

### Self-harm data, 2018 CHO Area 8

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 8 and LHOs within CHO 8 during 2018, and the corresponding European age-standardised rate per 100,000 population.

Table 1: Number of persons with self-harm presentations in CHO 8 and person-based European agestandardised rates (EASR) per 100,000

| realised rates (Erish) per 1 |        | Persons | Age-standardised rate per 100,000 |
|------------------------------|--------|---------|-----------------------------------|
| Louth                        | Male   | 140     | 234                               |
|                              | Female | 145     | 233                               |
| Meath                        | Male   | 142     | 163                               |
|                              | Female | 189     | 211                               |
| Laois/ Offaly                | Male   | 125     | 165                               |
|                              | Female | 163     | 217                               |
| Longford/ Westmeath          | Male   | 77      | 129                               |
|                              | Female | 149     | 247                               |
| CHO Area 8                   | Male   | 484     | 178                               |
|                              | Female | 646     | 225                               |



In 2018, 484 male and 646 female persons presented to EDs in CHO Area 8 following an act of self-harm. This resulted in a total of 1,130 individuals presenting to the EDs in this area during 2018. These 1,130 individuals were treated for a total of 1,465 self-harm presentations.

Taking into account the population, the rate of persons presenting to hospital following an act of self-harm was 178 and 225 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 8 by age and gender.

Table 2: Number of presentations in CHO 8 by age and gender

|        | 0-19yrs | 20-24yrs | 25-34yrs | 35-44yrs | 45-54yrs | 55+yrs | Total |
|--------|---------|----------|----------|----------|----------|--------|-------|
| Male   | 114     | 114      | 171      | 93       | 102      | 46     | 640   |
| Female | 215     | 108      | 144      | 127      | 146      | 85     | 825   |

In 2018, there were a total of 1,465 self-harm presentations to EDs in CHO Area 8. There were 640 male and 825 female presentations. Presentations were highest for males aged 25-34 years (27%) and females aged under 20 years (26%). More than one in five (23%; 329) 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<br>overdose | Alcohol*  | Poisoning | Attempted<br>Hanging | Attempted drowning | Self-cutting |
|------------------|-----------|-----------|----------------------|--------------------|--------------|
| 1015 (69%)       | 565 (39%) | 36 (3%)   | 99 (7%)              | 47 (3%)            | 389 (27%)    |

<sup>\*</sup>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 69% of presentations. Alcohol was involved in 39% of presentations. Self-cutting was the only other common method, involved in 27% of presentations. There were 99 presentations involving attempted hanging while 47 involved attempted drowning and 36 presentations involved poisoning.



Table 4 presents a breakdown of the number of persons in CHO 8 who had repeat presentations.

Table 4: Repeat presentations by persons in CHO 8

|                         | Male | Female | Total |
|-------------------------|------|--------|-------|
| Total number of persons | 484  | 646    | 1130  |
| Number who repeated     | 76   | 93     | 169   |
| % repeating             | 16%  | 14%    | 15%   |

There were 1,130 individuals treated for 1,465 self-harm presentations in 2018. This implies that more than one in five (335, 23%) of the presentations in 2018 were due to repeat presentations. Based on persons, repetition was higher for males than females (16% 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<br>overdose | Alcohol* | Poisoning | Attempted<br>Hanging | Attempted drowning | Self-cutting |
|---|------------------|----------|-----------|----------------------|--------------------|--------------|
| Number of presentations                             | 1,015            | 565      | 36        | 99                   | 47                 | 389          |
| Number repeat presentations                         | 219              | 119      | <10       | 15                   | <10                | 117          |
| Percentage of<br>presentations due<br>to repetition | 22%              | 21%      | -         | 15%                  | -                  | 30%          |

<sup>\*</sup>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 22%, 21% and 30% respectively. Although attempted hanging as a method is not reported on a frequent basis (7% of methods reported overall), the repetition percentage was high (15%).



Table 6 presents an overview of the number of presentations to the five hospitals in CHO 8 by residents and non-residents.

Table 6: Number of presentations by residents and non-residents to hospitals in CHO 8

|  | Residents | Non-residents | Total |
|--|-----------|---------------|-------|
| Our Lady of Lourdes Hospital, Drogheda | 503       | 68            | 571   |
| Midland Regional Hospital, Mullingar   | 221       | 21            | 242   |
| Our Lady's Hospital, Navan             | 162       | 12            | 174   |
| Midland Regional Hospital, Portlaoise  | 220       | 93            | 313   |
| Midland Regional Hospital, Tullamore   | 140       | <10           | <150  |

The five main hospitals which individuals presented to in this area were Our Lady of Lourdes Hospital, Drogheda, Midland Regional Hospital, Mullingar, Our Lady's Hospital, Navan, Midland Regional Hospital, Portlaoise and Midland Regional Hospital, Tullamore. For all self-harm presentations to each of the five hospitals, the majority of presentations were made by residents of CHO 8.

Table 7 presents a breakdown of the recommended next care for each presentation to CHO 8.

Table 7: Recommended next care for presentations of hospital-treated self-harm in CHO 8

|  | Number | Percentage |  |
|--|--------|------------|--|
| General admission                              | 486    | 33%        |  |
| Psychiatric admission                          | 34     | 2%         |  |
| eft without being seen/ against medical advice | 212    | 15%        |  |
| Not admitted                                   | 733    | 50%        |  |
| Total  | 1,465  | 100%       |  |

Most commonly, 50% of presentations were discharged following treatment in the emergency department. Of all self-harm presentations, 33% resulted in admission to a ward of the treating hospital and 2% were admitted for psychiatric inpatient treatment from the emergency department. Finally, 15% 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.

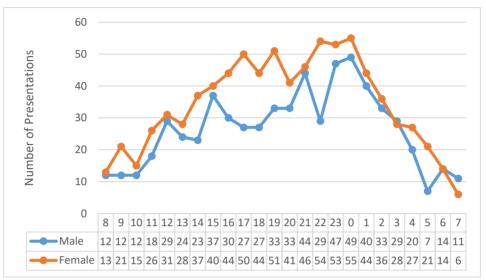


Figure 1: Self-harm presentations for males and females by time of attendance

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. and 10 a.m. onwards for females and males respectively. The peak time for both males and females was midnight.

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 | 114 | 118 | 123 | 98  | 147 | 127 | 140 | 119 | 126 | 120 | 109 | 124 | 1,465 |

The monthly average number of self-harm presentations to hospitals in 2018 was 122. In 2018, May saw more self-harm presentations than any other month (n=147) while April saw the fewest presentations for the year (n=98).

\*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: <a href="mailto:m.joyce@ucc.ie">m.joyce@ucc.ie</a> +353 21 420 5542 | www.nsrf.ie