



NATIONAL PARASUICIDE REGISTRY IRELAND

ANNUAL REPORT 2002

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Introduction and Executive Summary

This is the second annual report from the National Parasuicide Registry. It is based primarily on data collected over the year 2002 on persons presenting to hospital with parasuicide (deliberate self-harm). Parasuicide data were collected from each health board region in the Republic of Ireland. There was complete coverage of the Midland, Mid-Western, North Eastern, North Western, South Eastern, Southern and Western Health Boards and partial coverage of the Eastern Regional Health Authority. In total, parasuicide data were collected for the full calendar year from 35 acute hospitals. Three acute hospitals were monitored for part of 2002, while there were no data collected from two general and one paediatric acute hospitals, all within the Eastern Regional Health Authority. Parasuicide data were also collected from all 16 Irish prisons and places of detention.

The Registry is now close to achieving its primary aim – to establish the extent of the problem of hospital-treated parasuicide in Ireland. Based on the near complete coverage of acute hospitals, we estimate that there were approximately 10,500 presentations to hospital due to deliberate self-harm involving approximately 8,400 individuals in Ireland in 2002. The Irish person-based age-standardised rate of parasuicide was 202 per 100,000 in 2002. There is some evidence that parasuicide is an increasing problem in Ireland. The four health boards for which a full year's data were collected in 2001, the Midland, Mid-Western, South Eastern and Southern Health Boards experienced increases of 5.7%, 11.9%, 8.5% and 12.7%, respectively, in the rate of individuals presenting to hospital due to parasuicide. Repeated acts of self-harm represent a significant problem. One in five of all parasuicide presentations in 2002 were due to repeat acts. The development and delivery of interventions for this difficult to reach patient group must be prioritised.

There is evidence that parasuicide is an increasing problem in Ireland. Each of the five health boards for which substantial data were collected in 2001 experienced increases in the number of individuals and episodes of parasuicide treated in hospital in 2002. Repeated acts of self-harm represent a significant problem. One in five of all parasuicide presentations in 2002 were due to repeat acts. The development and delivery of interventions for this difficult to reach patient group must be prioritised.

The pattern of parasuicide in Ireland is being clarified. Rates among women are approximately 40% higher than among men – 237 and 167 per 100,000, respectively. Rates are particularly high in the young with currently 90% of all presentations to hospital as a result of deliberate self-harm involving individuals aged under 50 years. The peak rates for women are in 15-19 year-olds (626 per 100,000) while the peak male rates are in 20-24 year-olds (407 per 100,000). The high rate of deliberate self-harm in adolescent girls poses a particular challenge for our health system as individuals in this age group may fall between child and adult mental health services.

Compared to the national rate, the incidence of parasuicide was significantly higher for men residing in the Midland (+17.4%) and Mid-Western (+13.2%) Health Boards and for women in the Mid-Western Health Board (+14%) and the Eastern Regional Health Authority (+14%). Male and female parasuicide rates were significantly lower in residents of the North Western, Southern and Western Health Boards than in the country as a whole.

We have shown that rates of parasuicide in the larger urban centres generally exceed those observed in rural areas. In



the data presented in this annual report, it is clear that parasuicide is an urban problem in a broader sense as there are also high rates recorded for the Irish population living in smaller urban centres/districts. Further work, utilising small area population statistics from Census 2002 will throw light on the nature of the relationship between area of residence and the rate of parasuicide.

Taking a drug overdose was the commonest method of self-harm, representing 77% of all acts registered in 2002. While it is common for several drugs to be taken in the same act, minor tranquillisers, paracetamol and anti-depressants were involved in 42%, 30% and 23% of deliberate overdoses, respectively. Legislation restricting the sale of paracetamol containing medicines was enacted in October 2001. Similar legislation in the United Kingdom, where paracetamol was more commonly used in deliberate self-harm, was associated with reductions in hospital presentations, liver transplants and deaths due to paracetamol poisoning. The Registry will enable an assessment of the effects of the Irish legislation on the use of paracetamol in deliberate overdose acts.

Self-cutting was the second commonest method of self-harm, used as the main method in almost one in five of all cases (18.8%). Cutting was significantly more common in men (23.5%) than in women (15.4%). This is in sharp contrast to findings in the international literature where there is a female preponderance among people who cut themselves.

Alcohol is associated with both fatal and non-fatal suicidal behaviour. In a total of 42% of all episodes of parasuicide registered in 2002 there was evidence of alcohol consumption before the act of parasuicide. The proportion of parasuicide patients who used alcohol as part of their act

was higher in men (46.1%) than in women (38.6%). However, there is evidence that alcohol is an increasingly important factor in parasuicide by women. This may simply reflect broader trends in alcohol consumption in Ireland. Alternatively, it may be that the increase in alcohol consumption levels observed in the past decade in Ireland have accentuated the already high rates of deliberate self-harm in young women. The findings on alcohol are consistent with the considerable evidence from the national and international literature that alcohol is an important risk and facilitating factor associated with suicidal behaviour.

This report highlights the challenge that deliberate self-harm poses for our health system and our society as a whole. Deliberate self-harm is a major cause of suffering for individuals and families that requires appropriate and targeted responses from our health system. It is also a potent symptom or indicator of the mental health of our population, the tip of an iceberg of mental distress. The challenge we face is to better understand the fundamental family, social, cultural, economic, educational and other determinants of poor mental health and suicidal behaviour in our population. I hope that the data provided by the National Parasuicide Registry will contribute to this work.

Ivan J Perry
Professor of Epidemiology and Public Health, University
College, Cork
Director, National Parasuicide Registry, National Suicide
Research Foundation, Cork

Methodology

BACKGROUND

The National Parasuicide Registry is a national system of population monitoring for the occurrence of parasuicide. It has been established, at the request of the Department of Health and Children, by the National Suicide Research Foundation.

The National Suicide Research Foundation (NSRF) 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 Parasuicide Registry. The primary aims of the NSRF are to define the true extent of the problem of suicidal behaviour in Ireland, to identify and measure the factors which induce and protect against suicidal behaviour; and to develop strategies for the prevention of suicidal behaviour. The NSRF is recognised by the European Regional Office of the WHO as the centre of excellence in suicidology in Ireland; it is a member of the WHO European Network on Suicide Research and Prevention.

DEFINITION OF PARASUICIDE

The following definition of parasuicide, developed by the WHO/Euro Multicentre Study Working Group, is used in the data collection system of the Registry: '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'. Parasuicide includes acts involving varying levels of suicidal intent including definite suicide attempts

and acts where the individual had little or no intention of dying. The terms parasuicide and deliberate self-harm are used interchangeably in this report.

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 parasuicide act are included.

EXCLUSION CRITERIA

The following cases are NOT considered to be parasuicides:

- Accidental overdoses e.g., an individual who takes additional medication in the case of illness, without any intention to self harm.
- Alcohol overdoses alone i.e., not in combination with other methods of parasuicide, 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.

DATA RECORDING

All data are collected on pre-printed optically scannable forms. These forms are entered centrally at the National Suicide Research Foundation using high resolution optical character recognition software based on an integrated survey design and data capture system.

DATA ITEMS

A minimal dataset has been developed to determine the extent of parasuicide, 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 parasuicide by the same individual, they ensure that it is impossible to identify an individual on the basis of the data recorded.

Entry number

Each of the registry forms is pre-printed with an entry number.

Initials

Initials of an individual parasuicide presentation are recorded solely for the purposes of avoiding duplication and ensuring that repeat episodes are recognised.

Gender

Date of birth

Date of birth is recorded in order to calculate age and to aid the process of identifying repeat acts of parasuicide. In the rare cases where the date of birth is not available, age is recorded.

Area of residence

Data collectors re-code presentation addresses to the appropriate Electoral Division and this is encoded numerically on the monitoring form.

Date and time of attendance at hospital

Method(s) of parasuicide

The method(s) of parasuicide 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 laceration of wrists. In this report, results generally relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken as the most lethal method employed.

Drugs taken

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

Insurance status

This enables identification of charging status - medical card, insurance or public patient.

Seen by

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

Admitted

Admittance to the general hospital following treatment in the accident and emergency department is recorded. This enables comparison to be made with data recorded by the Hospital In-Patient Enquiry (HIPE).

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. 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 ethics committees with responsibility for the individual hospitals and health boards.

REGISTRY COVERAGE

In 2002, parasuicide data were collected from each health board region in the Republic of Ireland (pop: 3,917,203). There was complete coverage of the Midland Health Board (pop: 225,363), which covers the whole of the counties of Laois (pop: 58,774), Longford (pop: 31,068), Offaly (pop: 63,663) and Westmeath (pop: 71,858). Parasuicide data were collected from the Midland Regional Hospital at Mullingar (formerly known as Longford/Westmeath General Hospital), Midland Regional Hospital at Portlaoise (formerly

known as Portlaoise General Hospital), Midland Regional Hospital at Tullamore (formerly known as Tullamore General Hospital), St Joseph's Hospital Longford and St Vincent's Hospital Athlone.

There was complete coverage of the Mid-Western Health Board (pop: 339,591), which covers the whole of the counties of Clare (pop: 103,277), Limerick (pop: 175,304, including Limerick city (pop: 54,023)) and Tipperary North Riding (pop: 61,010). Parasuicide data were collected from Limerick Regional Hospital, Ennis General Hospital, Nenagh General Hospital and St John's Hospital Limerick.

There was complete coverage of the North Eastern Health Board (pop: 344,965), which covers the whole of the counties of Louth (pop: 101,821), Meath (pop: 134,005), Cavan (pop: 56,546) and Monaghan (pop: 52,593). Parasuicide data were collected from Cavan General Hospital, Louth County Hospital Dundalk, Monaghan General Hospital, Our Lady's Hospital Navan and Our Lady of Lourdes Hospital Drogheda.

There was complete coverage of the North Western Health Board (pop: 221,574), which covers the counties of Leitrim (pop: 25,799), Sligo (pop: 58,200) and Donegal (pop: 137,575). Parasuicide data were collected from Letterkenny General Hospital and Sligo General Hospital.

There was complete coverage of the South Eastern Health Board (pop: 423,616), which covers the whole of the counties of Carlow (pop: 46,014), Kilkenny (pop: 80,339), Wexford (pop: 116,596), Waterford (pop: 101,546, including Waterford city (pop: 44,594)) and the South Riding of Tipperary (pop: 79,121). Parasuicide data were collected from Our Lady's Hospital Cashel, St Joseph's Hospital Clonmel, St Luke's Hospital Kilkenny, Waterford Regional Hospital and Wexford General Hospital.

There was complete coverage of the Southern Health Board (pop: 580,356), which covers the whole of the counties of Cork (pop: 447,829, including Cork City (pop: 123,062)) and Kerry (pop: 132,527). Parasuicide data were collected from Cork University Hospital, Mercy University Hospital and South Infirmery in Cork City. Parasuicide admission data were also collected from Tralee General Hospital, Bantry General Hospital and Mallow General Hospital.

There was complete coverage of the Western Health Board (pop: 380,297), which covers the whole of the counties of Galway (pop: 209,077, including Galway City (pop:

65,832)), Mayo (pop: 117,446) and Roscommon (pop: 53,774). Parasuicide data were collected from University College Hospital Galway, Mayo General Hospital Castlebar, Portiuncula Hospital Ballinasloe and Roscommon County Hospital.

There was partial coverage of the Eastern Regional Health Authority (pop: 1,401,441), which covers the whole of the counties of Dublin (pop: 1,122,821), Kildare (pop: 163,944) and Wicklow (pop: 114,676). Parasuicide data were collected for the full calendar year from the Adelaide and Meath Hospital including the National Children's Hospital, James Connolly Memorial Hospital Blanchardstown, Naas General Hospital, St Columcille's Hospital Loughlinstown and Temple Street Children's University Hospital. Data were collected for part of 2002 from Beaumont Hospital (November-December), St Michael's Hospital Dun-Laoghaire (July-December) and another hospital (October-December). No data were collected from the Mater Misericordiae University Hospital, Dublin, Our Lady's Hospital for Sick Children, Crumlin or St James' Hospital, Dublin.

In total, parasuicide data were collected for the full calendar year from 35 acute hospitals (one of which included both an adult and a paediatric accident and emergency department). Data were collected for part of 2002 from three acute hospitals and no data were collected from two general and one paediatric acute hospitals, all of which were situated within the Eastern Regional Health Authority.

Parasuicide data were also collected from the 16 Irish prisons and places of detention: Arbour Hill Prison, Castlereagh Prison, Cloverhill Prison, Cork Prison, Curragh Place of Detention, Dochas Centre, Fort Mitchel Place of Detention, Limerick Prison, Loughan House, Midlands Prison, Mountjoy Prison, Portlaoise Prison, Shelton Abbey, St Patrick's Institution, Training Unit and Wheatfield Prison.

EXTRAPOLATED DATA

As noted above there was partial coverage of the hospitals within the Eastern Regional Health Authority in 2002. We therefore had to extrapolate from these data in order to estimate numbers and rates of parasuicide for the Eastern Region and the country as a whole.

There were three hospitals for which the Registry had partial data for 2002, ranging from two to six months. We estimated

the number of events for the full 12 month period from the data available to us, including an adjustment for the seasonal pattern observed in the data from the other hospitals in the country.

There were three hospitals for which no data were collected in 2002. We had information on the number of accident and emergency attendances in each of these hospitals. Based on the ratio of accident and emergency attendances with deliberate self-harm to all accident and emergency attendances from the other hospitals in the Eastern Regional Health Authority, we estimated the number of attendances with deliberate self-harm in each of these three hospitals.

Finally, we estimated the number of individuals from the ratio of presentations to individuals using data from the Eastern Region hospitals that were monitored for the full calendar year.

POPULATION DATA

All Irish population data utilised in this Annual Report were derived from official Central Statistics Office census 2002 data.

CALCULATION OF RATES

Parasuicide rates were calculated based on the number of persons resident in the relevant area who engaged in parasuicide 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 parasuicide (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 parasuicide 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 parasuicide 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.

Crude, age-specific and EASRs of suicide were calculated as described above. In order to contrast patterns of parasuicide with those of suicide, the latter was analysed over the most recent five year period for which data were available. These data comprised suicides registered by the Central Statistics Office in the years 1998 to 2002. The longer time span was taken because of the relative infrequency of suicide.

A NOTE ON SMALL NUMBERS

Calculated rates that are based on less than 20 events (parasuicides or suicides) are an inherently unreliable measure of the underlying rate. In addition, suicide and parasuicide events should not be considered 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.

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 parasuicide admissions 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 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 said to be statistically significant.

Figures and Tables

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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.

Midland Health Board

Laura Smith

Mid Western Health Board

Catherine Murphy

North Eastern Health Board

Bernadette Connolly

North Western Health Board

Kathleen O'Donnell • Letterkenny
Sharon Kelly • Sligo

South Eastern Health Board

Breda Brennan

Southern Health Board

Ursula Burke • Cork City
Benita Sydes • Bantry, Mallow and Tralee
Una Walsh • Cork City

Western Health Board

Mary Nix

Eastern Regional Health Authority

Liisa Aula • East Coast Area Board
Tim Mulvey • Northern Area Board
Caroline McTurk • South Western Area Board

We would like to acknowledge the assistance of staff from the Department of Health and Children, the respective health boards, and the individual hospitals who have facilitated the process of data collection. We would also like to acknowledge the contribution of officers from the Central Statistical Office in the compilation of data on suicides and the provision of the population data that were used in the calculation of rates.

This report has been compiled by Paul Corcoran and Mark Kelly with valuable support and input from Ivan Perry, Eileen Williamson, Ella Arensman, Harry Comber, Colin Thunhurst, Irene Orchard, Helen Keeley and the Registry data collectors.

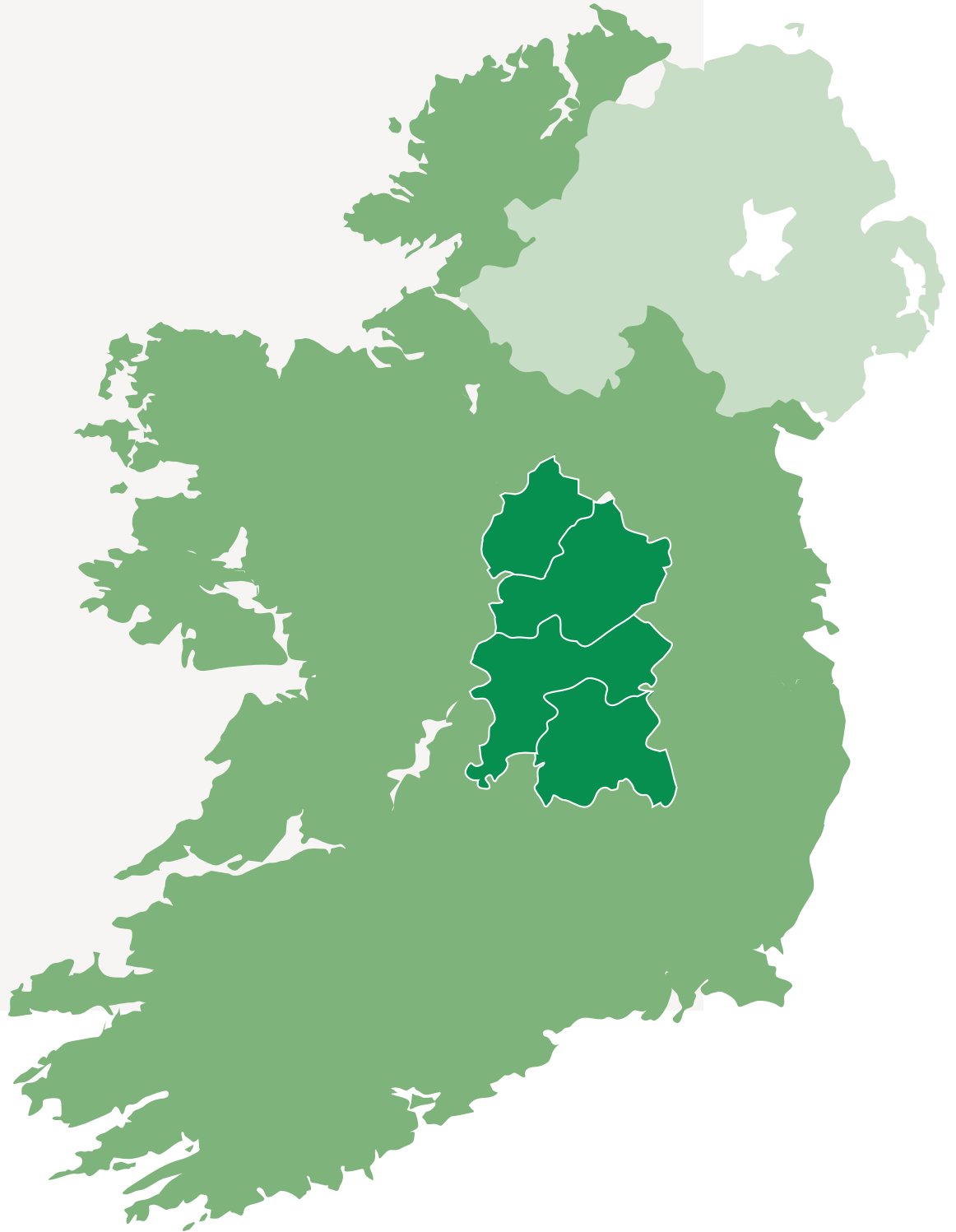


SECTION I

PARASUICIDE IN THE MIDLAND HEALTH BOARD



Parasuicide in the Midland Health Board



PARASUICIDE IN THE MIDLAND HEALTH BOARD

Over the period from 1 January to 31 December 2002, 493 individuals were treated within the Midland Health Board following 590 parasuicide presentations. These numbers reflect increases of 8.8% and 13.5% on the number of individuals (453) and episodes (520) treated in 2001. The European age-standardised rate of individuals presenting to hospital in the Midland Health Board following parasuicide in 2002 was 206 (95% Confidence Interval (CI): 187 to 225) per 100,000. This was a 5.7% increase on the equivalent rate of 195 (95% CI: 176 to 214) per 100,000 in 2001. The rate difference was 11 (95% CI: -16 to 39) per 100,000. This indicates that, adjusting for age, the rate of individuals presenting to hospital in the Midland Health Board following parasuicide was higher, but not significantly higher, in 2002 than it was in 2001.

The number of parasuicide episodes treated in the Midland Health Board by hospital, age and gender is given in Appendix MHB-1, below. In 2002, 265 (45.0%) of the parasuicide presentations were made by 227 men and 324 (55.0%) were made by 265 women (gender was unknown for one case). Parasuicide episodes were generally confined to the younger age groups. 88.3% of all episodes were by people aged less than 50 years. In most age groups the number of acts by women exceeded the number by men. Among 10-19 year olds, there were 1.5 times as many presentations by women as there were by men (54 vs. 37). The pattern was reversed in the 25-29 and 60-64 year age group where episodes by men outnumbered those by women. However, in the case of the older group, the excess of male episodes was largely due to one man who made seven parasuicide presentations.

Thirty-five (5.9%) of the 590 episodes of parasuicide treated in the Midland Health Board were by individuals who lived in another part of the country. Most of these cases (20, 57.1%) came from County Kildare. The 555 parasuicide presentations by residents of the health board included 13 (2.3%) by residents of homes/hostels, 21 (3.8%) by inpatients of psychiatric hospitals/units and 12 (2.2%) by prisoners.

Appendix MHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the Midland Health Board who presented to hospital anywhere in the country in 2002 following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the Midland Health Board in 2002 was 196 (95% CI: 173 to 223) and 248 (95% CI: 218 to 278) per 100,000, respectively. Thus, the female rate was 26.5% or 52 (95% CI: 12 to 92) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 17.4% and 4.6% higher than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was 29 (95% CI: 2 to 56) and 11 (95% CI: -20 to 42) per 100,000 for men and women, respectively. Thus, adjusting for age, men residing in the Midland Health Board had a significantly higher rate of parasuicide than men in the country as a whole. The difference was not significant for women.

PARASUICIDE BY TREATMENT CENTRE

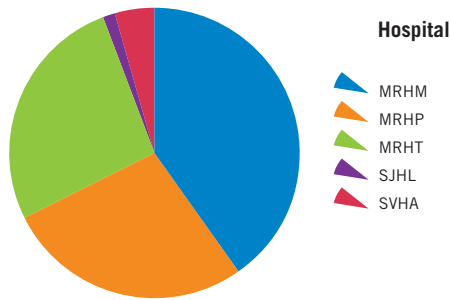


Figure MHB 1: The distribution of episodes between Midland Regional Hospital at Mullingar (MRHM), Midland Regional Hospital at Portlaoise (MRHP), Midland Regional Hospital at Tullamore (MRHT), St Joseph's Hospital Longford (SJHL) and St Vincent's Hospital Athlone (SVHA).

