

National Registry
of Deliberate
Self Harm Ireland



ANNUAL
REPORT
2010



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National Suicide Research Foundation

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Executive Summary and Recommendations

This is the ninth annual report from the National Registry of Deliberate Self Harm. It is based on data collected on persons presenting to hospital emergency departments as a result of deliberate self harm in 2010 in the Republic of Ireland. The Registry had near complete coverage of the country's hospitals for the period 2002-2005, and since 2006, all general hospital and paediatric hospital emergency departments in the Republic of Ireland have contributed data to the Registry.

In 2010, the Registry recorded 11,966 presentations to hospital due to deliberate self harm nationally, involving 9,630 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following deliberate self harm in 2010 was 217 per 100,000, a significant 4% increase on the rate of 209 per 100,000 in 2009 and the fourth successive increase in the national rate of hospital-treated deliberate self harm.

In 2010, the national male rate of deliberate self harm was 205 per 100,000, 4% higher than in 2009. This is the fourth successive increase in male deliberate self harm though smaller than the 10% and 11% increases in 2009 and 2008, respectively. The female rate of deliberate self harm in 2010 was 231 per 100,000, also 4% higher than in 2009. The economic recession is likely to be a key contributor to the recent increases in hospital-treated deliberate self harm. Since 2007, the year before the recession, the male rate has increased by 27% and the female rate by 7%.

There were a number of notable changes in the age-specific deliberate self harm rate between 2009 and 2010 but the most striking by far was among 20-24 year-olds. The rate among men in this age group increased by 19%, from 526 to 626 per 100,000 and the rate among women

increased by 30%, from 421 to 546 per 100,000. The economic recession is likely to have played a role in these changes given the very high rate of both unemployment and emigration among 20-24 year-olds in Ireland in 2010.

As in previous years, the female rate was higher than the male rate but the gender difference has narrowed from 37% in 2004-2005 to 13% in 2009-2010. The peak rate for women was in the 15-19 years age group, at 639 per 100,000, whereas the peak rate among men was in 20-24 year-olds at 626 per 100,000. These rates imply that one in every 157 girls in the age group 15-19 and one in every 160 men in the age group 20-24 presented to hospital in 2010 as a consequence of deliberate self harm.

There was widespread variation in the male and female deliberate self harm rates when examined by city/county of residence. The male rate varied from 79 per 100,000 for Leitrim to 513 per 100,000 for Cork City. The lowest and highest female rate was recorded for Leitrim and Limerick City residents at 92 and 572 per 100,000, respectively. Relative to the national rate, a high rate of deliberate self harm was recorded for male and female city residents and for men living in Sligo and women living in Longford, Tipperary North and South Dublin. The rate of deliberate self harm among men in Cork City and among men and women in Limerick City was exceptionally high at 2.5 times the national rate.

The proportion of presentations to hospital due to repeated deliberate self harm was lower in 2010 (19.5%) than in 2003-2009 (20.5-23.1%), but repetition continues to pose a major challenge to hospital staff and family members involved. At least five deliberate self harm presentations were made by 101 individuals in 2010, accounting for just 1% of all deliberate



self harm patients in the year but 7% of all deliberate self harm presentations recorded. Self-cutting was associated with an increased level of repetition. One in six of those who used cutting as their main method of self harm in their index act made at least one subsequent deliberate self harm presentation in the calendar year compared to one in eight of those who took a drug overdose.

Drug overdose was the commonest method of self harm, involved in 71% of all acts registered in 2010, and more so in women (77%) than in men (65%). Minor tranquillisers, paracetamol-containing medicines and anti-depressants/mood stabilisers were involved in 42%, 29% and 21% of drug overdose acts. The number of deliberate self harm presentations to hospital involving drug overdose in 2010 (8,538) was very similar to that in 2009 (8,504) and 2008 (8,456). This was also true when examined by type of drug. The exception was street drugs. The number of deliberate self harm presentations to hospital involving street drugs increased by 40% between 2008 and 2010 (from 461 to 645).

Cutting was the only other common method of self harm, involved in 23% of all episodes and more by men (26%) than women (20%). Men who cut themselves more often required intensive treatment. Respectively, 29% received sutures and 6% were referred for plastic surgery compared to 24% and 4% of women who cut themselves.

While rare as a main method of self harm, alcohol was involved in 41% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (44%) than

in female episodes (37%). Alcohol may be one of the factors underlying the pattern of presentations with deliberate self harm by time of day and day of week. Presentations peaked in the hours around midnight and almost one-third of all presentations occurred on Sundays and Mondays. In addition, the Registry identified an increased number of self harm presentations to hospital associated with some public holidays.

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 601, the number of presentations involving attempted hanging in 2010 was almost identical to the number in 2009 (n=608) which was the greatest number of deliberate self harm presentations involving attempted hanging recorded by the Registry.

Next care varied significantly by HSE hospitals group. The proportion of deliberate self harm patients who left before a recommendation was made varied from 10% in the South Eastern Hospitals Group to 24% in the Dublin North East Hospitals Group. Inpatient care (irrespective of type and whether the patient refused) varied from 24% in Dublin North East to two thirds (67%) in the South Eastern Hospitals Group. Overall, direct psychiatric and general admissions were almost equally common in Dublin South and Dublin North East whereas general admissions were far more common than direct psychiatric admissions in South Eastern and North Eastern Hospitals Groups. The variation in recommended next care is likely to be due to variation in the availability of resources and services but it also suggests that assessment and management of deliberate self harm patients is likely to be variable and inconsistent across the country.

RECOMMENDATIONS

The fourth successive increase in deliberate self harm in Ireland intensifies the need for prevention and intervention programmes to be implemented at national level. Increased support should be provided for evidence-based prevention and mental health promotion programmes in line with priorities in Reach Out, National Strategy for Action on Suicide Prevention (2005-2014), the reports of the Houses of the Oireachtas on the high level of suicide in Irish society and Vision for Change, the Report of the Expert Group on Mental Health Policy.

The ongoing increase in deliberate self harm requires prioritising effective interventions at multiple levels, including:

- Early identification of people at risk of self harm by implementing evidence-based depression/ self harm/ suicide awareness and skills training for professionals working in health care and community-based services;
- Prevention of repeated self harm by implementing uniform procedures for assessment and aftercare of deliberate self harm patients presenting to hospital emergency departments;
- In order to deal effectively with the needs of deliberate self harm patients following discharge from hospital, a wider range of evidence-based treatment programmes should be made available for this high risk group;
- Inform the general public about symptoms of depression, warning signs of suicidal behaviour and relevant help services through positive mental health promotion campaigns.

The increase in deliberate self harm among young men and women is likely to be related to mental health and socioeconomic consequences of the recession in Ireland. These findings strongly underline the need to prioritise implementation and evaluation of programmes to increase awareness of mental health issues among the general public and professionals involved in services supporting people who are unemployed and people experiencing financial difficulties. The recent publication, Facing the Challenge (2011), from the Institute of Public Health highlighted the causal relationship between unemployment and mental ill health and made a wide range of recommendations which should be implemented.

We have taken steps to link the Registry data with suicide mortality data obtained through the Cork Suicide Support and Information System. Evidence was found for the association between self harm and suicide, particularly in men. It is recommended that deliberate self harm data be linked with suicide mortality data at a national level in order to enhance insight into predictors of suicide risk.

As the highest rates of self harm are consistently among young people, it is a source of major concern that there is still a lack of clarity around service provision for 16 to 18 year-olds. The situation has improved somewhat with the increase in in-patient mental health services. However, there remain significant gaps in community services for this age group. Considerable attention and additional resources will be required to improve this longstanding problem.

In line with previous years, 41% of all deliberate self harm presentations involved alcohol. Misuse or abuse of alcohol is one of the factors associated with the higher rate of self harm presentations on Sundays, Mondays, public holidays and around the hours of midnight. These findings underline the need to:

- Enhance health service capacity at specific times and to increase awareness of the negative effects of alcohol misuse and abuse such as increased depressive feelings and reduced self-control.
- Intensify national strategies to increase awareness of the risks involved in the use and misuse of alcohol, starting at pre-adolescent age.
- Intensify national strategies to reduce access to alcohol

Promote active consultation and increased collaboration between the mental health services and addiction treatment services in the best interest of patients who present with dual diagnosis (psychiatric disorder and alcohol/drug abuse).

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

In line with previous years, there was considerable variation in the next care recommended to deliberate self harm patients which may reflect an inconsistent pattern of assessment and management of deliberate self harm patients

across the country. A national steering group is currently preparing national guidelines for assessment and aftercare of deliberate self harm patients presenting to general hospital. In the process of implementing these recommendations we would recommend prioritising areas with fast increasing self harm rates.

As in previous years, minor tranquillisers were by far the most common type of medication involved in intentional acts of drug overdose, accounting for approximately 3,500 presentations to hospital each year. Therefore, priority should be given to initiatives restricting access to minor tranquillisers, especially given the legal prohibition on extended use of these drugs.

For the third subsequent year an increase was observed in the use of street drugs in self harm acts. It is therefore recommended to intensify national strategies to reduce access to street drugs and to increase awareness of its harmful effects.

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Methods

BACKGROUND

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. It was established, at the request of the Department of Health and Children, by the National Suicide Research Foundation and is funded by the Health Service Executive's National Office for Suicide Prevention.

The National Suicide Research Foundation was founded in January 1995 by the late Dr Michael J Kelleher and currently operates under the Medical Directorship of Dr Margaret Kelleher, the Research Directorship of Dr Ella Arensman and Professor Ivan J Perry as Director of the National Registry of Deliberate Self Harm. Ms Eileen Williamson is the Executive Director.

DEFINITION AND TERMINOLOGY

The Registry uses the following as its definition of deliberate self harm: 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences'. This definition was developed by the WHO/Euro Multicentre Study Working Group and was associated with the term 'parasuicide'. Internationally, the term parasuicide has been superseded by the term 'deliberate self harm' and consequently, the Registry has adopted the term 'deliberate self harm'. The definition includes acts involving varying levels of suicidal intent and various underlying motives such as loss of control, cry for help or self-punishment.

INCLUSION CRITERIA

- All methods of self harm are included i.e., drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self harm was intentionally inflicted.
- All individuals who are alive on admission to hospital following a deliberate self harm act are included.

EXCLUSION CRITERIA

The following cases are NOT considered to be deliberate self harm:

- Accidental overdoses e.g., an individual who takes additional medication in the case of illness, without any intention to self harm.
- Alcohol overdoses alone where the intention was not to self harm.
- Accidental overdoses of street drugs i.e., drugs used for recreational purposes, without the intention to self harm.
- Individuals who are dead on arrival at hospital as a result of suicide.

QUALITY CONTROL

The validity of the Registry findings is dependent on the standardised application of the case-definition and inclusion/exclusion criteria. The Registry has undertaken a cross-checking exercise in which pairs of data registration officers independently collected data from two hospitals for the same consecutive series of attendances to the emergency department. Results indicated that there is a very high level of agreement between the data registration officers. Furthermore, the data are continuously checked for consistency and accuracy.

DATA RECORDING

Since 2006, the Registry has recorded its data onto laptop computers and transferred the data electronically to the offices of the National Suicide Research Foundation. Data for all deliberate self harm presentations made in 2010 were recorded using this electronic system.

DATA ITEMS

A minimal dataset has been developed to determine the extent of deliberate self harm, the circumstances relating to both the act and the individual and to examine trends by area. While the data items below will enable the system to avoid duplicate recording and to recognise repeat acts of deliberate self harm by the same individual, they ensure that it is impossible to identify an individual on the basis of the data recorded.

Initials

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

Gender

Male or female gender is recorded when known.

Date of birth

Date of birth is recorded in an encoded format to further protect the identity of the individual. As well as being used to identify repeat deliberate self harm presentations by the same individual, date of birth is used to calculate age.

Area of residence

Patient addresses are coded to the appropriate electoral division.

Date and hour of attendance at hospital

Brought to hospital by ambulance

Method(s) of self harm

The method(s) of self harm are recorded according to the Tenth Revision of the WHO's International Classification of Diseases codes for intentional injury (X60-X84). The main methods are overdose of drugs and medicaments (X60-X64), self-poisonings by alcohol (X65), poisonings which involve the ingestion of chemicals, noxious substances, gases and vapours (X66-X69) and self harm by hanging (X70), by drowning (X71) and by sharp object (X78). Some individuals may use a combination of methods e.g., overdose of medications and self-cutting. In this report, results generally relate to the 'main method' of self harm. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken as the most lethal method employed. For acts involving self-cutting, the treatment received was recorded when known.

Drugs taken

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

Medical card status

Whether the individual presenting has a medical card or not is recorded.

Seen by

For general hospital treated cases, this indicates the different disciplines involved in the initial treatment of the presentation.

Recommended next care

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

CONFIDENTIALITY

Confidentiality is strictly maintained. The National Suicide Research Foundation is registered with the Data Protection Agency and complies with the Irish Data Protection Act of 1988 and the Irish Data Protection (Amendment) Act of 2003. Only anonymised data are released in aggregate form in reports. The names and addresses of patients are not recorded.

ETHICAL APPROVAL

Ethical approval has been granted by the National Research Ethics Committee of the Faculty of Public Health Medicine. The Registry has also received ethical approval from the relevant hospitals and Health Service Executive (HSE) ethics committees.

REGISTRY COVERAGE

In 2010, deliberate self harm data were collected from each HSE region in the Republic of Ireland (pop: 4,470,700).

There was complete coverage of all acute hospitals in the HSE Dublin/ Mid-Leinster Region (pop: 1,288,253) which comprises two HSE National Hospitals Groups. Dublin/ Midlands Hospitals Group includes Adelaide & Meath including the National Children's Hospital Tallaght, the Midland Regional Hospitals at Mullingar, Portlaoise and Tullamore, Naas General Hospital and Our Lady's Children's Hospital Crumlin. The Dublin South Hospitals Group includes St Columcille's Hospital Loughlinstown, St James's Hospital, St Michael's Hospital Dun Laoghaire and another hospital whose ethics committee stipulated that it should not be named in Registry reports.

