NATIONAL SELF-HARM REGISTRY IRELAND

ANNUAL REPORT 2019

MARY JOYCE
CAROLINE DALY
NIALL McTERNAN
EVE GRIFFIN
SARAH NICHOLSON
ELLA ARENSMAN
EILEEN WILLIAMSON
PAUL CORCORAN

National Suicide Research Foundation

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National Suicide Research Foundation
4th Floor
Western Gateway Building
University College Cork
Ireland

Tel: +353 21 4205551
Email: info@nsrf.ie

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N S R F

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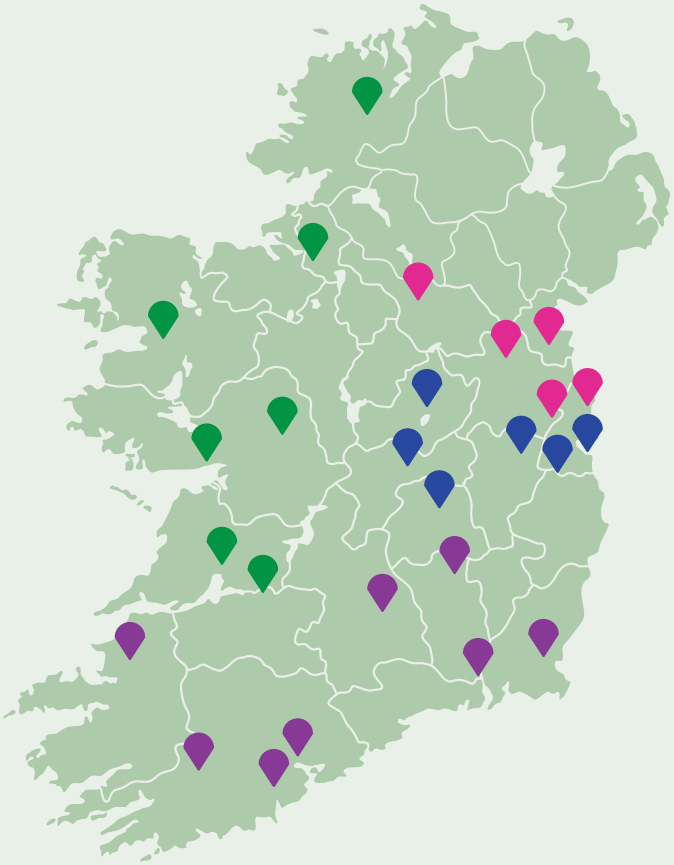

DATA REGISTRATION OFFICERS

The following is the team of people who collected the data that formed the basis of this Annual Report. Their efforts are greatly appreciated.

HSE West Region

Eileen Quinn
Letterkenny General Hospital

Mary Nix
Mayo General Hospital/Portiuncula Hospital Ballinasloe/Galway University Hospital

Catherine Murphy
University Hospital Limerick/Ennis Hospital

Ailish Melia
Sligo Regional Hospital

HSE South Region

Karen Twomey
University Hospital, Kerry

Tricia Shannon
University Hospital Waterford/Wexford General Hospital/St. Luke's Hospital, Kilkenny/ South Tipperary General Hospital

Una Walsh & Ursula Burke
Bantry General Hospital/Cork University Hospital/Mercy University Hospital, Cork

HSE Dublin/North East Region

Agnieszka Biedrycka & James McGuiggan
Mater Misericordiae University Hospital, Dublin

Alan Boon
Beaumont Hospital/Connolly Hospital, Blanchardstown/Children's University Hospital, Temple Street

Rita Cullivan
Cavan General Hospital/Our Lady of Lourdes Hospital, Drogheda/Our Lady's Hospital, Navan

HSE Dublin/Midlands Region

Liisa Aula
St. Columcille's Hospital, Loughlinstown/St. Michael's Hospital, Dun Laoghaire/St Vincent's Hospital, Dublin

Edel McCarra, Sarah McMahon & Marie Lonergan
Our Lady's Children's Hospital, Crumlin

Laura Shehan & James McGuiggan
St James's Hospital

Diarmuid O'Connor
Midlands Regional Hospitals (Mullingar, Portlaoise, Tullamore)/Naas General Hospital/ Tallaght University Hospital

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Western Gateway Building, University College Cork

Foreword

The National Self-Harm Registry Ireland (NSHRI) was established in 2000 at the request of the Department of Health and Children, by the National Suicide Research Foundation working in collaboration with the School of Public Health, University College Cork. It is funded by the Health Service Executive's National Office for Suicide Prevention. It is the World's first national registry of cases of intentional self-harm presenting to hospital emergency departments.

The Registry fulfils a major objective in providing timely data on trends and groups at high risk of self-harm in Ireland. The Registry has been able to assess the impact of the COVID-19 pandemic in 2020 and its associated restrictions on hospital-presenting self-harm and has provided regular updates to the Department of Health and relevant decision makers.

The Registry has also informed core actions in the National Strategy to Reduce Suicide in Ireland, *Connecting for Life 2015-2020*, and is a key component of the outcomes framework being used to monitor progress and examine the impact of implemented actions. We welcome the recent announcement that *Connecting for Life* is being extended to 2024. This indicates the strong commitment of the Government and the Health Service Executive to suicide prevention.

In 2019, work commenced on the changeover to a new data entry system using Castor software for Registry data collection. The move to a new cloud-based clinical data entry and management platform follows on from a review of the Registry which was published in 2018. This new system enables the Registry team to create and customise our own databases to suit the needs of the Registry and data registration officers. The new Castor system went through extensive piloting during 2019, and implementation began during the first quarter of 2020.

While this report relates to hospital-presenting self-harm in 2019, much of the work in registering and collecting the data was conducted during the COVID-19 pandemic. For that reason, I am especially grateful for the on-going commitment and dedication of the data registration officers and to the hospital staff in ensuring the high-quality operation of the Registry.

Dr Paul Corcoran
Head of Research,
National Suicide Research Foundation, Cork.

Executive Summary

This is the eighteenth annual report from the National Self-Harm Registry Ireland. It is based on data collected on hospital-presenting self-harm in 2019 in the Republic of Ireland. Data were collected from all 33 hospital emergency departments (ED) including three paediatric hospitals and three local injury units.

Main findings

In 2019, the Registry recorded 12,465 presentations to hospitals due to self-harm, involving 9,705 individuals. The age-standardised rate of individuals presenting to hospital following self-harm in 2019 was 206 per 100,000. This was 2% lower than the rate in 2018, and 8% lower than the peak rate recorded by the Registry in 2010 (223 per 100,000).

In 2019, the national male rate of self-harm was 187 per 100,000, 3% lower than 2018. The female rate of self-harm in 2019 was 226 per 100,000, 1% lower than 2018. Consistent with previous years, the peak rate for women was in the 15-19 years age group at 726 per 100,000, whereas the peak rate among men was in 20-24 year olds at 485 per 100,000. These rates imply that one in every 138 women in the age group 15-19 years, and one in every 206 men in the age group 20-24 years presented to hospital in 2019 as a consequence of self-harm.

There was variation in the rate of self-harm by region with the highest rates recorded in cities. The 2019 report presents data by administrative city/county, Health Service Executive Local Health Office (LHO) and Community Healthcare Organisation (CHO). Of note is the 26% reduction in the male self-harm rate in Cork City which decreased to 302 per 100,000, from 410 per 100,000 in 2018. Cork City had recorded the highest rate of male self-harm in the country in recent years (>400 per 100,000 since 2015).

There were 668 presentations made by residents of homeless hostels and people of no fixed abode in 2019, accounting for approximately 5% of all presentations recorded by the Registry. This represents an increase of 24% in presentations made by this group when compared to 2018. This follows on from a decrease of 9% observed between 2017 and 2018.

Consistent with previous years, intentional drug overdose was the most common method of self-harm, involved in almost two-thirds (62%) of self-harm presentations in 2019. Self-cutting was the other most common method, recorded in 29% of all episodes. Attempted hanging was involved in 8% of all self-harm presentations (12% for men and 5% for women). Following an increase over a number of years, the number of presentations involving hanging in 2019 (n=1,029) was similar to that in 2018. While rare as a method of self-harm, the number of presentations involving attempted drowning increased by 11% from 2018 to 2019 (from 437 to 483). Alcohol was involved in 31% of all presentations and was more often involved in male than female presentations (36% and 28% respectively).

In 2019, 72% (n=8,435) of patients were assessed by a member of the mental health team in the presenting hospital, which was similar to 2018. Most commonly, 55% of cases were discharged following treatment in the emergency department. The majority of these (79%) were provided with a recommended referral or follow-up appointment. In 2019, 13% of patients left the emergency department before a next care recommendation could be made. There was considerable variation in recommended next care by hospital group, particularly in relation to the proportions of patients admitted to the presenting hospital, leaving before a recommendation, or receiving a mental health assessment. For example, inpatient care (irrespective of type and whether the patient refused) was recommended for between 14% and 36% of adult patients across six hospital groups while the proportion of adult patients who left before a recommendation ranged from 11% to 19%. Similarly, the proportion of adults discharged following emergency treatment ranged from 49% in the RCSI Hospital Group to 74% in the University of Limerick Hospital Group. This observed variation is likely to be due to variation in the availability of resources and services, but it also indicates that assessment and management procedures for self-harm patients are likely to vary across the country[1].

The proportion of presentations accounted for by repetition in 2019 was similar to previous years (22%). Of the 9,705 patients who presented to hospital following self-harm in 2019, 1,455 (15%) made at least one repeat presentation to hospital during the calendar year. Therefore, repetition continues to pose a major challenge to hospital staff and family members involved. In 2019, at least five self-harm presentations were made by 150 individuals, with no change from 2018. These represent just 1.5% of all self-harm patients but account for 9.6% of all self-harm presentations recorded. As in previous years, self-cutting was associated with an increased level of repetition whereby one in five individuals who used this method made a repeat presentation in 2019.

[1]Griffin, E., Gunnell, D., & Corcoran, P. (2020). Factors explaining variation in recommended care pathways following hospital-presenting self-harm: a multilevel national registry study. *BJPsych Open, 6*(6).

Recommendations

Clinical management of self-harm

The proportion of patients receiving a mental health assessment (72%) remains unchanged from 2018, yet it is higher than that reported in other countries. The reported geographical variation in the provision of mental health assessments and recommended next care underlines the importance of the implementation of a standardised and evidence-informed approach to the assessment and treatment of patients who present to hospital following self-harm. The National Clinical Programme for the Assessment and Management of people presenting to the Emergency Department following Self-Harm has been implemented across 24 adult emergency departments in Ireland. One of the aims of the programme is to improve the response received by every individual presenting with self-harm, regardless of the self-harm involved. The Programme provides the following recommendations on the management of self-harm in emergency departments[2]:

- All patients should receive an empathic, compassionate and timely response within the emergency department.
- All patients should receive an expert. biopsychosocial assessment and an assessment of needs and risks.
- In all cases every effort should be made to encourage the patient to call a relative/ supportive friend to assist in the assessment and management.
- All patients should receive follow up and pathways connecting to next appropriate care.

The 2019 findings from the Registry indicate that there remains considerable variation in recommended next care across hospitals, and that on average, one in eight patients leave the emergency department without being seen by a clinician or without a next care recommendation. Ongoing support is warranted to optimise the implementation of the National Clinical Programme and the application of measures to standardise the provision of care for people who engage in self-harm.

Self-harm among young people

Over the past 18 years, the highest rates of self-harm have consistently been observed in young people. Therefore, there is a need to ensure timely and appropriate child and adolescent mental health services in Ireland. This year's Registry findings support the priorities identified by the HSE's National Service Plan 2020[3] and the National Strategy to Reduce Suicide in Ireland, 2015-2024, *Connecting for Life*: Goal 3, Action 3.3[4]. In particular, both evidence-based mental health programmes and appropriate referral and treatment options are crucial to address the needs of young people in the key transition stages between childhood and adolescence into adulthood. Increases in self-harm among children aged 10-14 years indicate that the age of onset of self-harm is decreasing. These trends underline the need for preventative interventions, such as school-based universal mental health programmes that have been found to be effective in preventing suicide attempts in young adolescents[5]. Programmes in primary and post-primary settings are required, and these should focus on preventing suicidal behaviour as well as building resilience.

Self-harm among persons experiencing homelessness

In 2019, there was a significant increase in presentations among persons experiencing homelessness which is in line with previous trends identified in the period 2010-2014[6]. This group of individuals is a particularly vulnerable population, at high risk of repetition and mortality from all causes[7]. Further work to examine the specific risk and protective factors associated with self-harm among persons experiencing homelessness is also required. In accordance with Goal 3, Action 3.1. of *Connecting for Life*, these findings underline the need for targeted suicide prevention interventions among this group.

[2] Health Service Executive (2016). National Clinical Programme for the Assessment and Management of Patients Presenting to the Emergency Department following Self-Harm. *www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-clinical-programme-for-the-assessment-and-management-of-patients-presenting-to-emergency-departments-following-self-harm.pdf*

[3] Health Service Executive (2020). National Service Plan 2020. *www.hse.ie/eng/services/publications/national-service-plan-2020.pdf*

[4] Health Service Executive (2015). Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020. *www.hse.ie/eng/services/list/4/mental-health-services/nosp/preventionstrategy/connectingforlife.pdf*

[5] Wasserman, D, et al. (2015). School-based suicide prevention programmes: The SEYLE cluster-randomised, controlled trial. *The Lancet*, 385:136-44.

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Restricting access to means

Initiatives to reduce access to means continue to be critical to reduce the incidence of self-harm in Ireland. International research has consistently shown positive impacts following the introduction of measures to reduce access to sites where people frequently engage in attempted or fatal drowning[8]. The significant increase in self-harm involving attempted drowning underlines the need to prioritise both further research into specific factors and locations associated with this increase as well as prioritising preventive measures, in accordance with *Connecting for Life*, Goal 6.

In addition, the high rates of attempted hanging identified in this report indicate the need for innovative and intensified efforts to reduce self-harm and suicide by hanging. These should include monitoring of media and social media platforms which increasingly have portrayed suicide by hanging and other highly lethal methods[9]. These findings also underline the need for more in-depth research into self-harm method escalation, and the importance of suicide risk assessment combined with psychiatric and psychosocial assessment considering the high risk of subsequent suicide among individuals who self-harm with highly lethal methods[10].

Finally, intentional drug overdose (IDO) is the most common method of self-harm recorded by the Registry. Given the ongoing high incidence of paracetamol-related IDO, and research which indicates that the majority of individuals who engage in IDO with paracetamol purchase these drugs from non-pharmacy outlets[11], restricting the sale of paracetamol to pharmacy outlets only may have a positive impact on reducing rates of paracetamol-related IDO as seen in other countries[12,13]. Measures to reduce access to drugs frequently used in IDO are also in line with *Connecting for Life*, Goal 6.

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[10] Geulayov, G., Casey, D., Bale, L., Brand, F., Clements, C., Farooq, B., ... & Hawton, K. (2019). Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study. *The Lancet Psychiatry*, 6(12), 1021-1030.

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[12] Daly, C., Griffin, E., McMahon, E., Corcoran, P., Webb, R. T., Ashcroft, D. M., & Arensman, E. (2020). Paracetamol-related intentional drug overdose among young people: a national registry study of characteristics, incidence and trends, 2007–2018. *Social Psychiatry and Psychiatric Epidemiology*, 1-9.

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Mary Joyce
Manager (from October 2019), National Self-Harm Registry Ireland, National Suicide Research Foundation, Cork

Caroline Daly
Postdoctoral Researcher, National Self-Harm Registry Ireland, National Suicide Research Foundation, Cork

Niall McTernan
Data Manager, National Self-Harm Registry Ireland, National Suicide Research Foundation, Cork

Eve Griffin
Manager (until September 2019), National Self-Harm Registry Ireland, National Suicide Research Foundation, Cork

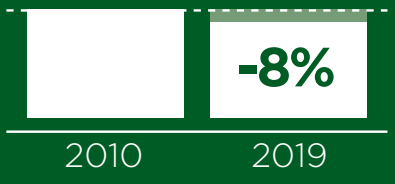
Sarah Nicholson
Research Officer, National Self-Harm Registry Ireland, National Suicide Research Foundation, Cork

Ella Arensman
Chief Scientist, National Suicide Research Foundation, Cork
Research Professor, School of Public Health, University College Cork

Eileen Williamson
Chief Executive Officer, National Suicide Research Foundation, Cork

Paul Corcoran
Head of Research, National Suicide Research Foundation Cork

2019 Statistics at a Glance



2019 rate is 8% lower than the peak rate recorded in 2010

Presentations
12,465

Persons
9,705

RATES:

206
per 100,000

1 in every 485
had a self-harm act

Male: 20-24 year-olds
1 in every 206

Female: 15-19 year-olds
1 in every 138

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time

12 midnight

44%
of presentations made between 7pm-3am

M T W T F S S

Presentations were highest on **Mondays**, **Tuesdays** and **Sundays**

METHOD:

2 in every 3
involved **overdose**

62%

3 in every 10
involved **alcohol**

36% Men

28% Women

3 in every 10
involved **self-cutting**

29%

TREATMENT:

72%
received an assessment in the ED

79% received a follow-up recommendation after discharge

13% left ED before a recommendation was made

1 in 5
persons had a repeat attendance

Recent publications from the Registry (2019-2020)

Hospital-presenting self-harm and ideation: comparison of incidence, profile and risk of repetition

Background

Few studies have examined the profile of individuals who present to hospital emergency departments as a result of ideation, with most studies on the topic reporting self-harm and ideation presentations as one group. Therefore is not clear if individuals presenting with ideation are a distinct group to those presenting with self-harm. In addition, there exist no clinical guidelines for the treatment and management of ideation in acute settings. The aims of this study were to describe presentations to hospital as a direct result of self-harm or ideation in Northern Ireland, and to examine if those presenting with self-harm and ideation are two distinct patient groups.

Findings

A total of 62,213 presentations to emergency departments following self-harm or with ideation were recorded. The rate of self-harm was more than twice the rate of hospital-presenting ideation. Rates of ideation were higher among men, and both self-harm and ideation rates peaked for girls aged 15–19 and men aged 20–24 years. The cumulative probability of repeat attendance to hospital was higher following ideation (52% after 12 months), primarily because 12% of ideation presentations were followed by a subsequent self-harm presentation, whereas 4% of self-harm presentations were followed by ideation.

Conclusion

Our findings indicate that hospital presenters with ideation are at high risk of future self-harm. The transition from ideation to suicidal behaviour is important to consider and research could inform effective and early intervention measures.

Source: Griffin E, Bonner B, O'Hagan D, Kavalidou K, Corcoran P. Hospital-presenting self-harm and ideation: Comparison of incidence, profile and risk of repetition. General Hospital Psychiatry, Vol 61, 76-81 https://doi.org/10.1016/j.genhosppsych.2019.10.009

A national case fatality study of drugs taken in intentional overdose

Background

Intentional drug overdose (IDO) has been linked with marked increases in premature mortality risk due to suicide, accidents and other causes, yet little is known about how case fatality risk varies according to the type of drug/s taken. This study aimed to examine the incidence of IDO, to identify the predictors of fatal IDO and to establish which drugs are linked with greater risk of a fatal outcome.

Findings

We examined 63,831 non-fatal and 364 fatal IDOs (incidence: 148.8 and 1.01 per 100,000 respectively). Compared to non-fatal IDOs, fatal cases were more often male (55.2% vs. 42.0%), older in age (median 44 vs. 35 years), and more frequently involved multiple drugs (78.3% vs. 48.5%). Tricyclic antidepressants were associated with a 15-fold increased risk of death and opioids a 12-fold increased risk, relative to the reference category (non-opioid analgesics). While the risk of fatal outcome was higher for males than females, the elevation in risk was greater in females when tricyclic antidepressants or opioids were taken.