The vast majority of parasuicide episodes treated within the Midland Health Board presented to one of the three regional hospitals - 40.2% at Mullingar, 27.5% at Portlaoise and 26.6% at Tullamore. Compared with 2001, there were increases of 25.4% and 27.6% in the number of presentations at Mullingar and Portlaoise, respectively, while the number was down by 4.8% at Tullamore. Based on figures in the Statistical Addendum to the 2002 Midland Health Board Annual Report, parasuicide accounted for 0.6% of total attendances to accident and emergency services in the board. This percentage of attendances accounted for by parasuicide varied by hospital: 0.8% at Mullingar, 0.9% at Portlaoise, 0.7% at Tullamore, 0.1% at St Joseph's Hospital Longford and 0.3% at St Vincent's Hospital Athlone.

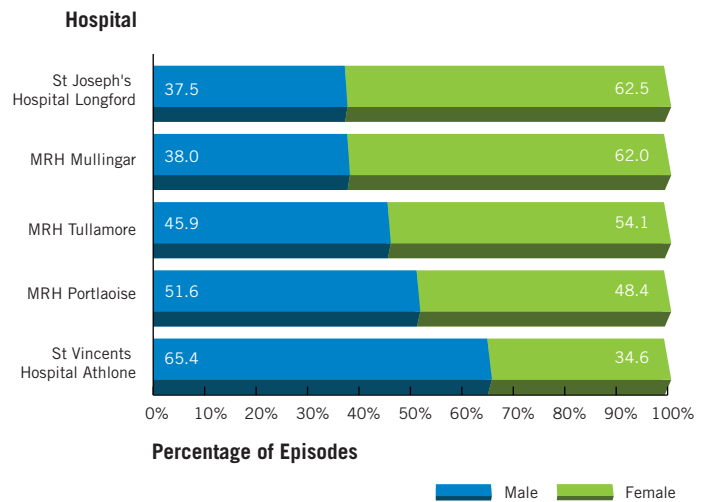


Figure MHB 2: Gender balance of parasuicide episodes treated by hospital.

The gender balance of episodes treated (at 45.0% men to 55.0% women overall) varied significantly by hospital (Figure MHB 2). Considerably more women (62.0%) than men (38.0%) were treated at Mullingar. Tullamore was similar to the health board as a whole with 45.9% male and 54.1% female episodes. Just over half of the episodes treated at Portlaoise were by men (51.6% compared to 48.4% by women). This male preponderance would not have occurred if it were not for the 12 presentations by prisoners, all of whom were male. Though there were only 26 cases at St Vincent's Hospital Athlone, almost two thirds (65.4%) of the presentations were by men.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	38 (14.3%)	46 (17.4%)	31 (11.7%)	35 (13.2%)	34 (12.8%)	42 (15.8%)	39 (14.7%)	265 (100%)
Women	56 (17.3%)	57 (17.6%)	43 (13.3%)	32 (9.9%)	44 (13.6%)	44 (13.6%)	48 (14.8%)	324 (100%)
Total	95* (16.1%)	103 (17.5%)	74 (12.5%)	67 (11.4%)	78 (13.2%)	86 (14.6%)	87 (14.7%)	590* (100%)

*Gender was unknown for one case that presented on a Monday
 Note: On average, each day would be expected to account for 14.3% of presentations

Table MHB 1: Number of episodes by weekday for men and women.

Variation by Hour

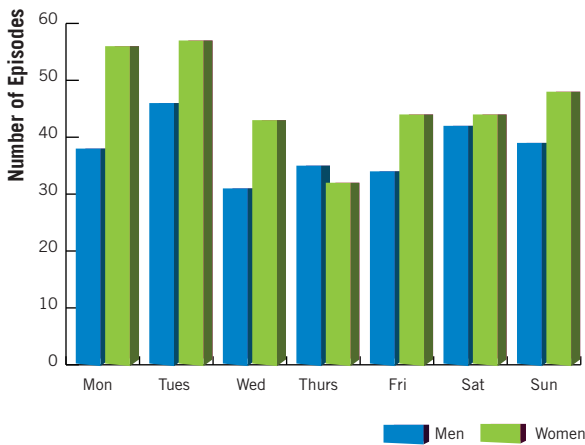


Figure MHB 3: Number of episodes by weekday.

There was greater variation in the number of presentations by day of the week in women. The number of presentations to hospital following parasuicide by women was highest on Monday and Tuesday, fell during the middle of the week and rose again as the weekend approached.

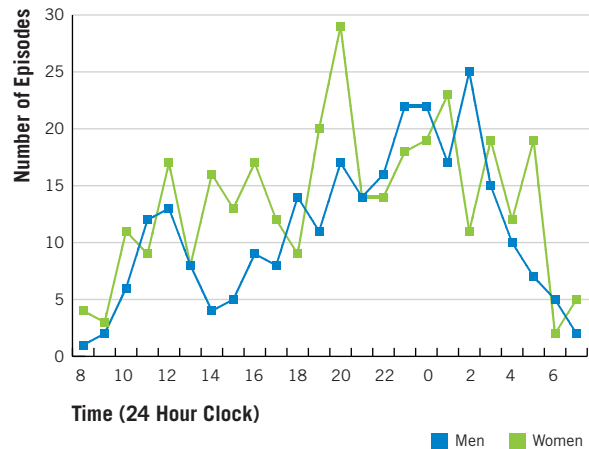


Figure MHB 4: Number of episodes by time of attendance.

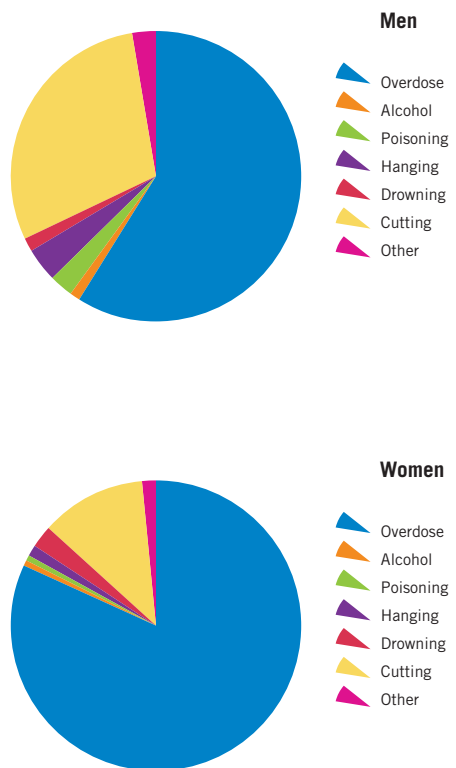
There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning. The number of presentations was high over the period from 8pm to 4am. During this eight hour period, half (50.0%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 18.3% of all presentations.

METHOD OF PARASUICIDE¹

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	156 (58.9%)	3 (1.1%)	7 (2.6%)	10 (3.8%)	4 (1.5%)	78 (29.4%)	7 (2.6%)	265 (100%)
Women	265 (81.8%)	2 (0.6%)	2 (0.6%)	4 (1.2%)	8 (2.5%)	38 (11.7%)	5 (1.5%)	324 (100%)
Total	422* (71.5%)	5 (0.8%)	9 (1.5%)	14 (2.4%)	12 (2.0%)	116 (19.7%)	12 (2.0%)	590* (100%)

* Gender was unknown was one case of overdose

Table MHB 2: Number of episodes by most lethal method and gender.



71.5% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (58.9% of male episodes and 81.8% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 75.9% of all cases (64.9% of male episodes and 84.9% of female episodes). Alcohol was involved in 42.2% (250) of all cases which is a slight increase from the 39.8% of cases that involved alcohol in 2001. Alcohol was only slightly more common in male parasuicide episodes (116, 43.8%) than in female episodes (134, 41.0%). This gender difference has narrowed because female use of alcohol in acts of parasuicide has increased from 36.8% in 2001. Cutting, the only other common method of self-harm, was used as the main method in one in five cases (116, 19.7%). It was used in 29.4% of episodes by men and 11.7% of episodes by women.

Figure MHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 294 of the 448 cases of drug overdose (65.6%). On average, 27 tablets were taken in the episodes of parasuicide that involved drug overdose. The number of tablets taken varied somewhat by gender with men, on average, taking more (mean = 31) than women (mean = 25). Figure MHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. One third of the female episodes and one quarter of the male episodes of overdose involved 10-19 tablets. At least 50 tablets were taken by 20.4% of men as compared to 8.9% of women.

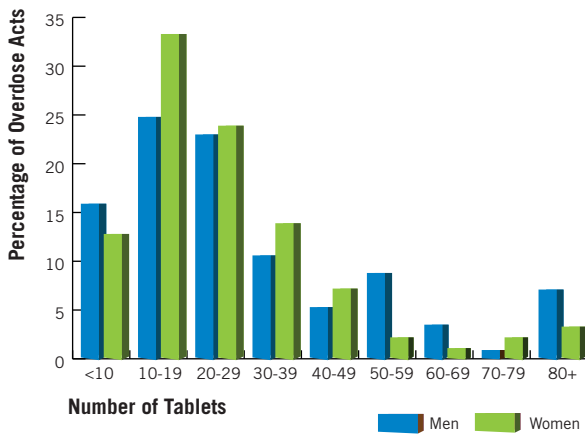
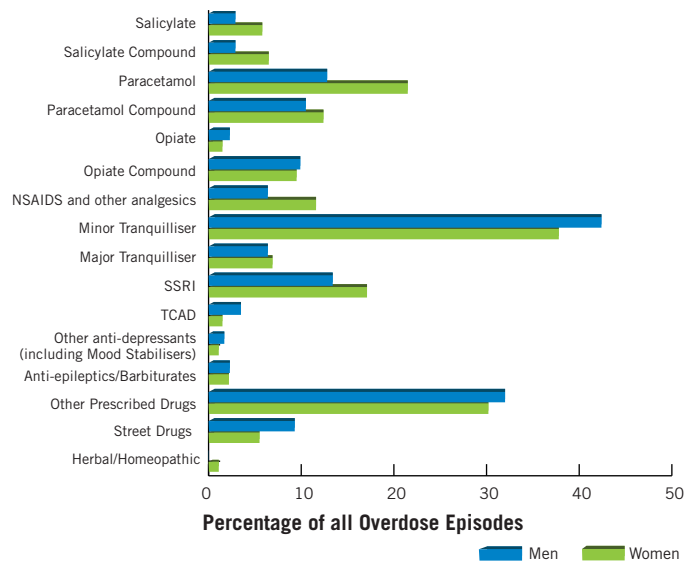


Figure MHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

Figure MHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. Approximately 40% of all overdose acts involved a minor tranquilliser. A major tranquilliser was involved in 7% of overdoses. At least one analgesic drug was involved in 40.6% of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in 28.8% of drug overdoses. Paracetamol was used significantly more often by women than by men. Almost one in five acts (19.0%) of deliberate overdose involved an anti-depressant drug. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 15.6% of overdose cases. 'Other prescribed drugs' were taken in about 30% of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure MHB 7: The variation in the type of drugs used in the Midland Health Board.

RECOMMENDED NEXT CARE

Of the 590 cases of parasuicide treated within the Midland Health Board, there were only three cases where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for the vast majority of cases (83.7%), irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Almost 60% of the parasuicide cases resulted in admission to a ward of the treating hospital whereas 17.1% were admitted for psychiatric inpatient treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In almost 10% of the parasuicide episodes, the patient refused to be admitted whether for general or psychiatric care while almost 15.6% were discharged following treatment in the accident and emergency department³. Virtually no-one (0.7%) left before a recommendation was made.

Next care recommendations varied significantly by gender. Acts of parasuicide by women more often resulted in general hospital admission following treatment in the accident and emergency department (62.3%) compared to male episodes (52.8%). This gender difference may be due to the variation in the methods employed by men and women. As can be seen from Table MHB 3, recommended next care varied according to the main method of self-harm (albeit that the numbers were sufficient to make meaningful comparisons for the main methods of overdose and cutting only). General inpatient care was recommended most often in cases of drug overdose (71.6%). Of those cases where the patient used cutting as the main method of self-harm, almost one in four were admitted for general inpatient care, a similar proportion were admitted for psychiatric care while 41.4% were discharged. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases.

	Overdose (n=422)	Alcohol (n=5)	Poisoning (n=9)	Hanging (n=14)	Drowning (n=12)	Cutting (n=116)	Other (n=12)	Total (n=590)
General admission	71.6%	20.0%	55.6%	28.6%	8.3%	23.3%	25.0%	58.1%
Psychiatric admission	13.3%	40.0%	11.1%	28.6%	41.7%	24.1%	41.7%	17.1%
Patient would not allow admission	7.3%	20.0%	11.1%	7.1%	33.3%	10.3%	0.0%	8.5%
Left before recommendation	0.5%	0.0%	0.0%	0.0%	0.0%	0.9%	8.3%	0.7%
Not admitted	7.3%	20.0%	22.2%	35.7%	16.7%	41.4%	25.0%	15.6%

Table MHB 3: Recommended next care by main method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

The recommendation for next care differed between the three Midland Regional Hospitals (The numbers treated at St Joseph's Hospital Longford and St Vincent's Hospital Athlone were too small for variations to be meaningful. Also, neither of these hospitals have direct admissions facilities. Patients requiring admission will be referred, respectively, to the Midland Regional Hospital at Mullingar or to Portiuncula Hospital in the Western Health Board.). The proportion of patients admitted to a general ward ranged from 55.6% at Portlaoise to 60.8% at Mullingar and 63.7% at Tullamore. Psychiatric admission following accident and emergency treatment was more common at Mullingar and Portlaoise compared to Tullamore. This may be related to the fact that psychiatric inpatient facilities are some distance from the Midland Regional Hospital at Tullamore. Therefore, parasuicide patients who presented to Tullamore may have been more likely to receive follow-on psychiatric care via the outpatient department or community mental health team or the recently established psychiatric liaison nurse service. A

further difference between the three Midland Regional Hospitals was that patients treated at Portlaoise and Tullamore were more than twice as often discharged home after emergency treatment compared to those treated at Mullingar.

	Midland Regional Hospital at Mullingar (n=237)	Midland Regional Hospital at Portlaoise (n=162)	Midland Regional Hospital at Tullamore (n=157)	St Joseph's Hospital Longford (n=8)	St Vincent's Hospital Athlone (n=26)	Total (n=590)
General admission	60.8%	55.6%	63.7%	0.0%	34.6%	58.1%
Psychiatric admission	21.1%	16.0%	9.6%	50.0%	23.1%	17.1%
Patient would not allow admission	10.5%	9.3%	6.4%	0.0%	0.0%	8.5%
Left before recommendation	0.0%	2.5%	0.0%	0.0%	0.0%	0.7%
Not admitted	7.6%	16.7%	20.4%	50.0%	42.3%	15.6%

Table MHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 493 individuals treated for 590 parasuicide episodes in Midland Health Board hospitals in 2002. Thus, one in six (97, 16.4%) of all presentations were due to repeat acts. Of the 493 individuals treated, 57 (11.6%) made at least one repeat attempt during the calendar year which presented to hospital, either within the health board or elsewhere in the country.

The rate of repetition showed some variation according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table MHB 7). The latter was associated with a significantly increased level of repetition with almost one in five repeating compared with 10.5% of the individuals whose index act was mainly by drug overdose.

There was only a marginal difference in the rate of repetition between men (24/227, 10.6%) and women (33/265, 12.5%). Table MHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country).

The level of repetition by individuals treated at the three regional hospitals was quite similar, both overall and when examined by gender. A higher proportion of the individuals treated in Portlaoise made a repeat attempt although this was not significant.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	363	3	9	11	10	86	11	493
Number who repeated	38	1	1	0	1	16	0	57
Percentage who repeated	10.5%	33.3%	11.1%	0.0%	10.0%	18.6%	0.0%	11.6%

Table MHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Midland Regional Hospital at Mullingar	Midland Regional Hospital at Portlaoise	Midland Regional Hospital at Tullamore	St Joseph's Hospital Longford	St Vincent's Hospital Athlone	Midland Health Board
Number of Individuals Treated						
Men	77	71	65	3	17	227
Women	120	62	73	5	8	265
Total	197	134	138	8	25	493*
Number who Repeated						
Men	8	9	6	0	3	24
Women	15	10	10	0	1	33
Total	23	19	16	0	4	57
Percentage who Repeated						
Men	10.4%	12.7%	9.2%	0%	17.6%	10.6%
Women	12.5%	16.1%	13.7%	0%	12.5%	12.5%
Total	11.7%	14.2%	11.6%	0%	16.0%	11.6%

* There was one individual whose gender was unknown.

Table MHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 158 suicides were registered for the Midland Health Board. Men and women accounted for 135 (85.4%) and 23 (14.6%) of these deaths, respectively. This yields a male/female suicide ratio of 5.9 to one which is higher than the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 32 for men and 5 for women. Thus, annually, there are approximately 9 episodes of parasuicide for every death by suicide amongst men and approximately 62 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

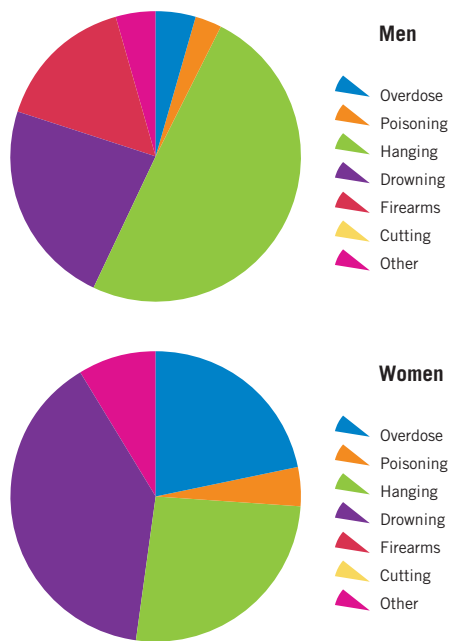


Figure MHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. The more lethal methods of hanging and drowning were the dominant methods for men and women, respectively. Half of male suicides (49.6%) were by hanging and 39.1% of female suicides were by drowning. Drowning was the method used in almost one quarter of male suicides (23.0%) whereas firearms (15.6%) was the third most common male method of suicide. Hanging (26.1%) and drug overdose (21.7%) were the second and third most common methods of female suicide.

APPENDIX MHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE MIDLAND HEALTH BOARD

	Midland Regional Hospital, Mullingar		Midland Regional Hospital, Portlaoise		Midland Regional Hospital, Tullamore		St Joseph's Hospital Longford		St Vincents Hospital Athlone		Midland Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0	0	0
10-14yrs	2	2	1	2	4	7	0	0	0	0	7	11
15-19yrs	6	16	7	9	15	16	1	1	1	1	30	43
20-24yrs	21	17	10	17	14	21	1	0	4	1	50	56
25-29yrs	12	14	11	7	8	6	1	2	3	2	35	31
30-34yrs	13	26	15	21	12	13	0	0	2	0	42	60
35-39yrs	9	20	13	7	5	11	0	0	2	0	29	38
40-44yrs	6	23	9	2	2	2	0	0	0	1	17	28
45-49yrs	6	17	4	1	4	7	0	0	0	4	14	29
50-54yrs	4	7	2	6	5	0	0	1	2	0	13	14
55-59yrs	0	3	2	0	1	2	0	0	0	0	3	5
60-64yrs	9	1	3	0	0	0	0	0	0	0	12	1
65-69yrs	0	0	1	0	0	0	0	0	0	0	1	0
70-74yrs	0	0	1	0	0	0	0	0	0	0	1	0
75-79yrs	0	0	0	0	1	0	0	0	0	0	1	0
80-84yrs	0	0	1	0	0	0	0	0	0	0	1	0
85yrs+	0	1	0	0	0	0	0	0	0	0	0	1
Unknown	2	0	3	6	1	0	0	1	3	0	9	7
Total	90	147	83	78	72	85	3	5	17	9	265	324

This table does not include one episode of parasuicide treated at Midland Regional Hospital Portlaoise for which age and gender were unknown.