There was complete coverage of all acute hospitals in the HSE Dublin/ North East Region (pop: 973,767). The region comprises the Dublin North East Hospitals Group and the North Eastern Hospitals Group. The Dublin North East Hospitals Group includes Beaumont Hospital, Children's University Hospital Temple Street, James Connolly Hospital Blanchardstown and Mater Misericordiae University Hospital. The North Eastern Hospitals Group includes Cavan General Hospital, Louth County Hospital, Our Lady of Lourdes Hospital Drogheda and Our Lady's Hospital Navan.

There was complete coverage of all acute hospitals in the HSE South Region (pop: 1,150,300) which comprises the South Eastern and the Southern Hospitals Groups. The South Eastern Hospitals Group includes St Luke's Hospital Kilkenny, South Tipperary General Hospital, Waterford Regional Hospital and Wexford General Hospital. The Southern Hospitals Group includes Bantry

General Hospital, Cork University Hospital, Kerry General Hospital, Mallow General Hospital, Mercy University Hospital Cork and South Infirmary Victoria University Hospital Cork.

There was complete coverage of the acute hospitals in the HSE West Region (pop: 1,058,380) which comprises the Mid-Western and the West/ North Western Hospitals Groups. The Mid-Western Hospitals Group includes the Mid-Western Regional Hospitals at Ennis, Limerick and Nenagh and St John's Hospital Limerick. The West/ North Western Hospitals Group includes Letterkenny General Hospital, Mayo General Hospital, Portlinculla Hospital Ballinasloe, Roscommon County Hospital, Sligo General Hospital and University College Hospital Galway.

In total, deliberate self harm data were collected for the full calendar year of 2010 for all 38 acute hospitals that operated in Ireland during this year. As mentioned previously, since 2006 the Registry has had complete coverage of all acute hospitals in Ireland.

POPULATION DATA

For 2010, 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 2010 regional authority population estimates and the equivalent National Census 2006 figures were calculated and applied to the National Census 2006 population figures for Irish cities, counties and HSE region figures in order to derive population estimates for 2010. For urban and rural district populations and HSE Local Health Office areas, National Census 2006 population data were utilised.

CALCULATION OF RATES

Deliberate self harm rates were calculated based on the number of persons resident in the relevant area who engaged in deliberate self harm irrespective of whether they were treated in that area or elsewhere. Crude and age-specific rates per 100,000 population were calculated by dividing the number of persons who engaged in deliberate self harm (n) by the relevant population figure (p) and multiplying the result by 100,000, i.e. $(n / p) * 100,000$.

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

A NOTE ON SMALL NUMBERS

Calculated rates that are based on less than 20 events may be an unreliable measure of the underlying rate. In addition, deliberate self harm events may not be independent of one another, although these assumptions are used in the calculation of confidence intervals, in the absence of any clear knowledge of the relationship between these events.

The Registry recorded 15 cases of deliberate self harm for which patient initials, gender or date of birth were unknown. These 15 cases have been excluded from the findings reported here. In addition, a small number of deliberate 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 2010.

A NOTE ON CONFIDENCE INTERVALS

Confidence intervals provide us with a margin of error within which underlying rates may be presumed to fall on the basis of observed data. Confidence intervals assume that the event rate (n / p) is small and that the events are independent of one another. A 95% confidence interval for the number of events (n), is $n \pm 2\sqrt{n}$. For example, if 25 deliberate self harm presentations are observed in a specific region in one year, then the 95% confidence interval will be $25 \pm 2\sqrt{25}$ or 15 to 35. Thus, the 95% confidence interval around a rate ranges from $(n - 2\sqrt{n}) / p$ to $(n + 2\sqrt{n}) / p$, where p is the population at risk. If the rate is expressed per 100,000 population, then these quantities must be multiplied by 100,000.

A 95% confidence interval may be calculated to establish whether the two rates differ statistically significantly. The difference between the rates is calculated. The 95% confidence interval for this rate difference (rd) ranges from $rd - 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ to $rd + 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$. If the rates were expressed per 100,000 population, then $2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ must be multiplied by 100,000 before being added to and subtracted from the rate difference. If zero is outside of the range of the 95% confidence interval, then the difference between the rates is statistically significant.

Acknowledgements

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

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National Registry of Deliberate Self Harm Ireland

DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND



National Suicide Research Foundation



Deliberate Self Harm
in the
Republic of Ireland



0.9102	1.90	0.9713	2.40
0.9207	1.91	0.9719	2.41
0.9222	1.92	0.9726	2.42
0.9236	1.93	0.9732	2.43
0.9251	1.94	0.9738	2.44
0.9265	1.95	0.9744	2.45
0.9279	1.96	0.9750	2.46
0.9292	1.97	0.9756	2.47
0.9306	1.98	0.9761	2.48
0.9319	1.99	0.9767	2.49

I. Hospital Presentations

For the period from 1 January to 31 December 2010, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,630 individuals. Thus, the number of deliberate self harm presentations was identical to that in 2009 while the number of persons involved increased by 1%. As can be seen in Table 1, which summarises the changes in the number of presentations and persons since the Registry reached near national coverage in 2002, 2010 saw the smallest of four successive increases in the number of persons presenting as a result of self harm.

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following deliberate self harm in 2010 was 217 (95% Confidence Interval (CI): 213 to 222) per 100,000. This rate, which accounts for the changing age distribution of the population, represents a significant 4% increase on the equivalent rate of 209 (95% CI: 205 to 214) per 100,000 in 2009 and is the highest rate ever recorded by the Registry. The incidence of deliberate self harm in Ireland is examined in detail in Part II of this section of the Annual Report.

The numbers of deliberate self harm episodes treated in the Republic of Ireland by HSE region, hospitals group, age and gender are given in Appendix 1. Of the recorded presentations in 2010, 47% were made by men and 53% were made by women. Deliberate self harm episodes were generally confined to the younger age groups. Almost half of all presentations (47%) were by people under 30 years of age and 87% in each year were by people aged less than 50 years.

Year	Presentations		Persons	
	Number	% diff	Number	% diff
2002	10,537	-	8,421	-
2003	11,204	+6%	8,805	+5%
2004	11,092	-1%	8,610	-2%
2005	10,789	-3%	8,594	<-1%
2006	10,688	-1%	8,218	-4%
2007	11,084	+4%	8,598	+5%
2008	11,700	+6%	9,218	+7%
2009	11,966	+2%	9,493	+3%
2010	11,966	-	9,630	+1%

Table 1: Number of deliberate self harm presentations and persons who presented in the Republic of Ireland in 2002-2010 (2002-2005 figures extrapolated to adjust for hospitals not contributing data).

In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 10-14 year age group where there were 3.1 times as many female presentations. However, in the 20-34 year age group, the number of self harm presentations made by men was 8% higher than the number made by women.

In 2010, 275 (2.3%) of all deliberate self harm presentations were by residents of homeless hostels and people of no fixed abode and 79 (0.7%) were made by hospital inpatients.

DELIBERATE SELF HARM BY HSE HOSPITALS GROUP

Based on provisional figures acquired from the HSE Business Intelligence Unit, deliberate self harm accounted for 1.18% of total attendances to general emergency departments in the country. This percentage of attendances accounted for by deliberate self harm varied by HSE hospitals group from 0.83% in the Dublin/ Midlands, to 1.02% in the North Eastern and West/ North Western, 1.09% in the South Eastern, 1.29% in the Mid-Western and Southern, 1.49% in the Dublin South and 1.53% in the Dublin North East.

The proportion of deliberate self harm presentations treated in each hospitals group in 2010 ranged from 8% in the North Eastern, to 10% in the Mid-Western, 11% in the South Eastern, 14% in the Dublin/ Midlands, Dublin South and Southern, 15% in the West/ North Western and 16% in the Dublin North East.

The gender balance of recorded episodes in 2010 (at 47% men to 53% women) varied by hospitals group (Figure 1). Deliberate self harm presentations by women outnumbered those by men in six of the eight hospitals groups. There were equal numbers of self harm presentations by men and women in the West/ North Western and men accounted for a small majority of the cases treated in the Southern Hospitals Group.

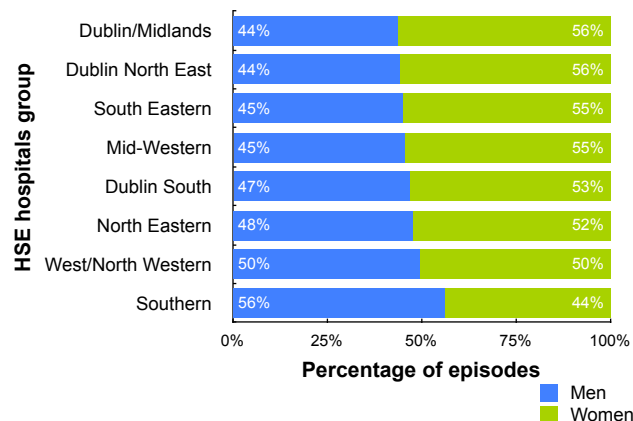


Figure 1: Gender balance of deliberate self harm presentations by HSE hospitals group.

ANNUAL CHANGE IN DELIBERATE SELF HARM PRESENTATIONS TO HOSPITAL

While the national number of deliberate self harm presentations to hospital in 2010 was identical to that in 2009, there were some relatively large changes in the number of presentations at the level of the individual hospitals (Figures 2a and 2b). A similar number of hospitals saw an increase in self harm presentations between 2009 and 2010 as saw a decrease. Three of the five Cork hospitals saw significant increases

in self harm presentations. In some instances an increase in one hospital may be associated with a decrease in a nearby hospital. This was certainly the case with the increase for Our Lady of Lourdes Hospital in Drogheda and the decrease for Louth County Hospital which was due to the 24-hour emergency department at Louth County Hospital being replaced with a minor injuries clinic in June 2010.

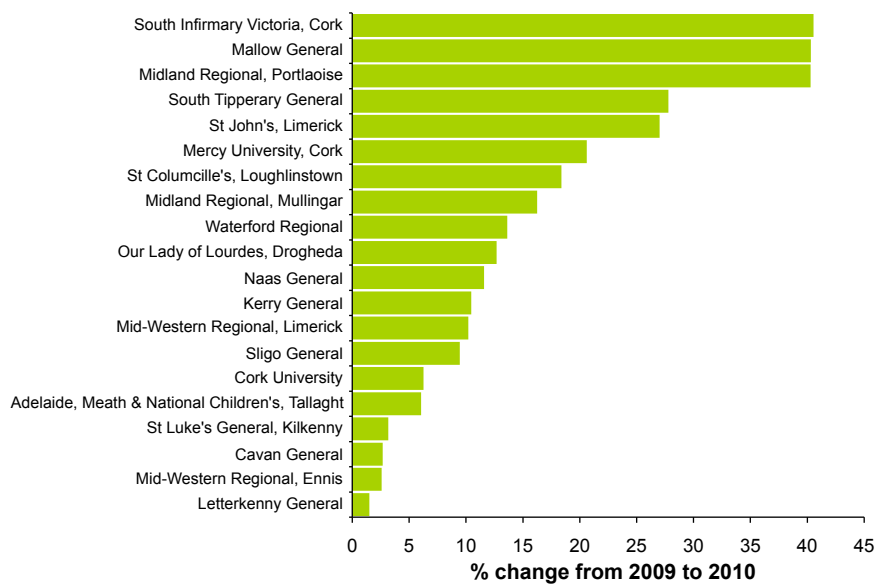


Figure 2a: Hospitals receiving more deliberate self harm presentations in 2010.

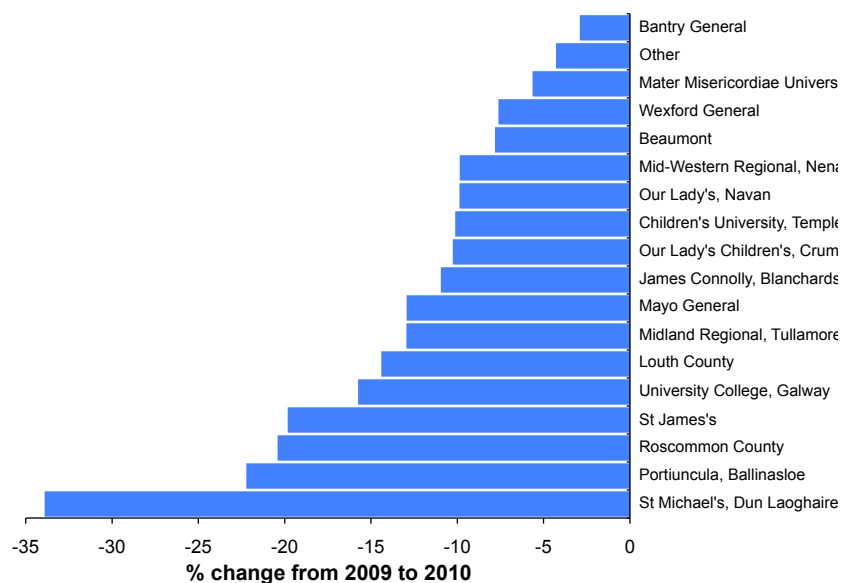


Figure 2b: Hospitals receiving fewer deliberate self harm presentations in 2010.

VARIATION BY MONTH

The monthly average number of deliberate self harm presentations to hospitals in 2010 was 997. Accounting for the number of days in each calendar month, there was a clear pattern over the course of the year. Similar to previous years, there was a late Spring/Summer peak and pre-end of year fall in self harm presentations. In May 2010, there were 13% more presentations than might be expected whereas in January and December there were 11% fewer self harm presentations than might have been expected. This monthly pattern in the number of deliberate self harm presentations was broadly similar for men and women though the low rate of presentations in December was primarily a female phenomenon.

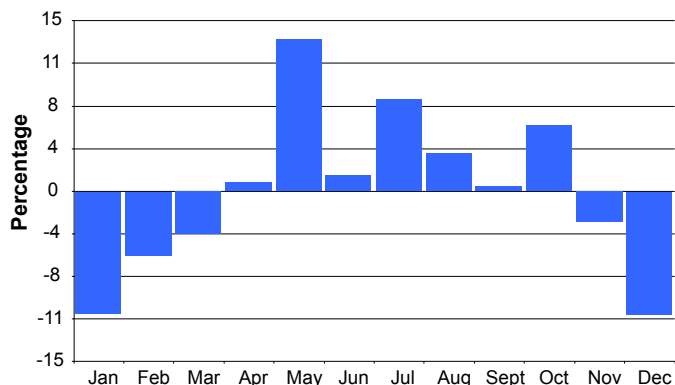


Figure 3: Percentage difference between the observed and expected number of deliberate self harm presentations by month in 2010.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	426	385	461	433	528	476	539	496	482	530	460	453	5669
Women	481	481	517	558	624	521	560	554	506	545	497	453	6297
Total	907	866	978	991	1152	997	1099	1050	988	1075	957	906	11966

Table 2: Number of deliberate self harm presentations in 2010 by month for men and women.