Conclusion

Male gender, increasing age and multiple drug use were associated with fatal IDO outcome. Tricyclic antidepressants and opioids were associated with a significantly increased risk of death following intentional overdose. Clinicians need to consider the case fatality risk of drugs when determining treatment for patients at risk of or those who have previously harmed themselves.

Source: Daly C, Griffin E, Corcoran P, Webb RT, Ashcroft DM, Perry IJ, Arensman E. A national case fatality study of drugs taken in intentional overdose. International Journal of Drug Policy, Vol 76. https://doi.org/10.1016/j.drugpo.2019.102609

Risk of repetition and subsequent self-harm following presentation to hospital with suicidal ideation: A longitudinal registry study

Background

Few studies have focused on those who present to hospital with suicidal thoughts (suicidal ideation). The aim of this study was to establish the risk of repeat presentation to hospital following suicidal ideation and to identify factors which were associated with further ideation or subsequent self-harm.

Findings

During the period April 2014 to March 2019, a total of 14,695 presentations to hospital due to suicidal ideation were made in Northern Ireland. The cumulative incidence of repeat presentation to hospital was 40·5% within five years, with an 18·3% risk of subsequent self-harm. Previous ideation had the strongest association with repeat presentation. There was evidence of recidivism considering further ideation, with an increased risk according to number of previous presentations. In contrast, risk of subsequent self-harm was highest after the first or second presentation. Male gender and alcohol were associated with further ideation, while females and young people were more likely to re-present with self-harm.

Conclusion

The findings indicate that individuals who present to hospital with suicidal ideation are at risk of repeat presentation and future self-harm, however clinical guidelines do not specifically address hospital-presenting ideation. The transition from ideation to suicidal behaviour is important to consider and research could inform effective screening and early intervention measures.

Source: Griffin E, Kavalidou K, Bonner B, O'Hagan D, Corcoran P. Risk of repetition and subsequent self-harm following presentation to hospital with suicidal ideation: A longitudinal registry study. EClinicalMedicine, Vol 23. https://doi.org/10.1016/j.eclinm.2020.100378

Repeat self-harm following hospital-presenting intentional drug overdose among young people — A national registry study

Background

The incidence of hospital-presenting self-harm peaks among young people, who most often engage in intentional drug overdose (IDO). The risk of self-harm repetition is high among young people and switching methods between self-harm episodes is common. However, little is known about their patterns of repetition and switching following IDO. This study aimed to investigate repeat self-harm and method-switching following hospital-presenting IDO among young people.

Findings

During 2009–2018, 16,800 young people presented following IDO. Within 12 months, 2136 young people repeated self-harm. Factors associated with repetition included being male (HR = 1.13, 95% CI: 1.03–1.24), aged 10–17 years (HR = 1.29, 95% CI: 1.18–1.41), consuming ≥ 50 tablets (HR = 1.27, 95% CI: 1.07–1.49) and taking benzodiazepines (HR = 1.67, 95% CI: 1.40–1.98) or antidepressants (HR = 1.36, 95% CI: 1.18–1.56). The cumulative risk for switching method was 2.4% (95% CI: 2.2–2.7). Method-switching was most likely to occur for males (RR = 1.36; 95% CI: 1.09–1.69) and for those who took illegal drugs (RR = 1.63; 95% CI: 1.19–2.25).

Conclusion

Young males are at increased risk of repeat self-harm and method-switching following IDO and the type and quantity of drugs taken are further indicators of risk. Interventions targeting IDO among young people are needed that ensure that mental health assessments are undertaken and which address access to drugs.

Source: Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Witt K, Ashcroft DM, Arensman E. Repeat Self-Harm Following Hospital-Presenting Intentional Drug Overdose among Young People—A National Registry Study. Int. J. Environ. Res. Public Health 2020, 17(17), 6159. https://doi.org/10.3390/ijerph17176159

Paracetamol-related intentional drug overdose among young people: a national registry study of characteristics, incidence and trends, 2007-2018

Background

Incidence rates of hospital-presenting self-harm are highest in people under 25 years and are reportedly increasing in some countries. Intentional drug overdose (IDO) is the most common self-harm method among young people, with paracetamol the drug most frequently used. This study aimed to describe the characteristics, incidence, and temporal trends in paracetamol-related IDO among young people.

Methods

Data from the National Self-Harm Registry Ireland on hospital-presenting self-harm by individuals aged 10-24 years during 2007-2018 were examined. Annual IDO rates per 100,000 were calculated by age and gender. Joinpoint regression analyses and incidence rate ratios were used to examine trends in the incidence of paracetamol-related IDO.

Results

During the study, 10,985 paracetamol-related IDOs were recorded. The incidence of paracetamol-related IDO among young people increased by 9% between 2007 and 2018 (IRR 1.09 95% CI 1.00 to 1.19), with the highest annual percentage change (APC) in females aged 18-24 years (APC 1.2%). Conversely, rates of paracetamol-related IDO among males aged 18-24 years decreased significantly (APC -1.6%). Between 2013 and 2018 excesses of 386 and 151 paracetamol-related IDOs were observed in females aged 10-17 and 18-24 years, respectively, and 42 excess presentations were observed for males aged 10-17 years. There were 107 fewer presentations than expected for males aged 18-24 years.

Conclusion

The increase in paracetamol-related IDO among specific groups of young people, particularly young females is an issue of growing concern. Interventions targeting IDO among young people are needed, incorporating measures to address the availability of paracetamol and aftercare following IDO.

Source: Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Ashcroft DM, Arensman E. Paracetamol-related intentional drug overdose among young people: a national registry study of characteristics, incidence and trends, 2007-2018. Social Psychiatry and Psychiatric Epidemiology 2020, Online ahead of print. https://doi.org/10.1007/s00127-020-01981-y

IMPACT OF THE REGISTRY AT GLOBAL LEVEL

E-Learning Programme for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm

In 2018, the World Health Organization (WHO) commissioned the WHO Collaborating Centre for Surveillance and Research in Suicide Prevention (WHOCC) at the NSRF to develop an E-Learning Programme, based on the WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm (WHO, 2016).

The aims of the E-Learning programme are to facilitate surveillance of suicide attempts and self-harm at global level and to improve the accuracy of hospital-based suicide attempts and self-harm. In 2018, the NSRF and WHOCC, in collaboration with the Department of Mental Health and Substance Abuse of the WHO, developed the E-Learning programme, based on the WHO Practice Manual. The work involved preparing different modules, including a training module with additional test vignettes.

The E-Learning Programme is a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals.

In 2020, the programme was translated into Russian and launched at the Russian Scientific and Practical Web-Conference on World Suicide Prevention Day, September 10th. The Russian version of the E-Learning Programme will facilitate training and capacity building in Russia, supporting a Multi-Centre Self-Harm Surveillance System in Russian speaking countries. The E-Learning Programme can be accessed here:

https://suicideresearchpreventionelearning.com/

Multicentre Self-Harm Surveillance System in Russia

In 2019, the WHOCC at the NSRF coordinated the development and implementation of the first multi-centre self-harm surveillance system in Russia, involving three large regions: Stavropol Krai, Zabaykalsky Krai and Sverdlovsk Oblast. The work is supported by the WHO Office in Moscow and the WHO Regional Office for Europe. The WHOCC organised multiple meetings and training workshops with the surveillance teams involved in implementing the self-harm surveillance systems in the three regions.

Development of a self-harm surveillance system in Ecuador

At the request of the Ministry of Health, the NSRF's WHOCC supported the development of a self-harm surveillance system in Ecuador. In 2019, the WHOCC coordinated first meetings with representatives of the Ministry of Health and relevant stakeholders in Ecuador, and representatives from the WHO Department of Mental Health and Substance Abuse, Geneva and the Pan American Health Organization (PAHO/WHO) Office in Washington.

Methods

Background

The National Suicide Research Foundation was founded in November 1994 by the late Dr Michael J Kelleher and is governed by a Board of Directors. The National Suicide Research Foundation team is led by Ms Eileen Williamson (Chief Executive Officer), Dr Paul Corcoran (Head of Research) and Professor Ella Arensman (Chief Scientist). Dr Paul Corcoran is also Head of the National Self-Harm Registry Ireland. Dr Eve Griffin held the position of Manager of the Registry until September 2019, followed thereafter by Dr Mary Joyce.

Funding statement

The National Self-Harm Registry Ireland is a national surveillance system which monitors the occurrence of hospital-presenting self-harm. It was established by the National Suicide Research Foundation at the request of the Department of Health and Children and is funded by the Health Service Executive's National Office for Suicide Prevention. This report has been commissioned by the National Office for Suicide Prevention.

Definition and terminology

The Registry uses the following definition of 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 '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 intentional self-harm as listed in the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), codes of X60-X84, 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 self-harm act are included.

Exclusion criteria

The following cases are **NOT** considered to be self-harm:

- Accidental overdoses of medicinal or illegal drugs e.g., an individual who takes additional medication in the case of illness or used drugs for recreational purposes, without any intention to self-harm.
- Alcohol overdoses alone where the intention was not 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 data are continuously checked for consistency and accuracy. In addition, the Registry also undertakes a cross-checking process in which pairs of data registration officers independently collect data from two hospitals for the same consecutive series of attendances to the emergency department. Results of the cross-checking process have indicated that there is a very high level of agreement between the data registration officers.

Data recording

Since 2006, the Registry has recorded its data onto encrypted laptop computers and transferred the data electronically to the offices of the National Suicide Research Foundation. Data for all self-harm presentations made in 2019 were recorded using this bespoke electronic system.

Data items

A minimal dataset has been developed to determine the extent of 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 self-harm by the same individual, it is impossible to identify an individual on the basis of the data recorded.

Initials

Initial letters from an individual 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 self-harm presentations by the same individual, the date of birth is used to calculate age.

Area of residence
Patient addresses are coded to the appropriate electoral division and small area code where applicable.

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 ICD-10 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, the 'main method' is taken as the most lethal method employed. For acts involving self-cutting, the treatment received is 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.

Mental health assessment
Whether the individual presenting had an assessment by the psychiatric team in the presenting hospital emergency department is recorded.

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

Confidentiality and data protection

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, the Irish Data Protection (Amendment) Act of 2003 and the General Data Protection Regulation (GDPR) 2018. In 2020, we received approval from the Health Research Consent Declaration Committee for the processing of Registry data. All staff members are trained in GDPR and adhere to all GDPR guidelines when collecting and working on data. Only anonymised data are released in aggregate form in reports. The names and addresses of patients are not recorded. Individuals may request to access their information or to have their information withdrawn from the Registry at any time by contacting the Registry team.

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 2019, self-harm data were collected from hospitals in the Republic of Ireland (pop: 4,937,786).

There was complete coverage of all acute hospitals in the Ireland East Hospital Group – Mater Misericordiae University Hospital, Midland Regional Hospital Mullingar, Our Lady's Hospital Navan, St. Columcille's Hospital Loughlinstown (data collection ceased here in September 2019), St. Luke's General Hospital Carlow/ Kilkenny, St. Michael's Hospital Dun Laoghaire, Wexford General Hospital 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 Dublin Midlands Hospital Group – Midland Regional Hospital Portlaoise, Midland Regional Hospital Tullamore, Naas General Hospital, St. James's Hospital and Tallaght University Hospital.

There was complete coverage of all acute hospitals in the RCSI Hospital Group – Beaumont Hospital, Cavan General Hospital, Connolly Hospital Blanchardstown and Our Lady of Lourdes Hospital, Drogheda.

There was complete coverage of all acute hospitals in the South/ South West Hospital Group – Bantry General Hospital, Cork University Hospital, University Hospital Kerry, Mercy University Hospital, South Tipperary General Hospital and University Hospital Waterford.

There was complete coverage of all acute hospitals in the University of Limerick Hospital Group – Ennis Hospital and University Hospital Limerick.

There was complete coverage of all acute hospitals in the Saolta University Health Care Group – University Hospital Galway, Letterkenny University Hospital, Mayo University Hospital, Portiuncula University Hospital and Sligo University Hospital.

There was complete coverage of all hospitals in the Children's Hospital Group – Children's University Hospital at Temple Street, National Children's Hospital at Tallaght Hospital and Our Lady's Children's Hospital Crumlin.

In total, self-harm data were collected for the full calendar year of 2019 for all 33 acute hospitals that operated in Ireland during this year. As mentioned previously, the Registry has had complete coverage of all acute hospitals in Ireland since 2006.

In 2013, a number of hospital emergency departments were re-designated as Model 2 status hospitals as part of the HSE's *Securing the Future of Smaller Hospitals* framework, with some of these hospitals closing their emergency department and others operating on reduced hours. The hospitals which continue to have emergency departments on reduced hours include: Bantry General Hospital, Ennis Hospital and St. Columcille's Hospital Loughlinstown. These hospitals are referred to as Local Injury Units. Data from these hospitals continue to be recorded by the Registry for 2019.

Population data

For 2019, 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 2019 regional authority population estimates and the equivalent National Census 2016 figures were calculated and applied to the National Census 2016 population figures for Irish cities, counties and HSE region figures in order to derive population estimates for 2019. For HSE Local Health Office (LHO) areas and Community Healthcare Organisation (CHO) areas, National Census 2016 population data were utilised.

Calculation of rates

Self-harm rates were calculated based on the number of persons resident in the relevant area who engaged in 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 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 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 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, 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.

The Registry recorded four cases of self-harm for which patient initials, gender or date of birth were unknown. These four cases have been excluded from the findings reported here. In addition, a small number of self-harm patients presented to hospital more than once on the same calendar day. This happened for a variety of reasons including being transferred to another hospital, absconding and returning, etc. These patients were considered as receiving one episode of care and were recorded once in the finalised Registry database for 2019.

A note on confidence intervals

Confidence intervals provide us with a margin of error within which underlying rates may be presumed to fall on the basis of observed data. Confidence intervals assume that the event rate (n/p) is small and that the events are independent of one another. A 95% confidence interval for the number of events (n), is $n +/- 2\sqrt{n}$. For example, if 25 self-harm presentations are observed in a specific region in one year, then the 95% confidence interval will be $25 +/- 2\sqrt{25}$ or 15 to 35. 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.

Mapping of self-harm data

Rates of self-harm by gender according to city/ county of residence are illustrated in the report using maps. QGIS, version 2.18.16, was used to generate the maps (www.qgis.org).

SECTION I:
Hospital Presentations

Hospital-presenting self-harm in the Republic of Ireland

For the period from 1 January to 31 December 2019, the Registry recorded 12,465 self-harm presentations to hospital that were made by 9,705 individuals. Thus, the number of self-harm presentations and the number of persons involved were consistent with that reported in 2018. Table 1 summarises the changes in the number of presentations and persons since the Registry reached near national coverage in 2002.

	PRESENTATIONS		PERSONS	
YEAR	Number	% difference	Number	% difference
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%
2010	12,337	+3%	9,887	+4%
2011	12,216	-1%	9,834	-<1%
2012	12,010	-2%	9,483	-4%
2013	11,061	-8%	8,772	-8%
2014	11,126	+<1%	8,708	-<1%
2015	11,189	+1%	8,791	+1%
2016	11,445	+2%	8,876	+1%
2017	11,620	+2%	9,114	+3%
2018	12,588	+8%	9,785	+7%
2019	12,465	-1%	9,705	-1%

Table 1: Number of self-harm presentations and persons who presented in the Republic of Ireland in 2002-2019 (2002-2005 figures extrapolated to adjust for hospitals not contributing data).

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm in 2019 was 206 (95% Confidence Interval (CI): 202 to 210) per 100,000. This was a slight decrease (-2%) on the rate of 210 (95% CI: 206 to 215) per 100,000 from 2018. The incidence of self-harm in Ireland is examined in detail in Section II of this report.

The numbers of hospital-presenting self-harm episodes in the Republic of Ireland by hospital group, age and gender are given in Appendix 1. Of the recorded presentations in 2019, 45% were made by men and 55% were made by women. Self-harm episodes were generally confined to the younger age groups. Just over half of all presentations (51%) were by people under 30 years of age and 86% of presentations were by people aged less than 50 years.

In most age groups, the number of self-harm acts by women exceeded the number by men. This was most pronounced in the 10-19 years age group where there were twice as many female presentations. The number of self-harm presentations made by men was marginally higher than the number made by women in the 25-39 years age group.

The number of self-harm presentations made by residents of homeless hostels and people of no fixed abode was 668, representing 5.4% of all presentations. This figure is 24% higher than the figure reported in 2018 (n=539). A minority (77; 0.6%) of presentations were made by hospital inpatients.

Self-harm by HSE hospital group

Based on preliminary figures acquired from the HSE Business Intelligence Unit, self-harm accounted for 0.90% of total attendances to general emergency departments in the country. This percentage of attendances accounted for by self-harm varied by HSE hospital group from 0.29% in the Children's to 0.78% in the Saolta University, 0.87% in the Ireland East, 0.90% in the University of Limerick, 0.95% in the RCSI, 1.02% in the South/ South West and 1.11% in the Dublin Midlands Hospital Groups.

The proportion of self-harm presentations in each hospital group in 2019 ranged from 3% in the Children's and 8% in the University of Limerick, to 14% in the Saolta University, 15% in the RCSI, 18% in the Dublin Midlands, 20% in the South/ South West and 22% in the Ireland East Hospital Groups.

The gender balance of recorded episodes in 2019 (at 45% men to 55% women) varied by hospital group (Figure 1). Self-harm presentations by women outnumbered those by men in all hospital groups.

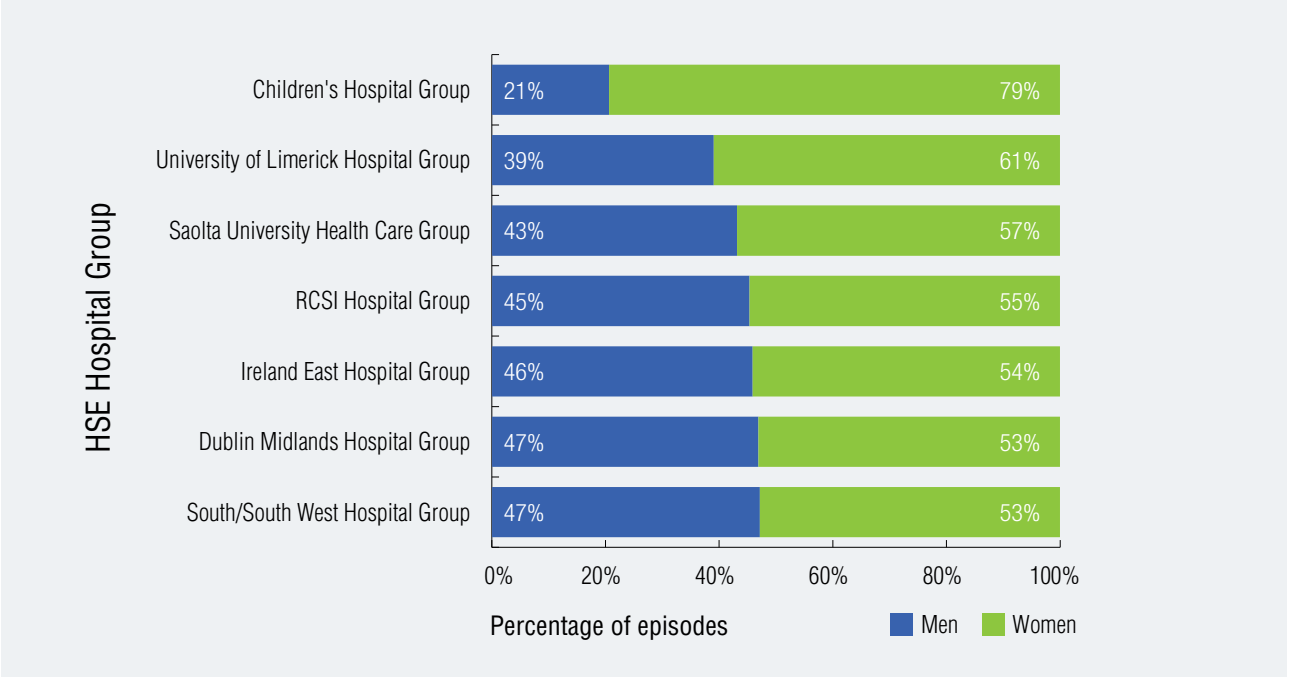


Figure 1: Gender balance of self-harm presentations by HSE hospital group, 2019

Annual change in self-harm presentations to hospital

While the national number of self-harm presentations in 2019 was similar to that recorded in 2018, there were some relatively large changes in the number of presentations at the level of individual hospitals (Figures 2a and 2b). Overall, 15 general hospitals saw an increase in self-harm presentations between 2018 and 2019 while 16 general hospitals saw a decrease during the same time-period. There was no change in self-harm presentations for one hospital. Overall, the most pronounced changes were in small hospitals where two hospitals saw an increase of 45% or more.[1]

[1]It should be noted that in small hospitals, large percentage changes are based on relatively small numbers.