APPENDIX MHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE MIDLAND HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION		PARASUICIDE		SUICIDE*		POPULATION		PARASUICIDE		SUICIDE*	
	Persons	Rate	95% CI**	Rate	95% CI**	Rate	95% CI**	Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	8878	0	(+/-0)	0.0	(+/-0.0)	0	0	8580	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	8470	0	(+/-0)	0.0	(+/-0.0)	0	0	8079	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	9193	5	(+/-49)	2.2	(+/-4.4)	14	161	8674	161	(+/-86)	0.0	(+/-0.0)
15-19yrs	9774	31	(+/-114)	28.6	(+/-15.3)	45	502	8969	502	(+/-150)	4.5	(+/-6.3)
20-24yrs	8446	40	(+/-150)	35.5	(+/-18.3)	50	652	7663	652	(+/-185)	15.7	(+/-12.8)
25-29yrs	8119	37	(+/-150)	41.9	(+/-20.3)	31	403	7691	403	(+/-145)	0.0	(+/-0.0)
30-34yrs	8440	37	(+/-144)	23.7	(+/-15.0)	39	471	8277	471	(+/-151)	4.8	(+/-6.8)
35-39yrs	8492	26	(+/-120)	37.7	(+/-18.8)	32	390	8197	390	(+/-138)	4.9	(+/-6.9)
40-44yrs	8087	12	(+/-86)	39.6	(+/-19.8)	20	258	7743	258	(+/-116)	10.3	(+/-10.3)
45-49yrs	7569	16	(+/-106)	31.7	(+/-18.3)	27	379	7129	379	(+/-146)	2.8	(+/-5.6)
50-54yrs	6739	15	(+/-115)	35.6	(+/-20.6)	12	188	6376	188	(+/-109)	0.0	(+/-0.0)
55-59yrs	5668	3	(+/-61)	35.3	(+/-22.3)	5	92	5423	92	(+/-82)	7.4	(+/-10.4)
60-64yrs	4386	4	(+/-91)	27.4	(+/-22.3)	2	49	4100	49	(+/-69)	4.9	(+/-9.8)
65-69yrs	3950	2	(+/-72)	20.3	(+/-20.3)	0	0	3975	0	(+/-0)	0.0	(+/-0.0)
70-74yrs	3164	1	(+/-63)	12.6	(+/-17.9)	1	29	3493	29	(+/-57)	11.5	(+/-16.2)
75-79yrs	2520	1	(+/-79)	0.0	(+/-0.0)	0	0	3165	0	(+/-0)	6.3	(+/-12.6)
80-84yrs	1412	1	(+/-142)	0.0	(+/-0.0)	0	0	2176	0	(+/-0)	0.0	(+/-0.0)
85yrs+	763	0	(+/-0)	0.0	(+/-0.0)	1	63	1583	63	(+/-126)	0.0	(+/-0.0)
Total***	114070	231	(+/-27)	24.0	(+/-4.1)	279	248	111293	248	(+/-30)	4.2	(+/-1.7)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



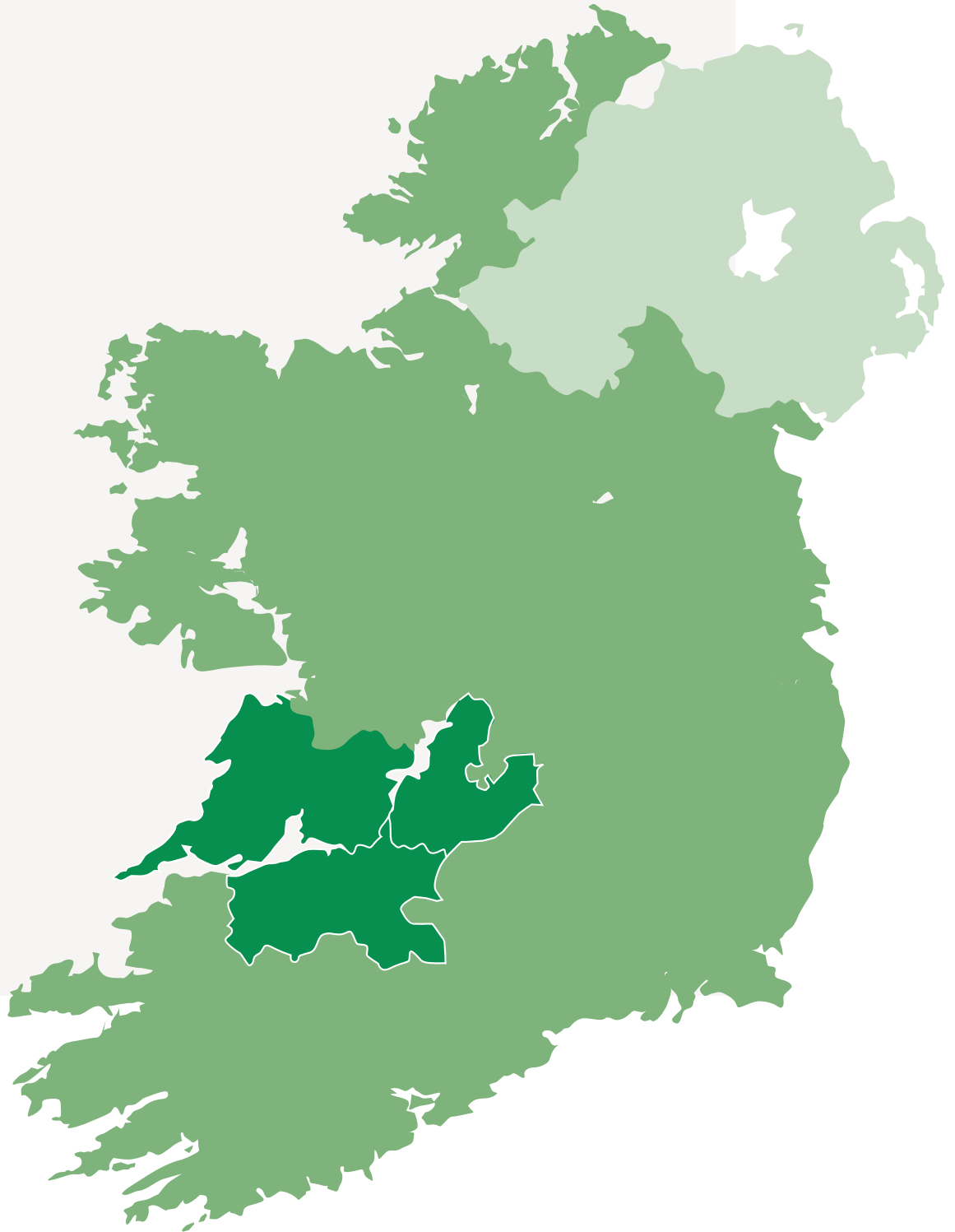


SECTION 2

PARASUICIDE IN THE MID-WESTERN HEALTH BOARD



Parasuicide in the Mid-Western Health Board



PARASUICIDE IN THE MID-WESTERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 796 individuals were treated within the Mid-Western Health Board for 992 episodes of parasuicide. These numbers reflect increases of 11.2% and 2.7% on the number of individuals (716) and episodes (966) treated in 2001. The European age-standardised rate of individuals presenting to hospital in the Mid-Western Health Board following parasuicide in 2002 was 223 (95% Confidence Interval (CI): 206 to 240) per 100,000. This was an 11.9% increase on the equivalent rate of 199 (95% CI: 184 to 215) per 100,000 in 2001. The rate difference was 24 (95% CI: 1 to 47) per 100,000. This indicates that, adjusting for age, the rate of individuals presenting to hospital in the Mid-Western Health Board following parasuicide was significantly higher in 2002 than it was in 2001.

The number of parasuicide episodes treated in the Mid-Western Health Board by hospital, age and gender is given in Appendix MWHB-1, below. In 2002, 431 (43.4%) of the parasuicide presentations were made by 328 men and 561 (56.6%) were made by 468 women. Parasuicide episodes were generally confined to the younger age groups. 89.4% of all episodes were by people aged less than 50 years. The number of acts by women was more than three times the number by men among 10-19 year-olds (166 vs. 46). In several age groups though primarily in the 25-34 year age group, episodes by men outnumbered those by women.

Eighteen (1.9%) of the 992 episodes of parasuicide treated in the Mid-Western Health Board were by individuals who

lived in another part of the country. Six of these came from County Cork. The 974 episodes of parasuicide by residents of the Mid-Western Health Board included 40 (4.1%) by residents of homes/hostels, 14 (1.4%) by inpatients of psychiatric hospitals/units, 3 (0.3%) by prisoners and 1 (0.1%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix MWHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the Mid-Western Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the Mid-Western Health Board in 2002 was 189 (95% CI: 167 to 211) and 271 (95% CI: 245 to 297) per 100,000, respectively. Thus, the female rate was 43.4% or 82 (95% CI: 48 to 116) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 13.2% and 14.4% higher than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was 22 (95% CI: 0.1 to 44.9) and 34 (95% CI: 7 to 61) per 100,000 for men and women, respectively. Thus, adjusting for age, men and women residing in the Mid-Western Health Board had significantly higher rates of parasuicide than men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

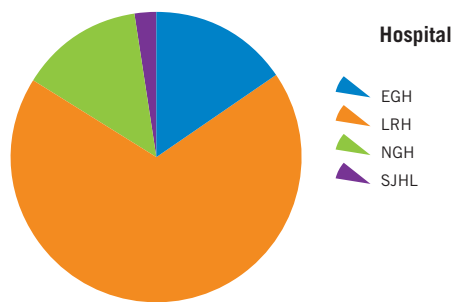


Figure MWHB 1: The distribution of episodes between Ennis General Hospital (EGH), Limerick Regional Hospital (LRH), Nenagh General Hospital (NGH) and St John's Hospital Limerick (SJHL).

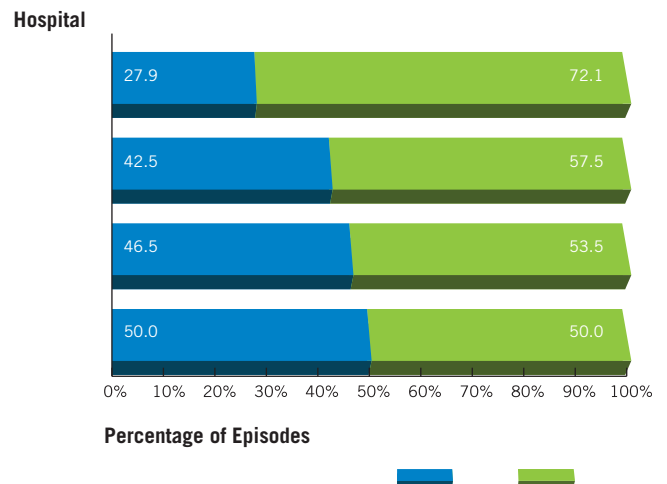


Figure MWHB 2: Gender balance of parasuicide episodes treated by hospital.

More than two thirds of all episodes of parasuicide treated within the Mid-Western Health Board presented to Limerick Regional Hospital. The general hospitals at Ennis and Nenagh treated 15.4% and 13.7% of all cases, respectively, while the remaining 2.4% were seen at St John's Hospital Limerick. Compared with 2001, there was a 43.0% increase in the number of parasuicide presentations to Ennis General Hospital (from 107 to 153). The number of cases seen at St John's Hospital decreased by 35.1%, although the numbers involved were relatively small (from 37 to 24). Based on figures in the Mid-Western Health Board's Annual Report 2002, parasuicide accounted for 0.9% of total attendances to accident and emergency services in the board. This percentage of attendances accounted for by parasuicide varied by hospital: 0.8% at Ennis General Hospital, 1.3% at Limerick Regional Hospital, 1.2% at Nenagh General Hospital and 0.1% at St John's Hospital Limerick.

The gender balance of episodes treated (at 43.4% men to 56.6% women overall) varied significantly by hospital (Figure MWHB 2). While the numbers involved were small, there was an equal number of male and female presentations to St John's Hospital Limerick. The excess of female presentations was relatively small at Limerick Regional Hospital (53.5% female, 46.5% male). The gender balance was similar to the health board as a whole at Ennis General Hospital (57.5% female, 42.5% male) whereas presentations by women (72.1%) far exceeded those by men (27.9%) at Nenagh General Hospital.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	57 (13.2%)	57 (13.2%)	53 (12.3%)	64 (14.8%)	70 (16.2%)	65 (15.1%)	65 (15.1%)	431 (100%)
Women	101 (18.0%)	82 (14.6%)	67 (11.9%)	62 (11.1%)	78 (13.9%)	63 (11.2%)	108 (19.3%)	561 (100%)
Total	158 (15.9%)	139 (14.0%)	120 (12.1%)	126 (12.7%)	148 (14.9%)	128 (12.9%)	173 (17.4%)	992 (100%)

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

Table MWHB 1: Number of episodes by weekday for men and women.

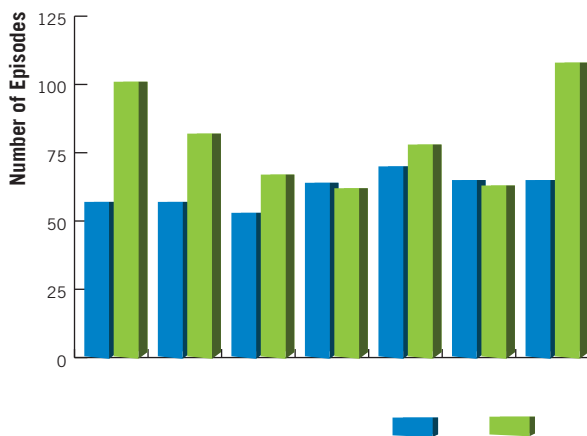


Figure MWHB 3: Number of episodes by weekday.

The variation in the number of presentations by day of the week was largely confined to women. There was an above average number of female episodes on Mondays, a fall in number as the week progressed before the frequency of female parasuicide rose to an above average number again on Sunday.

Variation by Hour

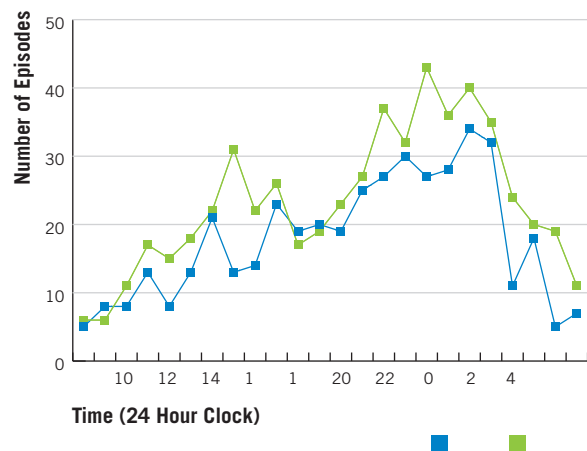


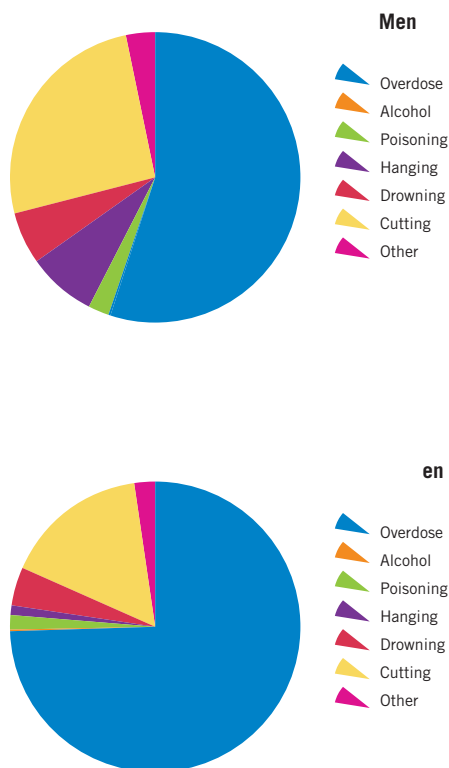
Figure MWHB 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning with a consistently high number of presentations up to 4am. Consequently, the busiest eight hour period of the day was from 8pm to 4am, during which half (50.3%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 17.3% of all presentations.

METHOD OF PARASUICIDE¹

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	237 (55.0%)	1 (0.2%)	10 (2.3%)	33 (7.7%)	25 (5.8%)	111 (25.8%)	14 (3.2%)	431 (100%)
Women	418 (74.5%)	1 (0.2%)	9 (1.6%)	6 (1.1%)	24 (4.3%)	90 (16.0%)	13 (2.3%)	561 (100%)
Total	655 (66.0%)	2 (0.2%)	19 (1.9%)	39 (3.9%)	49 (4.9%)	201 (20.3%)	27 (2.7%)	992 (100%)

Table MWHB 2: Number of episodes by most lethal method and gender.



66.0% of all episodes involved an overdose of medication as the most lethal method of self-harm employed. This was the case for just 55.0% of male episodes compared to 74.6% of female episodes. When consideration was also given to overdose as a secondary method, its frequency increased to 73.6% of all cases (64.5% of male episodes and 80.6% of female episodes). Alcohol was involved in 45.1% (447) of all cases and was more common in male acts (218, 50.6%) than it was in female acts (229, 40.8%). These levels of use of alcohol in acts of self-harm are very similar to those found in the Mid-Western Health Board in 2001. Other than overdose, the only other common main method of self-harm was cutting, accounting for one quarter of episodes by men (25.8%) and 16.0% of episodes by women.

Figure MWHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 582 of the 730 cases of drug overdose (79.7%). On average, 35 tablets were taken in the episodes of parasuicide that involved drug overdose. On average, the number of tablets taken was significantly higher for men (mean = 42) than women (mean = 31). Figure MWHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. In one quarter of all episodes of overdose, 20-29 tablets were taken. At least 50 tablets were taken by 28.4% of men compared to 16.0% of women. Indeed, almost one in every eight male overdoses involved 80 or more tablets.

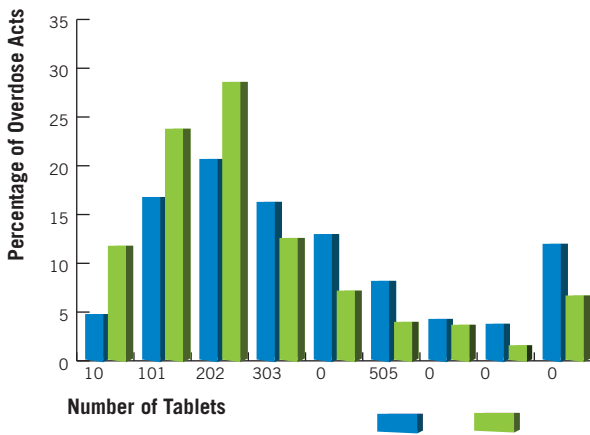
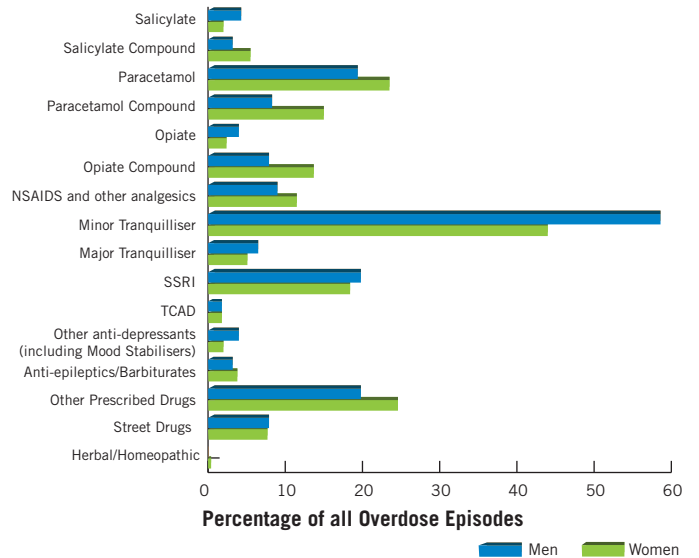


Figure MWHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

Figure MWHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. Approximately half of all overdoses involved a minor tranquilliser. Such a drug was taken significantly more often by men than women. A major tranquilliser was involved in just 5.6% of all overdoses. At least one analgesic drug was involved in 44.9% of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in one third (33.0%) of drug overdoses. A drug containing paracetamol was used more often by women than by men. Almost one in four acts (22.9%) of deliberate overdose involved an anti-depressant drug. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 18.9% of overdose cases. 'Other prescribed drugs' were taken in more than 20% of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure MWHB 7: The variation in the type of drugs used in the Mid-Western Health Board.

RECOMMENDED NEXT CARE

Of the 992 cases of parasuicide treated within the Mid-Western Health Board, there were 17 cases (1.7%) where the individual left the accident and emergency department before being treated. All but one of these cases had presented to Limerick Regional Hospital. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for 80.0% of all episodes (irrespective of the nature of the care or whether the patient refused or not). Almost two thirds of all cases were admitted to a ward of the treating hospital. 9.0% were recommended for admission for psychiatric inpatient treatment following accident and emergency department treatment. This would be an underestimate of the proportion of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In 5.7% of the parasuicide episodes, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. A very small proportion (1.7%) left before a

recommendation was made while almost one in five (18.2%) were discharged following treatment in the accident and emergency department³.

Next care recommendations varied significantly by gender. Acts of parasuicide by women more often resulted in general hospital admission following treatment in the accident and emergency department (68.7% for women compared to 60.9% for men). This gender difference may be due to the variation in the methods employed by men and women. As can be seen from Table MWHB 3, recommended next care varied according to the main method of self-harm that was involved. General inpatient care most often followed emergency treatment of cases of drug overdose (82.3%). This contrasted sharply with drowning and cutting (the only other methods used by sufficient numbers to allow for meaningful comparison) where less than one third were admitted to a general ward. Psychiatric inpatient care was more likely for cases involving these methods as was discharge home following treatment in the accident and

	Overdose (n=655)	Alcohol (n=2)	Poisoning (n=19)	Hanging (n=39)	Drowning (n=49)	Cutting (n=201)	Other (n=27)	Total (n=992)
General admission	82.3%	50.0%	73.7%	30.8%	32.7%	27.4%	40.7%	65.3%
Psychiatric admission	3.1%	50.0%	5.3%	28.2%	30.6%	18.4%	14.8%	9.0%
Patient would not allow admission	4.7%	0.0%	0.0%	15.4%	14.3%	5.5%	7.4%	5.7%
Left before recommendation	1.5%	0.0%	0.0%	0.0%	0.0%	2.5%	7.4%	1.7%
Not admitted	8.4%	0.0%	21.1%	25.6%	22.4%	46.3%	29.6%	18.2%

Table MWHB 3: Recommended next care by method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

emergency department. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases.

The recommendation for next care differed significantly by hospital. While the number of cases was just 24, almost half were discharged home after emergency treatment at St John's Hospital Limerick. Ennis General and Limerick Regional Hospitals followed a similar pattern with over 60% admitted for general inpatient care, 10-14% admitted for psychiatric inpatient care and 16-21% discharged home after emergency treatment. Nine out of every ten cases that presented to Nenagh were admitted to a general ward with virtually no psychiatric admissions occurring. Access to psychiatric services may underly these differences. Both Ennis General and Limerick Regional Hospitals have ready access to a psychiatric unit which is not the case for Nenagh General Hospital.

	Ennis General Hospital (n=153)	Limerick Regional Hospital (n=679)	Nenagh General Hospital (n=136)	St John's Hospital Limerick (n=24)	Total (n=992)
General admission	67.3%	61.3%	89.7%	29.2%	65.3%
Psychiatric admission	14.4%	9.6%	0.7%	4.2%	9.0%
Patient would not allow admission	2.6%	6.2%	5.1%	16.7%	5.7%
Left before recommendation	0.0%	2.4%	0.0%	4.2%	1.7%
Not admitted	15.7%	20.6%	4.4%	45.8%	18.2%

Table MWHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 796 individuals treated for 992 parasuicide episodes in Mid-Western Health Board hospitals in 2002. Thus, one in five (196, 19.8%) of all presentations were due to repeat acts. Of the 796 individuals treated, 122 (15.3%) made one or more repeat attempts during the calendar year which presented to hospital, either within the board or elsewhere in the country.

The rate of repetition showed limited variation according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table MWHB 5). The latter was associated with an increased level of repetition although this was not statistically significant.