VARIATION BY DAY

The number of deliberate self harm presentations was highest on Mondays and Sundays. These days accounted for 32% of all presentations. Numbers fell after Monday, were similar from Tuesday to Saturday and rose again on Sunday. This pattern of the number of presentations by day of the week was more pronounced in women than in men.

During 2010, there was an average of 33 deliberate self harm presentations to hospital each day. There were six dates in the year on which more than 50 self harm presentations were made, four of which were public holidays or the day after a public holiday: January 1st, New Year's Day (n=55); March 18th, the day after Saint Patrick's Day (n=64); May 3rd, the May Day Public Holiday (n=51); and, June 7th, the June Public Holiday (n=52).

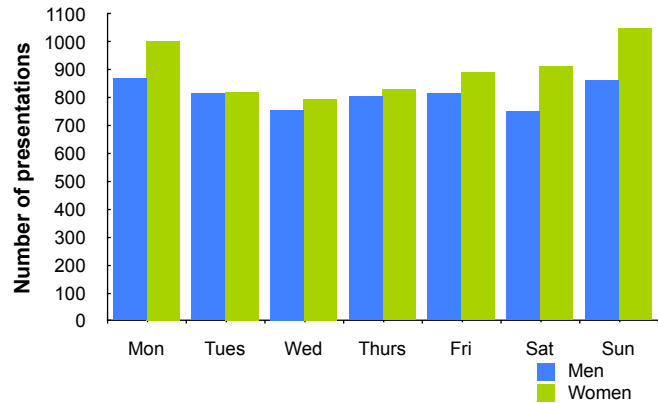


Figure 4: Number of presentations by weekday, 2010.

VARIATION BY HOUR

There was a striking pattern in the number of deliberate self harm presentations seen over the course of the day. The numbers for both men and women gradually increased during the day. The peak for men and women was in the hour before midnight. Almost half (46%) of the total number of presentations were made during the eight-hour period 7pm-3am. This contrasts with the quietest eight-hour period of the day, from 5am-1pm, which accounted for just 18% of all presentations.

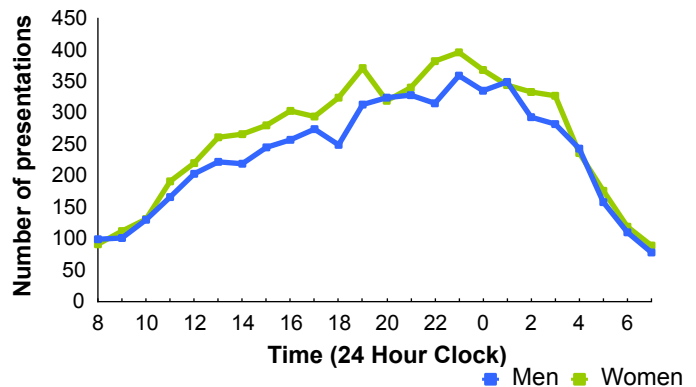


Figure 5: Number of presentations by time of attendance.

The majority of patients (58%) were brought to hospital by ambulance and a further 3% were brought by other emergency services such as An Garda Síochána. The proportion brought by ambulance or other emergency services varied over the course of the day from 49% for presentations between noon and 4pm to 72% for those who presented between midnight and 8am.

	Monday	Tuesday	Wed'day	Thursday	Friday	Saturday	Sunday	Total
Men	868 (15.3%)	814 (14.4%)	756 (13.3%)	804 (14.2%)	815 (14.4%)	750 (13.2%)	862 (15.2%)	5669 (100%)
Women	1003 (15.9%)	820 (13.0%)	795 (12.6%)	829 (13.2%)	890 (14.1%)	912 (14.5%)	1048 (16.6%)	6297 (100%)
Total	1871 (15.6%)	1634 (13.7%)	1551 (13.0%)	1633 (13.6%)	1705 (14.2%)	1662 (13.9%)	1910 (16.0%)	11966 (100%)

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

Table 3: Deliberate self harm presentations in 2010 by weekday.

METHOD OF DELIBERATE SELF HARM

Almost three quarters (71%) of all deliberate self harm presentations involved an overdose of medication (64% as the most lethal method of self harm employed). Drug overdose was more commonly used as a method of self harm by women than by men. It was involved in 65% of male presentations (57% as the most lethal method) and 77% of female episodes (71% as the most lethal method). While rare as a main method of self harm, alcohol was involved in 41% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (44%) than in female episodes (37%).

Cutting was the only other common method of self harm, involved in 23% of all episodes. Cutting was significantly more common in men (26%) than in women (20%). In 88% of all cases

that involved self-cutting, the treatment received was recorded. Approaching half (43%) received steristrips or steribonds, 25% did not require any, 27% required sutures while 5% were referred for plastic surgery. Men who cut themselves more often required intensive treatment. Respectively, 29% received sutures and 6% were referred for plastic surgery compared to 24% and 4% of women who cut themselves.

Attempted hanging was involved in 5% of all deliberate self harm presentations (7% for men and 3% for women). At 601, the number of presentations involving attempted hanging was almost identical to the number in 2009 (n=608) which was the greatest number of deliberate self harm presentations involving attempted hanging recorded by the Registry.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	3688 (65.1%)	2511 (44.3%)	118 (2.1%)	401 (7.1%)	204 (3.6%)	1461 (25.8%)	317 (5.6%)	5669 (100%)
Women	4850 (77.0%)	2347 (37.3%)	99 (1.6%)	200 (3.2%)	128 (2.0%)	1238 (19.7%)	227 (3.6%)	6297 (100%)
Total	8538 (71.4%)	4858 (40.6%)	217 (1.8%)	601 (5.0%)	332 (2.8%)	2699 (22.6%)	544 (4.5%)	11966 (100%)

Table 4: Methods of self harm involved in presentations to hospital in 2010.

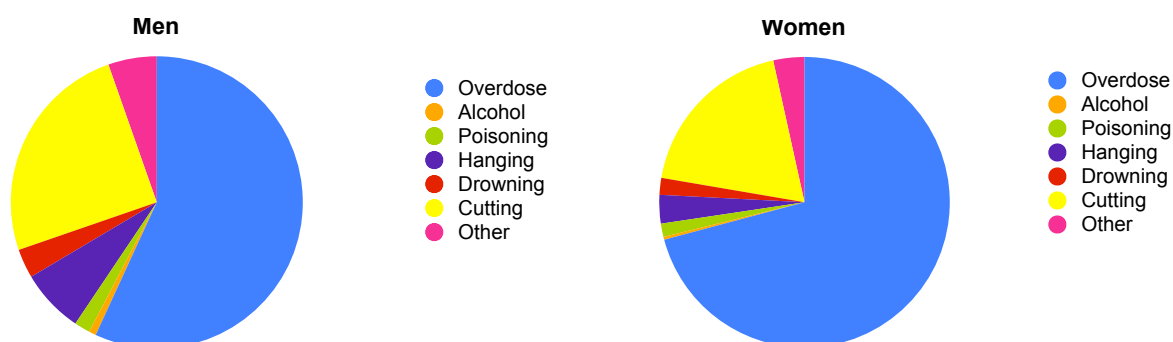


Figure 6: Most lethal method of self harm used by gender, 2010.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 73% of all cases of drug overdose. On average, 31 tablets were taken in the episodes of deliberate self harm that involved drug overdose. Three-quarters of drug overdose acts involved less than 40 tablets, half involved less than 22 tablets and one quarter involved less than 12 tablets. On average, men took more tablets in overdose acts than women (mean: 34 vs. 29). Figure 7 illustrates the pattern of the number of tablets taken in drug overdose episodes for both genders. Half (50%) of the female episodes and 44% of the male episodes of overdose involved 10-29 tablets. At least 50 tablets were taken by 20% of men as compared to 16% of women.

Figure 8 illustrates the frequency with which the most common types of drugs were used in overdose. 42% of all overdoses involved a minor tranquilliser and such a drug was used marginally more often by men than by women. A major tranquilliser was involved in 9% of overdoses. Almost half (48%) of all female overdose acts and 36% of all male acts involved an analgesic drug. Paracetamol was the most common analgesic drug taken, being involved in some form in

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

The number of deliberate self harm presentations to hospital involving drug overdose in 2010 (8,538) was very similar to that in 2009 (8,504) and 2008 (8,456). This was also true when the number of presentations involving each of the drug types described here were examined. The exception was street drugs. In 2008, 461 deliberate self harm presentations to hospital involved street drugs. This increased by 26% to 579 presentations in 2009 and increased by a further 11% to 645 presentations in 2010.

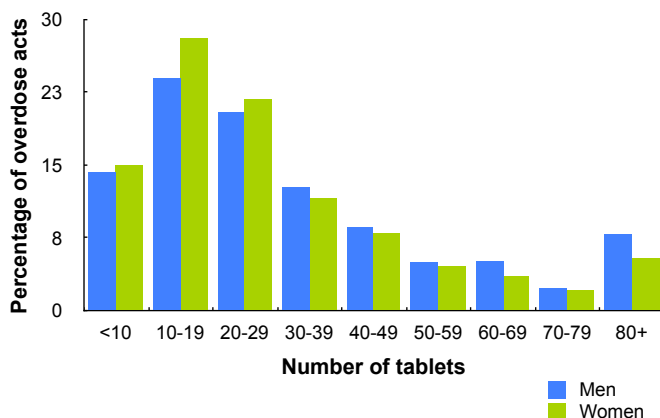


Figure 7: The pattern of the number of tablets taken in male and female acts of drug overdose.

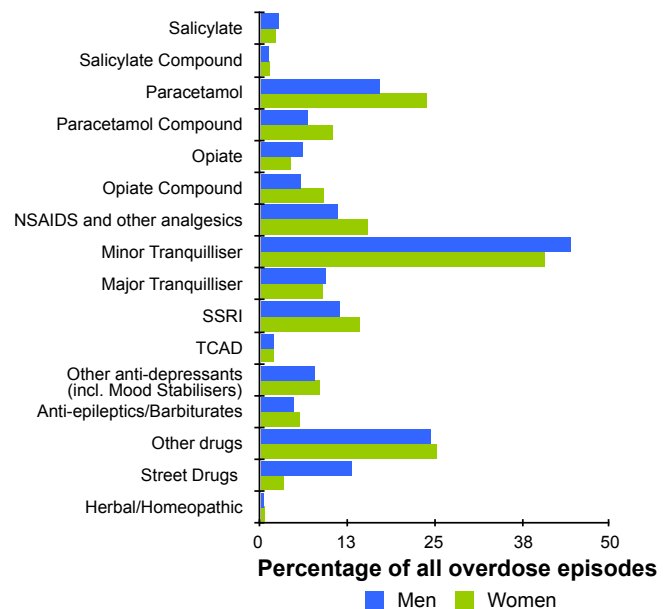


Figure 8: The variation in the type of drugs used. Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

RECOMMENDED NEXT CARE

In 15% of 2009 cases, the patient left the emergency department before a next care recommendation could be made. Following their treatment in the emergency department, inpatient admission was the next stage of care recommended for 42%, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Of all deliberate self harm cases, 30% resulted in admission to a ward of the treating hospital whereas 11% 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 underestimates. In addition, some of the patients admitted to a general hospital ward will subsequently be admitted as psychiatric inpatients. In just 1% of cases, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. Most commonly, 44% of cases were discharged following treatment in the emergency department.

Next care recommendations in 2010 were broadly similar for men and women. Men more often left the emergency room before a recommendation was made (17% vs. 13%) and women were more often admitted to a ward of the treating hospital than men (32% vs. 28%).

Recommended next care varied according to the main method of self harm (Table 5). General inpatient care was most common following cases of drug overdose and self-poisoning, less common after attempted hanging and drowning and least common after self-cutting. The latter finding may be a reflection of the superficial nature of the injuries sustained in some cases of self-cutting. Of those cases where the patient used cutting as the main method of self harm, over half (53%) were discharged after receiving treatment in the emergency department. The greater the potential lethality of the method of self harm involved, the higher the proportion of cases admitted for psychiatric inpatient care directly from the emergency department.

	Overdose (n=7685)	Alcohol Poisoning (n=65)	Poisoning (n=192)	Hanging (n=601)	Drowning (n=301)	Cutting (n=2599)	Other (n=523)	Total (n=11966)
General admission	36.8%	12.3%	38.5%	21.5%	18.6%	15.0%	22.8%	30.1%
Psychiatric admission	7.4%	6.2%	14.6%	28.3%	23.6%	13.1%	18.0%	10.7%
Patient would not allow admission	0.6%	1.5%	1.6%	2.7%	1.0%	0.6%	1.3%	0.8%
Left before recommendation	14.4%	23.1%	12.0%	8.3%	14.3%	17.8%	12.0%	14.7%
Not admitted	40.8%	56.9%	33.3%	39.3%	42.5%	53.4%	45.9%	43.7%

Table 5: Recommended next care in 2010 by main method of deliberate self harm.

Next care varied significantly by HSE hospitals group (Table 6). The proportion of deliberate self harm patients who left before a recommendation was made varied from 10% in South Eastern Hospitals Group to 24% in Dublin North East Hospitals Group. Across the hospitals groups, inpatient care (irrespective of type and whether patient refused) was recommended for 24% of the patients treated in Dublin North East, 31% in North Eastern, 34% in Dublin South, 35% in Southern, 47% in Dublin/ Midlands and West/ North Western, 54% in the Mid-Western and two thirds (67%) in the South Eastern. As a corollary to this, the proportion of cases discharged following emergency treatment ranged from 23% in South Eastern Hospitals Group to 56%

in Dublin North East and Southern. The balance of general and psychiatric admissions directly after treatment in the emergency department differed significantly by hospitals group. Overall, direct psychiatric and general admission were almost equally common in Dublin South and Dublin North East. In contrast, direct general admissions were far more common than direct psychiatric admissions in South Eastern and North Eastern Hospitals Groups.