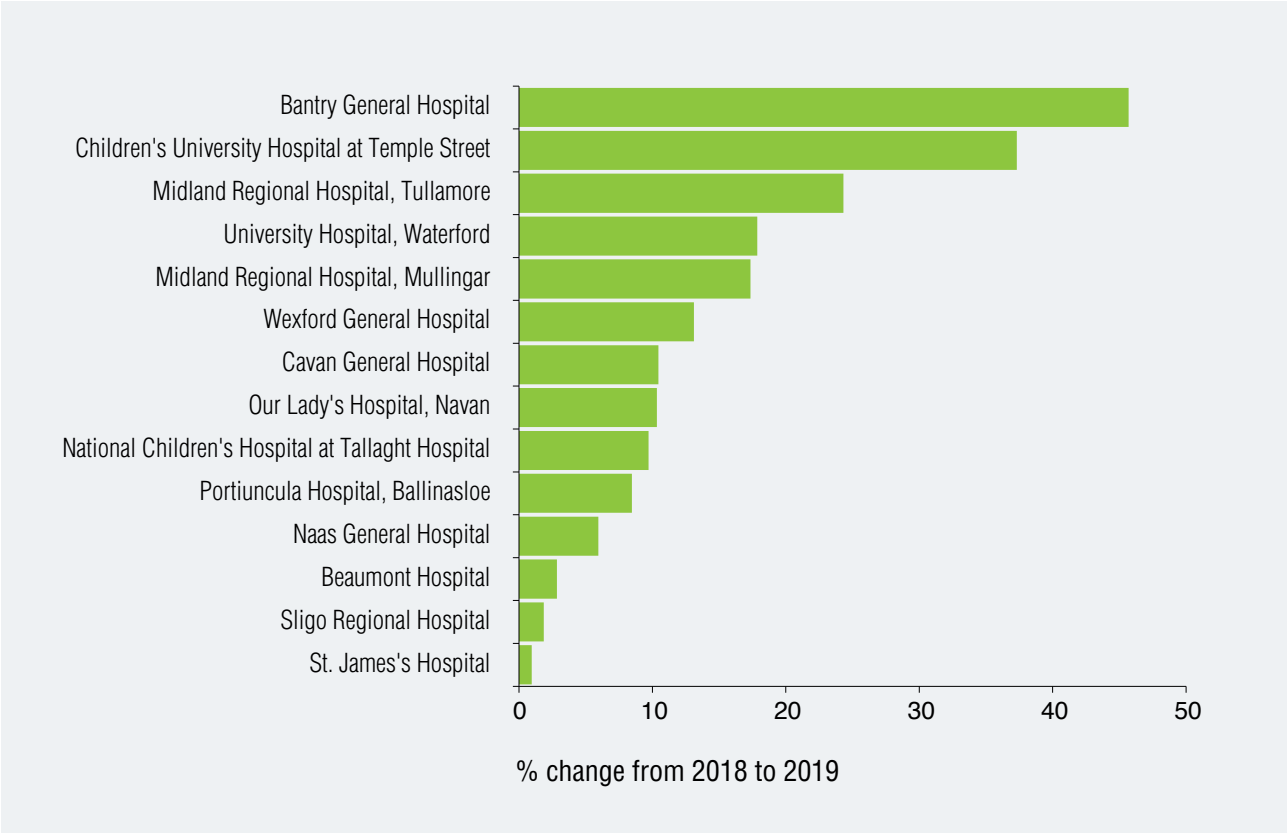


Figure 2a: Hospitals receiving more self-harm presentations in 2019 than in 2018.
Note: This figure excludes Ennis Hospital for which an increase of 129% was observed between 2018 and 2019.

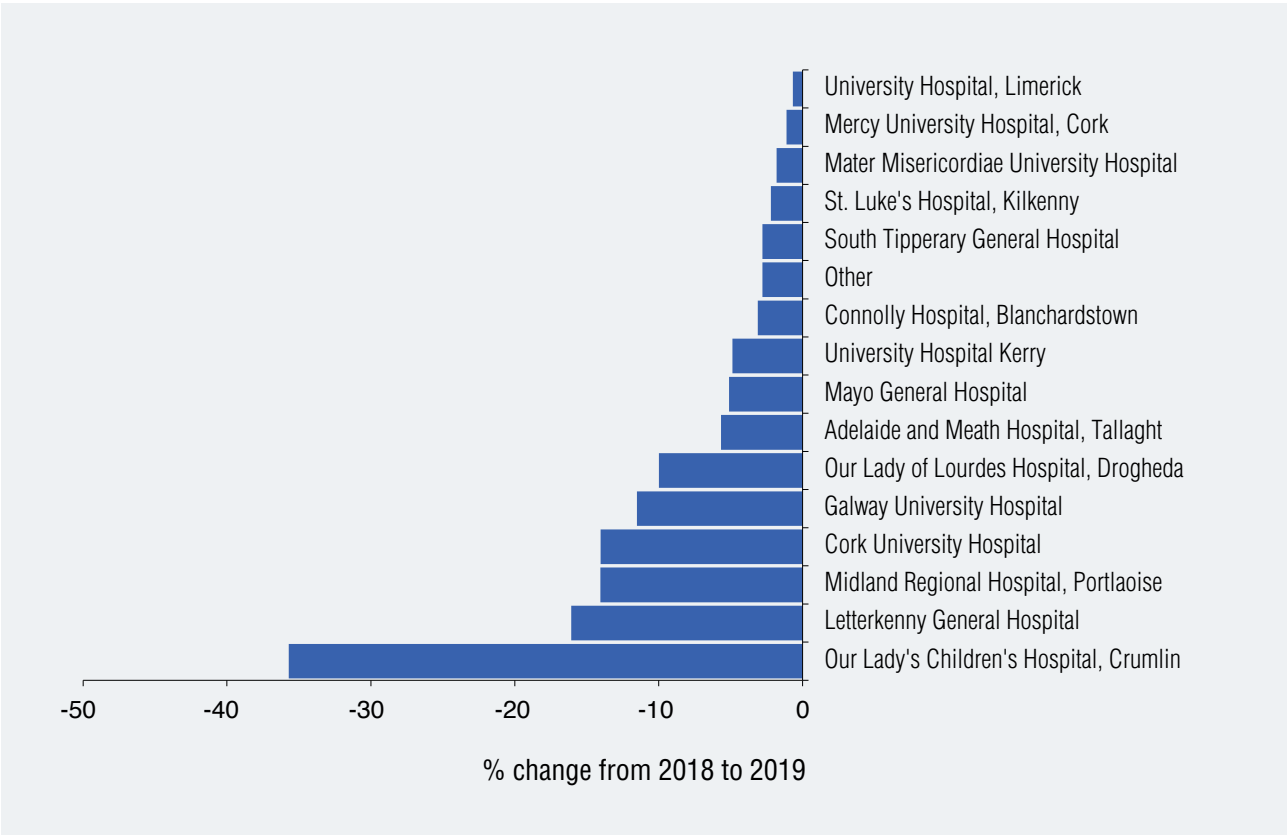


Figure 2b: Hospitals receiving fewer self-harm presentations in 2019 than in 2018.
Note: This figure excludes St. Columcille's Hospital where the decrease was based on small numbers (<5).

Episodes by time of occurrence

Variation by Month

The monthly number of self-harm presentations to hospitals in 2019 by men and women is presented in Table 2.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	503	390	481	450	464	475	493	451	516	463	416	458	5,560
Women	622	531	575	596	645	560	547	594	563	611	568	493	6,905
Total	1,125	921	1,056	1,046	1,109	1,035	1,040	1,045	1,079	1,074	984	951	12,465

Table 2: Number of self-harm presentations in 2019 by month for men and women.

The monthly average number of self-harm presentations to hospitals in 2019 was 1,039. Figure 3 illustrates the percentage difference between observed and expected number of presentations, accounting for the number of days in each calendar month.

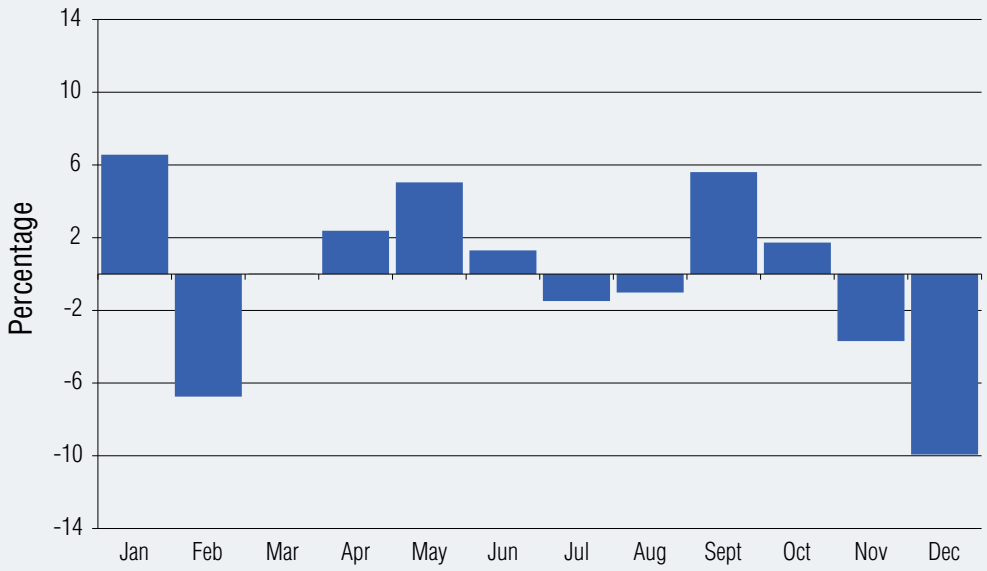


Figure 3: Percentage difference between the observed and expected number of self-harm presentations by month in 2019.

In 2019, there were more self-harm presentations than might be expected across a number of months. The end of year fall in presentations was consistent with previous years although the decrease for December (10%) was more pronounced than in previous years.

Variation by Day

The number and percentage of self-harm presentations to hospitals in 2019 by weekday is presented for men and women in Table 3. On average, each day would be expected to account for 14.3% of presentations.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	849	809	755	805	751	788	803	5,560
	15.3%	14.6%	13.6%	14.5%	13.5%	14.2%	14.4%	100%
Women	1,070	1,034	975	932	927	889	1,078	6,905
	15.5%	15%	14.1%	13.5%	13.4%	12.9%	15.6%	100%
Total	1,919	1,843	1,730	1,737	1,678	1,677	1,881	12,465
	15.4%	14.8%	13.9%	13.9%	13.5%	13.5%	15.1%	100%

Table 3: Self-harm presentations in 2019 by weekday for men and women.

As in previous years, the number of self-harm presentations was highest on Mondays, Tuesdays and Sundays. These days accounted for 45% of all presentations. The variation in weekday presentations by men and women is visually presented in Figure 4. The number of presentations by day of the week was consistently higher for women than men.

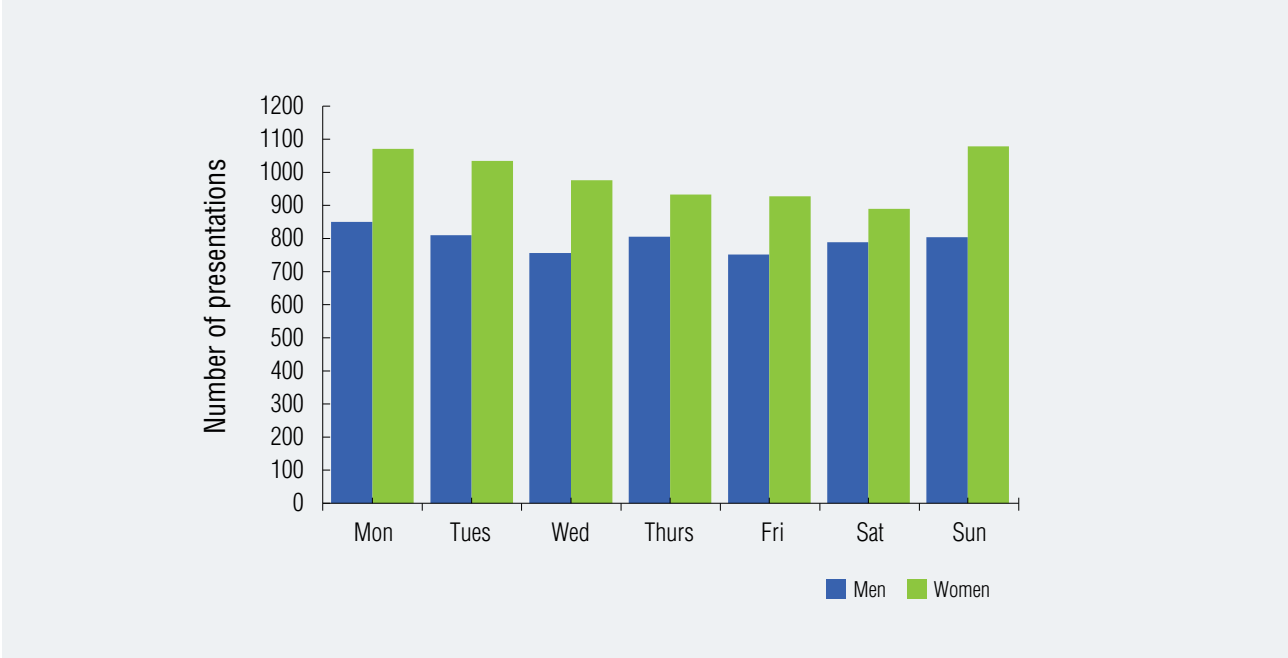


Figure 4: Number of self-harm presentations in 2019 by weekday for men and women.

During 2019, there was an average of 34 self-harm presentations to hospital each day. There were 25 days in 2019 on which 45 or more self-harm presentations were made including January 1st, New Year's Day (n=80) and December 29th (n=50). There were six days in 2019 on which 20 or fewer self-harm presentations were made including December 25th, Christmas Day (n=19).

Variation by Hour

The number of self-harm presentations to hospitals in 2019 by time of attendance is presented for men and women in Figure 5.

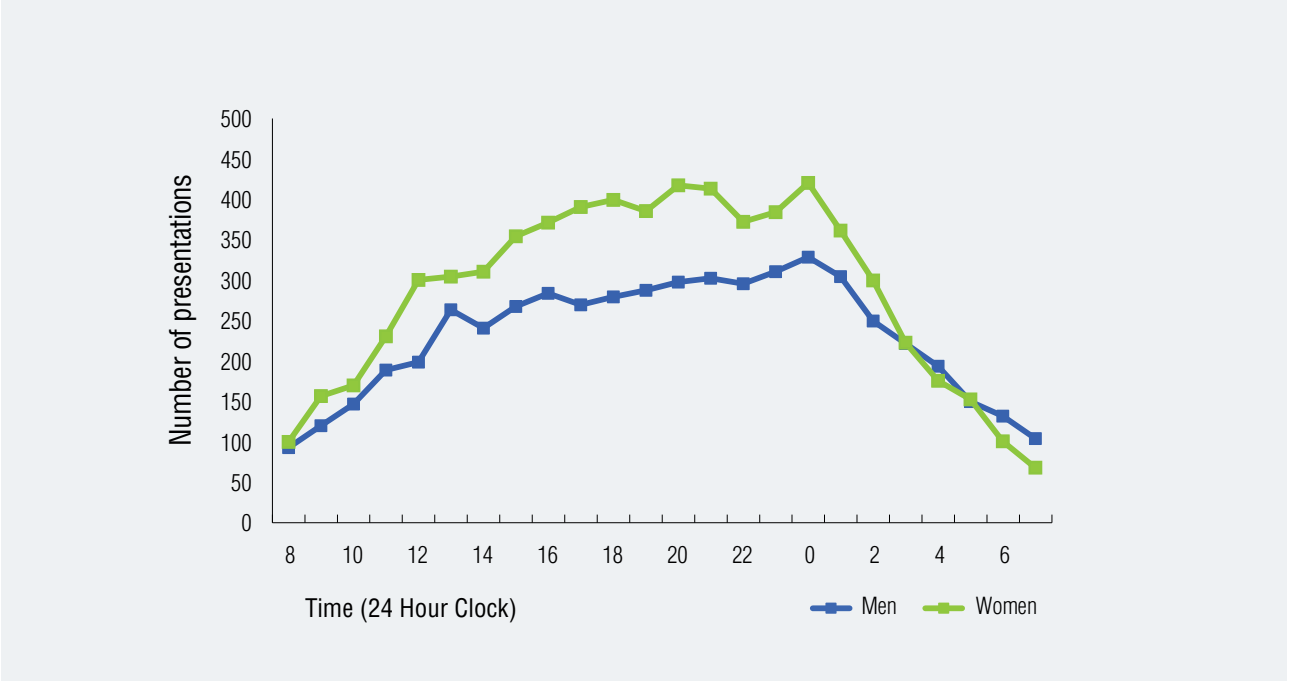


Figure 5: Number of self-harm presentations in 2019 by time of attendance for men and women.

As in previous years, there was a striking pattern in the number of self-harm presentations seen over the course of the day. The numbers for both men and women gradually increased during the day. The peak for both men and women was midnight. Almost half (44%) of the total number of presentations were made during the eight-hour period 7 p.m. - 3 a.m. This contrasts with the quietest eight-hour period of the day, 4 a.m. – 12 noon, which accounted for just 18% of all presentations.

Over half (53%) were brought to hospital by ambulance and a further 3% were brought by other emergency services such as An Garda Siochana. The proportion of cases brought to the emergency department by ambulance or other emergency services varied over the course of the day from 46% for presentations between noon and 4 p.m. to 71% for those who presented between midnight and 8 a.m.

Method of self-harm

The methods of self-harm[2] involved in presentations to hospital in 2019 are presented in Table 4.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other
Men (n=5560)	3,130	1,987	98	668	283	1,721	483
	56.3%	35.7%	1.8%	12.0%	5.1%	30.9%	8.7%
Women (n=6905)	4,633	1,899	119	361	200	1,931	348
	67.1%	27.5%	1.7%	5.2%	2.9%	28.0%	5.0%
All	7,763	3,886	217	1,029	483	3,652	831
	62.3%	31.2%	1.7%	8.3%	3.9%	29.3%	6.7%

Table 4: Methods of self-harm involved in presentations to hospital in 2019 by men and women.

[2]Some presentations involved multiple methods of self-harm so the sum of the percentages per row exceeds 100%.