The rate of repetition was higher in men (60/328, 18.3%) than it was in women (62/468, 13.2%). Table MWHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country). There was some variation in the rate of repetition by hospital. A higher proportion of the patients treated at the Limerick City hospitals repeated compared to those treated at the general hospitals at Ennis and Nenagh.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	537	1	18	30	37	150	23	796
Number who repeated	80	0	3	4	4	28	3	122
Percentage who repeated	14.9%	0.0%	16.7%	13.3%	10.8%	18.7%	13.0%	15.3%

Table MWHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Ennis General Hospital	Limerick Regional Hospital	Nenagh General Hospital	St John's Hospital Limerick	Mid-Western Health Board
Number of Individuals Treated					
Men	55	234	35	10	328
Women	72	303	85	12	468
Total	127	537	120	22	796
Number who Repeated					
Men	6	49	5	4	60
Women	9	45	8	0	62
Total	15	94	13	4	122
Percentage who Repeated					
Men	10.9%	20.9%	14.3%	40.0%	18.3%
Women	12.5%	14.9%	9.4%	0.0%	13.2%
Total	11.8%	17.5%	10.8%	18.2%	15.3%

Table MWHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 217 suicides were registered for the Mid-Western Health Board. Men and women accounted for 178 (82.0%) and 39 (18.0%) of these deaths, respectively. This yields a male/female suicide ratio of 4.6 to one which is very similar to the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 36 for men and 8 for women. Thus, annually, there are approximately 12 episodes of parasuicide for every death by suicide amongst men and approximately 72 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

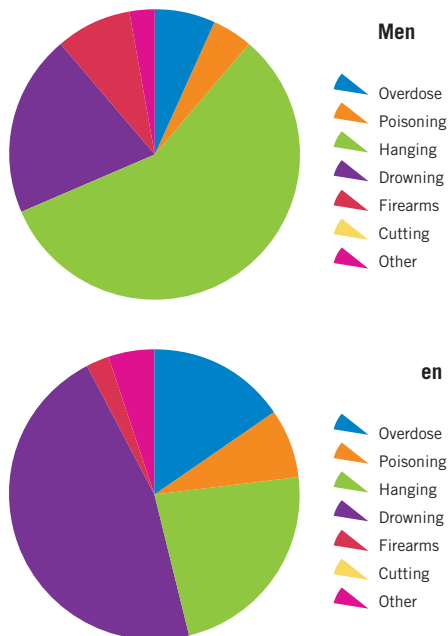


Figure MWHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide as the more lethal methods of hanging and drowning were more common. Hanging and drowning accounted for 57.3% and 20.2% of male suicides, respectively. Almost half of female suicides were by drowning (46.2%) and almost one quarter (23.1%) were by hanging while a further 15.4% were by drug overdose.

APPENDIX MWHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE MID-WESTERN HEALTH BOARD

	Ennis General Hospital		Limerick Regional Hospital		Nenagh General Hospital		St John's Hospital Limerick		Mid-Western Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	1	2	16	1	1	0	0	3	18
15-19yrs	6	20	30	96	7	28	0	4	43	148
20-24yrs	10	15	54	50	7	16	0	6	71	87
25-29yrs	15	16	63	44	5	8	0	0	83	68
30-34yrs	13	4	42	32	6	11	3	0	64	47
35-39yrs	6	7	36	43	0	14	1	0	43	64
40-44yrs	3	9	32	25	4	8	0	1	39	43
45-49yrs	6	5	25	19	3	4	4	0	38	28
50-54yrs	1	8	11	20	3	6	0	0	15	34
55-59yrs	2	3	11	8	1	0	3	1	17	12
60-64yrs	1	0	4	4	0	0	1	0	6	4
65-69yrs	1	0	2	3	1	1	0	0	4	4
70-74yrs	0	0	3	1	0	1	0	0	3	2
75-79yrs	1	0	1	2	0	0	0	0	2	2
80-84yrs	0	0	0	0	0	0	0	0	0	0
85yrs+	0	0	0	0	0	0	0	0	0	0
Total	65	88	316	363	38	98	12	12	431	561

APPENDIX MWHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE MID-WESTERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	12120	0	0	(+/-0)	0.0	(+/-0.0)	11787	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	11957	0	0	(+/-0)	0.0	(+/-0.0)	11269	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	12709	3	24	(+/-27)	0.0	(+/-0.0)	12126	15	124	(+/-64)	0.0	(+/-0.0)
15-19yrs	14424	30	208	(+/-76)	20.8	(+/-10.7)	13512	125	925	(+/-165)	8.9	(+/-7.3)
20-24yrs	14318	59	412	(+/-107)	50.3	(+/-16.8)	13730	74	539	(+/-125)	7.3	(+/-6.5)
25-29yrs	12680	66	521	(+/-128)	47.3	(+/-17.3)	12234	60	490	(+/-127)	1.6	(+/-3.3)
30-34yrs	12606	45	357	(+/-106)	30.1	(+/-13.8)	12233	47	384	(+/-112)	4.9	(+/-5.7)
35-39yrs	12344	37	300	(+/-99)	17.8	(+/-10.7)	12186	46	377	(+/-111)	6.6	(+/-6.6)
40-44yrs	11932	28	235	(+/-89)	30.2	(+/-14.2)	11455	35	306	(+/-103)	5.2	(+/-6.0)
45-49yrs	11231	29	258	(+/-96)	23.2	(+/-12.8)	10854	25	230	(+/-92)	9.2	(+/-8.2)
50-54yrs	10765	13	121	(+/-67)	20.4	(+/-12.3)	10127	30	296	(+/-108)	3.9	(+/-5.6)
55-59yrs	8981	13	145	(+/-80)	22.3	(+/-14.1)	8790	10	114	(+/-72)	9.1	(+/-9.1)
60-64yrs	6986	6	86	(+/-70)	20.0	(+/-15.1)	6742	4	59	(+/-59)	3.0	(+/-5.9)
65-69yrs	5996	4	67	(+/-67)	13.3	(+/-13.3)	6028	4	66	(+/-66)	6.6	(+/-9.4)
70-74yrs	4793	3	63	(+/-72)	8.3	(+/-11.8)	5287	2	38	(+/-53)	3.8	(+/-7.6)
75-79yrs	3532	2	57	(+/-80)	5.7	(+/-11.3)	4806	2	42	(+/-59)	0.0	(+/-0.0)
80-84yrs	2023	0	0	(+/-0)	0.0	(+/-0.0)	3272	0	0	(+/-0)	12.2	(+/-17.3)
85yrs+	1161	0	0	(+/-0)	17.2	(+/-34.5)	2595	0	0	(+/-0)	0.0	(+/-0.0)
Total***	170558	338	189	(+/-22)	20.2	(+/-3.1)	169033	479	271	(+/-26)	4.5	(+/-1.5)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



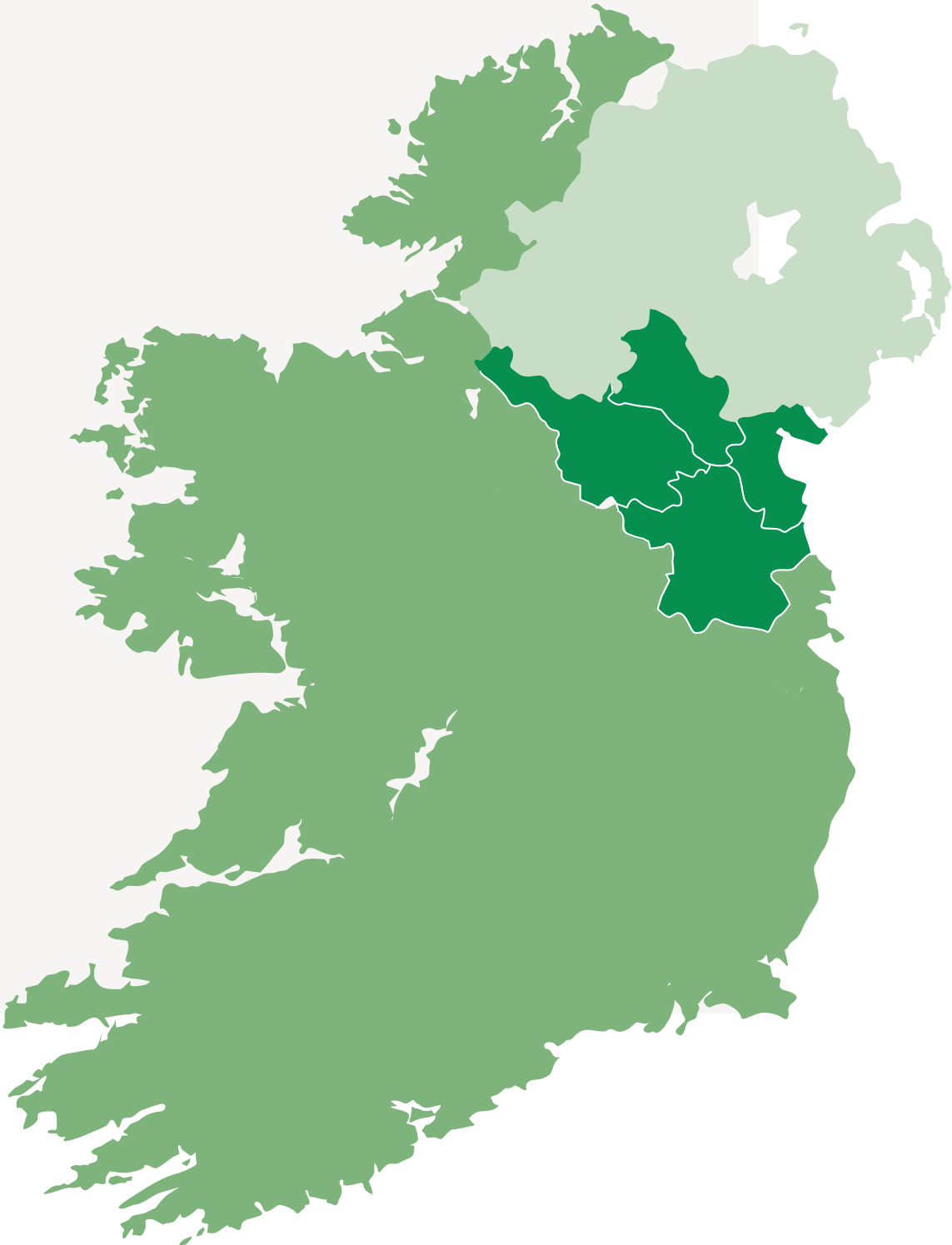


SECTION 3

PARASUICIDE IN THE NORTH EASTERN HEALTH BOARD



Parasuicide in the North Eastern Health Board



PARASUICIDE IN THE NORTH EASTERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 698 individuals were treated within the North Eastern Health Board for 848 episodes of parasuicide.

The number of parasuicide episodes treated in the North Eastern Health Board by hospital, age and gender is given in Appendix NEHB-1, below. In 2002, 339 (40.0%) of the parasuicide presentations were made by 287 men and 509 (60.0%) were made by 411 women. Parasuicide episodes were generally confined to the younger age groups. 89.5% of all episodes were by people aged less than 50 years. The number of acts by women exceeded the number by men in virtually all age groups. This was most pronounced in the 10-19 year-olds where there were three times as many episodes by women compared to men (107 vs. 36).

Thirty-five (4.1%) of the 848 episodes of parasuicide treated in the North Eastern Health Board were by individuals who lived in another part of the country. More than half (19, 54.3%) of these cases came from Dublin-Fingal. The 813 parasuicide presentations by residents of the health board included 27 (3.3%) by residents of homes/hostels, 3 (0.4%) by inpatients of psychiatric hospitals/units and 18 (2.2%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix NEHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the North Eastern Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the North Eastern Health Board in 2002 was 169 (95% Confidence Interval (CI): 149 to 189) and 238 (95% CI: 214 to 262) per 100,000, respectively. Thus, the female rate was 40.8% or 69 (95% CI: 38 to 100) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 1.2% and 0.4% higher than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was 2 (95% CI: -19 to 23) and 1 (95% CI: -24 to 26) per 100,000 for men and women, respectively. Thus, adjusting for age, the rate of parasuicide for men and women residing in the North Eastern Health Board was not significantly different than that for men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

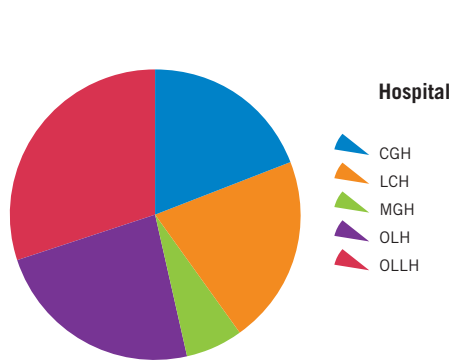


Figure NEHB 1: The distribution of episodes between Cavan General Hospital (CGH), Louth County Hospital Dundalk (LCH), Monaghan General Hospital (MGH), Our Lady's Hospital Navan (OLH) and Our Lady of Lourdes Hospital Drogheda (OLLH).

Four of the five acute hospitals treated the vast majority of parasuicide episodes within the North Eastern Health Board. 30.1% of all regional episodes were treated at Our Lady of Lourdes Hospital Drogheda, almost one quarter were seen at Our Lady's Hospital Navan (23.5%), 21.0% at Louth County Hospital Dundalk, 19.1% at Cavan General Hospital whereas Monaghan General Hospital treated 6.4% of all cases. The increase in parasuicide in the North Eastern Health Board in 2002 was due to large increases of 37.3% and 38.6%, respectively, in the number of parasuicide presentations to Cavan General Hospital and Our Lady of Lourdes Hospital Drogheda. Based on figures in the North Eastern Health Board's Annual Report 2002, parasuicide accounted for 0.8% of total attendances to accident and emergency services in the board. This percentage of attendances accounted for by parasuicide varied by hospital: 0.5% at Monaghan General Hospital, 0.7% at Our Lady of Lourdes Hospital Drogheda, 0.8% at Cavan General Hospital, 0.9% at Louth County Hospital Dundalk and 1.1% at Our Lady's Hospital Navan.

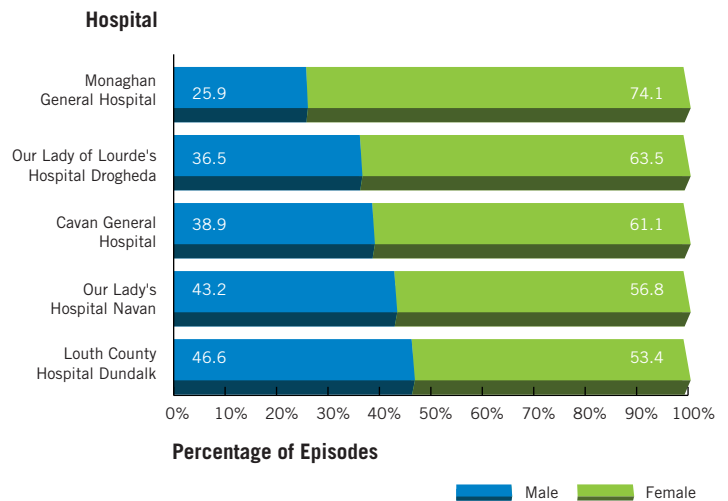


Figure NEHB 2: Gender balance of parasuicide episodes treated by hospital.

The gender balance of episodes treated (at 40.0% men to 60.0% women overall) varied by hospital (Figure NEHB 2). There was a relatively small excess of female presentations to Louth County Hospital Dundalk (53.4% vs. 46.6%) and Our Lady's Hospital Navan (56.8% vs. 43.2%). More than 60% of the cases treated at Cavan General Hospital and Our Lady of Lourdes Hospital Drogheda were due to women while almost three-quarters of parasuicide presentations to Monaghan General Hospital were by women.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	53 (15.6%)	51 (15.0%)	36 (10.6%)	44 (13.0%)	40 (11.8%)	46 (13.6%)	69 (20.4%)	339 (100%)
Women	92 (18.1%)	59 (11.6%)	70 (13.8%)	65 (12.8%)	70 (13.8%)	73 (14.3%)	80 (15.7%)	509 (100%)
Total	145 (17.1%)	110 (13.0%)	106 (12.5%)	109 (12.9%)	110 (13.0%)	119 (14.0%)	149 (17.6%)	848 (100%)

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

Table NEHB 1: Number of episodes by weekday for men and women.

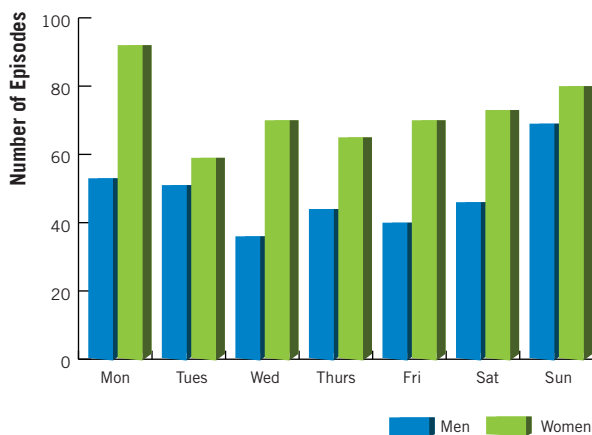


Figure NEHB 3: Number of episodes by weekday.

Overall, there were much higher numbers of parasuicide presentations on Sunday and Monday. The pattern was similar for both genders except that the greatest number of presentations was on Monday for women and on Sunday for men.

Variation by Hour

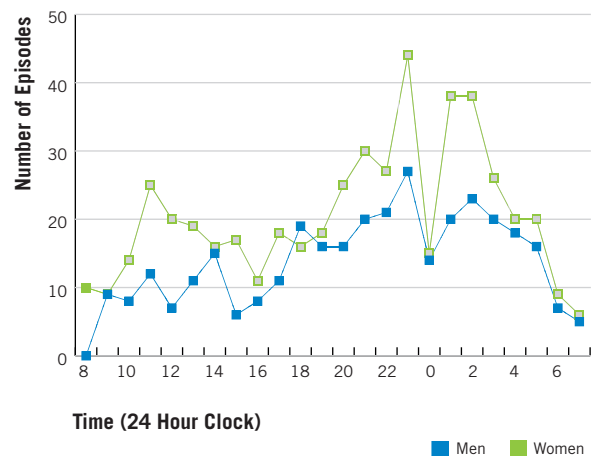


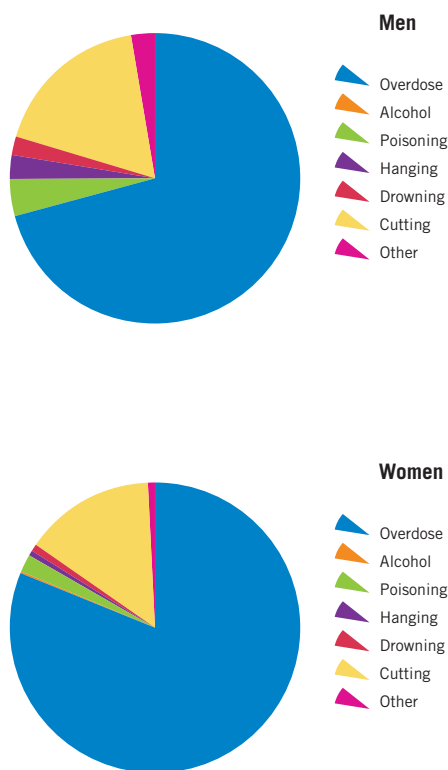
Figure NEHB 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day. There was a peak in the number of presentations during the night and in the early hours of the morning. During the eight hour period from 8pm to 4am, almost half (47.5%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 20.9% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	240 (70.8%)	0 (0.0%)	14 (4.1%)	9 (2.7%)	7 (2.1%)	60 (17.7%)	9 (0.6%)	339 (100%)
Women	413 (81.1%)	1 (0.2%)	10 (2.0%)	3 (0.6%)	4 (0.8%)	74 (14.5%)	4 (0.4%)	509 (100%)
Total	653 (77.0%)	1 (0.1%)	24 (2.8%)	12 (1.4%)	11 (1.3%)	134 (15.8%)	13 (0.5%)	848 (100%)

Table NEHB 2: Number of episodes by most lethal method by gender.



77.0% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (70.8% of male episodes and 81.1% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 83.3% of all cases (76.4% of male episodes and 87.8% of female episodes). Alcohol was involved in more than half (440, 51.9%) of all cases which is higher than in other health boards but the same as was found in 2001. Alcohol was more common in male parasuicide episodes (195, 57.5%) than in female episodes (245, 48.1%). This gender difference has narrowed since 2001 when alcohol was used in 62.9% of male and 44.1% of female acts of parasuicide. Other than overdose, the only other common main method of self-harm was cutting, accounting for 15.8% of all episodes. In contrast with most other health boards where men much more often used self-cutting as a main method, cutting was almost as common in female parasuicide acts (74, 14.5%) as it was in male acts (60, 17.7%) in the North Eastern Health Board.

Figure NEHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 537 of the 706 cases of drug overdose (76.1%). On average, 30 tablets were taken in the episodes of parasuicide that involved drug overdose. On average, men took marginally, but not significantly, more tablets (mean = 32) than women (mean = 28). Figure NEHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Just over one quarter of the male and female episodes of overdose involved 10-19 tablets. At least 50 tablets were taken by 19.6% of men as compared to 11.6% of women.

Figure NEHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. 42.4% of all overdoses involved a minor tranquilliser. A major tranquilliser was involved in 8.2% of overdoses. Women were more likely to have used a minor tranquilliser drug in their overdose act

(44.7% vs. 38.2%) whereas men were twice as likely as women to use a major tranquilliser (12.0% vs. 6.0%). At least one analgesic drug was involved in almost half (48.6%) of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in one third (33.1%) of drug overdoses. Paracetamol was more often taken by women than men, being involved in 35.6% of female and 29.0% of male overdoses, respectively. One in four acts (25.1%) of deliberate overdose involved an anti-depressant drug. A drug from the group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was taken in one fifth (20.3%) of all overdose acts. 'Other prescribed drugs' were taken in almost one quarter of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.