Appendix 2 details the recommended next care for deliberate self harm patients treated at every hospital. For each hospitals group, there were significant differences between the hospitals in their pattern of next care recommendations.

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland
	Dublin/ Midlands (n=1630)	Dublin South (n=1642)	Dublin North East (n=1868)	North Eastern (n=932)	South Eastern (n=1325)	Southern (n=1632)	Mid- Western (n=1169)	West/North Western (n=1768)	
General admission	37.7%	15.3%	12.3%	28.5%	55.8%	25.6%	41.4%	34.1%	30.1%
Psychiatric admission	8.5%	19.0%	10.9%	2.3%	10.0%	8.8%	10.3%	11.6%	10.7%
Patient would not allow admission	0.3%	0.1%	1.0%	0%	0.8%	0.2%	2.2%	1.6%	0.8%
Left before recommendation	11.3%	16.2%	24.0%	16.3%	10.0%	9.6%	17.0%	12.7%	14.7%
Not admitted	42.1%	49.5%	51.9%	52.9%	23.3%	55.8%	29.1%	40.0%	43.7%

Table 6: Recommended next care in 2010 by HSE hospitals group.

REPETITION OF DELIBERATE SELF HARM

There were 9,630 individuals treated for 11,966 deliberate self harm episodes in 2010. This implies that approaching one in five (2,336, 19.5%) of the presentations in 2010 were due to repeat acts, lower than the proportion of acts accounted for by repetition in the years 2003-2009 (20.5-23.1%). Of the 9,630 deliberate self harm patients treated in 2010, 1,316 (13.7%) made at least one repeat presentation to hospital during the calendar year. This proportion is just below the range reported for the years 2003-2009 (13.8-16.4%). At least five deliberate self harm presentations were made by 101 individuals in 2010. They accounted for just

1.0% of all deliberate self harm patients in the year but their presentations represented 6.8% of all deliberate self harm presentations recorded.

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

	Overdose	Alcohol Poisoning	Hanging	Drowning	Cutting	Other	Total
Individuals treated	6404	55	137	488	237	1901	9630
No. who repeated	808	3	11	66	25	340	1316
% who repeated	12.6%	5.5%	8.0%	13.5%	10.5%	17.9%	13.7%

Table 7: Repeat presentation after index deliberate self harm presentation in 2010 by main method of self harm.

The rate of repetition in men (14.2%) was the same as that in women (14.4%) Repetition varied significantly by age. One in eight (12.6%) deliberate self harm patients aged less than 20 years re-presented with self harm in 2009. The proportion who repeated increased with increasing age and was highest, at 17%, for 35-54 year-olds. The repetition rate fell sharply after that age to 6% among patients aged over 65 years. There was a two-fold variation in repetition rates when examined by HSE hospitals group. As in most recent years, the lowest rate was among deliberate self

harm patients treated in the Southern Hospitals Group (9.3%) and the highest repetition rate, at 17-18%, was for patients treated in the Dublin South and Mid-Western Hospitals Groups.

Appendix 3 details the repetition rate for male, female and all patients treated following deliberate self harm in 2010. Caution should be taken in interpreting the repetition rates associated with the smaller hospitals as the calculations may be based on small numbers of patients and hence percentages may be misleading.

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland
	Dublin/Midlands	Dublin South	Dublin North East	North Eastern	South Eastern	Southern	Mid-Western	West/North Western	
Number of individuals treated									
Men	604	601	666	381	480	797	392	692	4539
Women	796	687	811	431	573	646	499	707	5091
Total	1400	1288	1477	812	1053	1443	891	1399	9630
Number who repeated									
Men	71	103	92	44	75	82	78	121	634
Women	88	119	141	45	81	52	83	98	682
Total	159	222	233	89	156	134	161	219	1316
Percentage who repeated									
Men	11.8%	17.1%	13.8%	11.5%	15.6%	10.3%	19.9%	17.5%	14.0%
Women	11.1%	17.3%	17.4%	10.4%	14.1%	8.0%	16.6%	13.9%	13.4%
Total	11.4%	17.2%	15.8%	11.0%	14.8%	9.3%	18.1%	15.7%	13.7%

Table 8: Repetition in 2010 by gender and HSE hospitals group.

II. Incidence Rates

For the period from 1 January to 31 December 2010, the Registry recorded 11,966 deliberate self harm presentations to hospital that were made by 9,630 individuals. Based on these data, the Irish person-based crude and age-standardised rate of deliberate self harm in 2010 was 215 (95% CI: 211 to 220) and 217 (95% CI: 213 to 222) per 100,000, respectively. Thus, the age-standardised rate in 2010, which accounts for the changing age distribution of the population, was 4% higher than the equivalent rate in 2009 (209 per 100,000). This represents the fourth successive increase in the Irish rate of persons presenting to hospital as a result of deliberate self harm and is the highest rate ever recorded by the Registry.

Year	Men		Women		All	
	Rate	% diff	Rate	% diff	Rate	% diff
2002	167	-	237	-	202	-
2003	177	+7%	241	+2%	209	+4%
2004	170	-4%	233	-4%	201	-4%
2005	167	-2%	229	-1%	198	-2%
2006	160	-4%	210	-9%	184	-7%
2007	162	+2%	215	+3%	188	+2%
2008	180	+11%	223	+4%	200	+6%
2009	197	+10%	222	-<1%	209	+5%
2010	205	+4%	231	+4%	217	+4%

Table 9: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2002-2010 (extrapolated data used for 2002-2005 to adjust for non-participating hospitals).

Population figures and the number and rate of persons treated in hospital following deliberate self harm in 2010 are given in Appendix 4 by age and gender for persons residing in the Republic of Ireland and for the residents of each of the four HSE regions.

VARIATION BY GENDER AND AGE

The person-based age-standardised rate of deliberate self harm for men and women in 2010 was 205 (95% CI: 199–211) and 231 (95% CI: 224–237) per 100,000, respectively. Thus, there was a 4% increase in the male and female rates of deliberate self harm from 2009 to 2010. The lowest rate of deliberate self harm for men and women was recorded in 2006. The increases that have taken place since then have been more apparent for men. Consequently, the male self harm rate in 2010 was 28% higher than in 2006 whereas the female rate was 10% higher than in 2006.

The female rate of deliberate self harm in 2010 was 13% higher than the male rate as it was in 2009. The gender difference had been decreasing in recent years. The female rate was 37% higher in 2004-2005, 32-33% higher in 2006-2007 and 24% higher in 2008.

There was a striking pattern in the incidence of deliberate self harm when examined by age. The rate was highest among the young. At 639 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 157 girls in this age group presented to hospital in 2010 as a consequence of deliberate self harm. The peak rate for men was 626 per 100,000 among 20-24 year-olds or one in every 160 men. The incidence of deliberate self harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at about 300 per 100,000, across the 25 to 49 year age range.

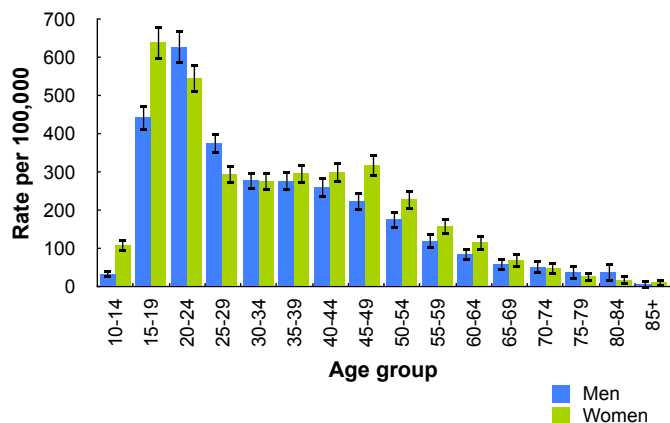
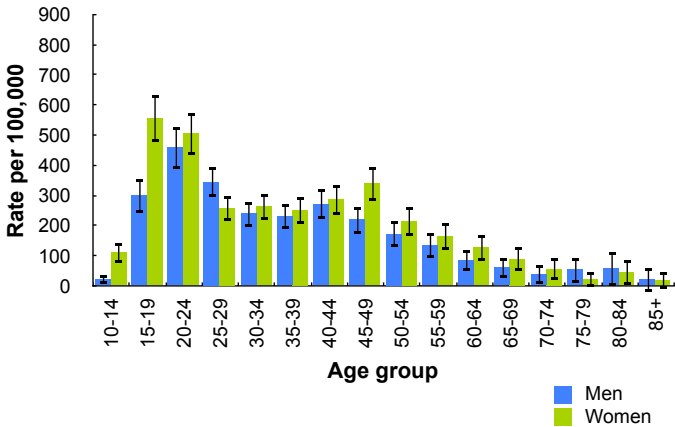


Figure 9: Person-based rate of deliberate self harm in the Republic of Ireland in 2010 by age and gender.

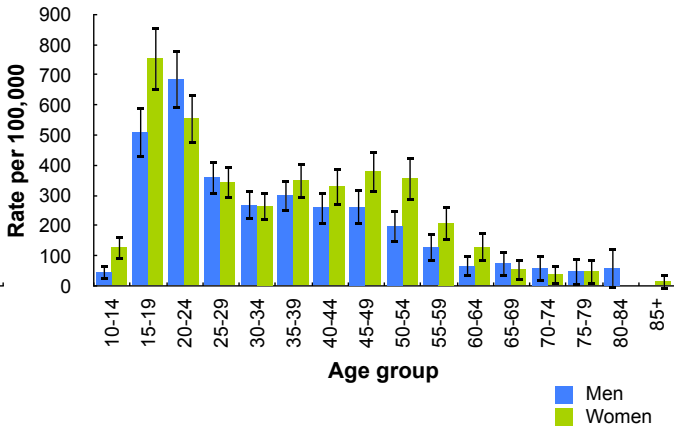
Gender differences in the incidence of deliberate self harm varied with age. The female rate was three times greater than the male rate in 10-14 year-olds and 44% higher than the male rate in 15-19 year-olds. The female rate of deliberate self harm was again higher than the male rate across the 40-64 year age range. However, in 20-29 year-olds, the male rate was 20% higher than the female rate. Only in 2009 and 2010 has the Registry recorded a significantly higher rate of deliberate self harm in men in this age group compared to women.

There were a number of notable changes in the age-specific deliberate self harm rate between 2009 and 2010 but the most striking by far was among 20-24 year-olds. Among women aged 20-24 years, there was an increase of 30%, from 421 to 546 per 100,000. The rate among men in this age group increased by 19%, from 526 to 626 per 100,000. The male rate in 2009 had jumped by 21% from 433 per 100,000 in 2008. As a result, the rate of hospital-treated self harm among 20-24 year-old men in Ireland in 2010 was 45% higher than it was in 2008.

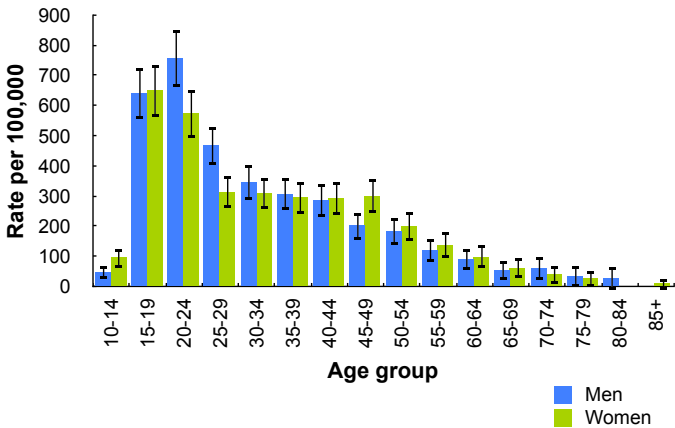
(a) HSE Dublin/ Mid-Leinster



(b) HSE Dublin/ North East



(c) HSE South



(d) HSE West

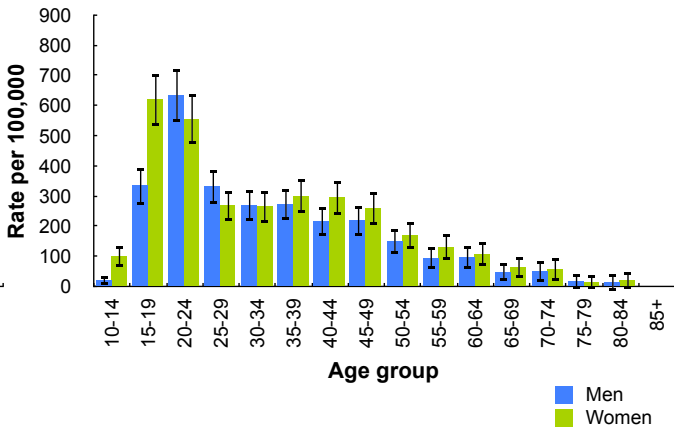


Figure 10: Person-based rate of deliberate self harm in 2010 by residents of the four HSE regions by age and gender.

Figure 10 shows the incidence of deliberate self harm by age and gender for the residents of each of the country's four HSE regions. The pattern was broadly similar to that at national level. The deliberate self harm rate was highest among the young – among 15-19 year-olds for women and among 20-24 year-olds for men. Gender differences varied by HSE region. For example, the female self harm rate was far higher than the male rate among 15-19 year-olds in three of the four regions. The exception was the HSE South where the male and female rate of hospital-treated self harm was equally common in this age group. With the exception of HSE Dublin/ Mid-Leinster, the male self harm rate exceeded the female rate in the age group 20-24 years.

Deliberate self harm was rare in 10-14 year-olds, particularly for boys. However, the incidence of deliberate self harm increases rapidly over a short age range. This is illustrated in greater detail in Figure 11. It can be seen that deliberate self harm was rare in those aged 12 years and younger. In 13-17 year-olds, the female rate of deliberate self harm was significantly higher than the male rate. The increases in the female rate in early teenage years were particularly striking. For 17-18 year-olds, the female rate of deliberate self harm was almost 700 per 100,000. However, for the first time the peak rate of deliberate self harm for both genders was among 20 year-olds (776 per 100,000 for men and 714 per 100,000 for women), higher levels than previously recorded by the Registry for this age. At each age from 20 to 24, the male rate was higher than the female rate by a margin in the range of 4-27%.

