



Self-harm data, 2018

CHO Area 7

For the period from 1 January to 31 December 2018, the Registry recorded 12,588 self-harm presentations to hospital that were made by 9,785 individuals nationally. Table 1 presents an overview of the number of persons with self-harm presentations in CHO 7 and LHOs within CHO 7 during 2018, and the corresponding European age-standardised rate per 100,000 population.

Table 1: Number of persons with self-harm presentations in CHO 7 and person-based European age-standardised rates (EASR) per 100,000

		Persons	Age-standardised rate per 100,000
Dublin South City	Male	112	145
	Female	143	198
Dublin South West	Male	208	269
	Female	233	295
Kildare/ West Wicklow	Male	192	168
	Female	228	195
Dublin West	Male	174	227
	Female	195	255
CHO Area 7	Male	686	202
	Female	799	229



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In 2018, 686 male and 799 female persons presented to EDs in CHO Area 7 following an act of self-harm. This resulted in a total of 1,485 individuals presenting to the EDs in this area during 2018. These 1,485 individuals were treated for a total of 1,896 self-harm presentations.

Taking into account the population, the rate of persons presenting to hospital following an act of self-harm was 202 and 229 per 100,000 for males and females respectively. Nationally, the rate of self-harm for males and females was 193 and 229 per 100,000 respectively.

Table 2 presents a breakdown of the total number of presentations in CHO 7 by age and gender.

Table 2: Number of presentations in CHO 7 by age and gender

	0-19yrs	20-24yrs	25-34yrs	35-44yrs	45-54yrs	55+yrs	Total
Male	154	161	221	191	83	66	876
Female	259	146	171	233	112	99	1,020

In 2018, there were a total of 1,896 self-harm presentations to EDs in CHO Area 7. There were 876 male and 1,020 female presentations. Presentations were highest for males aged 25-34 years (25%) and females aged under 20 years (25%). More than one in five (22%; 413) self-harm presentations involved individuals younger than 20 years of age.

Table 3 presents an overview of the methods of self-harm reported.

Table 3: Method of self-harm

Drug overdose	Alcohol*	Poisoning	Attempted Hanging	Attempted drowning	Self-cutting
1,213 (64%)	573 (30%)	40 (2%)	195 (10%)	30 (2%)	576 (30%)

*This includes presentations where alcohol was involved (not just where alcohol was the main method of self-harm)

Drug overdose was the most common method of self-harm, involved in 64% of presentations. Alcohol was involved in 30% of presentations. Self-cutting was the only other common method, involved in 30% of presentations. There were 195 presentations involving attempted hanging while 40 involved poisoning and 30 presentations involved attempted drowning.



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Table 4 presents a breakdown of the number of persons in CHO 7 who had repeat presentations.

Table 4: Repeat presentations by persons in CHO 7

	Male	Female	Total
Total number of persons	686	799	1,485
Number who repeated	118	109	227
% repeating	17%	14%	15%

There were 1,485 individuals treated for 1,896 self-harm presentations in 2018. This implies that more than one in five (411, 22%) of the presentations in 2018 were due to repeat presentations. Based on persons, repetition was higher for males than females (17% and 14% respectively).

Table 5 presents a breakdown of the methods of self-harm reported and the number of repeat presentations for each method.

Table 5: Repeat presentations by method

	Drug overdose	Alcohol*	Poisoning	Attempted Hanging	Attempted drowning	Self-cutting
Number of presentations	1,213	573	40	195	30	576
Number repeat presentations	256	110	<10	44	<10	149
Percentage of presentations due to repetition	21%	19%	-	23%	-	26%

*This includes presentations where alcohol was involved (not just where alcohol was the main method of self-harm)

Repetition varied according to the method involved in the self-harm act (Table 5). Of the most commonly reported methods of self-harm which are drug overdose, alcohol and self-cutting, the percentage of presentations due to repetition were 21%, 19% and 26% respectively. Although attempted hanging as a method is not reported on a frequent basis (10% of methods reported overall), the repetition percentage was high (23%).



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Table 6 presents an overview of the number of presentations to the six hospitals in CHO 7 by residents and non-residents.