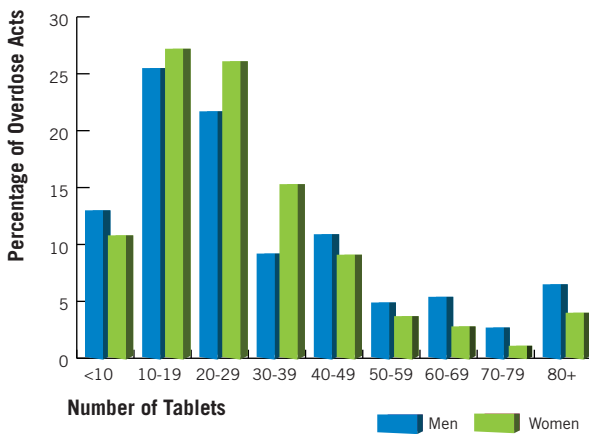
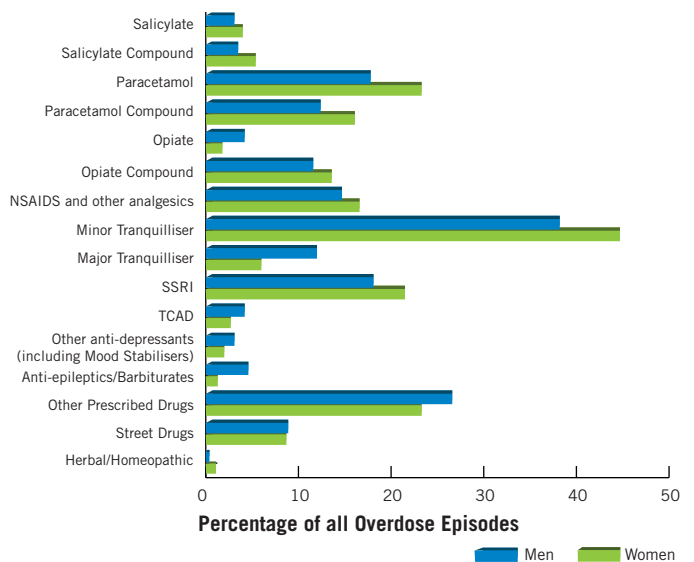


Figure NEHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure NEHB 7: The variation in the type of drugs used in the North Eastern Health Board.

RECOMMENDED NEXT CARE

Of the 848 cases of parasuicide treated within the North Eastern Health Board, there was only one where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for the vast majority of cases (83.9%), irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Almost three in every four parasuicide cases did result in admission to a ward of the treating hospital. Just 3.2% were recommended for admission for psychiatric inpatient treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In 7.4% of the parasuicide episodes, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. A very small proportion (1.9%) left before a

recommendation was made. One in seven (14.2%) were discharged home after receiving emergency treatment³.

Next care recommendations showed little variation by gender. Over three-quarters of acts of parasuicide by women (76.4%) resulted in general hospital admission following treatment in the accident and emergency department compared to over two-thirds of male episodes (68.7%). Men refused to be admitted in 9.4% of cases compared to 6.1% of women. The slightly higher general admission rate for women may be due to their increased use of drug overdose as a main method of self-harm. It can be seen from Table NEHB 3 that recommended next care varied according to the main method of self-harm involved (albeit that the numbers were sufficient to make meaningful comparisons for the main methods of overdose and cutting only). General inpatient admission occurred in over 80% of drug overdoses whereas this was the case for one third of patients who used cutting as the main method of self-harm. As a corollary, 44.4% of those who deliberately cut themselves were

	Overdose (n=653)	Alcohol (n=1)	Poisoning (n=24)	Hanging (n=12)	Drowning (n=11)	Cutting (n=134)	Other (n=13)	Total (n=848)
General admission	81.8%	100.0%	75.0%	66.7%	72.7%	34.3%	53.8%	73.3%
Psychiatric admission	1.8%	0.0%	0.0%	16.7%	9.1%	8.2%	7.7%	3.2%
Patient would not allow admission	6.7%	0.0%	8.3%	16.7%	0.0%	11.2%	0.0%	7.4%
Left before recommendation	1.5%	0.0%	8.3%	0.0%	9.1%	2.2%	0.0%	1.9%
Not admitted	8.1%	0.0%	8.3%	0.0%	9.1%	44.0%	38.5%	14.2%

Table NEHB 3: Recommended next care by method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

discharged home after treatment in the accident and emergency department compared to just 8.1% of patients who took a drug overdose. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases.

The recommendation for next care differed somewhat by hospital. Cavan General Hospital, Louth County Hospital Dundalk and Our Lady of Lourdes Hospital Drogheda followed the same pattern as that described for the health board as a whole. Although the number of cases was relatively small, virtually all parasuicide presentations to Monaghan General Hospital resulted in admission to a general ward. This was the case for less than two-thirds of those treated at Our Lady's Hospital Navan. At this hospital, more than one in five parasuicide patients were discharged home after receiving treatment in the accident and emergency department.

	Cavan General Hospital (n=162)	Louth County Hospital Dundalk (n=178)	Monaghan General Hospital (n=54)	Our Lady's Hospital Navan (n=199)	Our Lady of Lourdes Hospital Drogheda (n=255)	Total (n=848)
General admission	75.3%	76.4%	94.4%	63.8%	72.9%	73.3%
Psychiatric admission	2.5%	0.6%	1.9%	6.0%	3.5%	3.2%
Patient would not allow admission	6.2%	9.6%	1.9%	7.5%	7.8%	7.4%
Left before recommendation	2.5%	0.6%	0.0%	1.0%	3.5%	1.9%
Not admitted	13.6%	12.9%	1.9%	21.6%	12.2%	14.2%

Table NEHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 698 individuals treated for 848 parasuicide episodes in North Eastern Health Board acute hospitals in 2002. Thus, more than one in six (150, 17.7%) of all presentations were due to repeat acts. Of the 698 individuals treated, 78 (11.2%) made one or more repeat attempts during the calendar year which presented to hospital, either within the health board or elsewhere in the country.

The rate of repetition did not vary significantly according to the main method of self-harm involved in the parasuicide act albeit that there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table NEHB 5).

There was a higher rate of repetition in women (52/411, 12.7%) than in men (26/287, 9.1%) though this difference was not significant. Table NEHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country).

There was some variation in the rate of repetition by hospital. One in five of those treated at Monaghan General Hospital repeated, although the numbers involved were small. Between the hospitals that treated sufficient numbers to allow for more meaningful comparison, the rate of repetition was lower than average in patients treated at Louth County Hospital, particularly for men.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	537	0	19	12	10	109	11	698
Number who repeated	59	0	2	2	1	14	0	78
Percentage who repeated	11.0%	0.0%	10.5%	16.7%	10.0%	12.8%	0.0%	11.2%

Table NEHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Cavan General Hospital	Louth County Hospital Dundalk	Monaghan General Hospital	Our Lady's Hospital Navan	Our Lady of Lourdes Hospital Drogheda	North Eastern Health Board
Number of Individuals Treated						
Men	53	81	13	76	67	287
Women	84	89	33	87	126	411
Total	137	170	46	163	193	698
Number who Repeated						
Men	9	3	2	7	6	26
Women	8	7	7	13	21	52
Total	17	10	9	20	27	78
Percentage who Repeated						
Men	17.0%	3.7%	15.4%	9.2%	9.0%	9.1%
Women	9.5%	7.9%	21.2%	14.9%	16.7%	12.7%
Total	12.4%	5.9%	19.6%	12.3%	14.0%	11.2%

Table NEHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 184 suicides were registered for the North Eastern Health Board. Men and women accounted for 154 (83.7%) and 30 (16.3%) of these deaths, respectively. This yields a male/female suicide ratio of 5.1 to one which is slightly higher than the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 31 for men and 6 for women. Thus, annually, there are approximately 11 episodes of parasuicide for every death by suicide amongst men and approximately 85 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

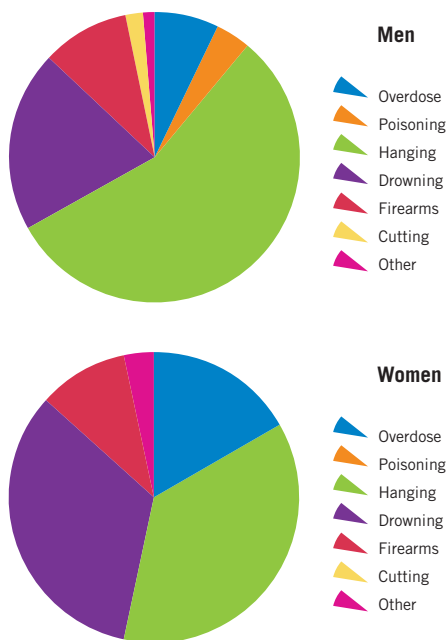


Figure NEHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. Whereas drug overdose was by far the commonest method used in acts of parasuicide, the more lethal methods of hanging and drowning were the dominant methods used in suicide. More than half (55.8%) of male suicides were by hanging and a further 20.1% were by drowning. By a small margin, hanging was also the most common suicide method in women (36.7%) which contrasts with the rest of the country. One in three (33.3%) female suicides were by drowning and 16.7% were by drug overdose.

APPENDIX NEHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE NORTH EASTERN HEALTH BOARD

	Cavan General Hospital		Louth County Hospital Dundalk		Monaghan General Hospital		Our Lady's Hospital Navan		Our Lady of Lourdes Hospital Drogheda		North Eastern Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	2	1	4	0	2	3	3	3	6	7	17
15-19yrs	8	16	6	16	1	5	7	21	7	32	29	90
20-24yrs	8	17	16	17	1	6	18	20	15	27	58	87
25-29yrs	17	12	12	9	6	6	8	9	5	12	48	48
30-34yrs	10	13	12	14	3	5	8	17	21	19	54	68
35-39yrs	6	10	15	11	0	6	9	9	16	17	46	53
40-44yrs	8	10	6	8	1	4	12	15	13	12	40	49
45-49yrs	3	5	4	5	1	2	12	12	7	16	27	40
50-54yrs	1	7	5	4	1	1	3	3	5	8	15	23
55-59yrs	1	5	3	2	0	3	2	0	0	3	6	13
60-64yrs	0	0	1	1	0	0	1	1	0	7	2	9
65-69yrs	1	2	1	2	0	0	2	1	1	1	5	6
70-74yrs	0	0	0	0	0	0	1	2	0	1	1	3
75-79yrs	0	0	1	0	0	0	0	0	0	0	1	0
80-84yrs	0	0	0	0	0	0	0	0	0	1	0	1
85yrs+	0	0	0	1	0	0	0	0	0	0	0	1
Total	63	99	83	95*	14	40	86	113	93	162	339	509*

* There was one episode of female parasuicide treated in Louth County Hospital where age was unknown.

APPENDIX NEHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE NORTH EASTERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	14143	0	0	(+/-0)	0.0	(+/-0.0)	13295	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	12843	0	0	(+/-0)	0.0	(+/-0.0)	12122	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	13749	7	51	(+/-38)	0.0	(+/-0.0)	13254	18	136	(+/-64)	0.0	(+/-0.0)
15-19yrs	14506	30	207	(+/-76)	17.9	(+/-9.9)	13771	79	574	(+/-129)	4.4	(+/-5.0)
20-24yrs	13479	55	408	(+/-110)	31.2	(+/-13.6)	12212	75	614	(+/-142)	4.9	(+/-5.7)
25-29yrs	12841	48	374	(+/-108)	38.9	(+/-15.6)	12617	38	301	(+/-98)	4.8	(+/-5.5)
30-34yrs	13665	41	300	(+/-94)	24.9	(+/-12.1)	13424	41	305	(+/-95)	1.5	(+/-3.0)
35-39yrs	13419	41	306	(+/-95)	13.4	(+/-8.9)	13003	45	346	(+/-103)	3.1	(+/-4.4)
40-44yrs	12268	27	220	(+/-85)	19.6	(+/-11.3)	12028	39	324	(+/-104)	5.0	(+/-5.8)
45-49yrs	11421	23	201	(+/-84)	24.5	(+/-13.1)	10740	35	326	(+/-110)	11.2	(+/-9.1)
50-54yrs	10356	18	174	(+/-82)	19.3	(+/-12.2)	9731	21	216	(+/-94)	6.2	(+/-7.1)
55-59yrs	8876	6	68	(+/-55)	24.8	(+/-14.9)	8245	11	133	(+/-80)	4.9	(+/-6.9)
60-64yrs	6397	2	31	(+/-44)	25.0	(+/-17.7)	6089	4	66	(+/-66)	3.3	(+/-6.6)
65-69yrs	5449	5	92	(+/-82)	25.7	(+/-19.4)	5427	6	111	(+/-90)	3.7	(+/-7.4)
70-74yrs	4284	1	23	(+/-47)	18.7	(+/-18.7)	4857	3	62	(+/-71)	0.0	(+/-0.0)
75-79yrs	3222	1	31	(+/-62)	18.6	(+/-21.5)	4458	0	0	(+/-0)	9.0	(+/-12.7)
80-84yrs	2059	0	0	(+/-0)	0.0	(+/-0.0)	3190	1	31	(+/-63)	0.0	(+/-0.0)
85yrs+	1066	2	188	(+/-265)	0.0	(+/-0.0)	2459	1	41	(+/-81)	0.0	(+/-0.0)
Total***	174043	307	169	(+/-20)	18.0	(+/-2.9)	170922	417	238	(+/-24)	3.6	(+/-1.3)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



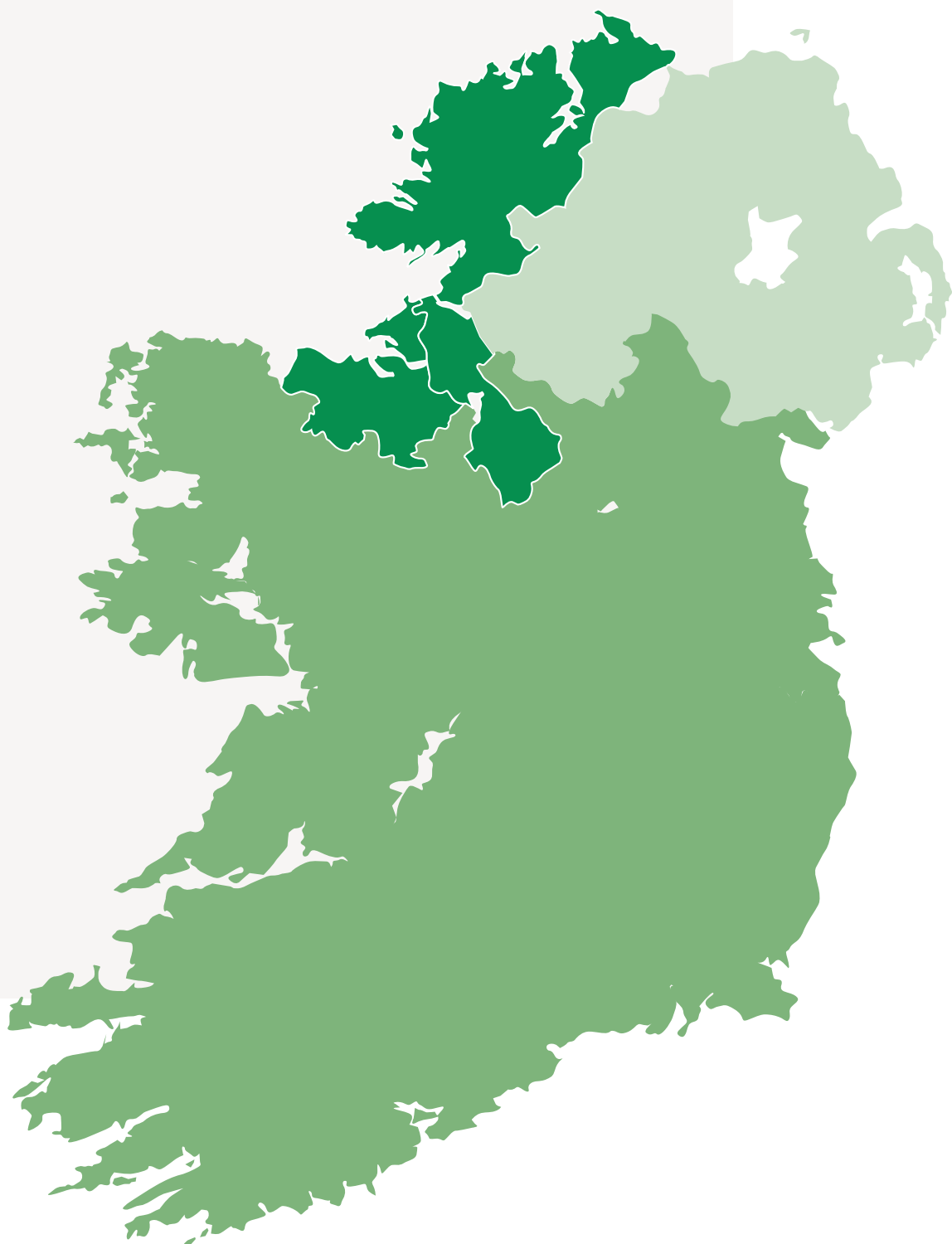


SECTION 4

PARASUICIDE IN THE NORTH WESTERN HEALTH BOARD



Parasuicide in the North Western Health Board



PARASUICIDE IN THE NORTH WESTERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 351 individuals were treated within the North Western Health Board for 429 episodes of parasuicide.

The number of parasuicide episodes treated in the North Western Health Board by hospital, age and gender is given in Appendix NWHB-1, below. In 2002, 180 (42.0%) of the parasuicide presentations were made by 152 men and 249 (58.0%) were made by 199 women. Parasuicide episodes were generally confined to the younger age groups. 88.3% of all episodes were by people aged less than 50 years. In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 10-19 year-olds where there was almost three times as many episodes by women as there were by men (73 vs. 26). The most notable exception to this pattern was in the 30-34 year age group where there were 35 male episodes compared to 21 female episodes.

Seventeen (4.0%) of the 429 episodes of parasuicide treated in the North Western Health Board were by individuals who lived in another part of the country. Almost half (8) of these cases came from Roscommon. The 412 episodes of parasuicide by residents of the health board included 3 (0.7%) by residents of homes/hostels, 9 (2.2%) by inpatients of psychiatric hospitals/units and 13 (3.2%) by non-

nationals or non-residents of Ireland who were temporarily in the country.

Appendix NWHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the North Western Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the North Western Health Board in 2002 was 138 (95% Confidence Interval (CI): 116 to 160) and 175 (95% CI: 150 to 200) per 100,000, respectively. Thus, the female rate was 26.8% or 37 (95% CI: 4 to 71) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 17.4% and 26.2% lower than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was -29 (95% CI: -52 to -6) and -62 (95% CI: -88 to -36) per 100,000 for men and women, respectively. Thus, adjusting for age, men and women residing in the North Western Health Board had significantly lower rates of parasuicide than men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

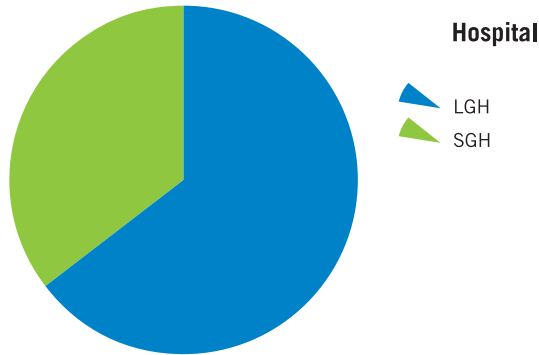


Figure NWHB 1: The distribution of episodes between Letterkenny General Hospital (LGH) and Sligo General Hospital (SGH).

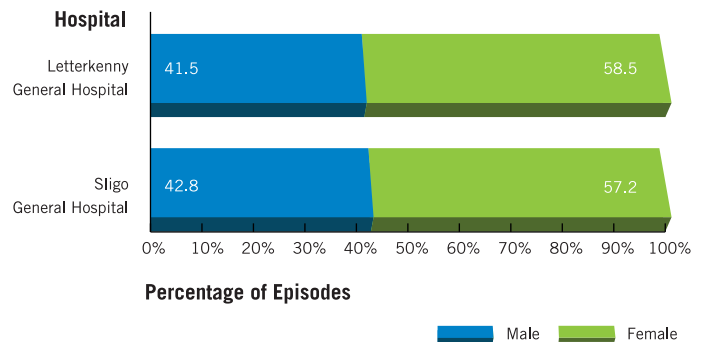


Figure NWHB 2: Gender balance of parasuicide episodes treated by hospital.

Almost two-thirds (64.6%) of the episodes of parasuicide treated within the North Western Health Board presented to Letterkenny General Hospital whereas Sligo General Hospital saw 35.4% of cases. Based on the total number of accident and emergency department attendances in 2002, parasuicide accounted for 0.8% of total attendances to accident and emergency services in the board. The percentage of attendances accounted for by parasuicide was 1.0% at Letterkenny General Hospital and 0.5% at Sligo General Hospital.

The gender balance of episodes treated (at 42.0% men to 58.0% women overall) was similar at both hospitals - 41.5% male and 58.5% female episodes at Letterkenny compared to 42.8% male and 57.2% female episodes at Sligo (Figure NWHB 2).

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	29 (16.1%)	25 (13.9%)	22 (12.2%)	20 (11.1%)	22 (12.2%)	33 (18.3%)	29 (16.1%)	180 (100%)
Women	44 (17.7%)	44 (17.7%)	26 (10.4%)	22 (8.8%)	33 (13.3%)	38 (15.3%)	42 (16.9%)	249 (100%)
Total	73 (17.0%)	69 (16.1%)	48 (11.2%)	42 (9.8%)	55 (12.8%)	71 (16.6%)	71 (16.6%)	429 (100%)

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

Table NWHB 1: Number of episodes by weekday for men and women.

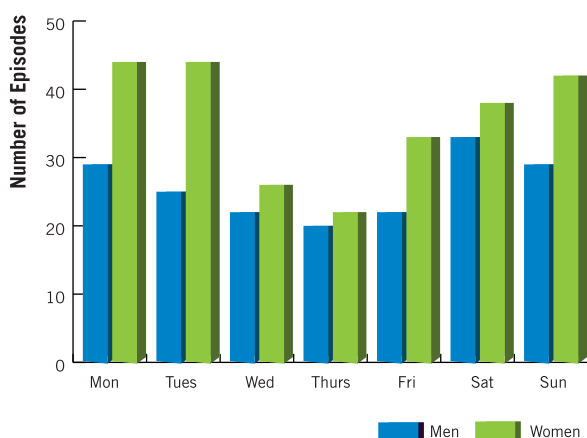


Figure NWHB 3: Number of episodes by weekday.

There was a very clear pattern in the number of parasuicide presentations by day of the week. There was a high number of presentations on Mondays and Tuesdays, a sharp drop in the middle of the week and a rise in frequency during the weekend. This pattern was present for both genders though more pronounced in women. There were twice as many female presentations on Mondays and on Tuesdays as there were on Thursdays.