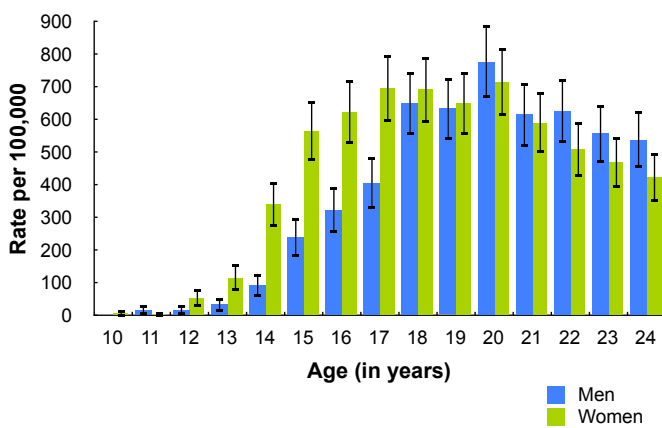


Figure 11: Person-based rate of deliberate self harm in the Republic of Ireland in 2010 by single year of age for 10-24 year-olds.

VARIATION BY HSE REGION

The 13% higher incidence of deliberate self harm for women compared to men varied by HSE region. The female rate of deliberate self harm was significantly higher than the male rate in the HSE regions of Dublin/ Mid-Leinster (+24%), Dublin/ North East (+21%) and West (+17%). In the HSE South, the male rate was 6% higher.

In 2010, the incidence of female deliberate self harm in the HSE Dublin/ North East Region was significantly higher (+15%) than the national rate. For men, the rate in the HSE South region was significantly higher (+19%) than nationally whereas the rate in the HSE Dublin/ Mid-Leinster (-14%) and West (-9%) regions was significantly lower.

The aforementioned 4% increase in the national male rate of deliberate self harm was primarily due to the 15% increase in the male rate in the HSE South region. The 4% increase in the national female rate of deliberate self harm was due to the increases in the HSE South (+10%) and West (+9%) regions.

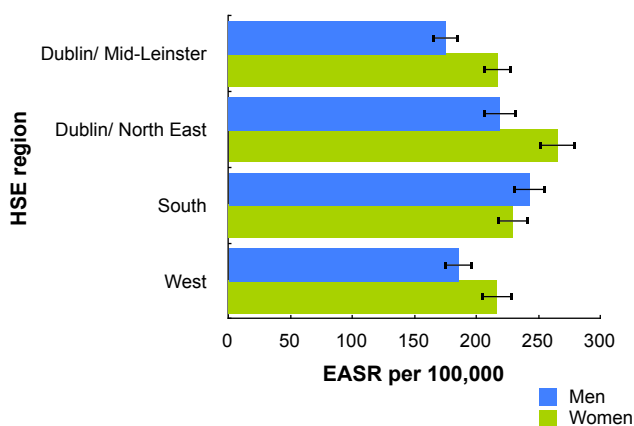


Figure 12: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by HSE region of residence and gender.

HSE Region	Men					Women				
	Rate	95% CI*	Rate difference**	95% CI***	% difference	Rate	95% CI*	Rate difference**	95% CI***	% difference
Dublin/ Mid-Leinster	175.8	(+/-14)	-29	(+/-12)	-14.1	217.4	(+/-15)	-13	(+/-13)	-5.7
Dublin/ North East	219.1	(+/-13)	14	(+/-15)	7.1	265.5	(+/-12)	35	(+/-16)	15.2
South	243.1	(+/-12)	39	(+/-14)	18.8	229.5	(+/-13)	-1	(+/-14)	-0.4
West	185.8	(+/-11)	-19	(+/-13)	-9.2	216.9	(+/-11)	-14	(+/-14)	-5.9
Ireland	204.6	(+/-6)				230.5	(+/-6)			

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

Table 10: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by HSE region of residence and gender with comparison to the national rate.

HSE Region	Men					Women				
	2010	2009	Rate difference	95% CI*	% difference	2010	2009	Rate difference	95% CI*	% difference
Dublin/ Mid-Leinster	175.8	163.0	13	(+/-20)	7.9	217.4	211.6	6	(+/-21)	2.7
Dublin/ North East	219.1	232.6	-14	(+/-18)	-5.8	265.5	278.3	-13	(+/-17)	-4.6
South	243.1	210.7	32	(+/-17)	15.4	229.5	208.3	21	(+/-18)	10.2
West	185.8	191.5	-6	(+/-15)	-3.0	216.9	199.5	17	(+/-16)	8.7
Ireland	204.6	197.1	7	(+/-9)	3.8	230.5	221.9	9	(+/-9)	3.9

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

Table 11: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 and 2009 by HSE region of residence and gender.

The increases in the male and female rates of deliberate self harm in the HSE South were most striking in young adults. The rate increased by 24% in men aged 15-29 years (from 489 to 607 per 100,000) and increased by 25% in women aged 20-24 years (from 460 to 573 per 100,000). There were also striking increases in the rate of deliberate self harm in 20-24 year-old men in the HSE West (from 438 to 633 per 100,000; +45%) and 20-24 year-old women in the HSE Dublin/ Mid-Leinster (from 339 to 504 per 100,000; +49%).

Notable changes occurred in some other age-sex groups. In the HSE Dublin/ Mid-Leinster, there was a 27% increase in the rate among 40-59 year-olds (from 162 to 205 per 100,000). There was a doubling of the incidence of hospital-treated self harm among men aged 65-84 years in the HSE Dublin/ Mid-Leinster (from 23 to 53 per 100,000; +113%) and the HSE Dublin/ North East (from 28 to 63 per 100,000; +129%). However, it must be borne in mind that the number of persons involved was relatively small.

URBAN AND RURAL DISTRICT COMPARISON BY HSE REGION

Figure 13 illustrates the deliberate self harm rate for residents of urban districts and rural districts in each of the four HSE regions. Nationally, the incidence of persons presenting to hospital with deliberate self harm was 344 per 100,000 for residents of urban districts which was more than twice (+114%) the incidence rate of 161 per 100,000 among residents of rural districts. In each HSE region, the incidence of deliberate self harm was significantly higher in the urban district population. Compared to rural district the deliberate self harm rate was 131%, 137% and 130% higher in the urban district populations of the HSE regions of Dublin/ North East, South and West, respectively. The difference was far less pronounced in the HSE Dublin/ Mid-Leinster where the urban district population had a 54% higher rate.

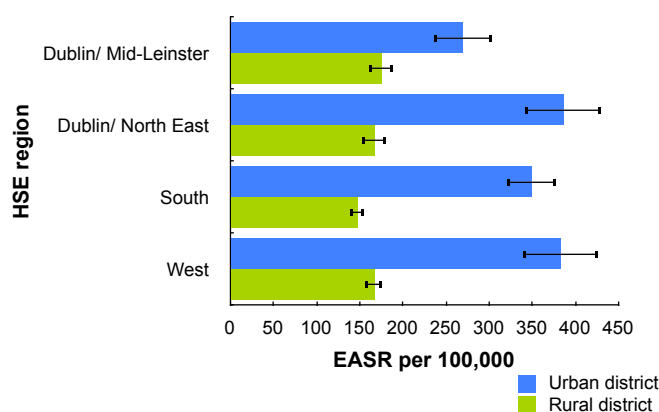


Figure 13: Person-based European age-standardised rate (EASR) of deliberate self harm in 2010 for urban and rural district residents by HSE region.

RATE BY CITY AND COUNTY

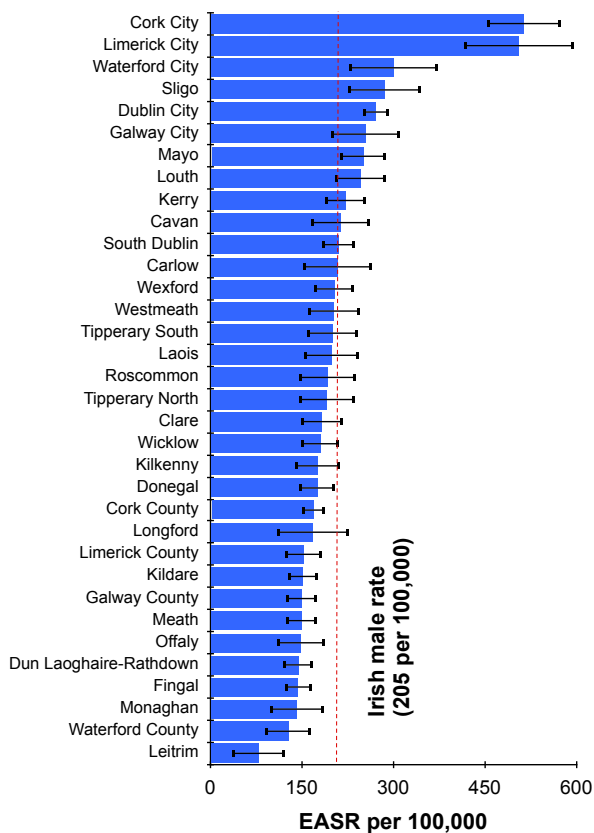


Figure 14a: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by city/county of residence for men.

There was widespread variation in the male and female deliberate self harm rate when examined by city/county of residence. The male rate varied from 79 per 100,000 for Leitrim to 513 per 100,000 for Cork City. The lowest and highest female rate was recorded for Leitrim and Limerick City residents at 92 and 572 per 100,000, respectively. Relative to the national rate, a high rate of deliberate self harm was recorded for male and female city residents and for men living in Sligo and women living in Longford, Tipperary North and South Dublin. The rate of deliberate self harm among men in Cork City and among men and women in Limerick City was exceptionally high at 2.5 times the national rate.

At a national level, the female deliberate self harm rate exceeded the male rate by 13%. The magnitude of this gender difference varied by

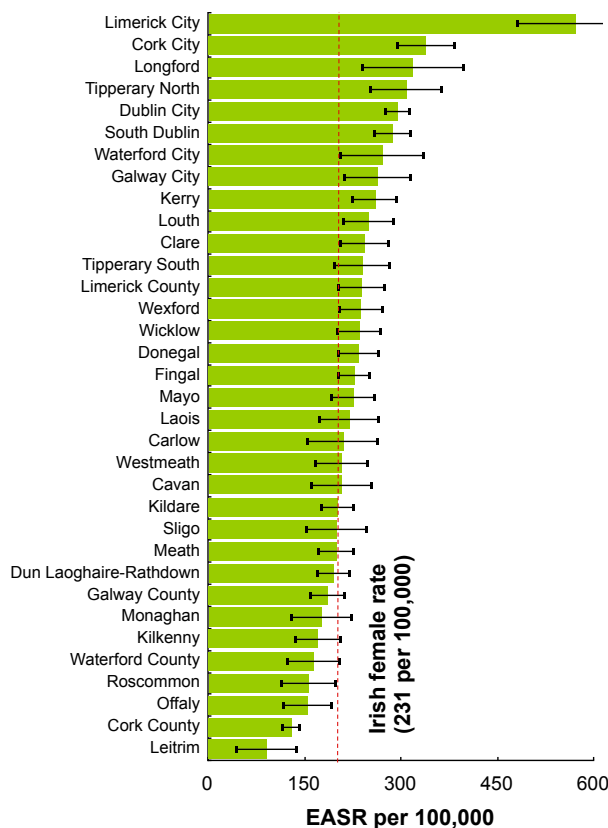


Figure 14b: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by city/county of residence for women.

city/county. The female rate far exceeded the male rate in Fingal (+59%), Tipperary North (+62%) and in counties Longford (+90%) and Limerick (+56%). The opposite pattern of a significantly lower rate in women than men was observed in Cork city (-34%) and county (-23%) and in Sligo (-30%) and Roscommon (-19%).

Between 2009 and 2010, the national rate of hospital-treated deliberate self harm increased by 4% for men and for women. The most notable increases among men were observed in Laois (+67%), Sligo (+60%) and Cork city (+25%) and county (+27%) whereas the rate fell significantly in Galway city (-26%). The female rate increased significantly in Tipperary North (+46%), Clare (+30%), Cork city (+23%) and South Dublin (20%) whereas it fell by 26% in Galway city.

There have been significant year-to-year increases in the rate of hospital-treated deliberate self in Ireland since the advent of the economic recession in 2008. Comparing 2007 to 2010, the overall rate increased by 15% from 188 to 217 per 100,000, the male rate increased by 27% from 162 to 205 per 100,000 and the female rate increased by 7% from 210 to 231 per 100,000. Figures 15a and 15b illustrate, for each county and city, the percentage change in the rate of hospital-treated self harm from 2007 to 2010.

There has been an increase in the male rate of self harm in every city and county except Galway city. The male rate has approximately doubled in Sligo and Cork city and county and very large increases have also been observed in the counties of Laois, Monaghan and Mayo. Most cities and counties have also observed an increase in the female rate of hospital-treated deliberate self harm. The most notable of these has been a doubling of the rate in Longford and there were above average increases in the counties of Laois, Clare and Waterford and in Cork city.