Table 6: Number of presentations by residents and non-residents to hospitals in CHO 7

	Residents	Non-residents	Total
Adelaide and Meath National Children's Hospital, Tallaght	635	70	705
St. James' Hospital	466	269	735
Naas General Hospital	375	29	404
James Connolly Hospital, Blanchardstown	101	444	545
National Children's Hospital at Tallaght Hospital	68	35	103
Not specified hospital	81	707	788

The six main hospitals which individuals presented to in this area were Adelaide and Meath National Children's Hospital, Tallaght, St. James' Hospital, Naas General Hospital, James Connolly Hospital, Blanchardstown, the National Children's Hospital at Tallaght Hospital and a not specified hospital whose ethics committee have requested the hospital is not named. For all self-harm presentations to Adelaide and Meath National Children's hospital, Tallaght, St. James' Hospital, Naas General Hospital, and the National Children's Hospital at Tallaght Hospital, the majority were made by residents of CHO 7. For James Connolly Hospital, Blanchardstown and 'Not specified' hospital, the majority of presentations were by non-residents of CHO 7.

Table 7 presents a breakdown of the recommended next care for each presentation to CHO 7.

Table 7: Recommended next care for presentations of hospital-treated self-harm in CHO 7

	Number	Percentage
General admission	479	25%
Psychiatric admission	106	6%
Left without being seen/ against medical advice	263	14%
Not admitted	1048	55%
Total	1896	100%



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Most commonly, 55% of presentations were discharged following treatment in the emergency department. Of all self-harm presentations, 25% resulted in admission to a ward of the treating hospital and 6% were admitted for psychiatric inpatient treatment from the emergency department. Finally, 14% of presentations left the emergency department before a next care recommendation could be made.

Figure 1 presents a breakdown of the number of presentations by males and females by time of attendance.

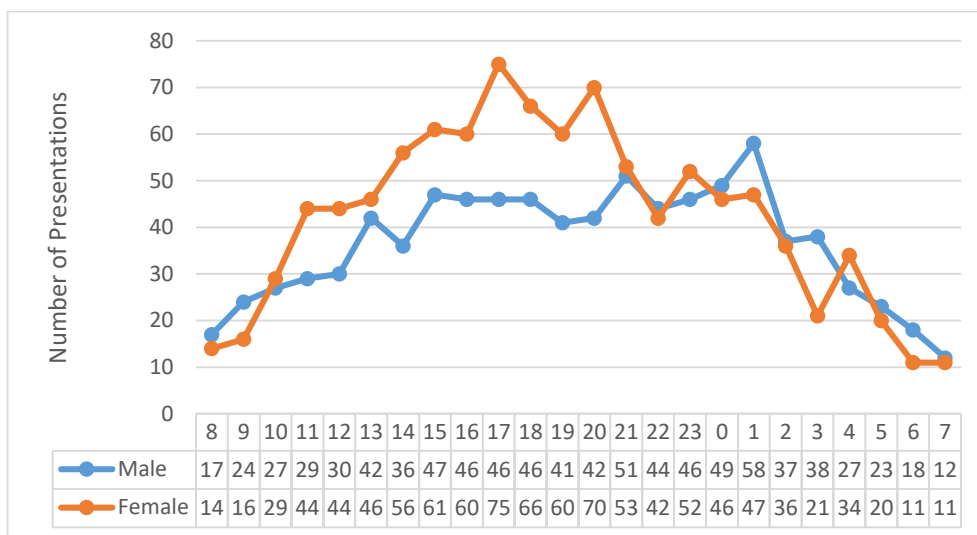


Figure 1: Self-harm presentations for males and females by time of attendance

The number of presentations by both males and females fluctuated throughout the day. However, a pattern in the number of self-harm presentations was observed over the course of the day with an increase in presentations from 8 a.m. onwards for both males and females. The peak time for females was 5 p.m. while it was 1 a.m. for males.

Table 8 presents a breakdown of the number of presentations per calendar month in 2018.

Table 8: Self-harm presentations by month of attendance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number	150	132	163	145	184	151	176	166	142	193	156	138	1,896



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The monthly average number of self-harm presentations to hospitals in 2018 was 158. In 2018, October saw more self-harm presentations than any other month (n=193) while February saw the fewest presentations for the year (n=132).

*To reference this data, please use the following citation: Griffin, E, McTernan, N, Wrigley, C, Nicholson, S, Arensman, E, Williamson, E, Corcoran, P, (2019). National Self-Harm Registry Ireland Annual Report 2018. Cork: National Suicide Research Foundation. For further information, please contact Mary Joyce: m.joyce@ucc.ie +353 21 420 5542 | www.nsrif.ie

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