Variation by Hour

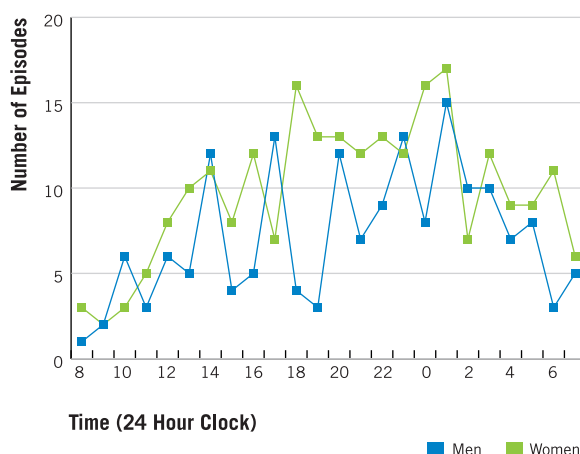


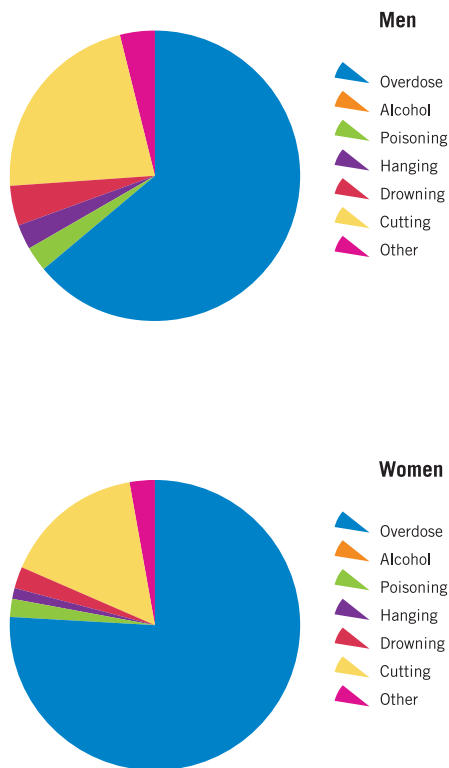
Figure NWHB 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. There was some fluctuation in the hourly pattern, particularly for men, which may be due to the relatively low number of presentations involved. There were fewer parasuicide episodes treated in the North Western Health Board than in any other health board. Generally, the numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning. During the eight hour period from 8pm to 4am, almost half (45.8%) of all presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 19.5% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	115 (63.9%)	0 (0.0%)	5 (2.8%)	5 (2.8%)	8 (4.4%)	40 (22.2%)	7 (3.9%)	180 (100%)
Women	189 (75.9%)	0 (0.0%)	5 (2.0%)	3 (1.2%)	6 (2.4%)	39 (15.7%)	7 (2.8%)	249 (100%)
Total	304 (70.9%)	0 (0.0%)	10 (2.3%)	8 (1.9%)	14 (3.3%)	79 (18.4%)	14 (3.3%)	429 (100%)

Table NWHB 2: Number of episodes by most lethal method by gender.



70.9% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (63.9% of male episodes and 75.9% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased marginally to 73.2% of all cases (67.2% of male episodes and 77.5% of female episodes). Alcohol was involved in 38.5% (165) of all cases. Alcohol was significantly more common in male parasuicide episodes (84, 46.7%) than in female episodes (81, 32.5%). Other than overdose, the only other common main method of self-harm was cutting, accounting for 22.2% of episodes by men and 15.7% of episodes by women.

Figure NWHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 228 of the 314 cases of drug overdose (72.6%). On average, 29 tablets were taken in the episodes of parasuicide that involved drug overdose. The number of tablets taken varied significantly by gender. On average, men took more (mean = 36) than women (mean = 24). Figure NWHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Over one quarter of the male and female episodes of overdose involved 20-29 tablets. At least 50 tablets were taken by 17.4% of men as compared to 6.6% of women. At least 80 tablets were taken in 12.0% of the male acts.

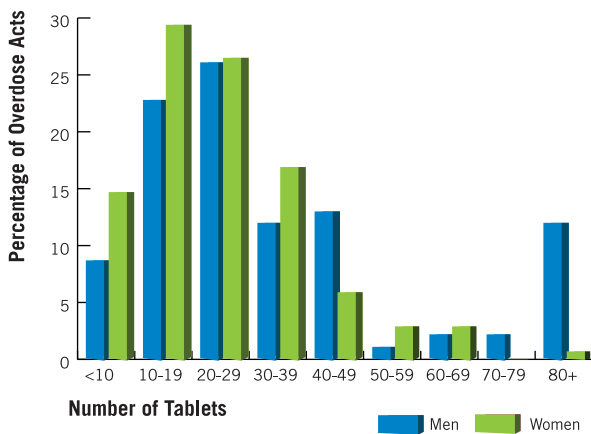
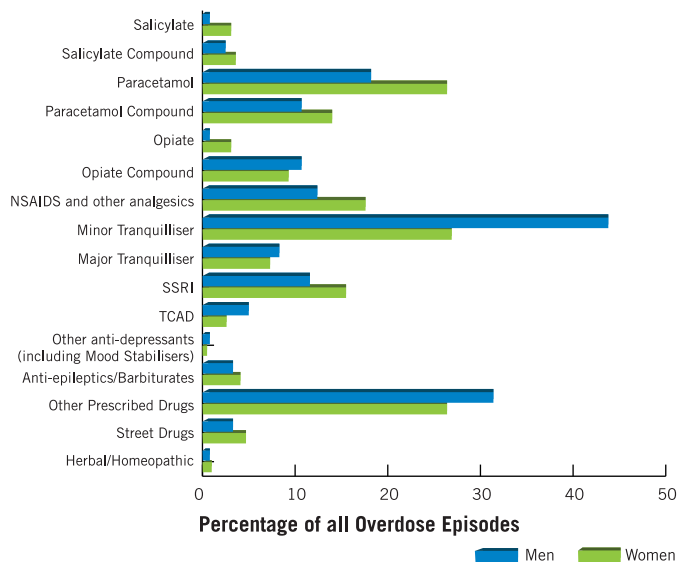


Figure NWHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

Figure NWHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. One in every three (33.4%) overdoses involved a minor tranquilliser. Such a drug was used significantly more often by men (43.8%) than by women (26.9%). A major tranquilliser was involved in 7.6% of overdoses. At least one analgesic drug was involved in almost half (44.9%) of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in almost one third (31.5%) of drug overdoses. Paracetamol was used more often by women (34.7%) than by men (26.4%). More than one in six acts (17.8%) of deliberate overdose involved an anti-depressant drug. A drug from the group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was taken in 14.0% of all overdose acts. 'Other prescribed drugs' were taken in almost 30% of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure NWHB 7: The variation in the type of drugs used in the North Western Health Board.

RECOMMENDED NEXT CARE

Of the 429 cases of parasuicide treated within the North Western Health Board, there were only three where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for almost three quarters (73.7%) of all episodes (irrespective of the nature of the care or whether the patient refused or not). Half of all parasuicide cases resulted in admission to a ward of the treating hospital. The percentage of cases discharged after treatment in the accident and emergency department was 24.5%². 15.2% were admitted for psychiatric inpatient

treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients³. In 8.2% of the parasuicide episodes, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. A very small proportion (1.9%) left before a recommendation was made. Next care recommendations did not vary significantly by gender.

	Overdose (n=304)	Poisoning (n=10)	Hanging (n=8)	Drowning (n=14)	Cutting (n=79)	Other (n=14)	Total (n=429)
General admission	62.8%	70.0%	0.0%	14.3%	19.0%	7.1%	50.3%
Psychiatric admission	7.2%	0.0%	75.0%	78.6%	26.6%	35.7%	15.2%
Patient would not allow admission	7.9%	0.0%	0.0%	0.0%	11.4%	14.3%	8.2%
Left before recommendation	1.6%	0.0%	0.0%	0.0%	3.8%	0.0%	1.9%
Not admitted	20.4%	30.0%	25.0%	7.1%	39.2%	42.9%	24.5%

Table NWHB 3: Recommended next care by method of parasuicide.

² Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

³ Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

Recommended next care varied according to the main method of self-harm that was involved (albeit that the numbers were sufficient to make meaningful comparisons for the main methods of overdose and cutting only). General inpatient admission occurred in almost two-thirds of cases of drug overdose whereas this happened in about one in five cases of self-cutting. As a corollary to this, self-cutting resulted in discharge after emergency treatment almost twice as often as for drug overdoses. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases. More than one in four of

those who used cutting as their main method of parasuicide were admitted for psychiatric care.

The recommendation for next care differed significantly between the two North Western Health Board hospitals. A far higher proportion of cases treated at Letterkenny General Hospital were admitted to a general ward. Cases treated at Sligo General Hospital were twice as often discharged home after emergency treatment as they were in Letterkenny.

	Letterkenny General Hospital (n=277)	Sligo General Hospital (n=152)	Total (n=429)
General admission	58.1%	36.2%	50.3%
Psychiatric admission	13.4%	18.4%	15.2%
Patient would not allow admission	9.7%	5.3%	8.2%
Left before recommendation	0.7%	3.9%	1.9%
Not admitted	18.1%	36.2%	24.5%

Table NWHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 351 individuals treated for 429 parasuicide episodes in North Western Health Board general hospitals in 2002. Thus, almost one in five (78, 18.2%) of all presentations were due to repeat acts. Of the 351 individuals treated, 40 (11.7%) made one or more repeat attempts during the calendar year which presented to hospital, either within the board or elsewhere in the country.

The rate of repetition varied according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table NWHB 5). The latter was associated with a significantly increased level of repetition with twice as many repeating compared to individuals whose index act was mainly by drug overdose.

There was a similar rate of repetition in men (17/152, 11.2%) and women (24/199, 12.1%). Table NWHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country).

The patients treated at Letterkenny and Sligo General Hospitals had very similar rates of repeated parasuicide. For the latter, men had the higher repetition rate whereas for the former, a higher proportion of women repeated. However, these gender differences were small and non-significant.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	266	0	7	6	12	50	10	351
Number who repeated	24	0	1	1	2	9	4	41
Percentage who repeated	9.0%	0.0%	14.3%	16.7%	16.7%	18.0%	40.0%	11.7%

Table NWHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Letterkenny General Hospital	Sligo General Hospital	North Western Health Board
Number of Individuals Treated			
Men	102	52	152
Women	123	76	199
Total	225	128	351
Number who Repeated			
Men	11	7	17
Women	16	8	24
Total	27	15	41
Percentage who Repeated			
Men	10.8%	13.5%	11.2%
Women	13.0%	10.5%	12.1%
Total	12.0%	11.7%	11.7%

Table NWHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 129 suicides were registered for the North Western Health Board. Men and women accounted for 110 (85.3%) and 19 (14.7%) of these deaths, respectively. This yields a male/female suicide ratio of 5.8 to one which is higher than the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 22 for men and 4 for women. Thus, annually, there are approximately 8 episodes of parasuicide for every death by suicide amongst men and approximately 66 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

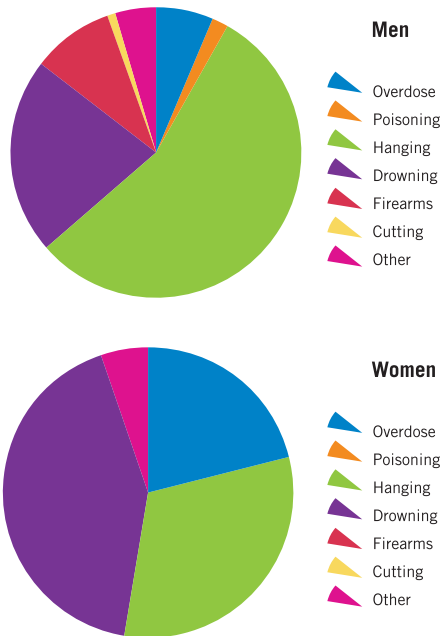


Figure NWHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. The more lethal methods of hanging and drowning were the dominant methods for men and women, respectively. More than half (55.5%) of male suicides were by hanging and 42.1% of female suicides were by drowning. Drowning (21.8%) was the second commonest method of suicide used by men. Almost one third (31.6%) of the female suicide deaths were by hanging and 21.1% were by drug overdose.

APPENDIX NWHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE NORTH WESTERN HEALTH BOARD

	Letterkenny General Hospital		Sligo General Hospital		North Western Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0
10-14yrs	1	10	0	2	1	12
15-19yrs	18	41	7	20	25	61
20-24yrs	21	12	6	12	27	24
25-29yrs	16	29	5	8	21	37
30-34yrs	15	10	20	11	35	21
35-39yrs	17	13	2	5	19	18
40-44yrs	11	22	10	2	21	24
45-49yrs	5	12	5	11	10	23
50-54yrs	4	5	3	6	7	11
55-59yrs	2	1	4	6	6	7
60-64yrs	3	1	1	2	4	3
65-69yrs	2	5	0	1	2	6
70-74yrs	0	1	1	0	1	1
75-79yrs	0	0	0	1	0	1
80-84yrs	0	0	0	0	0	0
85yrs+	0	1	0	1	0	
Total	115	162	65	87	180	249

APPENDIX NWHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE NORTH WESTERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	8162	0	0	(+/-0)	0.0	(+/-0.0)	7789	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	8258	0	0	(+/-0)	0.0	(+/-0.0)	7758	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	9100	1	11	(+/-22)	0.0	(+/-0.0)	8699	6	69	(+/-56)	0.0	(+/-0.0)
15-19yrs	9600	22	229	(+/-98)	33.3	(+/-16.7)	8910	51	572	(+/-160)	2.2	(+/-4.5)
20-24yrs	7644	25	327	(+/-131)	52.3	(+/-23.4)	7411	24	324	(+/-132)	10.8	(+/-10.8)
25-29yrs	7023	17	242	(+/-117)	42.7	(+/-22.1)	7077	24	339	(+/-138)	5.7	(+/-8.0)
30-34yrs	7475	19	254	(+/-117)	13.4	(+/-12.0)	7559	15	198	(+/-102)	2.6	(+/-5.3)
35-39yrs	7627	18	236	(+/-111)	31.5	(+/-18.2)	7833	15	191	(+/-99)	2.6	(+/-5.1)
40-44yrs	7393	20	271	(+/-121)	18.9	(+/-14.3)	7590	19	250	(+/-115)	5.3	(+/-7.5)
45-49yrs	7241	8	110	(+/-78)	19.3	(+/-14.6)	7094	14	197	(+/-105)	5.6	(+/-8.0)
50-54yrs	7077	7	99	(+/-75)	19.8	(+/-15.0)	6715	8	119	(+/-84)	3.0	(+/-6.0)
55-59yrs	6321	7	111	(+/-84)	12.7	(+/-12.7)	5670	7	123	(+/-93)	7.1	(+/-10.0)
60-64yrs	4870	3	62	(+/-71)	24.6	(+/-20.1)	4559	3	66	(+/-76)	0.0	(+/-0.0)
65-69yrs	4212	2	47	(+/-67)	4.7	(+/-9.5)	4058	5	123	(+/-110)	4.9	(+/-9.9)
70-74yrs	3509	1	28	(+/-57)	22.8	(+/-22.8)	3662	1	27	(+/-55)	0.0	(+/-0.0)
75-79yrs	2699	0	0	(+/-0)	22.2	(+/-25.7)	3410	1	29	(+/-59)	11.7	(+/-16.6)
80-84yrs	1767	0	0	(+/-0)	22.6	(+/-32.0)	2491	0	0	(+/-0)	0.0	(+/-0.0)
85yrs+	1133	1	88	(+/-177)	17.7	(+/-35.3)	2178	0	0	(+/-0)	0.0	(+/-0.0)
Total***	111111	151	138	(+/-22)	19.9	(+/-3.8)	110463	193	175	(+/-25)	3.5	(+/-1.6)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



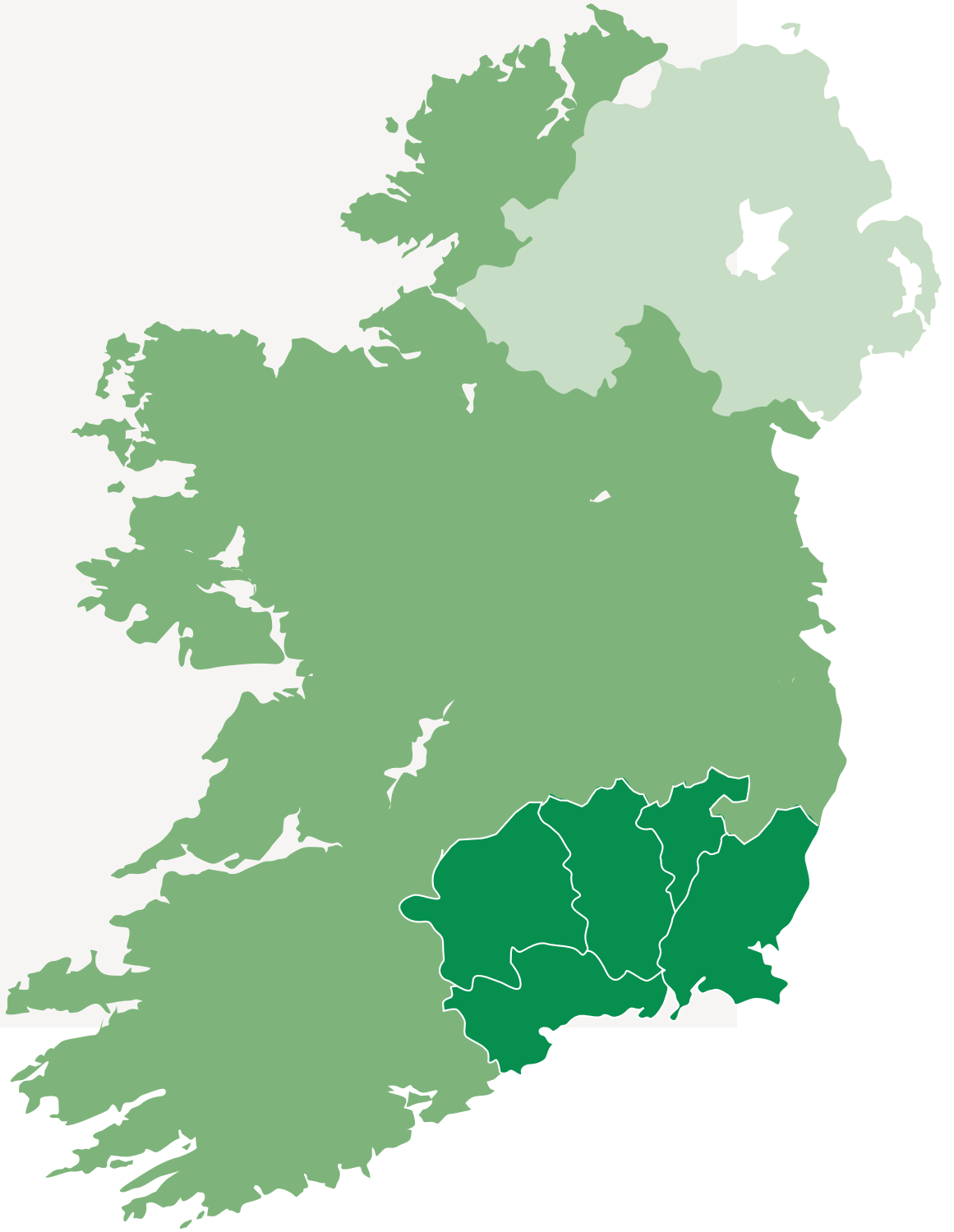


SECTION 5

PARASUICIDE IN THE SOUTH EASTERN HEALTH BOARD



Parasuicide in the South Eastern Health Board



PARASUICIDE IN THE SOUTH EASTERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 908 individuals were treated within the South Eastern Health Board for 1114 episodes of parasuicide. These numbers reflect increases of 11.1% and 6.2% on the number of individuals (817) and episodes (1049) treated in 2001. The European age-standardised rate of individuals presenting to hospital in the South Eastern Health Board following parasuicide in 2002 was 208 (95% Confidence Interval (CI): 194 to 223) per 100,000. This was an 8.5% increase on the equivalent rate of 192 (95% CI: 178 to 206) per 100,000 in 2001. The rate difference was 16 (95% CI: -4 to 36) per 100,000. This indicates that, adjusting for age, the rate of individuals presenting to hospital in the South Eastern Health Board following parasuicide was higher, but not significantly higher, in 2002 than it was in 2001.

The number of parasuicide episodes treated in the South Eastern Health Board by hospital, age and gender is given in Appendix SEHB-1, below. In 2002, 489 (43.9%) of the parasuicide presentations were made by 390 men and 625 (56.1%) were made by 518 women. Parasuicide episodes were generally confined to the younger age groups. 90.2% of all episodes were by people aged less than 50 years. In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 10-19 year-olds where there were almost three times as many episodes by women compared to men (142 vs. 51). The pattern was reversed in the 20-29 year age group where episodes by men actually outnumbered those by women.

Forty-five (4.0%) of the 1114 episodes of parasuicide treated in the South Eastern Health Board were by individuals who

lived in another part of the country. Half (22) of these cases came from North Tipperary. The 1069 episodes of parasuicide by residents of the health board included 35 (3.3%) by residents of homes/hostels, 31 (2.9%) by inpatients of psychiatric hospitals/units and 8 (0.8%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix SEHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the South Eastern Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the South Eastern Health Board in 2002 was 171 (95% CI: 153 to 189) and 238 (95% CI: 217 to 259) per 100,000, respectively. Thus, the female rate was 39.2% or 67 (95% CI: 39 to 95) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 2.4% and 0.4% higher than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was 4 (95% CI: -15 to 23) and 1 (95% CI: -22 to 24) per 100,000 for men and women, respectively. Thus, adjusting for age, the rate of parasuicide for men and women residing in the South Eastern Health Board was not significantly different than that for men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

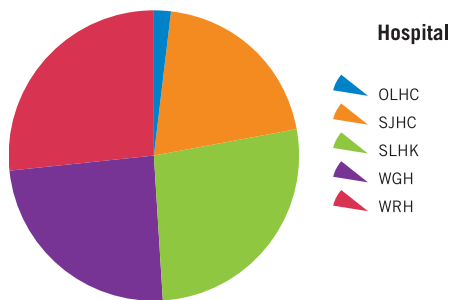


Figure SEHB 1: The distribution of episodes between Our Lady's Hospital Cashel (OLHC), St Joseph's Hospital Clonmel (SJHC), St Luke's Hospital Kilkenny (SLHK), Wexford General Hospital (WGH) and Waterford Regional Hospital (WRH).