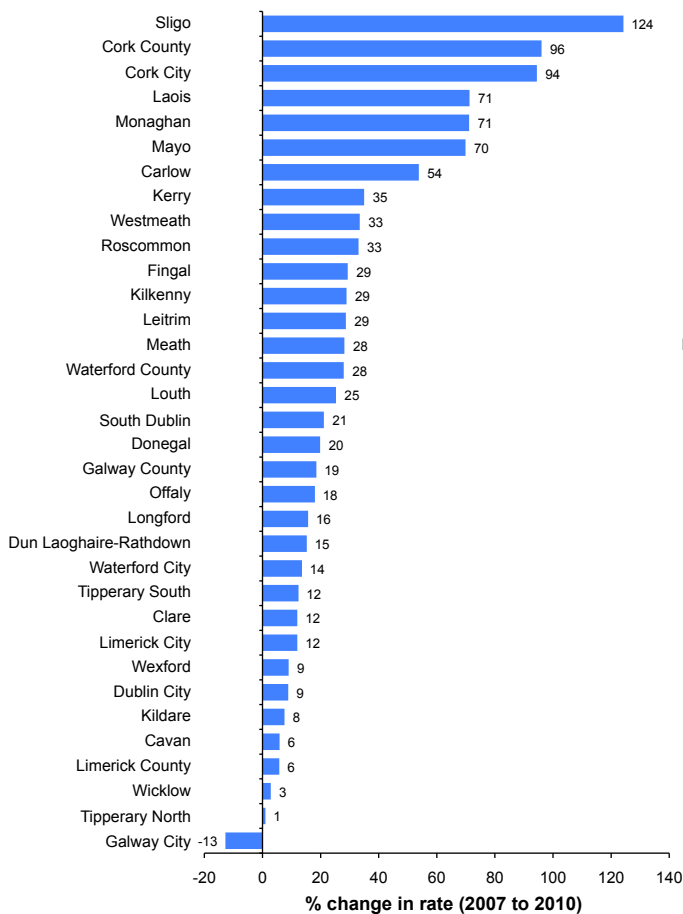


Figure 15a: Percentage change from 2007 to 2010 in the person-based European age-standardised rate of deliberate self harm in the Republic of Ireland by city/county of residence for men.

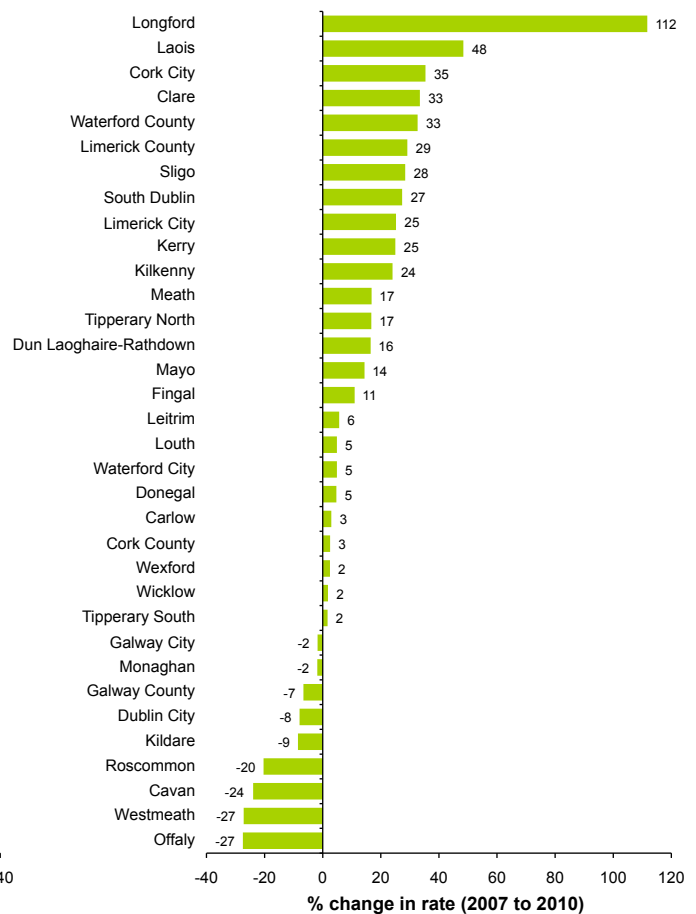


Figure 15b: Percentage change from 2007 to 2010 in the person-based European age-standardised rate of deliberate self harm in the Republic of Ireland by city/county of residence for women.

VARIATION BY HSE LOCAL HEALTH OFFICE AREA

The country's 32 HSE Local Health Offices (LHOs) have been the central focus of all HSE primary, community and continuing care services. In 2011, HSE area management structures were reconfigured resulting in the 32 LHO areas being superseded by 17 integrated service areas. These areas will include all hospital services and LHO services and future Registry reports will detail and map the incidence of hospital-treated deliberate self harm for these areas.

For 2010, Table 12 details the population (derived by the National Census 2006), number of men and women who presented to hospital as a result of deliberate self harm and the incidence rate (age-adjusted to the European standard population) for each LHO area. Thematic maps

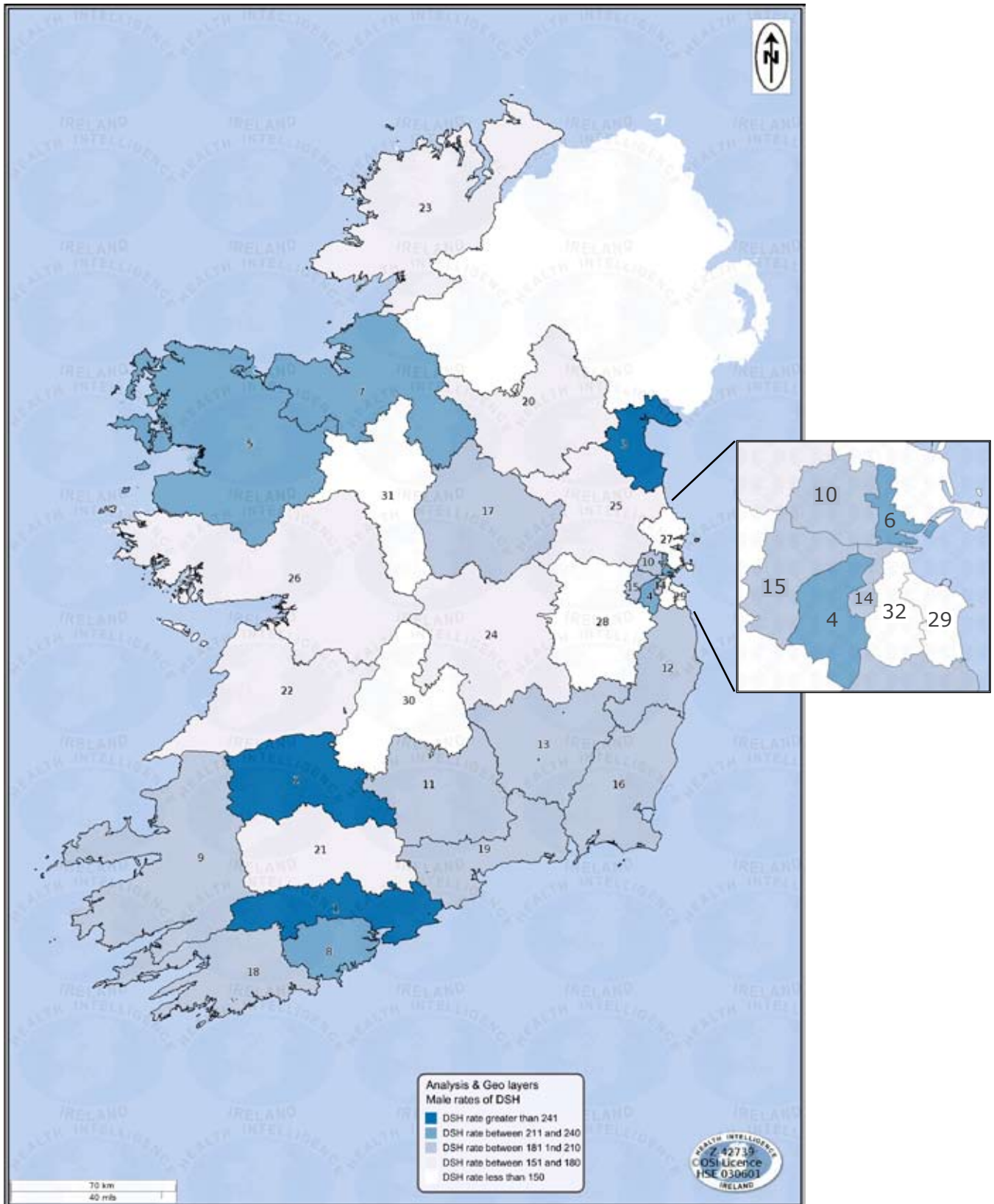
are also provided to illustrate the variation in the male and female incidence of hospital-treated deliberate self harm by LHO area.

There was approximately a threefold difference in the rate of deliberate self harm when examined by LHO area. The rate for men ranged from 103 per 100,000 in Dublin South East to 265 per 100,000 in Cork North Lee and for women ranged from 115 per 100,000 in Cork West to 348 per 100,000 in Limerick. The male rate exceeded 250 per 100,000 for Cork North Lee, Limerick and Louth. As well as Limerick LHO, the female rate in Wicklow and four of the eight Dublin LHOs (Dublin West, Dublin South West, Dublin North West and Dublin North Central) exceeded 270 per 100,000.

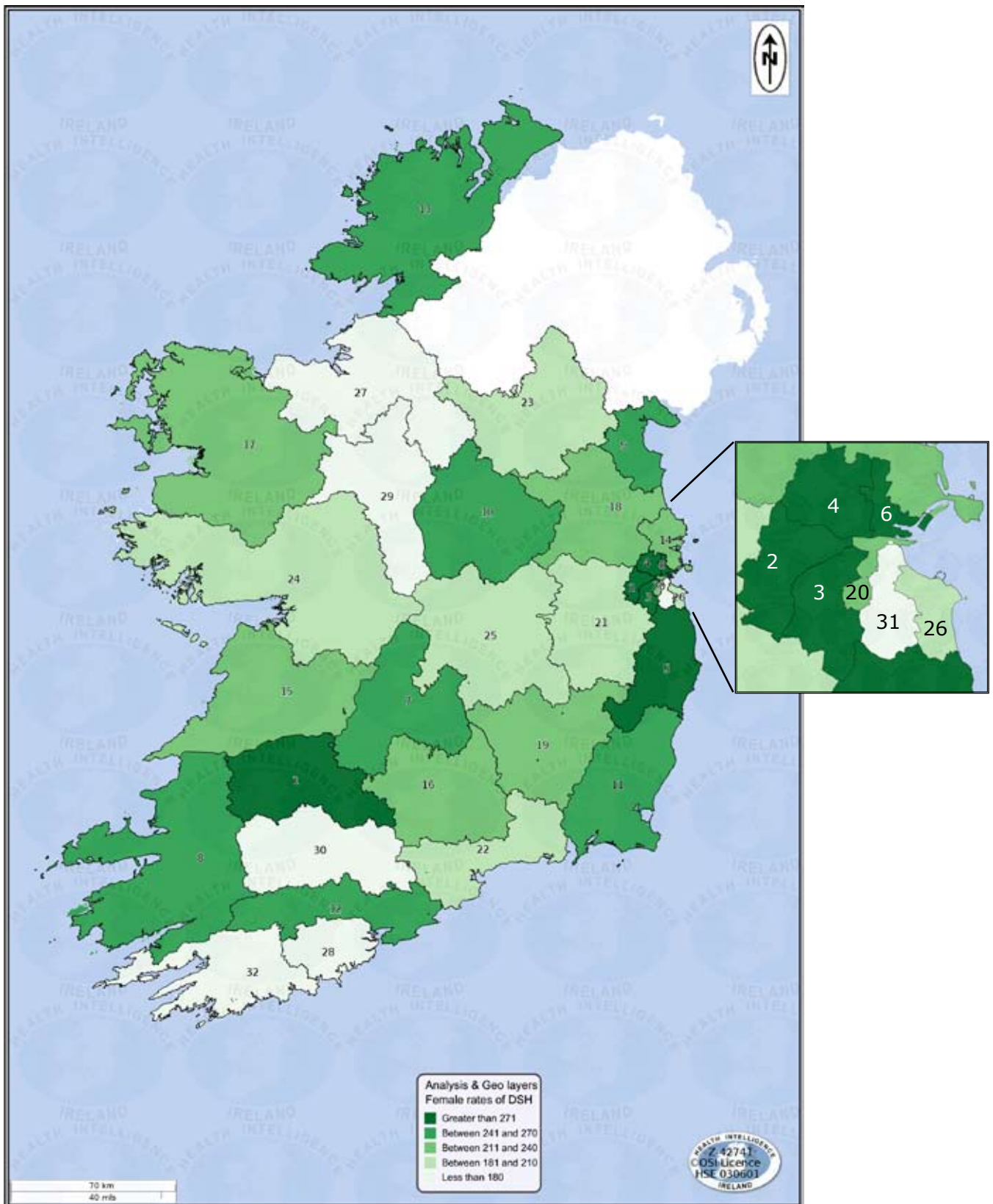
HSE Region and LHO		Men			Women				
		Population*	Deliberate self harm		Population*	Deliberate self harm			
			Persons	Rate**	Rank		Persons	Rate**	Rank
DUBLIN MID LEINSTER	Dublin South City	66483	154	198	14	67861	152	213	20
	Dublin South East	53042	60	103	32	57445	75	124	31
	Dublin South West	72666	184	237	4	75696	216	278	3
	Dublin West	66343	142	198	15	66737	219	314	2
	Kildare/West Wicklow	102893	159	148	28	100434	218	210	21
	Laois/Offaly	70346	122	163	24	67581	131	194	25
	Longford/Westmeath	57392	110	188	17	56345	140	251	10
	Dun Laoghaire	60055	91	146	29	66327	126	188	26
DUBLIN NORTH EAST	Wicklow	54202	114	199	12	55000	153	274	5
	Cavan/Monaghan	60827	110	179	20	57964	117	205	23
	Dublin North	109346	176	150	27	112703	274	236	14
	Dublin North Central	62639	169	226	6	63933	179	273	6
	Dublin North West	91983	208	201	10	93917	255	275	4
	Louth	55335	148	252	3	55932	147	262	9
	Meath	82651	133	155	25	80180	176	215	18
	SOUTH	Carlow/Kilkenny	61065	128	199	13	59566	129	214
Cork North		41080	74	177	21	39689	52	135	30
Cork North Lee		84204	265	287	1	83497	211	246	12
Cork South Lee		88297	203	211	8	90963	161	167	28
Cork West		27233	48	186	18	26332	28	115	32
Kerry		70641	145	204	9	69194	179	267	8
Tipperary South		44933	91	200	11	43508	93	218	16
Waterford		60058	113	182	19	59959	126	209	22
WEST	Wexford	66070	129	195	16	65679	161	247	11
	Clare	56048	96	169	22	54902	124	233	15
	Donegal	73970	122	168	23	73294	173	241	13
	Galway	116476	197	154	26	115194	241	201	24
	Limerick	75891	218	263	2	75399	274	348	1
	Mayo	62636	141	230	5	61203	126	217	17
	Tipperary North/East Limerick	50357	77	142	30	48431	132	267	7
	Roscommon	30178	41	138	31	28590	42	156	29
Sligo/Leitrim/West Cavan	45831	102	221	7	45222	79	177	27	

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

Table 12: Deliberate self harm in 2010 by HSE Local Health Office (LHO) area of residence and gender



Map 1: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by HSE Local Health Office area for men (Numbers indicate rank of rate from 1 for highest to 32 for lowest).