Approximately 62% of all self-harm presentations to hospitals in 2019 involved a drug overdose. Drug overdose was more commonly used as a method of self-harm by women than men, involved in 67% of female and 56% of male episodes. Alcohol was involved in 31% of presentations. Alcohol was more likely to be involved in male episodes of self-harm than female episodes (36% vs 28% respectively).

Cutting was the only other common method of self-harm, involved in 29% of all episodes. Cutting was more common in men (31%) than women (28%). In 95% of all cases involving self-cutting, the treatment received was recorded. The majority of participants (54%) did not require any treatment, almost one quarter (23%) received steristrips or steribonds, 21% required sutures, and 2% were referred for plastic surgery. Men who engaged in self-cutting required more intensive treatment than women. Respectively, in 2019, 22% of men received sutures and 3% were referred for plastic surgery compared to 18% and 1% of women.

Attempted hanging was involved in 8% of all self-harm presentations (12% for men and 5% for women). The number of self-harm presentations involving hanging increased more than twofold between 2007 and 2019 from 444 presentations to 1,029, with a 4% decrease in 2019, compared to 2018.

While rare as a method of self-harm, the number of presentations involving attempted drowning increased by 11% in 2019 (from 437 to 483), following a 19% increase between 2017 and 2018. Presentations involving self-poisoning decreased by 19% in 2019. This follows an increase of 22% from 2017 to 2018.

The greater involvement of drug overdose as a method of self-harm for women is illustrated in Figure 6. Drug overdose also accounted for a higher proportion of self-harm presentations in the older age groups, in particular for women, whereas self-cutting was less common. Self-cutting was most common among young people, involved in 37% of presentations by boys and 40% of presentations by girls aged under 15 years.

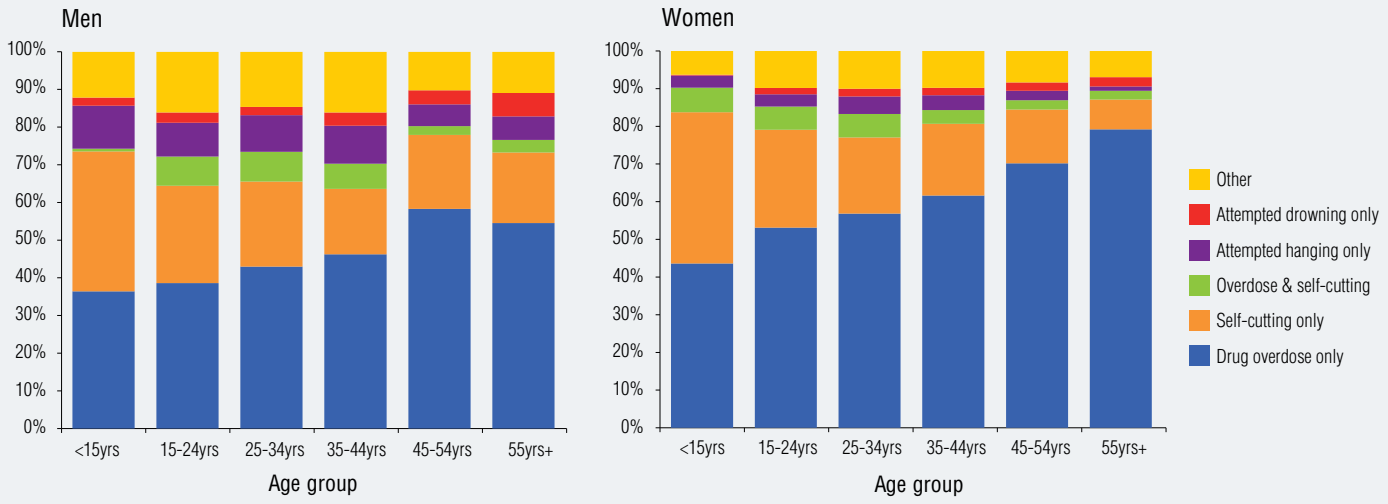


Figure 6: Method of self-harm used by gender and age group in 2019.

Drugs used in overdose

The total number of tablets taken was known in 69% of all cases of drug overdose. On average, 28 tablets were taken in drug overdose presentations. Three-quarters of drug overdose acts involved less than 35 tablets, approximately half involved 20 tablets or less and 17% involved less than 10 tablets. On average, the number of tablets taken in overdose acts was higher in men than women (mean: 31 vs. 27). Figure 7 illustrates the pattern of the number of tablets taken in drug overdose episodes for both males and females. Just over half (51%) of female episodes and 45% of male episodes of overdose involved 10-29 tablets.

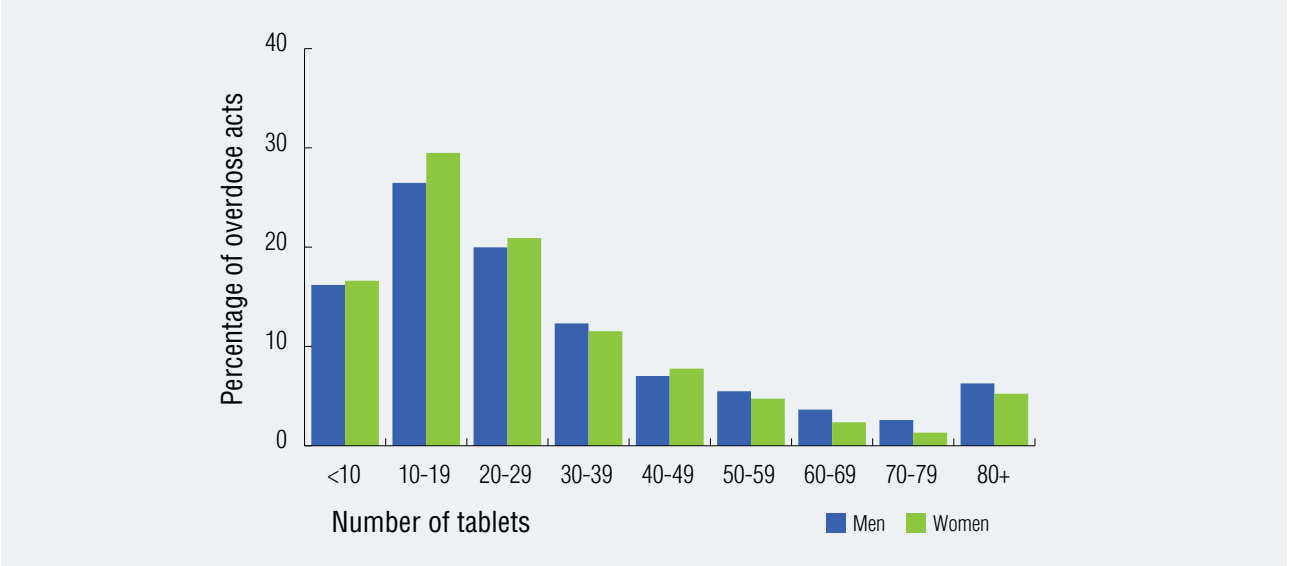


Figure 7: The pattern of the number of tablets taken in drug overdoses in 2019, by men and women.

Figure 8 illustrates the frequency with which the most common drug types were used in overdose.

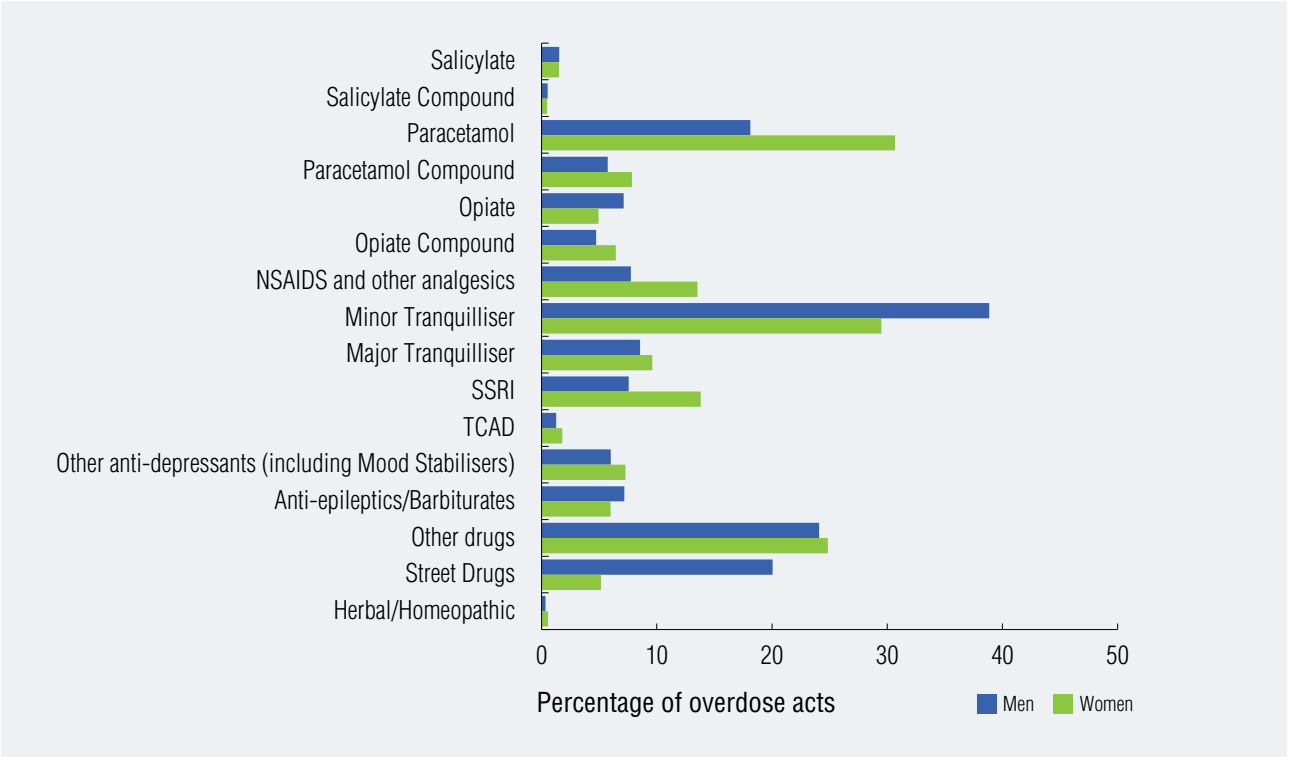


Figure 8: The variation in the type of drugs used in overdoses in 2019.
Note: Some drugs (e.g. compounds containing paracetamol and an opiate) are counted in two categories.

Approximately one-third (33%) of overdoses involved a minor tranquiliser, which were used more often by men than women (39% vs. 30%, respectively). A major tranquilliser was involved in 9% of overdoses. In total, 48% of all female overdose acts and 34% of all male overdose acts involved an analgesic drug. Paracetamol was the most common analgesic drug taken, involved in some form in 31% of drug overdose acts. Paracetamol-containing medication was used significantly more often by women (37%) than by men (23%). One in five (19%) of overdose acts involved an anti-depressant/ mood stabiliser. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 11% of overdose cases. Street drugs were involved in 20% of male and 5% of female overdose acts. 'Other drugs' were taken in more than one quarter (25%) of all overdoses which reflects the wide range of drugs taken deliberately in acts of drug overdose.

The number of self-harm presentations to hospital involving drug overdose in 2019 (7,763) was similar to that recorded in 2018 (7,792). There was some fluctuation in the number of presentations involving each of the drug types described here. Most notably, there were increases in the number of self-harm presentations involving street drugs (+17%), salicylate medication (+10%) and herbal homeopathic drugs (however the numbers are low within this drug category). Decreases in the number of self-harm presentations involving salicylate compound medications (-36%), opiates (-8%) and NSAIDs, anti-epileptics/barbiturates (-6%) and other analgesics (-5%) were also recorded.

In 2019, there was an increase in the number of self-harm presentations to hospital involving street drugs by 17% (from 742 to 870). Since 2007, the rate per 100,000 of intentional drug overdose involving street drugs has increased by 79% (from 9.9 to 17.8 per 100,000). The male rate has increased by 78% (from 14.6 to 25.8 per 100,000) while the female rate has increased by 84% (from 5.3 to 9.7 per 100,000) (See Figure 9).

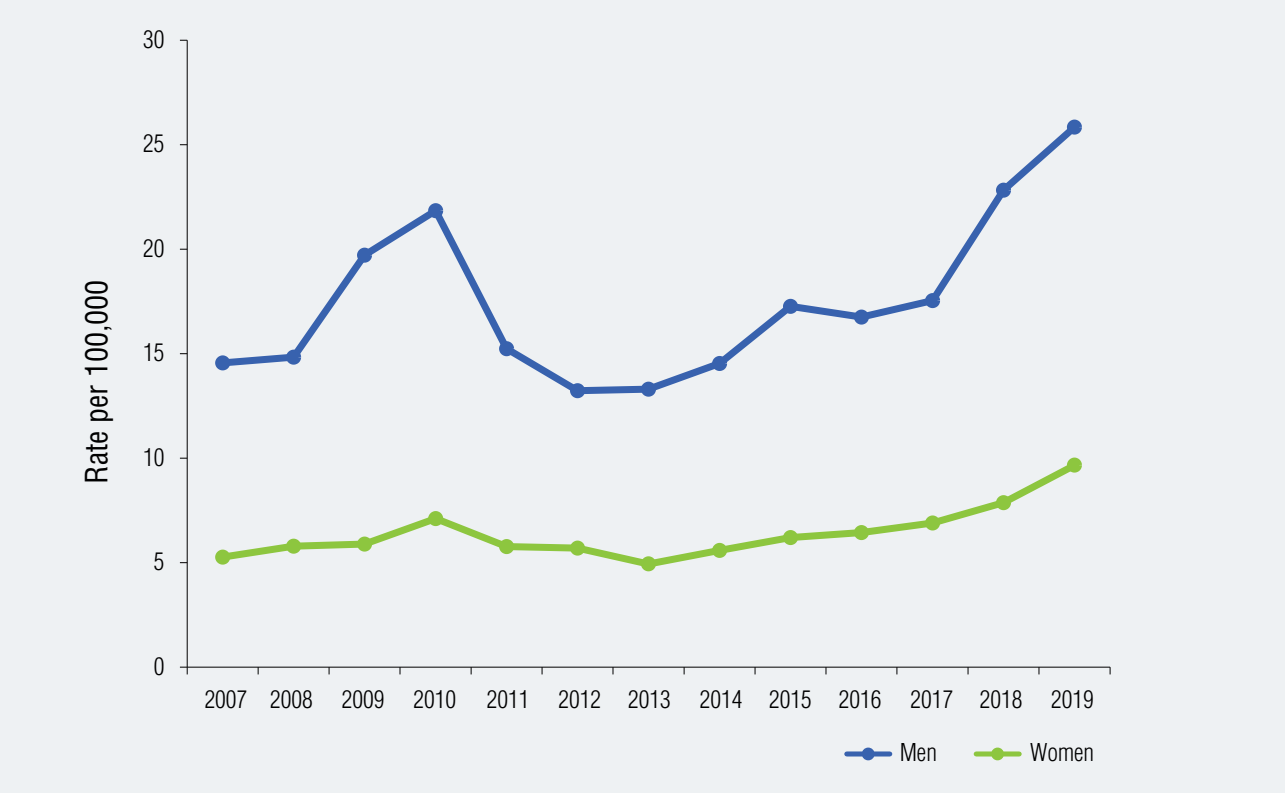


Figure 9: Trends in rate of street drugs involved in intentional overdose by gender, 2007-2019.

Cocaine and cannabis were the most common street drugs recorded by the Registry in 2019, present in 7% and 3% of overdose acts, respectively. Cocaine was most common among men, involved in 19% of overdose acts by 25-34 year-olds. Cannabis was most common among men aged 15-24 year-olds – present in 10% of overdose acts.

Recommended next care

In relation to recommended next care for individuals who presented to hospital with self-harm in 2019, for 13% of presentations, the patient left the emergency department before a next care recommendation could be made. Following treatment in the emergency department, inpatient admission was the next stage of care recommended for 31% of cases, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Of all self-harm cases, 24% resulted in admission to a ward of the treating hospital whereas 7% were admitted for psychiatric inpatient treatment from the emergency department. It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, direct psychiatric admission figures provided here may be underestimated. In addition, some of the patients admitted to a general hospital ward will subsequently be admitted as psychiatric inpatients. In fewer than 1% of cases, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. Most commonly, 55% of cases were discharged following treatment in the emergency department.

Next care recommendations in 2019 were broadly similar for men and women. Men more often left the emergency department before a recommendation was made (15% vs. 12%). Women were more often admitted to a general ward of the treating hospital than men (27% vs. 20%).

The recommendations for next care varied according to the method of self-harm (Table 5). Approximately 32% of cases involving drug overdose and 27% of cases involving self-poisoning were admitted for general inpatient care. For other methods of self-harm, general inpatient care was recommended for 10.1% - 21.3% of presentations. The next care following self-cutting (12.1% general admission) may be a reflection of the superficial nature of the injuries sustained in some cases. Of those cases where the patient used cutting as a method of self-harm, 66% were discharged after receiving treatment in the emergency department. Highly lethal methods were associated with a higher proportion of cases admitted for psychiatric inpatient care directly from the emergency department (15% for attempted hanging and 14% for drowning, respectively).

	Overdose (n=7,763)	Alcohol (n=3,886)	Poisoning (n=217)	Hanging (n=1,029)	Drowning (n=483)	Cutting (n=3,651)	Other (n=876)	All (n=12,465)
General admission	31.9%	21.3%	27.2%	14.5%	10.1%	12.1%	12.7%	24.2%
Psychiatric admission	5.3%	4.2%	8.3%	14.8%	13.7%	5.6%	11.5%	6.6%
Patient would not allow admission	0.5%	0.7%	1.4%	1.5%	0.8%	0.4%	0.6%	0.6%
Left before recommendation	13.0%	18.3%	13.4%	8.7%	13.9%	15.6%	11.5%	13.3%
Discharged from emergency department	49.3%	55.4%	49.8%	60.5%	61.5%	66.2%	63.7%	55.4%

Table 5: Recommended next care by methods of self-harm in 2019.

Recommendations for next care varied significantly by HSE Hospital Group (Table 6). The proportion of self-harm patients who left before a recommendation was made varied from 1% in the Children's Hospital Group to 19% in the RCSI Hospital Group. Across the hospital groups, inpatient care (irrespective of type and whether patient refused) was recommended for 14% of the patients treated in the University of Limerick, 29% in the Ireland East, 30% in the Dublin Midlands, 32% in the RCSI, 33% in the South/ South West, 36% in the Saolta University, and 61% in the Children's Hospital Groups. As a corollary to this, the proportion of cases discharged following emergency treatment ranged from a low of 39% in the Children's Hospital Group to a high of 74% in the University of Limerick Hospital Group. The balance of general and psychiatric admissions directly after treatment in the emergency department differed significantly by hospital group. Direct general admissions were more common than direct psychiatric admissions in all hospital groups.

	Ireland East Hospital Group	Dublin Midlands Hospital Group	RCSI Hospital Group	South/ South West Hospital Group	University of Limerick Hospital Group	Saolta University Health Care Group	Children's Hospital Group	Republic of Ireland
	(n=2,793)	(n=2,288)	(n=1,900)	(n=2,487)	(n=943)	(n=1,690)	(n=364)	(n=12,465)
General admission	24.8%	23.5%	25.3%	24.4%	8.2%	23.4%	60.2%	24.2%
Psychiatric admission	4.0%	6.0%	6.7%	7.8%	5.7%	11.5%	0.3%	6.6%
Patient would not allow admission	0.6%	0.7%	0.4%	0.5%	0.0%	1.5%	0.0%	0.6%
Left before recommendation	13.5%	15.4%	18.9%	10.5%	11.9%	11.0%	0.5%	13.3%
Discharged from emergency department	57.1%	54.4%	48.6%	56.8%	74.2%	52.7%	39.0%	55.4%

Table 6: Recommended next care in 2019 by HSE Hospital Group.

