



Self-harm data, 2018 CHO Area 9

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 9 and LHOs within CHO 9 during 2018, and the corresponding European age-standardised rate per 100,000 population.

Table 1: Number of persons with self-harm presentations in CHO 9 and person-based European age-standardised rates (EASR) per 100,000

		Persons	Age-standardised rate per 100,000
Dublin North	Male	223	187
	Female	267	218
Dublin North Central	Male	126	161
	Female	179	239
Dublin North West	Male	220	194
	Female	260	241
CHO Area 9	Male	569	177
	Female	706	230

In 2018, 569 male and 706 female persons presented to EDs in CHO Area 9 following an act of self-harm. This resulted in a total of 1,275 individuals presenting to the EDs in this area during 2018. These 1,275 individuals were treated for a total of 1,687 self-harm presentations.

Taking into account the population, the rate of persons presenting to hospital following an act of self-harm was 177 and 230 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.



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Table 2 presents a breakdown of the total number of presentations in CHO 9 by age and gender.

Table 2: Number of presentations in CHO 9 by age and gender

	0-19yrs	20-24yrs	25-34yrs	35-44yrs	45-54yrs	55+yrs	Total
Male	108	118	233	161	87	47	754
Female	238	133	221	162	117	62	933

In 2018, there were a total of 1,687 self-harm presentations to EDs in CHO Area 9. There were 754 male and 933 female presentations. Presentations were highest for males aged 25-34 years (31%) and females aged under 20 years (26%). More than one in five (21%; 346) 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
1,026 (61%)	504 (30%)	33 (2%)	145 (9%)	33 (2%)	614 (36%)

*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 61% of presentations. Alcohol was involved in 30% of presentations. Self-cutting was the only other common method, involved in 36% of presentations. There were 145 presentations involving attempted hanging while 33 involved attempted drowning and poisoning each.

Table 4 presents a breakdown of the number of persons in CHO 9 who had repeat presentations.

Table 4: Repeat presentations by persons in CHO 9

	Male	Female	Total
Total number of persons	569	706	1,275
Number who repeated	89	108	197
% repeating	16%	15%	15%



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There were 1,275 individuals treated for 1,687 self-harm presentations in 2018. This implies that almost one in four (412, 24%) of the presentations in 2018 were due to repeat presentations.

Based on persons, repetition was slightly higher for males than females (16% and 15% 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	1026	504	33	145	33	614
Number repeat presentations	256	128	<10	27	<10	189
Percentage of presentations due to repetition	25%	25%	-	19%	-	31%

*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 25%, 25% and 31% respectively. Although attempted hanging as a method is not reported on a frequent basis (9% of methods reported overall), the repetition percentage was high (19%).

Table 6 presents an overview of the number of presentations to the four hospitals in CHO 9 by residents and non-residents.

Table 6: Number of presentations by residents and non-residents to hospitals in CHO 9

	Residents	Non-residents	Total
Beaumont Hospital	537	61	598
Mater Misericordiae University Hospital	605	169	774
James Connolly Hospital, Blanchardstown	316	229	545
Children's University Hospital, Temple Street	126	24	150



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The four main hospitals which individuals presented to in this area were Beaumont Hospital, Mater Misericordiae University Hospital, James Connolly Hospital, Blanchardstown and Children's University Hospital, Temple Street. For all self-harm presentations to each of the four hospitals, the majority of presentations were made by residents of CHO 9.

Table 7 presents a breakdown of the recommended next care for each presentation to CHO 9.

Table 7: Recommended next care for presentations of hospital-treated self-harm in CHO 9

	Number	Percentage
General admission	278	17%
Psychiatric admission	114	7%
Left without being seen/ against medical advice	324	19%
Not admitted	971	58%
Total	1687	100%

Most commonly, 58% of presentations were discharged following treatment in the emergency department. Of all self-harm presentations, 17% resulted in admission to a ward of the treating hospital and 7% were admitted for psychiatric inpatient treatment from the emergency department. Finally, 19% of presentations left the emergency department before a next care recommendation could be made.



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

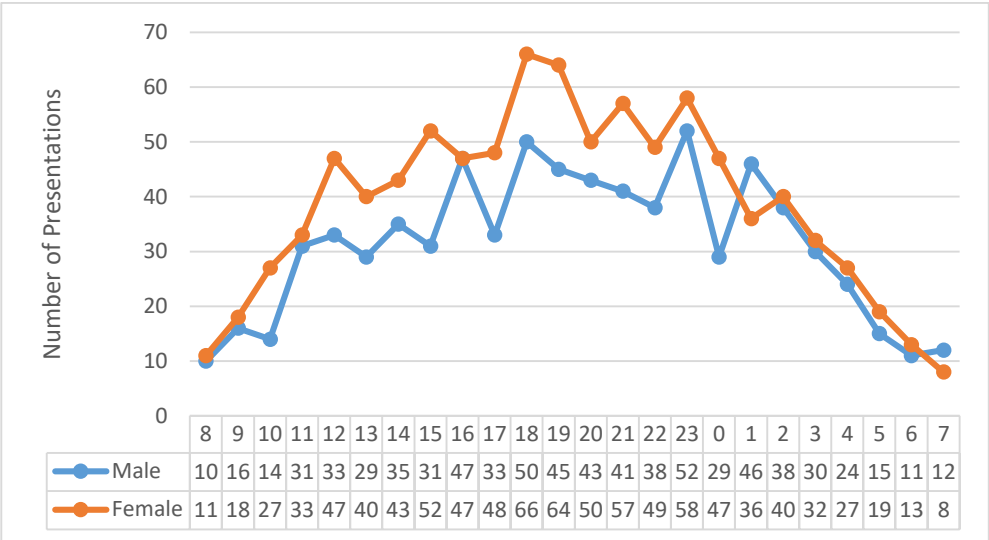


Figure 1: Self-harm presentations for males and females by time of attendance

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 males was 11 p.m. while it was 6 p.m. for females.

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	125	136	144	150	157	141	138	148	148	131	135	134	1,687

The monthly average number of self-harm presentations to hospitals in 2018 was 141. In 2018, May saw more self-harm presentations than any other month (n=157) while January saw the fewest presentations for the year (n=126).

*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