	(+/-0)	7121	<5	14	(+/-28)
<b>Total**</b>	<b>484665</b>	<b>1185</b>	<b>233</b>	<b>(+/-14)</b>	<b>489527</b>	<b>1349</b>	<b>278</b>	<b>(+/-15)</b>

\* 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, 2009

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	43500	0	0	(+/-0)	41900	0	0	(+/-0)
5-9yrs	40200	<5	5	(+/-7)	38700	<5	3	(+/-5)
10-14yrs	38600	11	28	(+/-17)	37300	30	80	(+/-29)
15-19yrs	37800	184	487	(+/-72)	36300	208	573	(+/-79)
20-24yrs	37900	237	625	(+/-81)	40000	184	460	(+/-68)
25-29yrs	47500	182	383	(+/-57)	47700	133	279	(+/-48)
30-34yrs	44800	153	342	(+/-55)	44400	130	293	(+/-51)
35-39yrs	43600	135	310	(+/-53)	43000	125	291	(+/-52)
40-44yrs	40700	117	287	(+/-53)	39800	115	289	(+/-54)
45-49yrs	38600	67	174	(+/-42)	38600	112	290	(+/-55)
50-54yrs	34800	44	126	(+/-38)	33700	56	166	(+/-44)
55-59yrs	31800	36	113	(+/-38)	30800	39	127	(+/-41)
60-64yrs	28400	20	70	(+/-31)	27900	18	65	(+/-30)
65-69yrs	21300	22	103	(+/-44)	21500	19	88	(+/-41)
70-74yrs	16300	6	37	(+/-30)	17600	12	68	(+/-39)
75-79yrs	11900	5	42	(+/-38)	14500	8	55	(+/-39)
80-84yrs	7000	<5	43	(+/-49)	10700	<5	9	(+/-19)
85yrs+	4800	<5	21	(+/-42)	10400	<5	10	(+/-19)
<b>Total**</b>	<b>569500</b>	<b>1225</b>	<b>211</b>	<b>(+/-12)</b>	<b>574800</b>	<b>1192</b>	<b>208</b>	<b>(+/-12)</b>

\* 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, 2009

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	40235	0	0	(+/-0)	38039	0	0	(+/-0)
5-9yrs	37471	0	0	(+/-0)	35793	0	0	(+/-0)
10-14yrs	36613	13	36	(+/-20)	34241	24	70	(+/-29)
15-19yrs	35595	129	362	(+/-64)	33710	203	602	(+/-85)
20-24yrs	35373	155	438	(+/-70)	36253	151	417	(+/-68)
25-29yrs	42682	139	326	(+/-55)	44102	137	311	(+/-53)
30-34yrs	39286	123	313	(+/-56)	39313	82	209	(+/-46)
35-39yrs	39408	138	350	(+/-60)	38459	113	294	(+/-55)
40-44yrs	37234	92	247	(+/-52)	36655	97	265	(+/-54)
45-49yrs	35551	76	214	(+/-49)	35036	105	300	(+/-58)
50-54yrs	33035	60	182	(+/-47)	32352	54	167	(+/-45)
55-59yrs	30696	43	140	(+/-43)	29176	38	130	(+/-42)
60-64yrs	27224	29	107	(+/-40)	25825	20	77	(+/-35)
65-69yrs	20213	16	79	(+/-40)	19661	8	41	(+/-29)
70-74yrs	15839	<5	25	(+/-25)	15995	5	31	(+/-28)
75-79yrs	11886	<5	34	(+/-34)	13197	5	38	(+/-34)
80-84yrs	7081	<5	42	(+/-49)	10516	<5	10	(+/-19)
85yrs+	5165	0	0	(+/-0)	10495	<5	10	(+/-19)
<b>Total**</b>	<b>530586</b>	<b>1024</b>	<b>191</b>	<b>(+/-12)</b>	<b>528818</b>	<b>1044</b>	<b>200</b>	<b>(+/-12)</b>

\* 95% Confidence Interval.

\*\* The total rates are European age-standardised rates per 100,000.







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