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in this table may be underestimates.

In 2019, 13% of patients left the emergency department before a recommendation could be made. The funnel plot in Figure 10 illustrates the variation across hospitals for the proportion of presentations in which the patient left without being seen. For most hospitals, the proportion was similar to the national rate of 13%. However, there were ten hospitals falling outside of the dashed lines, which indicates that their rate is different to the national rate. There is evidence of an association with the location of a hospital, with the proportion of patients leaving before recommendation higher in inner city hospital emergency departments.

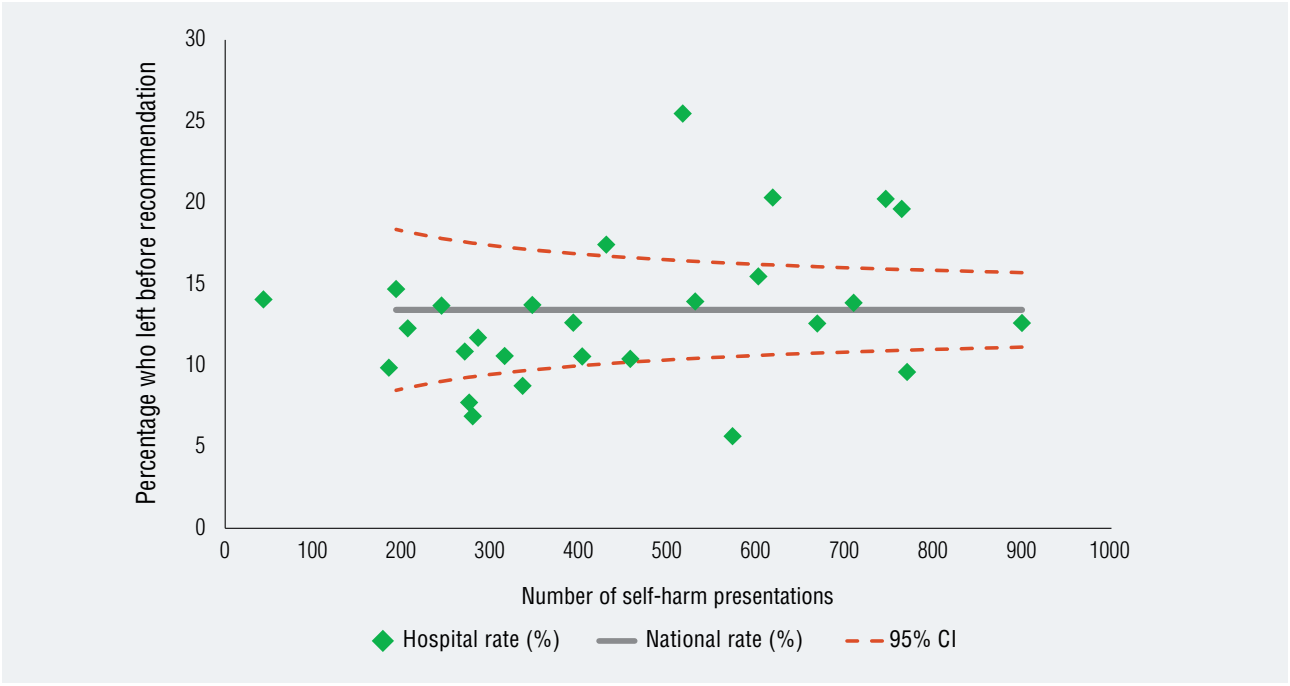


Figure 10: Funnel plot of the proportion of presentations in which the patient leaves before recommendation, by hospital, 2019.

Note: Due to small numbers, data for Local Injury Units and Children's Hospitals have been excluded.

The recommended next care for self-harm patients according to hospital is included in Appendices 2A-2G. Within each hospital group, there were significant differences between the hospitals in their pattern of next care recommendations.

Self-harm cases discharged from emergency department

Information on follow-on care or referrals offered was recorded for patients discharged from the emergency department following treatment (n=6,905) (see Figure 11).

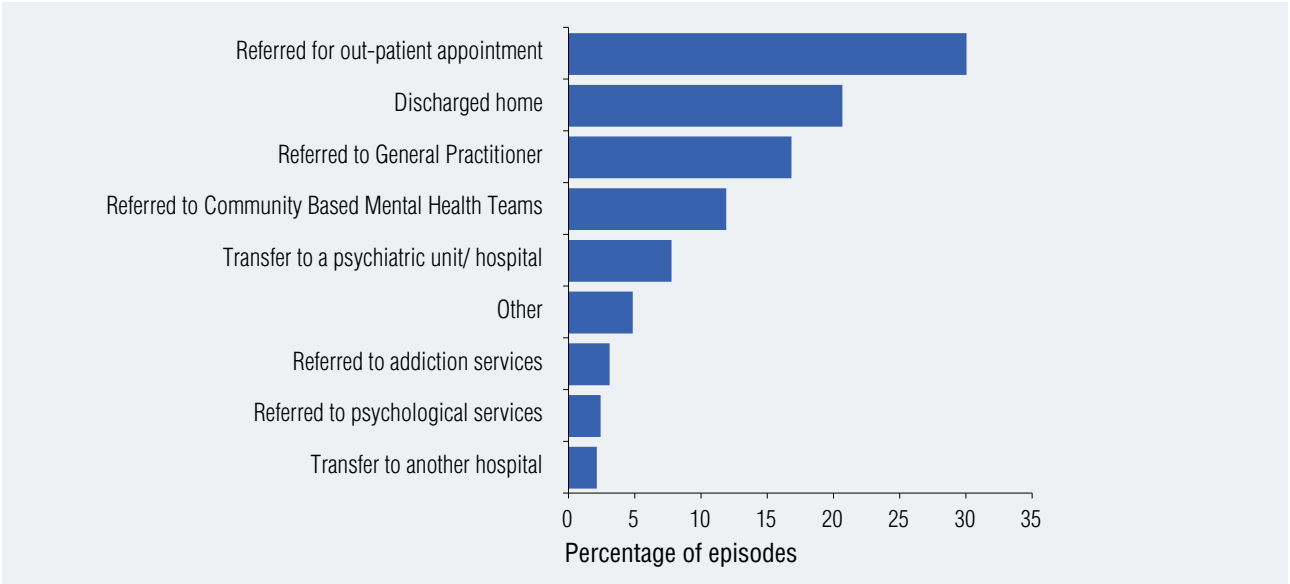


Figure 11: : Referral of self-harm patients in 2019 following discharge from the emergency department.

- In 30% of episodes, an out-patient appointment was recommended as a next care step for the patient.
- A recommendation to attend their general practitioner for a follow-up appointment was given to 17% of discharged patients.
- Of those not admitted to the presenting hospital, 10% were transferred to another hospital for treatment (8% for psychiatric treatment and 2% for medical treatment).
- Other services (e.g. psychological services, community-based mental health teams and addiction services) were recommended in 17% of episodes.
- In approximately one in five episodes (21%), patients were discharged home from the emergency department without a referral.

Referrals offered to self-harm patients following discharge from the emergency department varied according to HSE hospital group with 62% of patients in the University of Limerick Hospital Group referred for an out-patient appointment compared with 14% in RCSI Hospital Group. Referrals to community-based mental health teams were highest in the Children's Hospital Group (73%) with referrals to general practitioners highest in the RCSI Hospital Group (25%).

Mental health assessment

Information was recorded about whether the patient had a mental health assessment in the presenting hospital in 94% of cases. Of those known, patients were assessed by a member of the mental health team in 72% (n=8,435) of cases (74% for women, 71% for men). Assessment was most common following attempted hanging (81%) and attempted drowning (78%). Those who presented with self-cutting or with alcohol taken were less likely to receive an assessment (68% and 69% respectively). A minority of patients (4%) refused a mental health assessment at the time of presentation (n=465).

More than three-quarters (83%) of those not admitted to the presenting hospital received a mental health assessment prior to discharge. In contrast, only 10% of patients who left before recommendation received an assessment.

Provision of a mental health assessment varied according to whether the self-harm presentation was a repeat presentation or not. In 2019, almost three-quarters (73%) of first presentations of self-harm were assessed, compared with 63% of those with 5 or more presentations.

The funnel plot in Figure 12 illustrates the variation by hospital in the proportion of presentations that received a mental health assessment. The majority of hospitals (n=16) fall outside of the dashed lines indicating that their rate is different to that nationally.

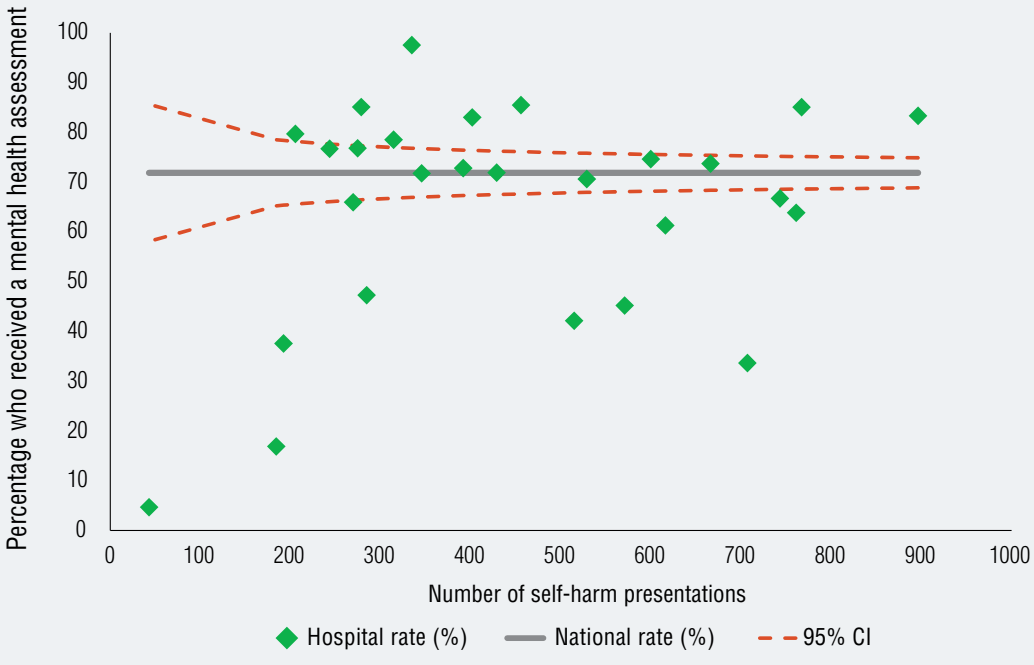


Figure 12: Funnel plot of the proportion of presentations that receive a mental health assessment, by hospital, 2019.
Note: Due to small numbers, data for Local Injury Units and Children's Hospitals have been excluded.

Repetition of self-harm

There were 9,705 individuals who presented to hospital with 12,465 self-harm episodes in 2019. This implies that more than one in five (2,760, 22.1%) of the presentations in 2019 were due to repeat acts, which is similar to recent years. Of the 9,705 self-harm patients who presented to hospital, 1,455 (15.0%) made at least one repeat presentation to hospital during the calendar year. This proportion is within the range reported for the years 2014-2018 (14.5-15.0%). At least five self-harm presentations were made by 150 individuals. These patients accounted for just 1.5% of all self-harm patients in the year but their presentations represented 9.6% (n=1,199) of all self-harm presentations recorded in 2019.

The rate of repetition varied according to the method of self-harm involved in the self-harm act (Table 7).

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	All
Number of individuals who presented	6,214	3,093	168	809	404	2,573	659	9,705
Number who repeated	858	468	19	122	52	519	84	1,455
Percentage who repeated	13.8%	15.1%	11.3%	15.1%	12.9%	20.2%	12.7%	15.0%

Table 7: Number and percentage of individuals who made a repeat self-harm presentation in 2019 by method of self-harm.

Of the most common methods of self-harm, self-cutting was associated with an increased level of repetition. One in five individuals (20.2%) who used cutting as a method of self-harm in their index act made at least one subsequent self-harm presentation in the calendar year.

The rate of repetition nationally was broadly similar in men and women (15.5% vs. 14.6%). Repetition varied significantly by age however. The proportion of individuals who repeated was highest among 25-34 year olds at 16.8%. Approximately 14% of self-harm patients aged less than 20 years re-presented with self-harm.

There was little variation in repetition rates when examined by HSE hospital group (Table 8). The lowest rate was among self-harm patients presenting in the Saolta University Health Care Group (13.1%) while the highest was in the Ireland East Hospital Group (17.5%). Rates of repetition ranged from 14.8% - 16.3% across the other groups.

		Ireland East Hospital Group	Dublin Midlands Hospital Group	RCSI Hospital Group	South/ South West Hospital Group	University of Limerick Hospital Group	Saolta University Health Care Group	Children's Hospital Group	Republic of Ireland
Number of individuals who presented	Men	979	864	695	946	312	620	71	4,365
	Women	1,148	973	891	1,044	430	751	233	5,340
	TOTAL	2,127	1,837	1,586	1,990	742	1,371	304	9,705
Number who repeated	Men	178	142	123	154	44	79	7	678
	Women	195	150	112	161	77	101	39	777
	TOTAL	373	292	235	315	121	180	46	1,455
Percentage who repeated	Men	18.2%	16.4%	17.7%	16.3%	14.1%	12.7%	9.9%	15.5%
	Women	17.0%	15.4%	12.6%	15.4%	17.9%	13.4%	16.7%	14.6%
	TOTAL	17.5%	15.9%	14.8%	15.8%	16.3%	13.1%	15.1%	15.0%

Table 8: Number and percentage of individuals who made a repeat self-harm presentation in 2019 by males and females, and HSE hospital group.

The funnel plot in Figure 13 illustrates the rate of repetition for each hospital. The average rate of repetition nationally was 15.0%. For the majority of hospitals, the rate of repetition was similar to the national rate, suggesting little variation in the rate of repetition across hospitals.

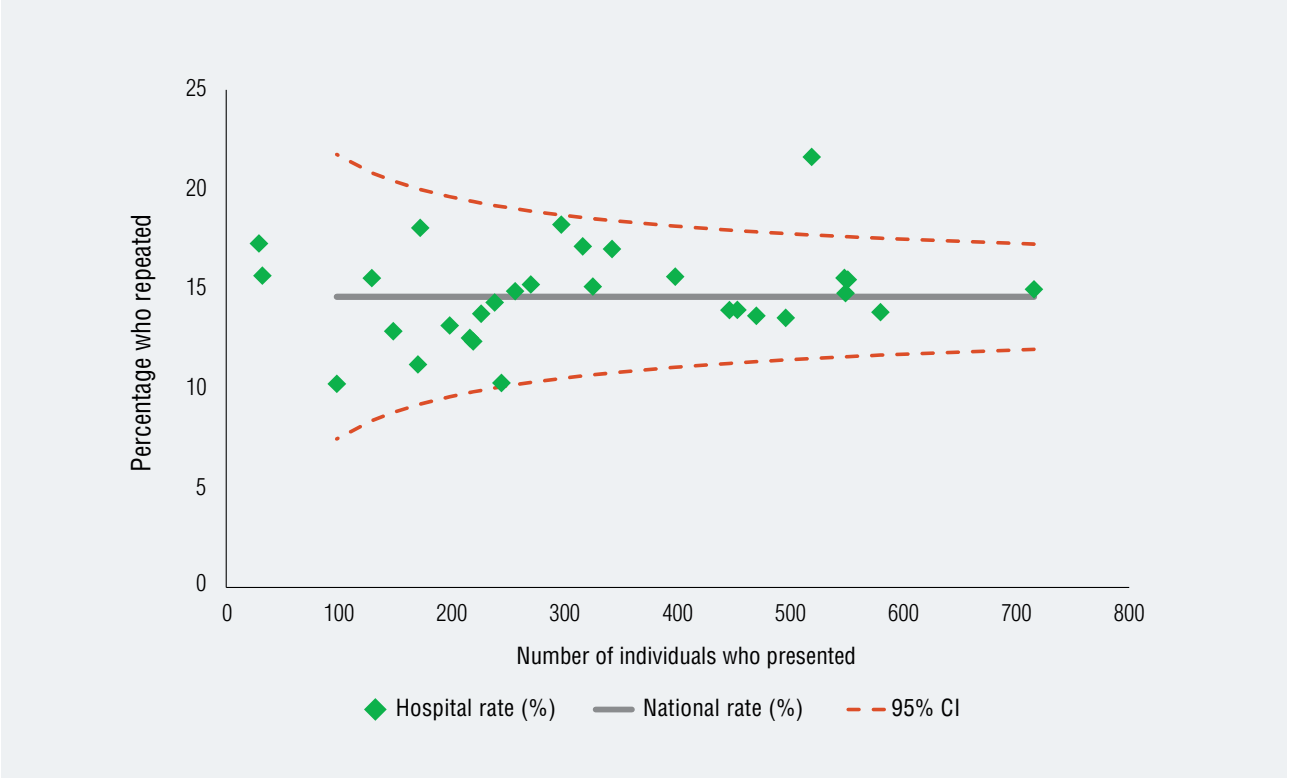


Figure 13: Funnel plot of the rate of repetition according to hospital, 2019.
Note: Due to small numbers, data for Local Injury Units have been excluded.

The repetition rate by hospital for males, females and all patients who presented to hospital with self-harm are detailed in Appendices 3A – 3G. Caution should be taken in interpreting the repetition rates associated with smaller hospitals as the calculations may be based on a small number of patients.

SECTION II:
Incidence Rates

For the period from 1 January to 31 December 2019, the Registry recorded 12,465 self-harm presentations to hospital that were made by 9,705 individuals. Based on these data, the Irish person-based crude and age-standardised rate of self-harm in 2019 was 197 (95% CI: 193 to 201) and 206 (95% CI: 202 to 210) per 100,000, respectively. There was a 2% decrease in the age-standardised rate in 2019, which accounts for the changing age distribution of the population, from 2018 (210 per 100,000).

	MEN		WOMEN		ALL	
YEAR	Rate	% difference	Rate	% difference	Rate	% difference
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%
2010	211	+7%	236	+6%	223	+7%
2011	205	-3%	226	-4%	215	-4%
2012	195	-5%	228	+1%	211	-2%
2013	182	-7%	217	-5%	199	-6%
2014	185	+2%	216	-<1%	200	+1%
2015	186	+1%	222	+3%	204	+2%
2016	184	-1%	228	+3%	205	+<1%
2017	181	-2%	219	-4%	199	-3%
2018	193	+7%	229	+5%	210	+6%
2019	187	-3%	226	-1%	206	-2%

Table 9: Person-based age-standardised rate of self-harm in the Republic of Ireland in 2002-2019 (extrapolated data used for 2002-2005 to adjust for non-participating hospitals).

The rate in 2019 was 8% lower than the peak rate of 223 per 100,000 reported for 2010. However, the rate in 2019 was still 10% higher than in 2007, the year before the economic recession. Figure 14 presents the age-standardised rates of self-harm in the Republic of Ireland for men and women from 2002–2019.