Treatment of episodes of parasuicide within the South Eastern Health Board was distributed fairly evenly between the regional hospital in Waterford and the general hospitals in Clonmel, Kilkenny and Wexford. Just over a quarter of all regional episodes were treated respectively at St Luke's Hospital in Kilkenny (26.9%) and the Waterford Regional Hospital (26.7%) and just under a quarter were treated respectively at Wexford General Hospital (24.3%) and St Joseph's Hospital in Clonmel (20.2%). St Luke's Hospital in Kilkenny treated almost the same number of parasuicide episodes as in 2001 (303). The other three large hospitals treated a greater number in 2002. There were 297 presentations to Waterford Regional Hospital up 5.7% from last year, Wexford General Hospital treated 271 cases, an increase of 10.6% and St Joseph's Hospital in Clonmel saw 225 cases which reflected an increase of 13.6%. Based on figures in the South Eastern Health Board's Annual Report 2002, parasuicide accounted for 0.8% of total attendances to accident and emergency services in the board. This percentage of attendances accounted for by parasuicide varied by hospital: 0.1% at Our Lady's Hospital Cashel, 0.5% at Waterford Regional Hospital, 1.1% at Wexford General Hospital, 1.2% at St Luke's Hospital Kilkenny and 2.4% at St Joseph's Hospital Clonmel. The contrasting burden that

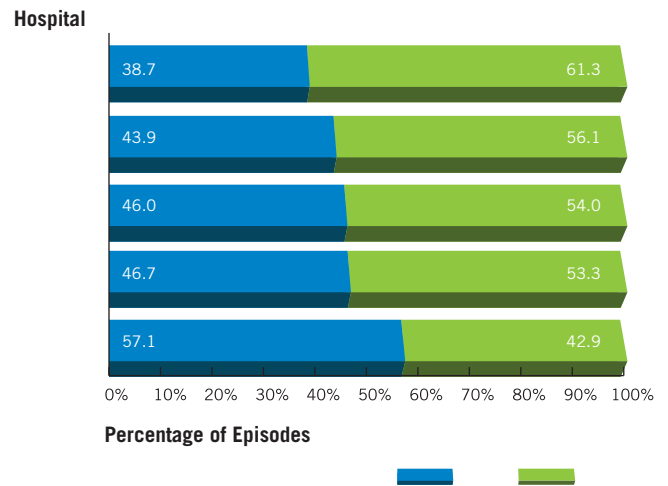


Figure SEHB 2: Gender balance of parasuicide episodes treated by hospital.

parasuicide presents to the two hospitals in South Tipperary may be explained by the fact that these hospitals provide a unified service for the county, with St Joseph's Hospital Clonmel providing medical care and Our Lady's Hospital Cashel providing surgical care.

The gender balance of episodes treated (at 43.9% men to 56.1% women overall) varied by hospital. Considerably more women (61.3%) than men (38.7%) were treated at Waterford Regional Hospital. At Wexford General Hospital, the gender balance was identical to that of the health board as a whole (56.1% female). The excess of female episodes was slightly lower at St Luke's Hospital Kilkenny and St Joseph's Hospital Clonmel (54.0% and 53.3% female episodes, respectively). A skewed balance in the opposite direction was observed at Our Lady's Hospital Cashel (57.1% men to 42.9% women). Though this was for a very much smaller number of total cases (21), an excess of male parasuicides was also observed last year. This may reflect the split services provided by Our Lady's Hospital Cashel (surgical care) and St Joseph's Hospital Clonmel (medical care) as it may be that surgical care was required more often following parasuicide by men.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	91 (18.6%)	78 (16.0%)	51 (10.4%)	69 (14.1%)	66 (13.5%)	67 (13.7%)	67 (13.7%)	489 (100%)
Women	118 (18.9%)	94 (15.0%)	66 (10.6%)	65 (10.4%)	78 (12.5%)	79 (12.6%)	125 (20.0%)	625 (100%)
Total	209 (18.8%)	172 (15.4%)	117 (10.5%)	134 (12.0%)	144 (12.9%)	146 (13.1%)	192 (17.2%)	1114 (100%)

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

Table SEHB 1: Number of episodes by weekday for men and women.

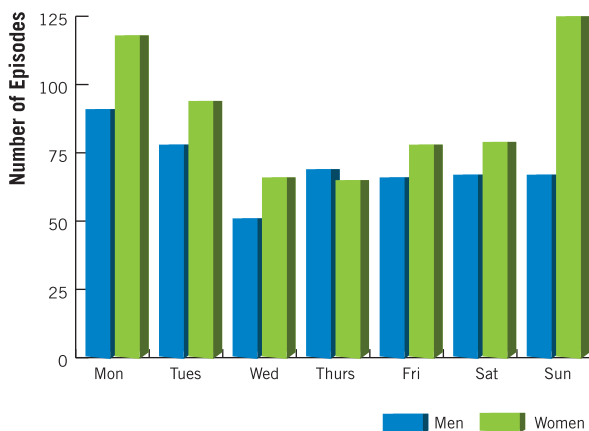


Figure SEHB 3: Number of episodes by weekday.

Overall, there were much higher numbers of parasuicide presentations on Sunday and Monday. There was greater variation in the number of presentations by day of the week in women than in men. Numbers for women were particularly high on both Sunday and Monday when the numbers of presentations were almost double those seen on Wednesday and Thursday. Monday was the only day when there was a marked increase in male presentations. The male numbers were at their lowest on Wednesday and remained stable from Thursday through Sunday.

Variation by Hour

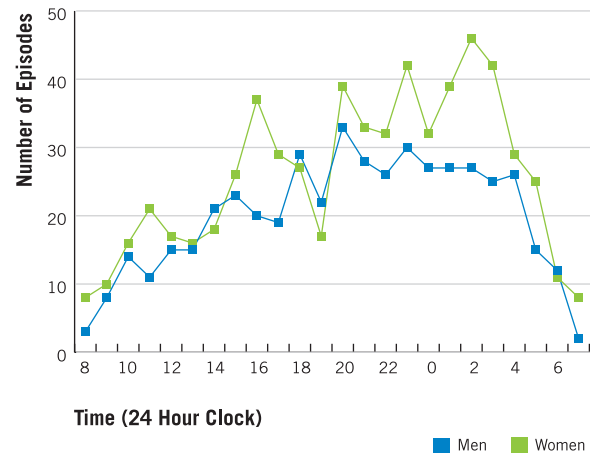


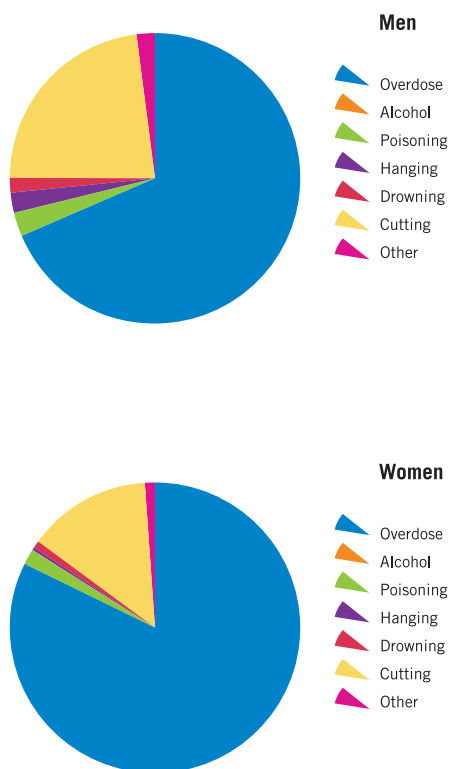
Figure SEHB 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning. The number of presentations was consistently high over the period from 8pm to 4am. During this eight hour period, almost half (48.1%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 17.0% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	335 (68.5%)	0 (0.0%)	13 (2.7%)	11 (2.2%)	8 (1.6%)	112 (22.9%)	10 (2.0%)	489 (100%)
Women	514 (82.2%)	0 (0.0%)	11 (1.8%)	2 (0.3%)	5 (0.8%)	86 (13.8%)	7 (1.1%)	625 (100%)
Total	849 (76.2%)	0 (0.0%)	24 (2.2%)	13 (1.2%)	13 (1.2%)	198 (17.8%)	17 (1.5%)	1114 (100%)

Table SEHB 2: Number of episodes by most lethal method and gender.



76.2% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (68.5% of male episodes and 82.2% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 81.0% of all cases (73.4% of male episodes and 86.9% of female episodes). Alcohol was involved in 43.4% (483) of all cases which is a slight increase from the 39.5% of cases that involved alcohol in 2001. Alcohol was more common in male parasuicide episodes (227, 46.4%) than in female episodes (256, 41.0%). However, this gender difference has narrowed because female use of alcohol in acts of parasuicide has increased significantly from 32.9% in 2001. Other than overdose, the only other common main method of self-harm was cutting. Cutting was significantly more common in male parasuicide episodes - 22.9% compared to 13.8% of female episodes.

Figure SEHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 711 of the 902 cases of drug overdose (78.8%). On average, 33 tablets were taken in the episodes of parasuicide that involved drug overdose. The number of tablets taken varied significantly by gender. On average, men took more (mean = 37) than women (mean = 31). Figure SEHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Less than 20% of male episodes and almost 30% of the female episodes of overdose involved 10-19 tablets. At least 50 tablets were taken by 26.2% of men as compared to 17.7% of women.

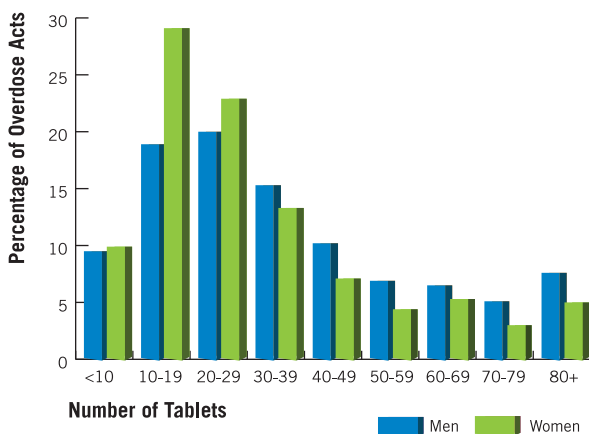
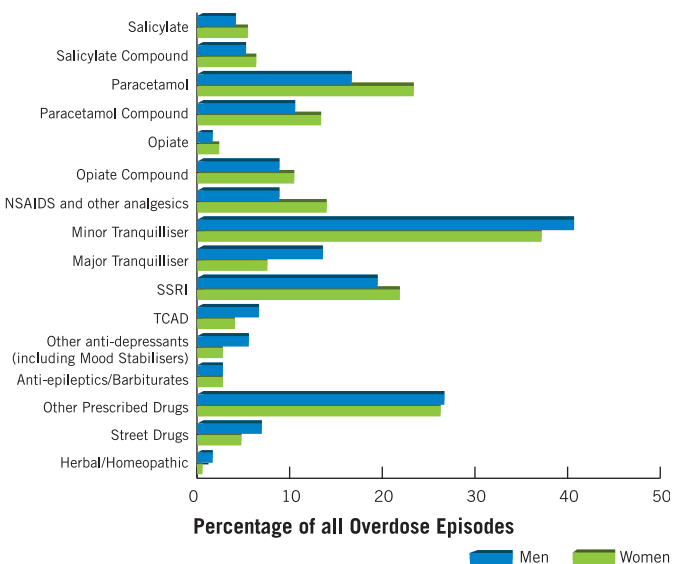


Figure SEHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

Figure SEHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. Almost 40% of all overdoses involved a minor tranquilliser. A major tranquilliser was involved in 10% of overdoses. Irrespective of type, tranquillisers were utilised more often by men. At least one analgesic drug was involved in almost half (45.9%) of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in almost one third (31.4%) of drug overdoses. Respectively, Paracetamol was used significantly more often by women (34.6%) than by men (26.5%). More than one in four acts (28.3%) of deliberate overdose involved an anti-depressant drug. A drug from the group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was taken in more than one in five (21.0%) of all overdose acts. 'Other prescribed drugs' were taken in just over one quarter of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure SEHB 7: The variation in the type of drugs used in the South Eastern Health Board.

RECOMMENDED NEXT CARE

Of the 1114 cases of parasuicide treated within the South Eastern Health Board, there was only one where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for the vast majority of cases (86.1%), irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Three in every four parasuicide cases resulted in admission to a ward of the treating hospital. Just 7.4% were recommended for admission for psychiatric inpatient treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In almost 5% of the parasuicide episodes, the patient refused to allow

him/herself to be admitted whether for general or psychiatric care. A very small proportion (3.1%) left before a recommendation was made. One in nine were discharged home following treatment in the accident and emergency department³.

Next care recommendations varied somewhat by gender. Over three-quarters of acts of parasuicide by women (77.9%) resulted in general hospital admission following treatment in the accident and emergency department compared to over two-thirds of male episodes (69.5%). Male episodes were twice as likely to result in psychiatric admission directly from the accident and emergency department (10.2% for men and 5.1% for women). This gender difference may be due to the variation in the methods employed by men and women. As can be seen from Table SEHB 3, recommended next care varied according to the main method of self-harm. General

	Overdose (n=849)	Poisoning (n=24)	Hanging (n=13)	Drowning (n=13)	Cutting (n=198)	Other (n=17)	Total (n=1114)
General admission	86.7%	66.7%	53.8%	46.2%	25.3%	70.6%	74.2%
Psychiatric admission	2.4%	16.7%	46.2%	23.1%	24.2%	5.9%	7.4%
Patient would not allow admission	4.6%	4.2%	0.0%	7.7%	4.5%	0.0%	4.5%
Left before recommendation	2.5%	0.0%	0.0%	0.0%	6.6%	5.9%	3.1%
Not admitted	3.9%	12.5%	0.0%	23.1%	39.4%	17.6%	10.8%

Table SEHB 3: Recommended next care by main method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

inpatient care was recommended most often in cases of drug overdose (86.7%). Of those cases where the patient used cutting as the main method of self harm, one in four resulted in general inpatient care, a similar proportion were admitted for psychiatric care while almost 40% were discharged. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases. The small number of cases by other methods do not allow for meaningful comparison to be made.

The recommendation for next care differed between the four larger hospitals. (The number of episodes treated at Our Lady's Hospital Cashel was too small for variations to be meaningful, though a very small proportion (4.8%) were directly admitted as general inpatients. Again, this is likely to be a result of the division of responsibility, for medical and surgical care, with St Joseph's Hospital Clonmel.

Approximately four in every five cases were admitted to a general ward except for Waterford Regional Hospital where the proportion was 60.9%. Waterford Regional Hospital has an on-site psychiatric department, meaning that psychiatric evaluations can be carried out immediately whereas some patients in the other three hospitals may be admitted to a general ward in order that they may be given a psychiatric assessment the next day. This might also explain the higher level of psychiatric admission in Waterford Regional Hospital treated cases. A larger proportion (15.8%) of patients at the Waterford Regional Hospital were not admitted although this has fallen from 23.8% in 2001. While a patient leaving before a recommendation could be made was generally infrequent, this was particularly rare in both St Luke's Hospital Kilkenny and Wexford General Hospital.

	Our Lady's Hospital Cashel (n=21)	St Joseph's Hospital Clonmel (n=225)	St Luke's Hospital Kilkenny (n=300)	Wexford General Hospital (n=271)	Waterford Regional Hospital (n=297)	Total (n=1114)
General admission	4.8%	79.1%	80.2%	83.4%	60.9%	74.2%
Psychiatric admission	38.1%	6.7%	5.3%	3.3%	11.4%	7.4%
Patient would not allow admission	9.5%	5.8%	1.3%	5.2%	6.1%	4.5%
Left before recommendation	4.8%	4.0%	1.7%	1.1%	5.7%	3.1%
Not admitted	42.9%	4.4%	11.6%	7.0%	15.8%	10.8%

Table SEHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 908 individuals treated for 1114 parasuicide episodes in South Eastern Health Board hospitals in 2002. Thus, almost one in five (206, 18.5%) of all presentations were due to repeat acts. Of the 908 individuals treated, 124 (13.7%) made at least one repeat attempt during the calendar year which presented to hospital, either within the board or elsewhere in the country.

The rate of repetition showed significant variation according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table SEHB 5). The latter was associated with a significantly increased level of repetition with more than one in four repeating compared to 11.0% of those whose index act mainly involved drug overdose.

There was a slightly higher rate of repetition in men (59/390, 15.1%) than in women (65/518, 12.5%). Table SEHB 6 details the number of individuals treated in each hospital⁴

and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country).

Compared to the four large hospitals, a far higher proportion of the individuals treated at Our Lady's Hospital, Cashel made a repeat attempt. While the number of individuals involved is small, this is evidence that the hospital treats individuals who carry a high risk of repetition. Again this is likely to be related to the characteristics of the patient group who required the surgical care that is offered by Our Lady's Hospital. The repetition level for patients treated at St Luke's Hospital, Kilkenny was marginally, but not significantly, higher than for those treated in Clonmel, Wexford and Waterford. For the four large hospitals where the numbers allow meaningful comparison of repetition by gender, the only difference observed was for St Joseph's Hospital, Clonmel where almost twice as many male patients repeated compared to female patients.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	725	0	17	11	13	130	12	908
Number who repeated	80	0	5	1	0	36	2	124
Percentage who repeated	11.0%	0.0%	29.4%	9.1%	0.0%	27.7%	16.7%	13.7%

Table SEHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Our Lady's Hospital Cashel	St Joseph's Hospital Clonmel	St Luke's Hospital Kilkenny	Wexford General Hospital	Waterford Regional Hospital	South Eastern Health Board
Number of Individuals Treated						
Men	12	83	108	99	96	390
Women	4	104	130	136	149	518
Total	16	187	238	235	245	908
Number who Repeated						
Men	4	15	19	12	12	59
Women	3	10	20	16	19	65
Total	7	25	39	28	31	124
Percentage who Repeated						
Men	33.3%	18.1%	17.6%	12.1%	12.5%	15.1%
Women	75.0%	9.6%	15.4%	11.8%	12.8%	12.5%
Total	43.8%	13.4%	16.4%	11.9%	12.7%	13.7%

Table SEHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 279 suicides were registered for the South Eastern Health Board. Men and women accounted for 242 (86.7%) and 37 (13.3%) of these deaths, respectively. This yields a male/female suicide ratio of 6.5 to one which is higher than the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 48 for men and 7 for women. Thus, annually, there are approximately 10 episodes of parasuicide for every death by suicide amongst men and approximately 90 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

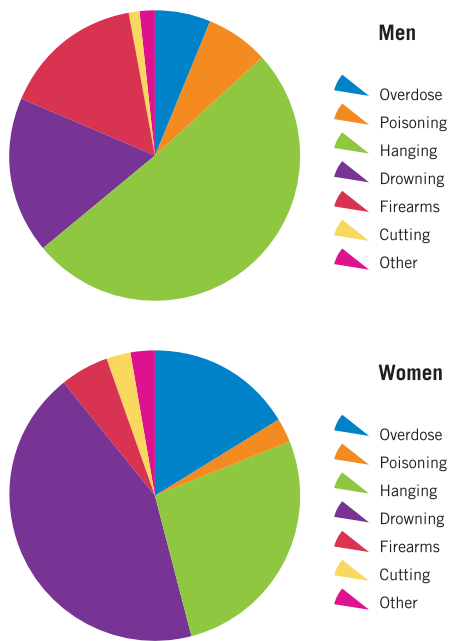


Figure SEHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. The more lethal methods of hanging and drowning were the dominant methods for men and women, respectively. 51% of male suicides were by hanging and 43% of female suicides were by drowning. Drowning (17%) and firearms (16%) were equally common as methods of suicide by men. Just over one quarter (27%) of the female suicide deaths were by hanging and 16% were by drug overdose.

APPENDIX SEHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE SOUTH EASTERN HEALTH BOARD

	Our Lady's Hospital Cashel		St Joseph's Hospital Clonmel		St Luke's Hospital Kilkenny		Wexford General Hospital		Waterford Regional Hospital		South Eastern Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	1	0	2	1	1	0	4	1	4	2	12
15-19yrs	1	2	9	22	19	23	11	32	9	51	49	130
20-24yrs	5	0	15	11	25	22	20	19	21	21	86	73
25-29yrs	3	0	15	13	20	20	22	16	26	23	86	72
30-34yrs	1	1	15	24	22	20	15	17	12	13	65	75
35-39yrs	1	5	15	14	17	20	22	20	19	21	74	80
40-44yrs	0	0	11	14	14	25	12	10	12	13	49	63
45-49yrs	1	0	9	8	10	12	5	17	8	19	33	56
50-54yrs	0	0	6	7	2	9	6	5	2	4	16	25
55-59yrs	0	0	6	0	4	6	2	8	2	4	14	18
60-64yrs	0	0	2	4	2	2	0	2	1	5	5	13
65-69yrs	0	0	2	1	1	0	1	0	1	2	5	3
70-74yrs	0	0	0	0	0	0	1	2	1	1	2	3
75-79yrs	0	0	0	0	1	1	1	0	0	1	2	2
80-84yrs	0	0	0	0	0	1	0	0	0	0	0	1
85yrs+	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	9	105	120	138	162	119*	152	115	182	489*	625

* There was one episode of parasuicide treated in Wexford General Hospital by a man whose age was unknown.