Map 2: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2010 by HSE Local Health Office area for women (Numbers indicate rank of rate from 1 for highest to 32 for lowest).

Appendices

A photograph of a table with numerical data, likely a statistical table. The table is overlaid with a semi-transparent green filter. It occupies the lower-right quadrant of the page.

0.9102	1.90	0.9713	2.40
0.9207	1.91	0.9719	2.41
0.9222	1.92	0.9726	2.42
0.9236	1.93	0.9732	2.43
0.9251	1.94	0.9738	2.44
0.9265	1.95	0.9744	2.45
0.9279	1.96	0.9750	2.46
0.9292	1.97	0.9756	2.47
0.9306	1.98	0.9761	2.48
0.9319	1.99	0.9767	2.49

APPENDIX 1A: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN/MIDLANDS HOSPITALS GROUP, 2010

	Adelaide & Meath & National Children's Hospital, Tallaght		Midland Regional Hospital, Mullingar		Midland Regional Hospital, Portlaoise		Midland Regional Hospital, Tullamore		Naas General Hospital		Our Lady's Children's Hospital, Crumlin	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	6	26	0	<5	0	0	<5	0	0	<5	5	17
15-19yrs	22	65	15	18	7	15	7	11	27	31	5	8
20-24yrs	51	49	12	20	18	20	11	9	19	33	0	0
25-34yrs	87	86	18	25	24	20	19	17	43	45	0	0
35-44yrs	46	57	17	26	25	24	12	15	44	53	0	0
45-54yrs	65	54	20	29	10	27	<5	8	16	38	0	0
55-64yrs	18	28	7	14	<5	<5	<5	<5	12	13	0	0
65yrs+	0	5	<5	<5	0	0	<5	<5	7	<5	0	0
Total	295	370	92	137	87	108	59	62	168	217	10	25

APPENDIX 1B: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2010

	St Columcille's Hospital, Loughlinstown		St James's Hospital		St Michael's Hospital, Dun Laoghaire		Other	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	0	0	<5	0	<5	<5	0
15-19yrs	22	40	29	37	0	<5	13	31
20-24yrs	34	39	52	42	6	<5	23	43
25-34yrs	60	44	122	105	<5	<5	53	61
35-44yrs	39	67	94	64	<5	6	52	42
45-54yrs	24	45	52	57	<5	5	30	32
55-64yrs	10	17	14	22	<5	<5	7	12
65yrs+	5	24	9	8	0	<5	7	18
Total	194	276	372	336	15	24	186	239

APPENDIX 1C: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2010

	Beaumont Hospital		Children's University Hospital, Temple Street		James Connolly Hospital, Blanchardstown		Mater Misericordiae University Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	0	6	30	0	0	0	0
15-19yrs	25	44	6	29	28	43	59	33
20-24yrs	52	35	0	0	40	43	71	49
25-34yrs	67	92	0	0	52	49	123	102
35-44yrs	40	77	0	0	40	55	83	84
45-54yrs	36	63	0	0	15	54	44	68
55-64yrs	7	36	0	0	<5	24	12	15
65yrs+	8	7	0	0	<5	6	7	<5
Total	235	354	12	59	181	274	399	354

APPENDIX 1D: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2010

	Cavan General Hospital		Louth County Hospital		Our Lady of Lourdes Hospital, Drogheda		Our Lady's Hospital, Navan	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	<5	0	<5	5	<5	<5
15-19yrs	10	17	5	6	36	31	8	21
20-24yrs	15	15	9	7	28	31	15	17
25-34yrs	30	32	15	15	44	44	22	30
35-44yrs	21	27	9	8	45	35	32	30
45-54yrs	14	22	7	14	26	25	14	14
55-64yrs	11	<5	0	5	<5	6	8	5
65yrs+	<5	<5	0	0	<5	7	<5	5
Total	106	124	46	55	189	184	103	125

APPENDIX 1E: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTH EASTERN HOSPITALS GROUP, 2010

	St Luke's General Hospital, Kilkenny		South Tipperary General Hospital		Waterford Regional Hospital		Wexford General Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	0	5	<5	<5	0	9
15-19yrs	30	19	14	23	20	41	27	31
20-24yrs	35	17	15	32	30	33	29	26
25-34yrs	42	40	40	46	33	32	29	56
35-44yrs	34	41	31	41	40	28	37	43
45-54yrs	19	26	22	41	13	20	17	23
55-64yrs	7	8	10	5	6	11	5	13
65yrs+	<5	<5	0	6	<5	<5	<5	5
Total	171	154	132	199	147	170	146	206

APPENDIX 1F: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE SOUTHERN HOSPITALS GROUP, 2010

	Bantry General Hospital		Cork University Hospital		Kerry General Hospital		Mallow General Hospital		Mercy University Hospital, Cork		South Infirmary Victoria Hospital Cork	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	6	<5	8	<5	0	8	6	0	<5
15-19yrs	7	<5	50	43	31	33	8	7	49	43	7	<5
20-24yrs	<5	<5	47	37	40	29	10	<5	56	47	7	6
25-34yrs	15	<5	77	38	57	50	18	<5	108	58	10	6
35-44yrs	<5	7	37	28	41	31	11	8	49	37	<5	<5
45-54yrs	5	9	28	30	18	41	5	7	33	28	<5	<5
55-64yrs	<5	<5	16	7	7	12	<5	<5	13	12	0	<5
65yrs+	<5	0	10	<5	<5	6	<5	0	<5	5	0	<5
Total	38	29	267	191	202	210	58	29	320	236	31	21

APPENDIX 1G: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE MID-WESTERN HOSPITALS GROUP, 2010

	Mid-Western Regional Hospital, Ennis		Mid-Western Regional Hospital, Limerick		Mid-Western Regional Hospital, Nenagh		St John's Hospital, Limerick	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	17	0	0	0	0
15-19yrs	6	10	54	71	<5	<5	<5	<5
20-24yrs	10	12	89	115	5	12	<5	7
25-34yrs	9	18	110	124	8	5	<5	5
35-44yrs	13	16	76	90	7	5	9	<5
45-54yrs	<5	9	74	63	<5	<5	5	<5
55-64yrs	5	<5	14	24	<5	5	<5	0
65yrs+	<5	<5	7	7	<5	0	0	0
Total	48	71	428	511	29	35	26	21

APPENDIX 1H: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE HSE WEST/NORTH WESTERN HOSPITALS GROUP, 2010

	Letterkenny General Hospital		Mayo General Hospital		Portiuncula Hospital, Ballinasloe		Roscommon County Hospital		Sligo General Hospital		University College Hospital, Galway	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	7	0	<5	0	0	0	<5	<5	7
15-19yrs	19	48	29	33	13	17	6	<5	16	21	29	51
20-24yrs	20	18	31	37	12	12	11	5	41	14	62	42
25-34yrs	43	48	40	31	18	8	18	5	42	29	68	54
35-44yrs	28	35	34	39	18	16	14	14	30	32	53	60
45-54yrs	22	21	29	20	5	14	16	15	18	14	29	43
55-64yrs	11	11	10	9	<5	<5	<5	<5	7	8	9	15
65yrs+	6	5	<5	<5	<5	<5	0	<5	<5	<5	<5	<5
Total	149	190	178	179	71	76	69	48	155	123	255	275

APPENDIX 2A: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN/ MIDLANDS HOSPITALS GROUP, 2010

	Adelaide & Meath & National Children's Hospital, Tallaght (n=665)	Midland Regional Hospital, Mullingar (n=229)	Midland Regional Hospital, Portlaoise (n=195)	Midland Regional Hospital, Tullamore (n=121)	Naas General Hospital (n=385)	Our Lady's Children's Hospital, Crumlin (n=35)
General admission	32.6%	58.5%	36.4%	33.1%	33.0%	74.3%
Psychiatric admission	3.3%	7.9%	16.9%	8.3%	14.5%	0%
Patient would not allow admission	0.3%	0%	0%	0%	0.3%	5.7%
Left before recommendation	12.5%	8.7%	10.3%	13.2%	11.9%	0%
Not admitted	51.3%	24.9%	36.4%	45.5%	40.3%	20.0%

APPENDIX 2B: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2010

	St Columcille's Hospital, Loughlinstown (n=470)	St James's Hospital (n=708)	St Michael's Hospital, Dun Laoghaire (n=39)	Other (n=425)
General admission	22.8%	9.5%	41.0%	14.4%
Psychiatric admission	10.6%	24.2%	7.7%	20.7%
Patient would not allow admission	0%	0.1%	0%	0%
Left before recommendation	11.9%	24.6%	5.1%	8.0%
Not admitted	54.7%	41.7%	46.2%	56.9%

APPENDIX 2C: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2010

	Beaumont Hospital (n=589)	Children's University Hospital, Temple Street (n=71)	James Connolly Hospital, Blanchardstown (n=455)	Mater Misericordiae University Hospital (n=753)
General admission	11.2%	53.5%	10.8%	10.1%
Psychiatric admission	0.5%	0%	12.1%	19.3%
Patient would not allow admission	0.3%	0%	0.7%	1.7%
Left before recommendation	18.0%	4.2%	26.6%	29.1%
Not admitted	69.9%	42.3%	49.9%	39.8%

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-2I may be underestimates.

APPENDIX 2D: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2010

	Cavan General Hospital (n=230)	Louth County Hospital (n=101)	Monaghan General Hospital (n=373)	Our Lady of Lourdes Hospital, Drogheda (n=228)	Our Lady's Hospital, Navan (n=230)
General admission	35.7%	50.5%	18.0%	28.9%	35.7%
Psychiatric admission	4.3%	0%	0.8%	3.5%	4.3%
Patient would not allow admission	0%	0%	0%	0%	0%
Left before recommendation	19.6%	14.9%	19.3%	8.8%	19.6%
Not admitted	40.4%	34.7%	61.9%	58.8%	40.4%

APPENDIX 2E: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH EASTERN HOSPITALS GROUP, 2010

	St Luke's General Hospital, Kilkenny (n=325)	South Tipperary General Hospital (n=331)	Waterford Regional Hospital (n=317)	Wexford General Hospital (n=352)
General admission	74.2%	50.8%	26.2%	70.5%
Psychiatric admission	5.5%	15.4%	15.8%	4.0%
Patient would not allow admission	0.9%	0.6%	0.9%	0.6%
Left before recommendation	8.6%	7.6%	13.6%	10.5%
Not admitted	10.8%	25.7%	43.5%	14.5%

APPENDIX 2F: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTHERN HOSPITALS GROUP, 2010

	Bantry General Hospital (n=67)	Cork University Hospital (n=458)	Kerry General Hospital (n=412)	Mallow General Hospital (n=87)	Mercy University Hospital, Cork (n=556)	South Infirmary Victoria Hospital Cork (n=52)
General admission	52.2%	41.0%	20.4%	60.9%	8.3%	23.1%
Psychiatric admission	10.4%	0.2%	24.5%	2.3%	5.8%	0%
Patient would not allow admission	3.0%	0%	0.2%	0%	0.2%	0%
Left before recommendation	7.5%	8.1%	11.4%	9.2%	10.4%	1.9%
Not admitted	26.9%	50.7%	43.4%	27.6%	75.4%	75.0%

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-2I may be underestimates.

APPENDIX 2G: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE MID-WESTERN HOSPITALS GROUP, 2010

	Mid-Western Regional Hospital, Ennis (n=119)	Mid-Western Regional Hospital, Limerick (n=939)	Mid-Western Regional Hospital, Nenagh (n=64)	St John's Hospital, Limerick (n=47)
General admission	47.9%	39.6%	64.1%	29.8%
Psychiatric admission	10.1%	11.2%	4.7%	0%
Patient would not allow admission	1.7%	2.3%	3.1%	0%
Left before recommendation	9.2%	18.6%	1.6%	25.5%
Not admitted	31.1%	28.2%	26.6%	44.7%

APPENDIX 2H: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE WEST/ NORTH WESTERN HOSPITALS GROUP, 2010

	Letterkenny General Hospital (n=339)	Mayo General Hospital (n=357)	Portiuncula Hospital, Ballinasloe (n=147)	Roscommon County Hospital (n=117)	Sligo General Hospital (n=278)	University College Hospital, Galway (n=530)
General admission	48.1%	36.4%	49.7%	59.0%	23.7%	19.2%
Psychiatric admission	10.3%	12.0%	22.4%	8.5%	2.2%	14.7%
Patient would not allow admission	2.1%	2.0%	2.0%	3.4%	0%	1.3%
Left before recommendation	10.0%	14.3%	9.5%	10.3%	1.4%	20.6%
Not admitted	29.5%	35.3%	16.3%	18.8%	72.7%	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-2I may be underestimates.