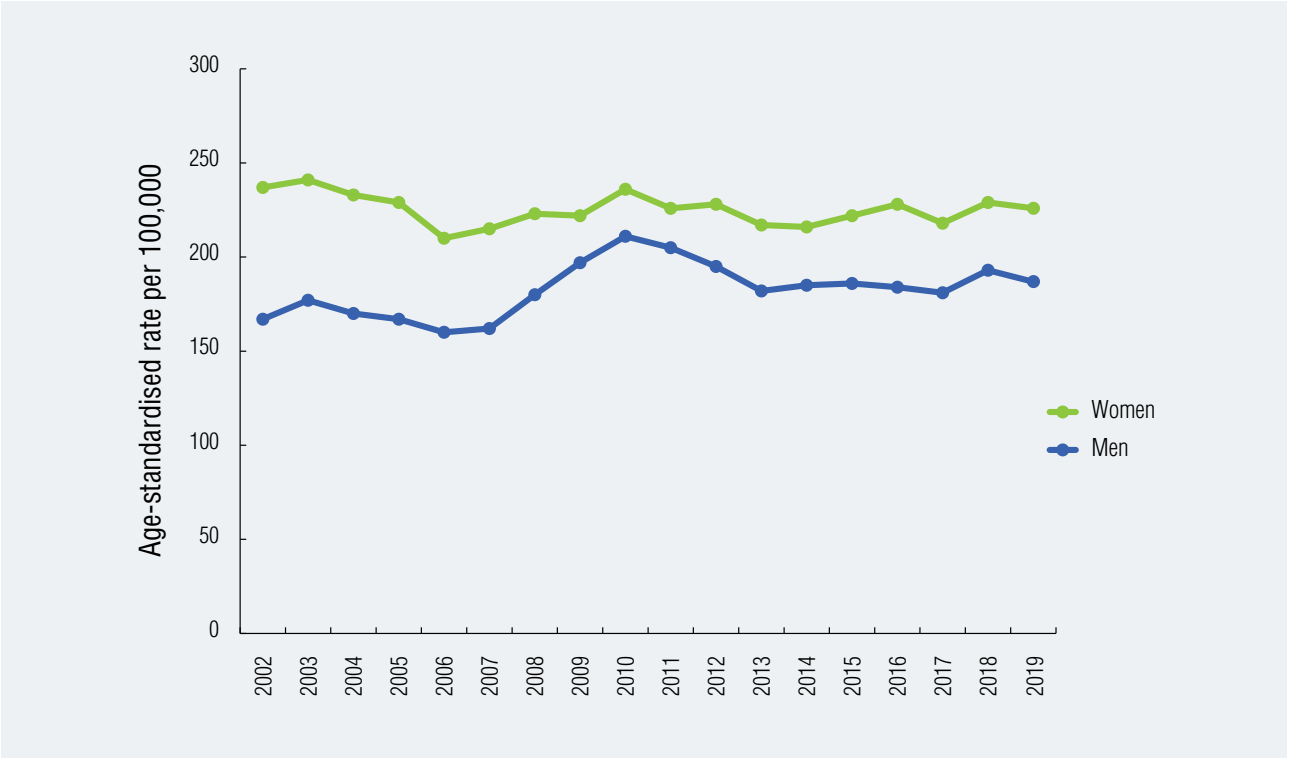


Figure 14: Person-based age-standardised rate of self-harm in the Republic of Ireland by men and women, 2002-2019.

Population figures, and the number and rate of persons who presented to hospital following self-harm in 2019 are given by men and women and by age group in Appendix 4.

Variation by gender and age

The person-based age-standardised rate of self-harm for men and women in 2019 was 187 (95% CI: 181-192) and 226 (95% CI: 220-232) per 100,000, respectively. Thus, there was a 3% decrease in the male rate of self-harm from 2018, while the female rate decreased by 1%. Taking recent years into account, the male self-harm rate in 2019 was 15% higher than in 2007 whereas the female rate was 5% higher.

The female rate of self-harm in 2019 was 21% higher than the male rate. This gender difference has been decreasing in recent years. The female rate was 37% higher in 2004-2005, 32-33% higher in 2006-2007, and 10-24% higher than the male rate in 2008-2018.

There was a striking pattern in the incidence of self-harm when examined by age. The rate was highest among the young (see Figure 15). At 726 per 100,000, the peak rate for women was among 15-19 year olds. This rate implies that one in every 138 girls in this age group presented to hospital in 2019 as a consequence of self-harm. The peak rate for men was 485 per 100,000 among 20-24 year olds or one in every 206 men. The incidence of self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as the rates were relatively similar across the 30 to 49 years age range (222 – 263 per 100,000 in the relevant 5 year age bands).

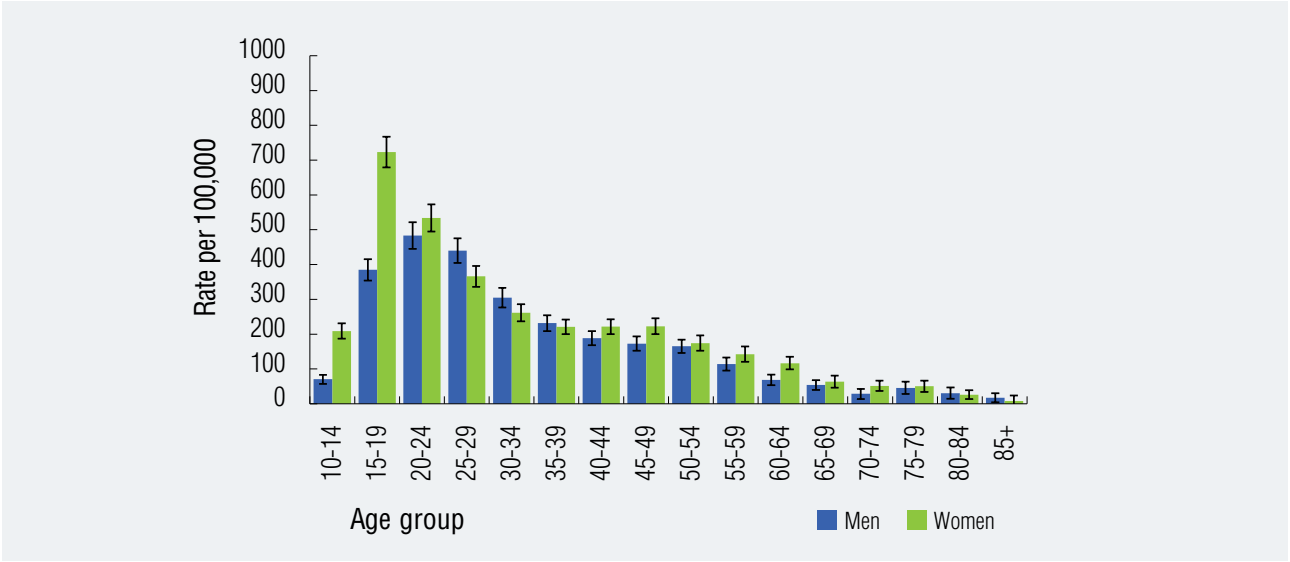


Figure 15: Person-based rate of self-harm in the Republic of Ireland in 2019 by age and men and women.

Gender differences in the incidence of self-harm varied with age. The female rate was three times the male rate in 10-14 year-olds (210 vs. 71 per 100,000) and almost twice as high in 15-19 year-olds (726 vs. 386 per 100,000), respectively. The female rate of self-harm was again higher than the male rate across the 40-79 years age range. However, the male rate was 20% higher than the female rate in 25-29 year olds (442 vs. 368 per 100,000) and 16% higher in 30-34 year olds (306 vs. 263 per 100,000). Since 2009, the Registry has recorded a significantly higher rate of self-harm in men aged 25-29 years compared to women of that age.

In 2019, the rate of self-harm among 10-24 year olds decreased by 5% for males (from 320 to 304 per 100,000) and 2% for females (496 to 485 per 100,000).

Self-harm was rare in 10-14 year olds. However, the incidence of self-harm increased rapidly over a short age range. This is illustrated in greater detail in Figure 16.

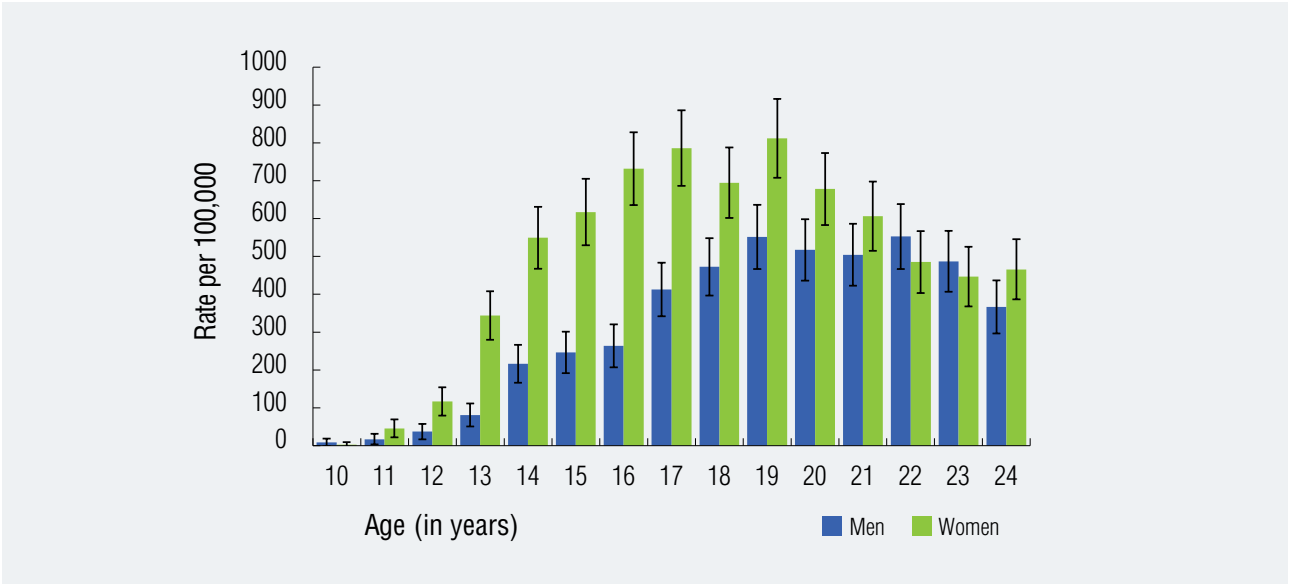


Figure 16: Person-based rate of self-harm for men and women in the Republic of Ireland in 2019 by single year of age for 10-24 year olds.

In 11-21 year olds, the female rate of self-harm was significantly higher than the male rate. In particular, the female rate for 13-year olds was four times that of males (343 vs 81 per 100,000). The increases in the female rate in early teenage years were particularly striking, whereby the rate increased threefold between the ages of 12 and 13 years (from 117 to 343 per 100,000). The peak rates among younger people were in 19 year old females and 22 year old men, with rates of 811 and 552 per 100,000, respectively.

Self-harm by region

Rates by city and county

There was widespread variation in the male and female self-harm rate when examined by city/ county of residence. The age standardised rate of self-harm by city/ county of residence is presented in descending order for males and females in figures 17a and 17b respectively.

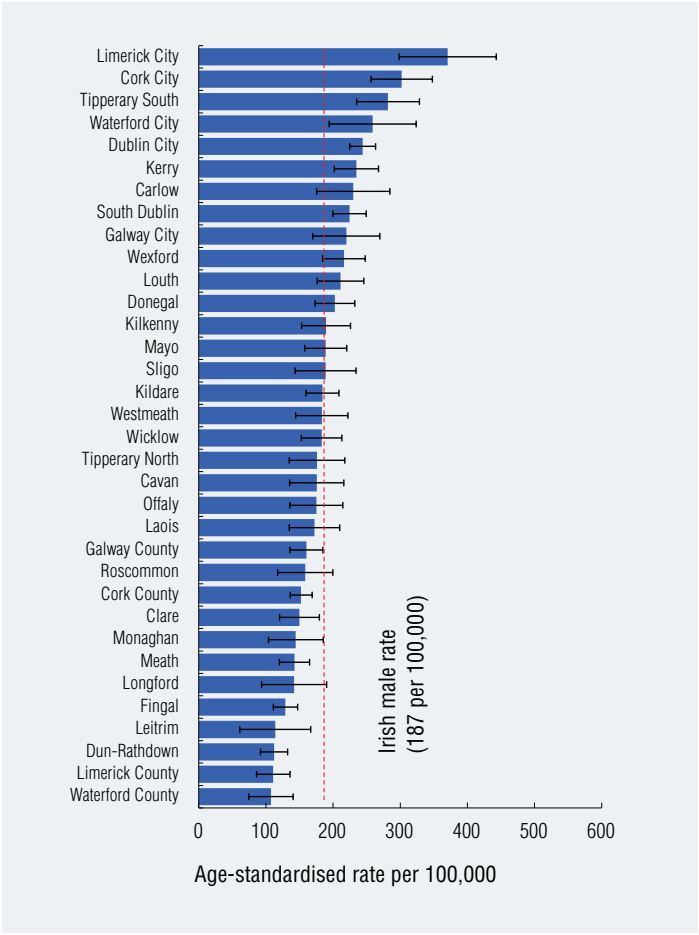


Figure 17a: Person-based age-standardised rate (ASR) of self-harm in the Republic of Ireland in 2019 by city/county of residence for men.

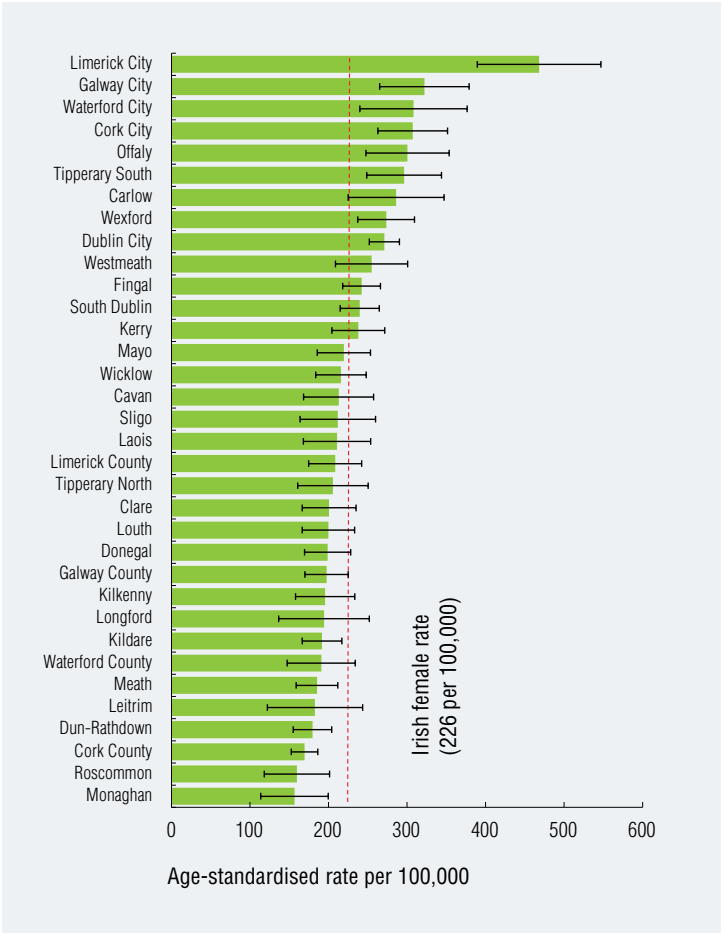


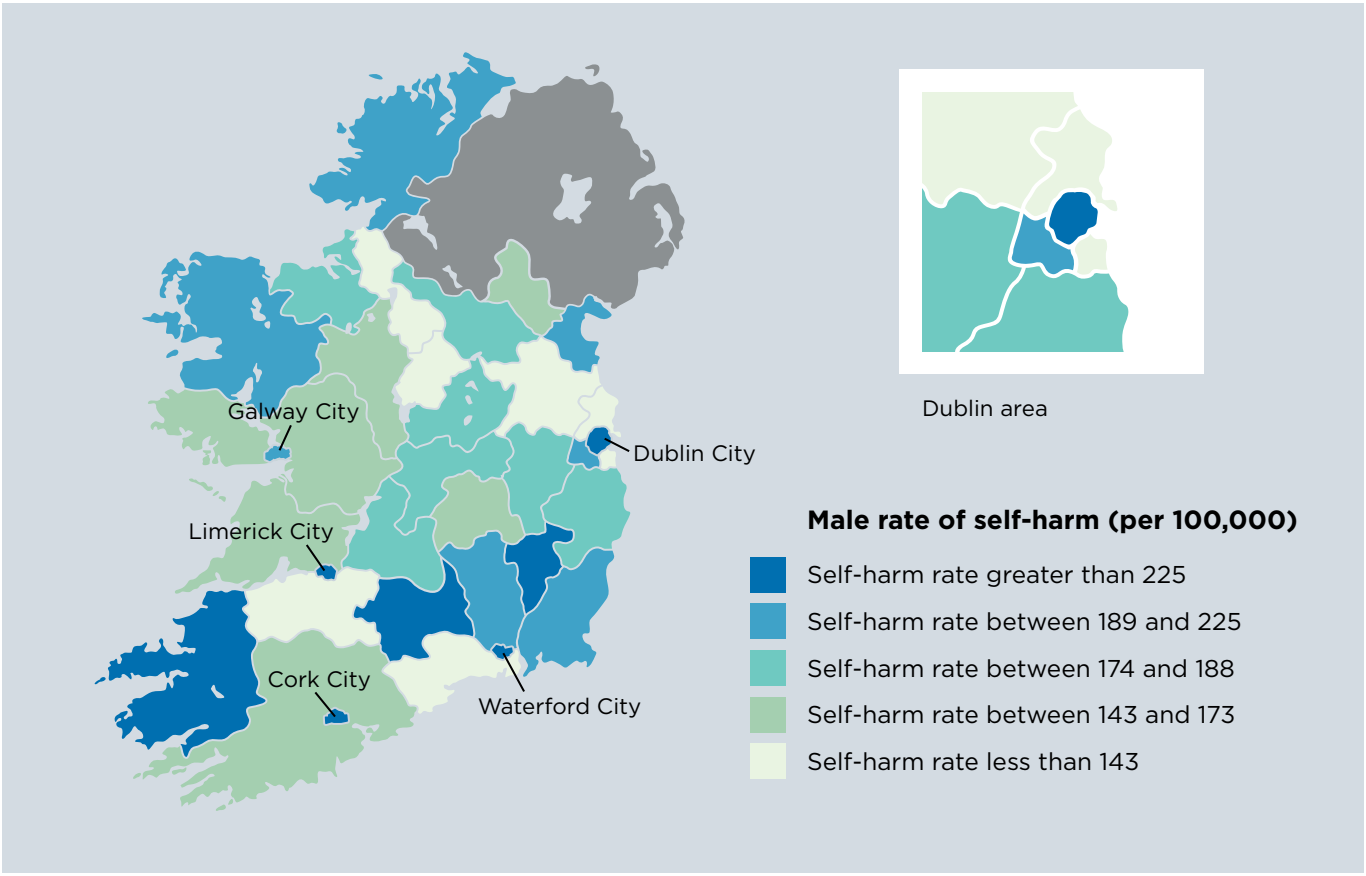
Figure 17b: Person-based age-standardised rate (ASR) of self-harm in the Republic of Ireland in 2019 by city/county of residence for women.

The male rate varied from 107 per 100,000 for Waterford County to 370 per 100,000 for Limerick City. The lowest female rates were recorded for Monaghan (156 per 100,000) with the highest rates recorded for Limerick City residents at 468 per 100,000. In 2019, the highest rates for males and females were seen in Limerick City (370 and 468 per 100,000, respectively), where the rates for both males and females were approximately twice that of their respective national rates. High rates were also seen for males and females in Cork City (302 and 307 per 100,000, respectively).