APPENDIX 3A: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN/MIDLANDS HOSPITALS GROUP, 2010

		Adelaide & Meath & National Children's Hospital, Tallaght	Midland Regional Hospital, Mullingar	Midland Regional Hospital, Portlaoise	Midland Regional Hospital, Tullamore	Naas General Hospital	Our Lady's Children's Hospital, Crumlin
Number of individuals treated	Men	246	78	74	54	152	8
	Women	331	122	86	58	182	24
	Total	577	200	160	112	334	32
Number who repeated	Men	26	12	13	4	17	2
	Women	32	15	13	4	25	2
	Total	58	27	26	8	42	4
Percentage who repeated	Men	10.6%	15.4%	17.6%	7.4%	11.2%	25%
	Women	9.7%	12.3%	15.1%	6.9%	13.7%	8.3%
	Total	10.1%	13.5%	16.3%	7.1%	12.6%	12.5%

APPENDIX 3B: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN SOUTH HOSPITALS GROUP, 2010

		St Columcille's Hospital, Loughlinstown	St James's Hospital	St Michael's Hospital, Dun Laoghaire	Other
Number of individuals treated	Men	163	296	13	153
	Women	212	296	20	184
	Total	375	592	33	337
Number who repeated	Men	34	51	3	30
	Women	43	49	5	36
	Total	77	100	8	66
Percentage who repeated	Men	20.9%	17.2%	23.1%	19.6%
	Women	20.3%	16.6%	25.0%	19.6%
	Total	20.5%	16.9%	24.2%	19.6%

APPENDIX 3C: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE DUBLIN NORTH EAST HOSPITALS GROUP, 2010

		Beaumont Hospital	Children's University Hospital, Temple Street	James Connolly Hospital,	Mater Misericordiae University Hospital
Number of individuals treated	Men	198	12	159	315
	Women	273	49	235	271
	Total	471	61	394	586
Number who repeated	Men	27	1	18	53
	Women	49	11	32	58
	Total	76	12	50	111
Percentage who repeated	Men	13.6%	8.3%	11.3%	16.8%
	Women	17.9%	22.4%	13.6%	21.4%
	Total	16.1%	19.7%	12.7%	18.9%

APPENDIX 3D: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE NORTH EASTERN HOSPITALS GROUP, 2010

		Cavan General Hospital	Louth County Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan
Number of individuals treated	Men	93	41	171	87
	Women	105	50	169	113
	Total	198	91	340	200
Number who repeated	Men	9	11	16	10
	Women	13	7	18	8
	Total	22	18	34	18
Percentage who repeated	Men	9.7%	26.8%	9.4%	11.5%
	Women	12.4%	14.0%	10.7%	7.1%
	Total	11.1%	19.8%	10.0%	9.0%

APPENDIX 3E: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTH EASTERN HOSPITALS GROUP, 2010

		St Luke's General Hospital, Kilkenny	South Tipperary General Hospital	Waterford Regional Hospital	Wexford General Hospital
Number of individuals treated	Men	137	100	125	124
	Women	134	133	135	172
	Total	271	233	260	296
Number who repeated	Men	27	22	18	13
	Women	10	25	21	25
	Total	37	47	39	38
Percentage who repeated	Men	19.7%	22.0%	14.4%	10.5%
	Women	7.5%	18.8%	15.6%	14.5%
	Total	13.7%	20.2%	15.0%	12.8%

APPENDIX 3F: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE SOUTHERN HOSPITALS GROUP, 2010

		Bantry General Hospital	Cork University Hospital	Kerry General Hospital	Mallow General Hospital	Mercy University Hospital, Cork	South Infirmary/Victoria Hospital, Cork
Number of individuals treated	Men	31	246	154	56	300	31
	Women	24	174	182	27	223	20
	Total	55	420	336	83	523	51
Number who repeated	Men	5	16	36	6	26	2
	Women	4	11	20	2	15	1
	Total	9	27	56	8	41	3
Percentage who repeated	Men	16.1%	6.5%	23.4%	10.7%	8.7%	6.5%
	Women	16.7%	6.3%	11.0%	7.4%	6.7%	5.0%
	Total	16.4%	6.4%	16.7%	9.6%	7.8%	5.9%

APPENDIX 3G: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE MID-WESTERN HOSPITALS GROUP, 2010

		Mid-Western Regional Hospital, Ennis	Mid-Western Regional Hospital, Limerick	Mid-Western Regional Hospital, Nenagh	St John's Hospital, Limerick
Number of individuals treated	Men	41	320	27	20
	Women	62	408	31	17
	Total	103	728	58	37
Number who repeated	Men	6	73	1	4
	Women	12	68	4	7
	Total	18	141	5	11
Percentage who repeated	Men	14.6%	22.8%	3.7%	20.0%
	Women	19.4%	16.7%	12.9%	41.2%
	Total	17.5%	19.4%	8.6%	29.7%

APPENDIX 3H: REPETITION BY GENDER AND HOSPITAL FOR INDIVIDUALS TREATED IN THE HSE WEST/ NORTH WESTERN HOSPITALS GROUP, 2010

		Letterkenny General Hospital	Mayo General Hospital	Portiuncula Hospital, Ballinasloe	Roscommon County Hospital	Sligo General Hospital	University College Hospital, Galway
Number of individuals treated	Men	121	143	58	49	122	208
	Women	157	130	65	38	105	219
	Total	278	273	123	87	227	427
Number who repeated	Men	19	25	12	13	22	33
	Women	19	24	10	7	16	26
	Total	38	49	22	20	38	59
Percentage who repeated	Men	15.7%	17.5%	20.7%	26.5%	18.0%	15.9%
	Women	12.1%	18.5%	15.4%	18.4%	15.2%	11.9%
	Total	13.7%	17.9%	17.9%	23.0%	16.7%	13.8%

APPENDIX 4: DELIBERATE SELF HARM BY RESIDENTS OF THE REPUBLIC OF IRELAND, 2010

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	181500	0	0	(+/-0)	172300	0	0	(+/-0)
5-9yrs	159700	<5	1	(+/-1)	151900	<5	2	(+/-2)
10-14yrs	150400	49	33	(+/-9)	143200	154	108	(+/-17)
15-19yrs	139200	616	443	(+/-36)	134200	857	639	(+/-44)
20-24yrs	133300	835	626	(+/-43)	142400	777	546	(+/-39)
25-29yrs	191400	718	375	(+/-28)	200800	591	294	(+/-24)
30-34yrs	187500	520	277	(+/-24)	190700	524	275	(+/-24)
35-39yrs	174700	481	275	(+/-25)	174200	515	296	(+/-26)
40-44yrs	158800	412	259	(+/-26)	156500	469	300	(+/-28)
45-49yrs	149500	334	223	(+/-24)	149600	475	318	(+/-29)
50-54yrs	133800	234	175	(+/-23)	133000	304	229	(+/-26)
55-59yrs	120100	143	119	(+/-20)	119100	188	158	(+/-23)
60-64yrs	106900	91	85	(+/-18)	106400	122	115	(+/-21)
65-69yrs	80200	47	59	(+/-17)	82000	56	68	(+/-18)
70-74yrs	60300	31	51	(+/-18)	65400	31	47	(+/-17)
75-79yrs	43700	16	37	(+/-18)	53000	14	26	(+/-14)
80-84yrs	26500	10	38	(+/-24)	40200	7	17	(+/-13)
85yrs+	18600	<5	5	(+/-11)	39500	<5	10	(+/-10)
Total**	2216000	4539	205	(+/-6)	2254700	5091	231	(+/-6)

* 95% Confidence Interval.

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

APPENDIX 4A: DELIBERATE SELF HARM BY RESIDENTS
OF THE HSE DUBLIN/ MID-LEINSTER REGION, 2010

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	53052	0	0	(+/-0)	50215	0	0	(+/-0)
5-9yrs	45971	<5	2	(+/-4)	43781	<5	2	(+/-5)
10-14yrs	42339	9	21	(+/-14)	40137	44	110	(+/-33)
15-19yrs	38423	115	299	(+/-56)	37948	211	556	(+/-77)
20-24yrs	37070	170	459	(+/-70)	42231	213	504	(+/-69)
25-29yrs	58973	203	344	(+/-48)	62278	161	259	(+/-41)
30-34yrs	57337	137	239	(+/-41)	58029	152	262	(+/-42)
35-39yrs	51100	118	231	(+/-43)	52114	131	251	(+/-44)
40-44yrs	45408	123	271	(+/-49)	45622	131	287	(+/-50)
45-49yrs	42840	94	219	(+/-45)	43365	147	339	(+/-56)
50-54yrs	38360	66	172	(+/-42)	38554	83	215	(+/-47)
55-59yrs	33433	45	135	(+/-40)	34102	56	164	(+/-44)
60-64yrs	28445	24	84	(+/-34)	29240	37	127	(+/-42)
65-69yrs	21143	13	61	(+/-34)	22535	20	89	(+/-40)
70-74yrs	15546	6	39	(+/-32)	17984	10	56	(+/-35)
75-79yrs	11348	6	53	(+/-43)	14413	<5	21	(+/-24)
80-84yrs	7039	<5	57	(+/-57)	11150	5	45	(+/-40)
85yrs+	4976	<5	20	(+/-40)	10810	<5	19	(+/-26)
Total**	632804	1135	176	(+/-11)	654510	1407	217	(+/-11)

* 95% Confidence Interval.

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

APPENDIX 4B: DELIBERATE SELF HARM BY RESIDENTS OF THE HSE DUBLIN/ NORTH EAST REGION, 2010

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	42317	0	0	(+/-0)	39697	0	0	(+/-0)
5-9yrs	35006	0	0	(+/-0)	33376	<5	3	(+/-6)
10-14yrs	31844	14	44	(+/-23)	30466	39	128	(+/-41)
15-19yrs	29088	148	509	(+/-84)	27744	209	753	(+/-104)
20-24yrs	29337	201	685	(+/-97)	30961	172	556	(+/-85)
25-29yrs	46509	167	359	(+/-56)	48715	167	343	(+/-53)
30-34yrs	45714	122	267	(+/-48)	46815	124	265	(+/-48)
35-39yrs	40684	122	300	(+/-54)	40378	141	349	(+/-59)
40-44yrs	35108	91	259	(+/-54)	33723	111	329	(+/-62)
45-49yrs	31358	82	261	(+/-58)	30941	117	378	(+/-70)
50-54yrs	26705	53	198	(+/-55)	26628	95	357	(+/-73)
55-59yrs	23419	30	128	(+/-47)	23969	50	209	(+/-59)
60-64yrs	21470	14	65	(+/-35)	21876	28	128	(+/-48)
65-69yrs	15979	12	75	(+/-43)	16588	9	54	(+/-36)
70-74yrs	11815	7	59	(+/-45)	13473	5	37	(+/-33)
75-79yrs	8474	<5	47	(+/-47)	10596	5	47	(+/-42)
80-84yrs	5091	<5	59	(+/-68)	8039	0	0	(+/-0)
85yrs+	3359	0	0	(+/-0)	7411	<5	13	(+/-27)
Total**	483279	1070	219	(+/-14)	491394	1274	266	(+/-15)

* 95% Confidence Interval.

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

APPENDIX 4C: DELIBERATE SELF HARM BY RESIDENTS
OF THE HSE SOUTH REGION, 2010

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	44700	0	0	(+/-0)	43400	0	0	(+/-0)
5-9yrs	41100	0	0	(+/-0)	38900	0	0	(+/-0)
10-14yrs	39300	18	46	(+/-22)	37800	36	95	(+/-32)
15-19yrs	36800	236	641	(+/-83)	35700	232	650	(+/-85)
20-24yrs	33700	255	757	(+/-95)	37500	215	573	(+/-78)
25-29yrs	45500	213	468	(+/-64)	46800	147	314	(+/-52)
30-34yrs	44300	153	345	(+/-56)	45900	142	309	(+/-52)
35-39yrs	43300	133	307	(+/-53)	43100	127	295	(+/-52)
40-44yrs	40900	117	286	(+/-53)	40200	118	294	(+/-54)
45-49yrs	39200	79	202	(+/-45)	39400	118	299	(+/-55)
50-54yrs	35300	65	184	(+/-46)	34800	70	201	(+/-48)
55-59yrs	32400	39	120	(+/-39)	31400	43	137	(+/-42)
60-64yrs	29000	26	90	(+/-35)	28600	28	98	(+/-37)
65-69yrs	22300	12	54	(+/-31)	22600	14	62	(+/-33)
70-74yrs	16800	10	60	(+/-38)	18000	7	39	(+/-29)
75-79yrs	12200	<5	33	(+/-33)	14700	<5	27	(+/-27)
80-84yrs	7400	<5	27	(+/-38)	11000	0	0	(+/-0)
85yrs+	5200	0	0	(+/-0)	11000	<5	9	(+/-18)
Total**	569400	1362	243	(+/-13)	580800	1302	230	(+/-12)

* 95% Confidence Interval.

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

APPENDIX 4D: DELIBERATE SELF HARM BY RESIDENTS OF THE HSE WEST REGION, 2010

Age group	Population	Men			Population	Women		
		Deliberate self harm				Deliberate self harm		
		Persons	Rate	95% CI*		Persons	Rate	95% CI*
0-4yrs	41431	0	0	(+/-0)	38988	0	0	(+/-0)
5-9yrs	37622	0	0	(+/-0)	35943	<5	3	(+/-6)
10-14yrs	36916	8	22	(+/-15)	34796	35	101	(+/-34)
15-19yrs	34988	117	334	(+/-62)	33008	205	621	(+/-87)
20-24yrs	32992	209	633	(+/-88)	31808	177	556	(+/-84)
25-29yrs	40518	135	333	(+/-57)	43008	116	270	(+/-50)
30-34yrs	40249	108	268	(+/-52)	40055	106	265	(+/-51)
35-39yrs	39516	108	273	(+/-53)	38608	116	300	(+/-56)
40-44yrs	37383	81	217	(+/-48)	36955	109	295	(+/-57)
45-49yrs	36203	79	218	(+/-49)	35795	93	260	(+/-54)
50-54yrs	33435	50	150	(+/-42)	33018	56	170	(+/-45)
55-59yrs	30849	29	94	(+/-35)	29629	39	132	(+/-42)
60-64yrs	27985	27	96	(+/-37)	26785	29	108	(+/-40)
65-69yrs	20678	10	48	(+/-31)	20377	13	64	(+/-35)
70-74yrs	15939	8	50	(+/-35)	15942	9	56	(+/-38)
75-79yrs	11677	<5	17	(+/-24)	13290	<5	15	(+/-21)
80-84yrs	6970	<5	14	(+/-29)	10211	<5	20	(+/-28)
85yrs+	5165	0	0	(+/-0)	10179	0	0	(+/-0)
Total**	530517	972	186	(+/-12)	528396	1108	217	(+/-13)

* 95% Confidence Interval.

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



0.9102	1.90	0.9713	2.40
0.9207	1.91	0.9719	2.41
0.9222	1.92	0.9726	2.42
0.9236	1.93	0.9732	2.43
0.9251	1.94	0.9738	2.44
0.9265	1.95	0.9744	2.45
0.9279	1.96	0.9750	2.46
0.9292	1.97	0.9756	2.47