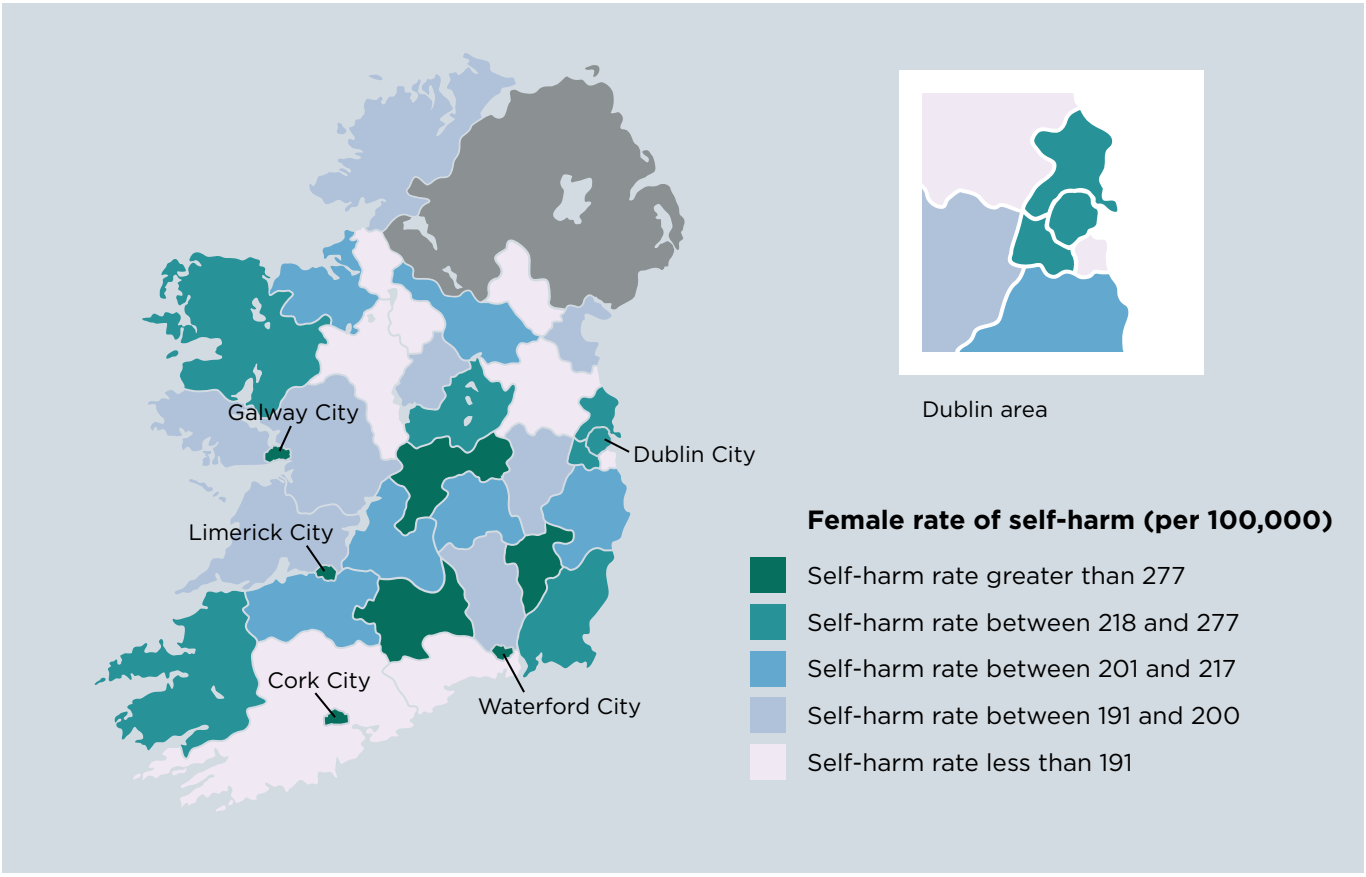
In addition to all city residents, other regions with male rates above the national rate (187 per 100,000) were Tipperary South, Kerry, Carlow, South Dublin, Wexford, Louth, Donegal, Kilkenny, Mayo and Sligo. For females, as well as all city residents, other regions with rates above the national female rate (226 per 100,000) were Offaly, Tipperary South, Carlow, Wexford, Westmeath, Fingal, South Dublin and Kerry.

At a national level, the female self-harm rate exceeded the male rate by 21%. The magnitude of this gender difference varied by city/county. The female rate far exceeded the male rate in Fingal (+88%), Limerick County (+88%), Waterford County (77%), Offaly (+72%), Leitrim (+60%) and Dun Laoghaire-Rathdown (+60%). The opposite pattern of a lower female rate was observed only in Louth (-5%) and Donegal (-2%).

Maps 1 and 2 on the following page illustrate the variation in the male and female incidence of hospital-presenting self-harm by city/ county of residence.



MAP 1:
Person-based age-standardised rate of self-harm in the Republic of Ireland in 2019 by city/ county of residence for men.



MAP 2:
Person-based age-standardised rate of self-harm in the Republic of Ireland in 2019 by city/ county of residence for women.

Compared to 2018, significant increases in the female rate of self-harm were observed in Offaly (+48%), Waterford County (+25%), Cavan (+24%) and Fingal (+20%) with a significant decrease observed in Leitrim (-25%). For men, significant increases were observed in Westmeath (+35%), Roscommon (+33%) and Wexford (+25%) with significant decreases observed in Cork city (-26%) and Waterford County (-25%).

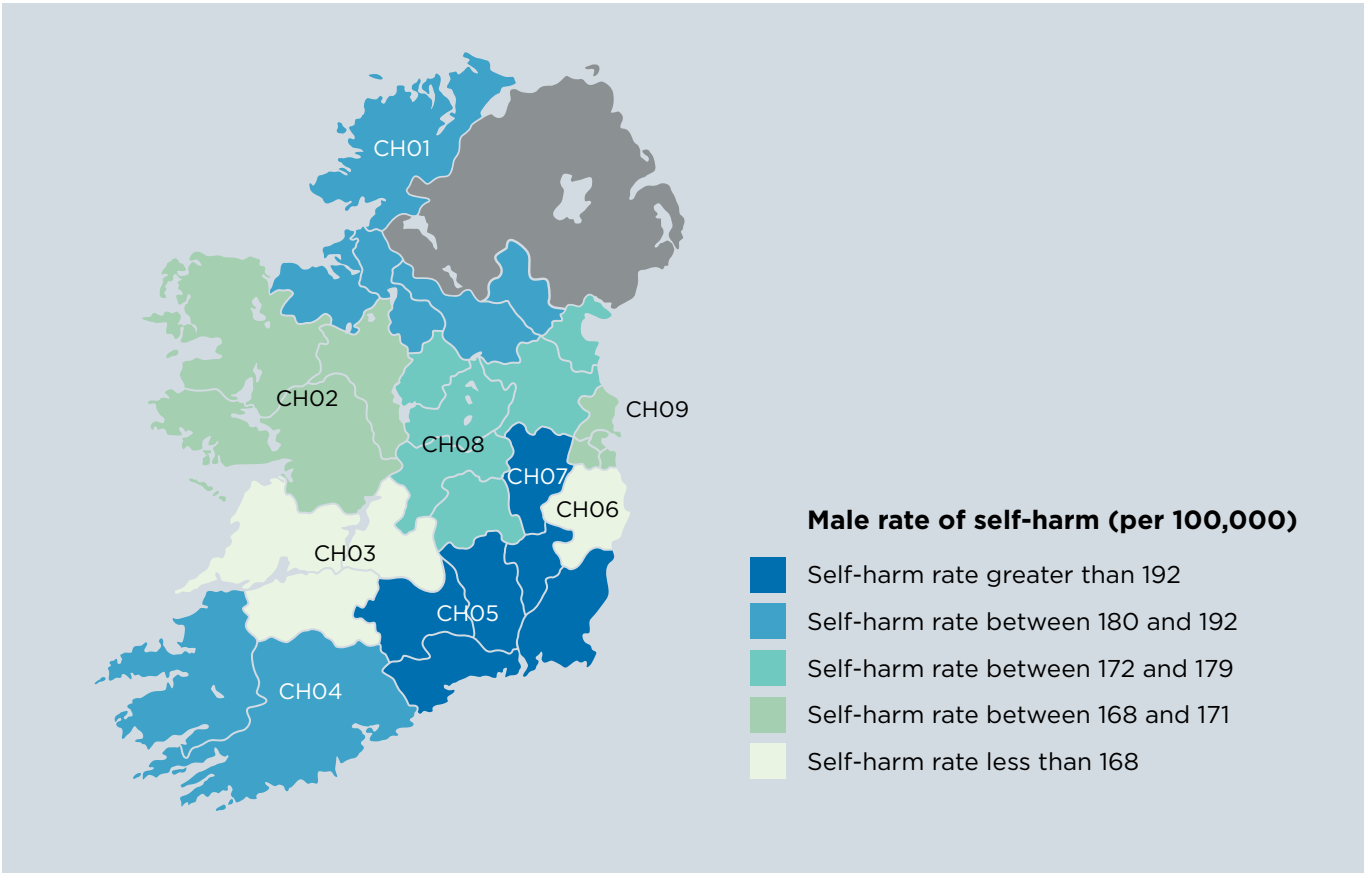
Rates by HSE Community Healthcare Organisation (CHO)

In 2019, the incidence of self-harm was highest in CHO Area 5 (South Tipperary, Carlow/Kilkenny, Waterford, Wexford) at 244 per 100,000, and lowest in CHO Area 6 (Wicklow, Dun Laoghaire and Dublin South East) at 154 per 100,000. The male rate of self-harm varied from 125 per 100,000 in CHO Area 6 to 224 per 100,000 in CHO Area 5. The female rate of self-harm varied from 183 per 100,000 in CHO Area 6 to 266 per 100,000 in CHO Area 5.

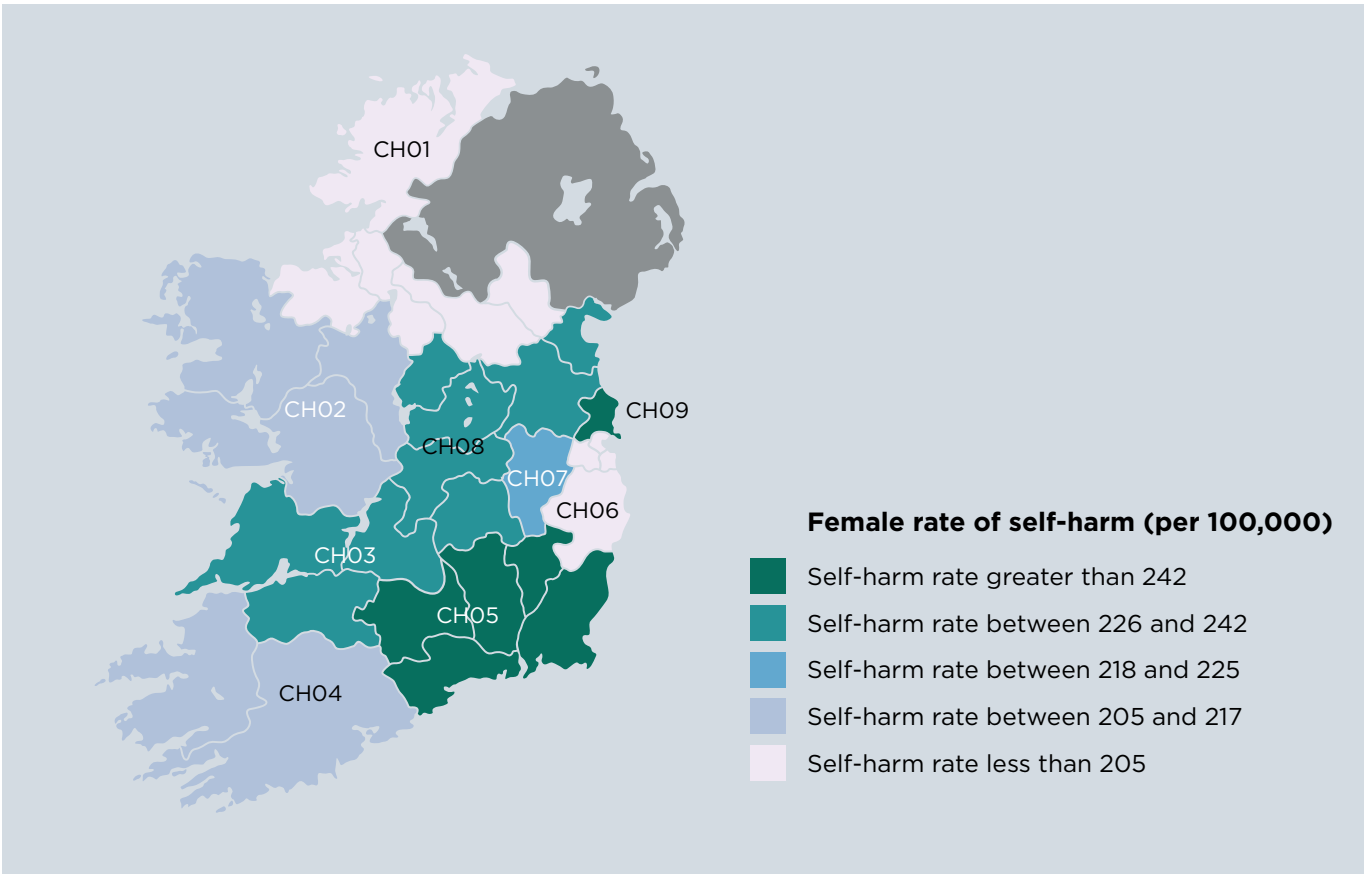
	Men				Women				All			
	Population	Persons	Rate	95% CI	Population	Persons	Rate	95% CI	Population	Persons	Rate	95% CI
CHO Area 1	196,647	315	182	(+/-18)	197,686	351	200	(+/-19)	394,333	666	190	(+/-13)
CHO Area 2	225,087	348	168	(+/-17)	228,022	455	217	(+/-19)	453,109	803	192	(+/-13)
CHO Area 3	191,641	303	167	(+/-18)	193,357	417	233	(+/-21)	384,998	720	199	(+/-14)
CHO Area 4	341,730	613	189	(+/-14)	348,845	681	209	(+/-15)	690,575	1,294	198	(+/-10)
CHO Area 5	253,523	502	224	(+/-18)	256,810	617	266	(+/-19)	510,333	1,119	244	(+/-13)
CHO Area 6	187,477	232	125	(+/-16)	200,684	348	183	(+/-19)	388,161	580	154	(+/-12)
CHO Area 7	346,715	691	197	(+/-15)	356,007	787	224	(+/-16)	702,722	1,478	210	(+/-11)
CHO Area 8	306,727	486	174	(+/-14)	309,502	658	227	(+/-17)	616,229	1,144	200	(+/-11)
CHO Area 9	304,881	531	172	(+/-15)	316,524	770	255	(+/-18)	621,405	1,301	213	(+/-12)

Table 10: Person-based age-standardised rate of self-harm in the Republic of Ireland in 2019 for men and women by HSE Community Healthcare Organisation (CHO) area of residence.

Maps 3 and 4 on the following page illustrate the variation in the male and female incidence of hospital-presenting self-harm by HSE Community Healthcare Organisation (CHO).



MAP 3:
Person-based age-standardised rate of self-harm in the Republic of Ireland in 2019 by HSE Community Healthcare Organisation (CHO) for men.



MAP 4:
Person-based age-standardised rate of self-harm in the Republic of Ireland in 2019 by HSE Community Healthcare Organisation (CHO) for women.

Rates by HSE Local Health Office (LHO)

For 2019, Table 11 details the population, the number of men and women who presented to hospital as a result of self-harm, and the age-standardised incidence rate for each LHO area. The rate for men ranged from 73 per 100,000 in Dublin South East to 285 per 100,000 in South Tipperary, and for women ranged from 138 per 100,000 in Dublin South East to 300 per 100,000 in Limerick.

CHO and LHO Region		MEN				WOMEN			
			SELF-HARM				SELF-HARM		
		Population*	Persons	Rate**	Rank	Population*	Persons	Rate**	Rank
CHO AREA 1	Donegal, HSE West	79,022	135	199	9	80,170	139	197	21
	Sligo/Leitrim/West Cavan, HSE West	49,090	76	168	20	49,657	91	209	18
	Cavan/Monaghan, HSE Dublin/North East	68,535	104	173	17	67,859	121	199	20
CHO AREA 2	Galway, HSE West	127,663	204	168	21	130,395	281	227	14
	Roscommon, HSE West	32,377	39	133	30	32,167	47	166	31
	Mayo, HSE West	65,047	105	185	13	65,460	127	226	15
CHO AREA 3	Clare, HSE West	58,785	74	142	27	60,032	96	178	28
	Limerick, HSE West	77,864	155	205	8	78,447	219	300	1
	North Tipperary/East Limerick, HSE West	54,992	74	139	29	54,878	102	193	26
CHO AREA 4	Kerry, HSE South	73,055	148	235	3	74,652	163	241	13
	North Cork, HSE South	46,260	70	164	23	46,466	72	177	29
	Cork-North Lee, HSE South	95,758	215	231	4	96,348	222	243	11
	Cork-South Lee, HSE South	98,048	147	147	26	102,936	184	179	27
	West Cork, HSE South	28,609	33	141	28	28,443	40	171	30
CHO AREA 5	South Tipperary, HSE South	46,979	117	285	1	46,932	118	294	2
	Carlow/Kilkenny, HSE South	67,879	134	219	6	68,204	155	243	12
	Waterford, HSE South	64,943	107	184	14	65,674	145	249	9
	Wexford, HSE South	73,722	144	227	5	76,000	199	285	3
CHO AREA 6	Dun Laoghaire, HSE Dublin/Mid-Leinster	64,842	80	127	31	71,232	132	197	22
	Wicklow, HSE Dublin/Mid-Leinster	60,581	107	198	11	62,810	125	224	16
	Dublin South East, HSE Dublin/Mid-Leinster	62,054	45	73	32	66,642	91	138	32
CHO AREA 7	Dublin South City, HSE Dublin/Mid-Leinster	71,533	119	159	24	73,410	154	194	24
	Dublin South West, HSE Dublin/Mid-Leinster	78,334	214	280	2	82,564	211	273	4
	Dublin West, HSE Dublin/Mid-Leinster	76,727	154	198	10	78,616	194	253	8
	Kildare/West Wicklow, HSE Dublin/Mid-Leinster	120,121	204	182	15	121,417	228	194	25
CHO AREA 8	Louth, HSE Dublin/North East	63,633	129	214	7	65,251	127	206	19
	Meath, HSE Dublin/North East	96,776	130	153	25	98,268	185	197	23
	Laoighis/Offaly, HSE Dublin/Mid-Leinster	81,649	122	169	19	81,009	197	261	7
	Longford/Westmeath, HSE Dublin/Mid-Leinster	64,669	105	175	16	64,974	149	245	10
CHO AREA 9	Dublin North, HSE Dublin/North East	126,283	200	165	22	132,869	330	266	6
	Dublin North Central, HSE Dublin/North East	72,256	126	170	18	73,715	158	217	17
	Dublin North West, HSE Dublin/North East	106,342	205	193	12	109,940	282	269	5

Table 11: Self-harm in 2019 by HSE Community Health Organisation (CHO) and Local Health Office (LHO) area of residence for men and women.

*Population derived by the National Census 2016
**Person-based age-standardised rate per 100,000 population

Appendices

APPENDIX I:

APPENDIX 1: HOSPITAL-PRESENTING EPISODES OF SELF-HARM[1] IN THE REPUBLIC OF IRELAND BY HOSPITAL GROUP, 2019

HOSPITAL GROUP	IRELAND EAST		DUBLIN MIDLANDS		RCSI		SOUTH/ SOUTH WEST		UNIVERSITY OF LIMERICK		SAOLTA UNIVERSITY		CHILDREN'S		REPUBLIC OF IRELAND	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10-14yrs	9	39	0	19	11	32	29	78	7	19	28	51	49	190	133	428
15-19yrs	135	254	173	228	124	217	167	268	43	125	101	243	26	98	769	1,433
20-24yrs	237	215	217	182	140	152	202	214	54	109	118	177	0	0	968	1,049
25-29yrs	203	163	156	167	132	79	183	161	48	59	103	69	0	0	825	698
30-34yrs	172	155	129	127	93	96	108	132	39	42	92	71	0	0	633	623
35-39yrs	151	164	116	110	82	125	142	97	57	46	70	71	0	0	618	613
40-44yrs	100	114	75	129	79	96	98	93	28	72	53	59	0	0	433	563
45-49yrs	80	140	78	101	81	77	82	104	26	39	47	79	0	0	394	540
50-54yrs	80	91	54	49	63	60	52	58	32	29	50	62	0	0	331	349
55-59yrs	50	68	34	44	20	40	55	47	15	12	32	34	0	0	206	245
60-64yrs	32	56	20	28	13	28	18	33	5	12	14	21	0	0	102	178
65-69yrs	17	12	10	16	9	20	15	10	8	6	7	13	0	0	66	77
70-74yrs	<5	21	5	*	<5	10	7	9	<5	<5	6	5	0	0	27	53
75-79yrs	7	12	*	7	7	<5	6	6	<5	<5	*	<5	0	0	31	36
80-84yrs	<5	*	*	*	<5	<5	<5	<5	<5	0	*	<5	0	0	12	13
85yrs+	<5	*	0	0	0	<5	<5	<5	0	0	0	0	0	0	5	<5
Total	1,279	1,511	1,073	1,214	860	1,039	1,171	1,314	367	575	728	961	75	288	5,553	6,902

[1]Presentations of persons aged <10 years are not included in this table to avoid risk of disclosure.
*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1A: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE IRELAND EAST HOSPITAL GROUP, 2019

	MATER MISERICORDIAE UNIVERSITY HOSPITAL		MIDLAND REGIONAL HOSPITAL, MULLINGAR		OUR LADY'S HOSPITAL, NAVAN		ST. COLUMCILLE'S HOSPITAL, LOUGHLINSTOWN		ST. LUKE'S HOSPITAL, KILKENNY		ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE		OTHER		WEXFORD GENERAL HOSPITAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	*	20	0	0	0	0	6	17	<5	<5	*	7	7	22
16-17yrs	6	20	10	*	*	11	0	0	7	9	0	<5	14	41	5	21
18-24yrs	81	75	19	34	19	18	0	0	64	42	<5	6	94	86	35	67
25-34yrs	129	121	31	26	12	12	0	<5	74	48	<5	<5	86	78	40	29
35-44yrs	97	63	18	23	*	57	0	0	20	36	<5	6	96	62	11	31
45-54yrs	56	51	11	40	17	22	0	0	21	19	<5	10	45	57	9	32
55-64yrs	26	18	9	24	7	<5	0	0	*	22	<5	<5	25	40	9	15
65yrs+	6	11	*	*	0	<5	<5	0	*	7	<5	0	*	24	7	5
Total	401	359	107	177	64	128	<5	<5	201	200	13	30	371	395	123	222

*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1B: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2019

	ADELAIDE AND MEATH HOSPITAL, TALLAGHT		MIDLAND REGIONAL HOSPITAL, PORTLAOISE		MIDLAND REGIONAL HOSPITAL, TULLAMORE		NAAS GENERAL HOSPITAL		ST. JAMES'S HOSPITAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	11	21	<5	9	0	0	0	*
16-17yrs	32	47	8	14	5	15	*	11	11	21
18-24yrs	97	88	29	30	13	28	63	58	112	86
25-34yrs	90	51	20	31	15	24	58	56	102	132
35-44yrs	59	67	22	22	10	23	30	68	70	59
45-54yrs	40	38	19	17	9	15	17	36	47	44
55-64yrs	13	25	*	*	<5	8	11	*	19	23
65yrs+	9	9	*	*	<5	5	*	*	5	*
Total	340	325	121	148	57	127	189	239	366	376

*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1C: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE RCSI HOSPITAL GROUP, 2019

	BEAUMONT HOSPITAL		CAVAN GENERAL HOSPITAL		CONNOLLY HOSPITAL, BLANCHARDSTOWN		OUR LADY OF LOURDES HOSPITAL, DROGHEDA	
	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	*	<5	25	0	0	15	20
16-17yrs	23	41	6	12	12	25	12	34
18-24yrs	56	82	31	28	57	79	61	54
25-34yrs	65	64	27	20	71	48	62	43
35-44yrs	53	85	28	18	40	69	40	49
45-54yrs	43	44	11	14	35	51	55	28
55-64yrs	10	22	<5	*	10	19	*	18
65yrs+	12	*	<5	*	5	7	*	12
Total	262	353	113	130	230	298	256	258

*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1D: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE SOUTH/ SOUTH WEST HOSPITAL GROUP, 2019

	BANTRY GENERAL HOSPITAL		CORK UNIVERSITY HOSPITAL		UNIVERSITY HOSPITAL, KERRY		MERCY UNIVERSITY HOSPITAL, CORK		SOUTH TIPPERARY GENERAL HOSPITAL		UNIVERSITY HOSPITAL, WATERFORD	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	13	42	<5	22	11	18	6	15	14	26
16-17yrs	0	<5	18	34	7	22	12	23	10	20	*	28
18-24yrs	<5	6	71	61	46	35	88	87	45	57	46	63
25-34yrs	<5	<5	48	73	55	31	94	92	30	30	60	63
35-44yrs	<5	8	45	43	48	37	88	48	16	25	40	29
45-54yrs	<5	8	33	29	19	30	43	46	14	24	21	25
55-64yrs	<5	<5	21	22	11	16	23	16	7	*	9	*
65yrs+	<5	<5	10	7	<5	7	9	8	6	*	*	*
Total	19	32	259	311	191	200	368	338	134	180	202	253

*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1E: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE UNIVERSITY OF LIMERICK HOSPITAL GROUP, 2019

	ENNIS HOSPITAL		UNIVERSITY HOSPITAL, LIMERICK	
	Male	Female	Male	Female
<16yrs	0	<5	10	41
16-17yrs	0	0	12	46
18-24yrs	<5	31	81	132
25-34yrs	<5	0	86	101
35-44yrs	<5	8	84	110
45-54yrs	0	<5	58	66
55-64yrs	0	0	20	24
65yrs+	0	0	13	11
Total	<5	44	364	531

APPENDIX 1F: HOSPITAL-PRESENTING EPISODES OF SELF-HARM IN THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2019

	GALWAY UNIVERSITY HOSPITAL		LETTERKENNY GENERAL HOSPITAL		MAYO GENERAL HOSPITAL		PORTIUNCULA HOSPITAL, BALLINASLOE		SLIGO REGIONAL HOSPITAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	16	49	5	*	11	17	<5	11	16	10
16-17yrs	9	30	8	20	<5	15	<5	16	6	24
18-24yrs	50	123	47	44	26	33	27	23	17	46
25-34yrs	65	65	41	28	38	21	21	*	30	17
35-44yrs	43	46	28	26	19	24	14	18	19	16
45-54yrs	29	38	18	39	20	19	19	16	11	29
55-64yrs	8	12	7	11	9	14	7	11	15	*
65yrs+	7	9	0	*	<5	6	<5	*	8	*
Total	227	372	154	180	129	149	97	108	122	152

*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

APPENDIX 1G: HOSPITAL-PRESENTING EPISODES OF SELF-HARM BY CHILDREN <16 YEARS IN THE HSE CHILDREN'S HOSPITAL GROUP, 2019

	CHILDREN'S UNIVERSITY HOSPITAL AT TEMPLE STREET		NATIONAL CHILDREN'S HOSPITAL AT TALLAGHT HOSPITAL		OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN	
	Male	Female	Male	Female	Male	Female
<16yrs	36	170	26	87	13	32

APPENDIX II:

APPENDIX 2A: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE IRELAND EAST HOSPITAL GROUP, 2019

	MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. COLUMCILLE'S HOSPITAL, LOUGHLINSTOWN	ST. LUKE'S HOSPITAL, KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
	(n=760)	(n=284)	(n=192)	(n=2)	(n=401)	(n=43)	(n=766)	(n=345)
Admitted (general and psychiatric)	16.7%	38.0%	21.9%	50.0%	54.9%	27.9%	20.8%	39.4%
Patient would not allow admission	1.7%	0.7%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%
Left before recommendation	19.5%	11.6%	14.6%	0.0%	10.5%	14.0%	9.5%	13.6%
Not admitted	62.1%	49.6%	63.5%	50.0%	34.2%	58.1%	69.7%	47.0%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX 2B: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2019

	ADELAIDE AND MEATH HOSPITAL, TALLAGHT	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
	(n=665)	(n=269)	(n=184)	(n=428)	(n=742)
Admitted (general and psychiatric)	29.6%	55.0%	27.2%	24.8%	23.5%
Patient would not allow admission	1.2%	0.4%	0.5%	1.4%	0.0%
Left before recommendation	12.5%	10.8%	9.8%	17.3%	20.1%
Not admitted	56.7%	33.8%	62.5%	56.5%	56.5%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX 2C: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE RCSI HOSPITAL GROUP, 2019

	BEAUMONT HOSPITAL	CAVAN GENERAL HOSPITAL	CONNOLLY HOSPITAL, BLANCHARDSTOWN	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
	(n=615)	(n=243)	(n=528)	(n=514)
Admitted (general and psychiatric)	25.9%	51.9%	32.0%	30.2%
Patient would not allow admission	0.2%	0.0%	0.9%	0.4%
Left before recommendation	20.2%	13.6%	13.8%	25.3%
Not admitted	53.8%	34.6%	53.2%	44.2%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX 2D: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH/SOUTH WEST HOSPITAL GROUP, 2019

	BANTRY GENERAL HOSPITAL	CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL, KERRY	MERCY UNIVERSITY HOSPITAL, CORK	SOUTH TIPPERARY GENERAL HOSPITAL	UNIVERSITY HOSPITAL, WATERFORD
	(n=51)	(n=570)	(n=391)	(n=706)	(n=314)	(n=455)
Admitted (general and psychiatric)	68.6%	46.5%	27.1%	13.6%	53.8%	28.6%
Patient would not allow admission	0.0%	0.0%	0.5%	0.0%	0.6%	1.8%
Left before recommendation	7.8%	5.6%	12.5%	13.7%	10.5%	10.3%
Not admitted	23.5%	47.9%	59.8%	72.7%	35.0%	59.3%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX 2E: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE UNIVERSITY OF LIMERICK HOSPITAL GROUP, 2019

	ENNIS HOSPITAL	UNIVERSITY HOSPITAL, LIMERICK
	(n=48)	(n=895)
Admitted (general and psychiatric)	2.1%	14.5%
Patient would not allow admission	0.0%	0.0%
Left before recommendation	0.0%	12.5%
Not admitted	97.9%	73.0%

APPENDIX 2F: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2019

	GALWAY UNIVERSITY HOSPITAL	LETTERKENNY GENERAL HOSPITAL	MAYO GENERAL HOSPITAL	PORTIUNCULA HOSPITAL, BALLINASLOE	SLIGO REGIONAL HOSPITAL
	(n=599)	(n=334)	(n=278)	(n=205)	(n=274)
Admitted (general and psychiatric)	26.4%	45.8%	34.9%	46.3%	31.4%
Patient would not allow admission	2.0%	0.3%	2.5%	0.5%	1.5%
Left before recommendation	15.4%	8.7%	6.8%	12.2%	7.7%
Not admitted	56.3%	45.2%	55.8%	41.0%	59.5%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX 2G: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE CHILDREN'S HOSPITAL GROUP, 2019

	CHILDREN'S UNIVERSITY HOSPITAL AT TEMPLE STREET	NATIONAL CHILDREN'S HOSPITAL AT TALLAGHT HOSPITAL	OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
	(n=206)	(n=113)	(n=45)
Admitted (general and psychiatric)	46.1%	75.2%	88.9%
Patient would not allow admission	0.0%	0.0%	0.0%
Left before recommendation	1.0%	0.0%	0.0%
Not admitted	52.9%	24.8%	11.1%

Note: It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Appendices 2A-2G may be underestimates.

APPENDIX III:

APPENDIX 3A: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE IRELAND EAST HOSPITAL GROUP, 2019

		MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. COLUMCILLE'S HOSPITAL, LOUGHLINSTOWN	ST. LUKE'S HOSPITAL, KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
Number of individuals who presented	Men	295	100	54	<5	149	13	284	100
	Women	263	134	79	<5	160	21	326	179
	Total	558	234	133	<5	309	34	610	279
Number who repeated	Men	63	11	10	<5	31	<5	48	21
	Women	66	22	11	0	28	<5	46	25
	Total	129	33	21	<5	59	8	94	46
Percentage who repeated	Men	21.4%	11.0%	18.5%	100%	20.8%	30.8%	16.9%	21.0%
	Women	25.1%	16.4%	13.9%	0.0%	17.5%	19.0%	14.1%	14.0%
	Total	23.1%	14.1%	15.8%	50.0%	19.1%	23.5%	15.4%	16.5%

Note: Due to small numbers, data for Local Injury Units are masked to avoid risk of disclosure.

APPENDIX 3B: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2019

		ADELAIDE AND MEATH HOSPITAL, TALLAGHT	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
Number of individuals who presented	Men	290	96	53	158	292
	Women	282	134	104	171	305
	Total	572	230	157	329	597
Number who repeated	Men	49	16	7	28	52
	Women	42	18	14	32	52
	Total	91	34	21	60	104
Percentage who repeated	Men	16.9%	16.7%	13.2%	17.7%	17.8%
	Women	14.9%	13.4%	13.5%	18.7%	17.0%
	Total	15.9%	14.8%	13.4%	18.2%	17.4%

APPENDIX 3C: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE RCSI HOSPITAL GROUP, 2019

		BEAUMONT HOSPITAL	CAVAN GENERAL HOSPITAL	CONNOLLY HOSPITAL, BLANCHARDSTOWN	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
Number of individuals who presented	Men	214	95	197	195
	Women	304	109	268	217
	Total	518	204	465	412
Number who repeated	Men	37	13	36	37
	Women	38	16	32	29
	Total	75	29	68	66
Percentage who repeated	Men	17.3%	13.7%	18.3%	19.0%
	Women	12.5%	14.7%	11.9%	13.4%
	Total	14.5%	14.2%	14.6%	16.0%

APPENDIX 3D: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE SOUTH/ SOUTH WEST HOSPITAL GROUP, 2019

		BANTRY GENERAL HOSPITAL	CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL, KERRY	MERCY UNIVERSITY HOSPITAL, CORK	SOUTH TIPPERARY GENERAL HOSPITAL	UNIVERSITY HOSPITAL, WATERFORD
Number of individuals who presented	Men	17	220	158	296	117	165
	Women	27	259	170	277	132	201
	Total	44	479	328	573	249	366
Number who repeated	Men	*	35	29	54	20	23
	Women	*	40	22	40	21	40
	Total	9	75	51	94	41	63
Percentage who repeated	Men	*	15.9%	18.4%	18.2%	17.1%	13.9%
	Women	*	15.4%	12.9%	14.4%	15.9%	19.9%
	Total	20.5%	15.7%	15.5%	16.4%	16.5%	17.2%

Note: Due to small numbers, data for Local Injury Units are masked to avoid risk of disclosure.

APPENDIX 3E: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE UNIVERSITY OF LIMERICK HOSPITAL GROUP, 2019

		ENNIS HOSPITAL	UNIVERSITY HOSPITAL, LIMERICK
Number of individuals who presented	Men	*	308
	Women	*	427
	Total	14	735
Number who repeated	Men	*	44
	Women	*	73
	Total	8	117
Percentage who repeated	Men	*	14.3%
	Women	*	17.1%
	Total	57.1%	15.9%

Note: Due to small numbers, data for Local Injury Units are masked to avoid risk of disclosure.

APPENDIX 3F: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2019

		GALWAY UNIVERSITY HOSPITAL	LETTERKENNY GENERAL HOSPITAL	MAYO GENERAL HOSPITAL	PORTIUNCULA HOSPITAL, BALLINASLOE	SLIGO REGIONAL HOSPITAL
Number of individuals who presented	Men	201	126	118	80	109
	Women	278	132	132	97	118
	Total	479	258	250	177	227
Number who repeated	Men	20	21	11	17	14
	Women	48	18	17	6	15
	Total	68	39	28	23	29
Percentage who repeated	Men	10.0%	16.7%	9.3%	21.3%	12.8%
	Women	17.3%	13.6%	12.9%	6.2%	12.7%
	Total	14.2%	15.1%	11.2%	13.0%	12.8%

APPENDIX 3G: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS WHO PRESENTED TO THE HSE CHILDREN'S HOSPITALS GROUP, 2019

		CHILDREN'S UNIVERSITY HOSPITAL AT TEMPLE STREET	NATIONAL CHILDREN'S HOSPITAL AT TALLAGHT HOSPITAL	OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
Number of individuals who presented	Men	34	25	12
	Women	139	77	23
	Total	173	102	35
Number who repeated	Men	*	*	*
	Women	*	*	*
	Total	32	11	5
Percentage who repeated	Men	*	*	*
	Women	*	*	*
	Total	18.5%	10.8%	14.3%

Note: Due to small numbers, data for Children's Hospitals are masked to avoid risk of disclosure.

APPENDIX IV:

APPENDIX 4: SELF-HARM BY RESIDENTS OF THE REPUBLIC OF IRELAND, 2019

	MEN				WOMEN			
		SELF-HARM				SELF-HARM		
Age group	Population	Persons	Rate	95% CI[1]	Population	Persons	Rate	95% CI[1]
0-4yrs	161,100	0	0	(+/-0)	154,200	0	0	(+/-0)
5-9yrs	180,200	7	4	(+/-3)	172,000	*	2	(+/-2)
10-14yrs	175,200	124	71	(+/-13)	166,200	349	210	(+/-22)
15-19yrs	162,300	627	386	(+/-31)	157,600	1,144	726	(+/-43)
20-24yrs	151,500	735	485	(+/-36)	146,600	786	536	(+/-38)
25-29yrs	145,300	642	442	(+/-35)	143,900	529	368	(+/-32)
30-34yrs	159,800	489	306	(+/-28)	171,000	449	263	(+/-25)
35-39yrs	192,000	447	233	(+/-22)	205,100	455	222	(+/-21)
40-44yrs	187,400	355	189	(+/-20)	192,500	428	222	(+/-21)
45-49yrs	174,700	304	174	(+/-20)	176,400	395	224	(+/-23)
50-54yrs	154,500	256	166	(+/-21)	156,000	273	175	(+/-21)
55-59yrs	141,100	162	115	(+/-18)	144,800	208	144	(+/-20)
60-64yrs	126,000	87	69	(+/-15)	127,800	150	117	(+/-19)
65-69yrs	108,400	59	54	(+/-14)	110,900	71	64	(+/-15)
70-74yrs	90,800	26	29	(+/-11)	94,100	49	52	(+/-15)
75-79yrs	60,600	28	46	(+/-17)	66,900	34	51	(+/-17)
80-84yrs	38,700	12	31	(+/-18)	48,700	13	27	(+/-15)
85yrs+	28,300	5	18	(+/-16)	49,000	*	8	(+/-8)
Total[2]	2,438,000	4,365	187	(+/-5)	2,483,500	5,340	226	(+/-6)

[1]95% Confidence Interval. [2]The total rates are age-standardised rates per 100,000.
*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

MARY JOYCE
CAROLINE DALY
NIALL McTERNAN
EVE GRIFFIN
SARAH NICHOLSON
ELLA ARENSMAN
EILEEN WILLIAMSON
PAUL CORCORAN

4th Floor
Western Gateway Building
University College Cork
Ireland

Tel: +353 21 420 5551
Email: info@nsrf.ie
www.nsrf.ie

NSRF