APPENDIX SEHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE SOUTH EASTERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	15941	0	0	(+/-0)	0.0	(+/-0.0)	15002	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	15276	0	0	(+/-0)	0.0	(+/-0.0)	14577	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	16847	3	18	(+/-21)	3.6	(+/-4.1)	16122	14	87	(+/-46)	0.0	(+/-0.0)
15-19yrs	17715	41	231	(+/-72)	28.2	(+/-11.3)	16714	113	676	(+/-127)	2.4	(+/-3.4)
20-24yrs	16154	72	446	(+/-105)	37.1	(+/-13.6)	14731	70	475	(+/-114)	5.4	(+/-5.4)
25-29yrs	14984	66	440	(+/-108)	44.0	(+/-15.3)	14662	56	382	(+/-102)	2.7	(+/-3.9)
30-34yrs	15522	45	290	(+/-86)	46.4	(+/-15.5)	15404	57	370	(+/-98)	3.9	(+/-4.5)
35-39yrs	15682	48	306	(+/-88)	17.9	(+/-9.5)	15892	60	378	(+/-97)	6.3	(+/-5.6)
40-44yrs	14953	38	254	(+/-82)	28.1	(+/-12.3)	15023	54	359	(+/-98)	5.3	(+/-5.3)
45-49yrs	13972	27	193	(+/-74)	25.8	(+/-12.1)	13343	41	307	(+/-96)	6.0	(+/-6.0)
50-54yrs	13010	11	85	(+/-51)	23.1	(+/-11.9)	12294	18	146	(+/-69)	3.3	(+/-4.6)
55-59yrs	11299	11	97	(+/-59)	26.6	(+/-13.7)	10896	12	110	(+/-64)	7.3	(+/-7.3)
60-64yrs	9143	5	55	(+/-49)	19.7	(+/-13.1)	8683	9	104	(+/-69)	2.3	(+/-4.6)
65-69yrs	7681	5	65	(+/-58)	26.0	(+/-16.5)	7861	3	38	(+/-44)	7.6	(+/-8.8)
70-74yrs	6173	2	32	(+/-46)	16.2	(+/-14.5)	6740	2	30	(+/-42)	3.0	(+/-5.9)
75-79yrs	4492	2	45	(+/-63)	22.3	(+/-19.9)	5877	2	34	(+/-48)	3.4	(+/-6.8)
80-84yrs	2628	0	0	(+/-0)	15.2	(+/-21.5)	3983	1	25	(+/-50)	5.0	(+/-10.0)
85yrs+	1312	0	0	(+/-0)	15.2	(+/-30.5)	3028	0	0	(+/-0)	0.0	(+/-0.0)
Total***	212784	376	171	(+/-18)	22.6	(+/-2.9)	210832	512	238	(+/-21)	3.5	(+/-1.2)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



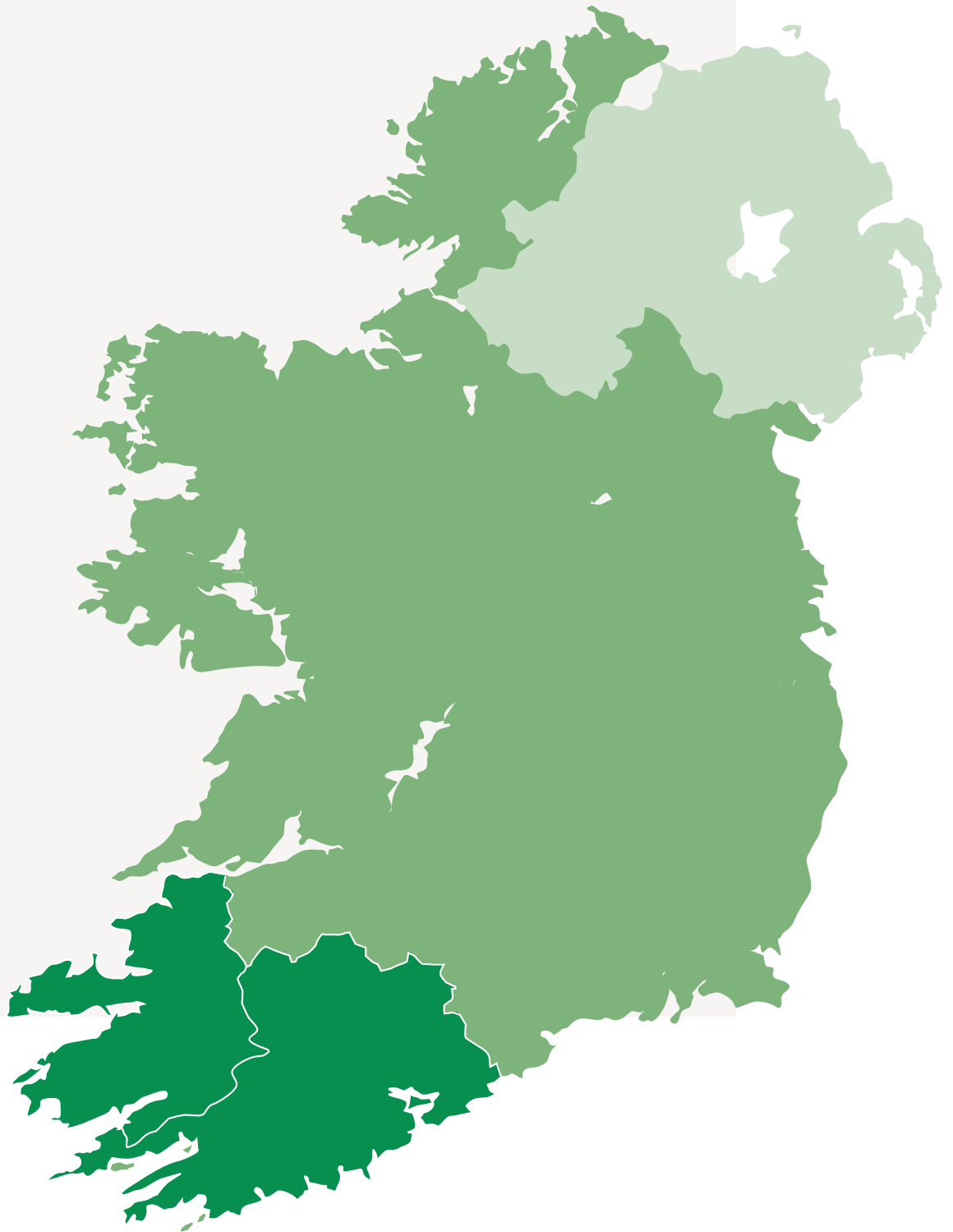


SECTION 6

PARASUICIDE IN THE SOUTHERN HEALTH BOARD



Parasuicide in the Southern Health Board



PARASUICIDE IN THE SOUTHERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 1063 individuals were treated within the Southern Health Board for 1226 episodes of parasuicide. These numbers reflect increases of 15.2% and 13.1% on the number of individuals (923) and episodes (1084) treated in 2001. The European age-standardised rate of individuals presenting to hospital in the Southern Health Board following parasuicide in 2002 was 170 (95% Confidence Interval (CI): 159 to 181) per 100,000. This was a 12.7% increase on the equivalent rate of 151 (95% CI: 141 to 162) per 100,000 in 2001. The rate difference was 19 (95% CI: 4 to 35) per 100,000. This indicates that, adjusting for age, the rate of individuals presenting to hospital in the Southern Health Board following parasuicide was significantly higher in 2002 than it was in 2001.

The number of parasuicide episodes treated in the Southern Health Board by hospital, age and gender is given in Appendix SHB-1, below. In 2002, 508 (41.5%) of the parasuicide presentations were made by 390 men and 716 (58.5%) were made by 518 women (gender was unknown for two cases). Parasuicide episodes were generally confined to the younger age groups. 86.4% of all episodes were by people aged less than 50 years. In most age groups the number of acts by women exceeded the number by men. This was most pronounced in the 10-19 year-olds where the number of episodes by women was more than double the number by men (152 vs. 69). There was a marginal excess of male episodes in the 30-34 year age group.

The county of residence of the patient was unknown in 17 (1.8%) cases. Twenty-seven (2.3%) of the remaining 1209

episodes of parasuicide treated in the Southern Health Board were by individuals who lived in another part of the country. Ten of these came from Limerick County. The 1182 episodes of parasuicide by residents of the health board included 36 (3.0%) by residents of homes/hostels, 9 (0.8%) by inpatients of psychiatric hospitals/units, 2 (0.2%) by prisoners and 9 (0.8%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix SHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the Southern Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the Southern Health Board in 2002 was 138 (95% CI: 124 to 152) and 195 (95% CI: 178 to 212) per 100,000, respectively. Thus, the female rate was 41.3% or 57 (95% CI: 35 to 79) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 17.4% and 17.7% lower than the equivalent national rates for men and women of 167 (95% confidence interval: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was -29 (95% CI: -45 to -14) and -42 (95% CI: -60 to -24) per 100,000 for men and women, respectively. Thus, adjusting for age, men and women residing in the Southern Health Board had significantly lower rates of parasuicide than men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

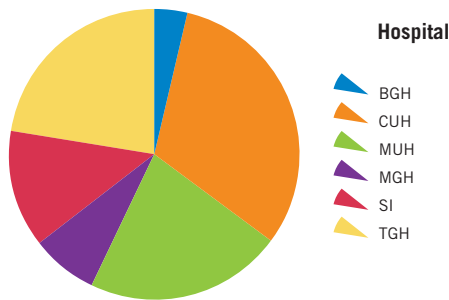


Figure SHB 1: The distribution of episodes between Bantry General Hospital (BGH), Cork University Hospital (CUH), Mercy University Hospital Cork (MUH), Mallow General Hospital (MGH), South Infirmary Cork (SI) and Tralee General Hospital (TGH).

Approximately one third of parasuicide episodes treated within the Southern Health Board presented to Cork University Hospital. Mercy University Hospital and Tralee General Hospital each saw 22% of cases while South Infirmary and the general hospitals at Mallow and Bantry treated 13%, 7% and 4%, respectively. Compared with 2001, there were sizeable changes in the number of parasuicide presentations for four hospitals in the board. The Cork and Mercy University Hospitals saw increases of 22.9% and 16.5%, respectively. The general hospitals at Bantry and Mallow saw increases of 95.7% and 42.2%, respectively (albeit from relatively small base figures). Based on figures supplied by the individual hospitals and the Southern Health Board, parasuicide accounted for 0.8% of total attendances to accident and emergency services in the board. This

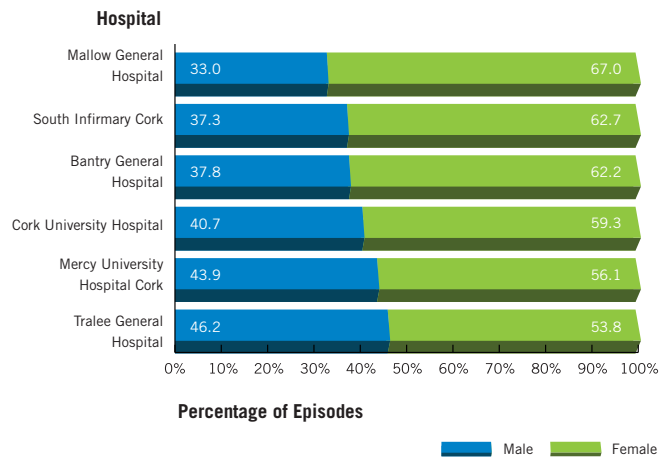


Figure SHB 2: Gender balance of parasuicide episodes treated by hospital.

percentage of attendances accounted for by parasuicide varied by hospital: 0.8% at both Bantry General and Cork University Hospitals, 1.2% at Mercy University Hospital, 0.7% at Mallow General Hospital, 0.6% at South Infirmary Cork and 0.9% at Tralee General Hospital.

The gender balance of episodes treated (at 41.5% men to 58.5% women overall) showed some variation by hospital (Figure SHB 2). There were twice as many female presentations to Mallow General Hospital (67.0% by women compared to 33.0% by men) whereas the female preponderance was smallest at Tralee General Hospital (53.8% by women compared to 46.2% by men). The remaining hospitals had a similar gender balance to the health board as a whole.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	93 (18.3%)	65 (12.8%)	70 (13.8%)	55 (10.8%)	70 (13.8%)	75 (14.8%)	79 (15.6%)	507 (100%)
Women	117 (16.3%)	106 (14.8%)	86 (12.0%)	91 (12.7%)	95 (13.3%)	99 (13.8%)	122 (17.0%)	716 (100%)
Total	211* (17.2%)	171 (14.0%)	157* (12.8%)	146 (11.9%)	165 (13.5%)	174 (14.2%)	201 (16.4%)	1225* (100%)

* Gender was unknown for one case on a Monday, Wednesday and Thursday. The table does not include one case for which the exact date of presentation was unknown
 Note: On average, each day would be expected to account for 14.3% of presentations

Table SHB 1: Number of episodes by weekday for men and women.

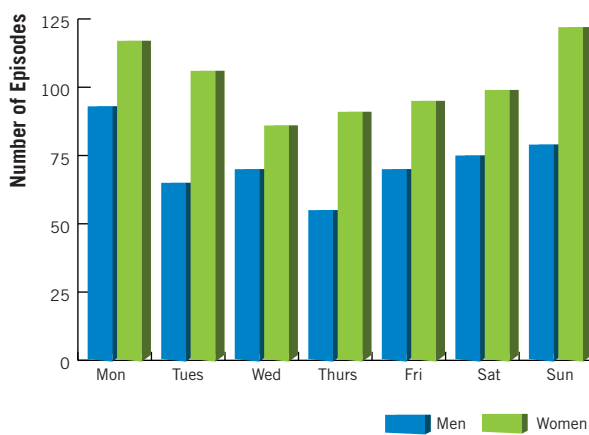


Figure SHB 3: Number of episodes by weekday.

The number of parasuicide presentations showed a clear pattern by day of the week, particularly in women. Numbers were higher than average on Mondays, they fell to a low in mid-week and then rose again to a second high on Sundays.

Variation by Hour

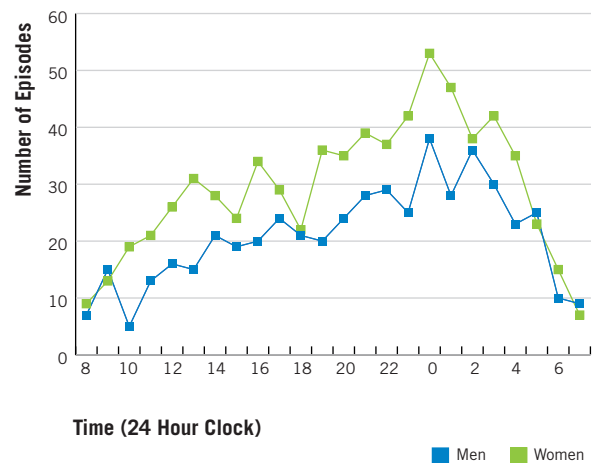


Figure SHB 4: Number of episodes by time of attendance.

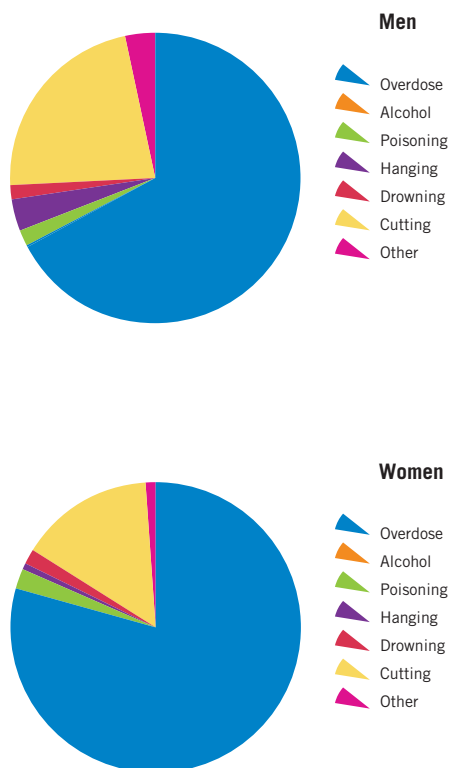
There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women increased during the day and peaked during the night and in the early hours of the morning. The busiest eight hour period was from 8pm to 4am, during which almost half (47.4%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 19.1% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	341 (67.1%)	1 (0.2%)	9 (1.8%)	18 (3.5%)	8 (1.6%)	114 (22.4%)	17 (3.3%)	508 (100%)
Women	568 (79.3%)	0 (0.0%)	16 (2.2%)	5 (0.7%)	12 (1.7%)	107 (14.9%)	8 (1.1%)	716 (100%)
Total	911* (74.3%)	1 (0.1%)	25 (2.0%)	23 (1.9%)	20 (1.6%)	221 (18.0%)	25 (2.0%)	1226* (100%)

* Gender was unknown was two cases of overdose

Table SHB 2: Number of episodes by most lethal method and gender.



74.3% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (67.1% of male episodes and 79.3% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased marginally to 77.3% of all cases (70.5% of male episodes and 82.1% of female episodes). Alcohol was involved in just over one third (428, 34.9%) of all cases which is similar to the 32.8% of cases that involved alcohol in 2001. Alcohol was more common in male parasuicide episodes (214, 42.1%) than in female episodes (214, 29.9%). Unusually in 2001, alcohol was involved in a similar percentage of male and female cases (33.4% and 32.4%, respectively). Cutting, the only other common main method of self-harm, was used significantly more often in male acts of self-harm (22.4%) than in female acts (14.9%).

Figure SHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 678 of the 948 cases of drug overdose (71.5%). On average, 33 tablets were taken in the episodes of parasuicide that involved drug overdose. The average number of tablets taken did not vary by gender (male mean = 32; female mean = 33). Figure SHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. 23.2% and 23.9% of all episodes of drug overdose involved 10-19 and 20-29 tablets, respectively. At least 50 tablets were taken by 18.3% of men and 19.2% of women.

Figure SHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. Almost 40% of all overdoses involved a minor tranquilliser and more often

in male than female acts. A major tranquilliser was involved in 10% of overdoses. At least one analgesic drug was involved in 42.2% of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in almost one third (31.0%) of drug overdoses. A drug containing paracetamol was used significantly more often by women (36.6%) than by men (22.1%). One in five acts (20.7%) of deliberate overdose involved an anti-depressant drug. A drug from the group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was taken in more than one in five (15.6%) of all overdose acts. 'Other prescribed drugs' were taken in more than 20% of all overdoses, reflecting the very wide range of drugs that is used deliberately in overdose.

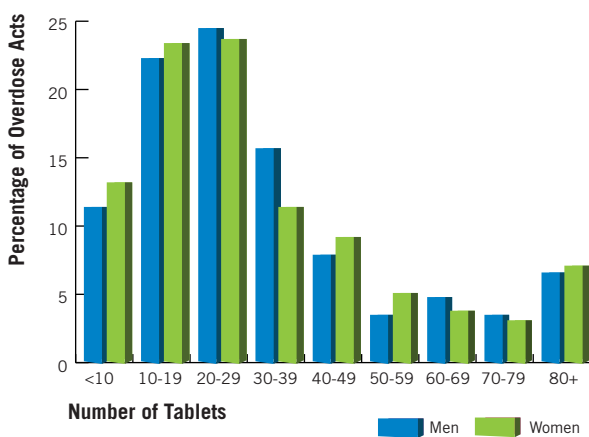
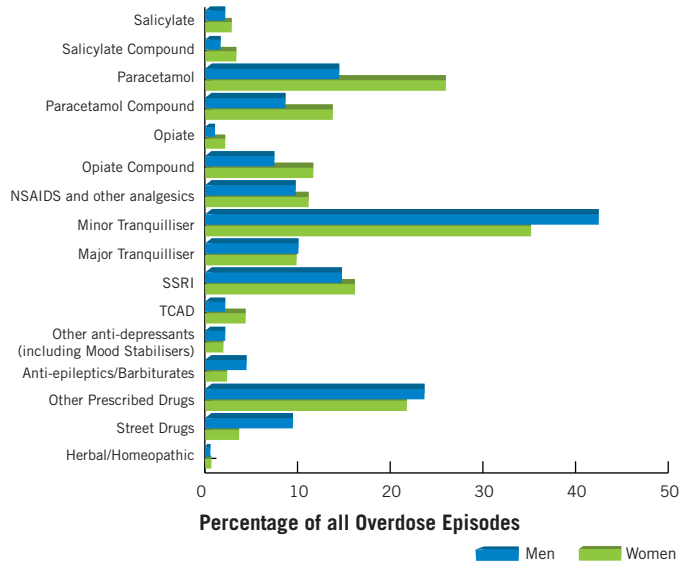


Figure SHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure SHB 7: The variation in the type of drugs used in the Southern Health Board.

RECOMMENDED NEXT CARE

Of the 1226 cases of parasuicide treated within the Southern Health Board, there were only three cases where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for almost two thirds of cases (64.9%), irrespective of the nature of the care or whether the patient refused or not. Half of parasuicide cases resulted in admission to a ward of the treating hospital whereas 11.9% were admitted for psychiatric inpatient treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as

psychiatric inpatients². In only 3.8% of the parasuicide episodes, the patient refused to be admitted whether for general or psychiatric care and a similar proportion left before a recommendation was made. Almost one third of all parasuicides episodes resulted in discharge home from the accident and emergency department³. Next care recommendations did not vary significantly by gender.

As can be seen from Table SHB 3, recommended next care varied according to the main method of self-harm (albeit that the numbers were sufficient to make meaningful comparisons for the main methods of overdose and cutting only). Compared to self-cuttings, cases of drug overdose were more than twice as often admitted for general inpatient care but half as often admitted for psychiatric inpatient care

	Overdose (n=911)	Alcohol (n=1)	Poisoning (n=25)	Hanging (n=23)	Drowning (n=20)	Cutting (n=220*)	Other (n=25)	Total (n=1225*)
General admission	56.4%	100.0%	64.0%	30.4%	20.0%	23.2%	40.0%	49.2%
Psychiatric admission	9.0%	0.0%	12.0%	43.5%	35.0%	17.3%	24.0%	11.9%
Patient would not allow admission	4.0%	0.0%	0.0%	4.3%	0.0%	4.5%	0.0%	3.8%
Left before recommendation	3.6%	0.0%	8.0%	0.0%	5.0%	5.0%	4.0%	3.9%
Not admitted	27.0%	0.0%	16.0%	21.7%	40.0%	50.0%	32.0%	31.1%

* This table does not include one case of cutting for which next care was unknown.

Table SHB 3: Recommended next care by main method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

after receiving emergent treatment. Half of those who used cutting as their main method were discharged home from the accident and emergency department compared with 27% of those who took a drug overdose. The relatively high discharge rate of patients who used self-cutting as a main method may be a reflection of the superficial nature of the injuries sustained in some cases.

The recommendation for next care varied significantly by hospital. About two thirds of parasuicide patients were admitted to a general ward at Bantry, Mallow and Tralee as were almost half at Cork University Hospital and South Infirmary. However, this was the case for only one quarter of the patients who presented to Mercy University Hospital. Psychiatric admission following accident and emergency

treatment was more common (11.3-18.3%) at the four hospitals with an attached psychiatric unit. Patients leaving before a recommendation for next care could be given was most common at Mercy University Hospital. The three Cork City hospitals more often discharged parasuicide patients home after treatment in the accident and emergency department, this being the case for 30.6%, 42.2% and 48.8% of those who presented to Cork University Hospital, Mercy University Hospital and South Infirmary, respectively.

	Bantry General Hospital (n=45)	Cork University Hospital (n=386)	Mercy University Hospital (n=268*)	Mallow General Hospital (n=91)	South Infirmary Hospital (n=160)	Tralee General (n=275)	Total (n=1225*)
General admission	66.7%	49.7%	24.3%	70.3%	46.3%	64.7%	49.2%
Psychiatric admission	17.8%	14.0%	18.3%	2.2%	1.3%	11.3%	11.9%
Patient would not allow admission	4.4%	3.1%	4.5%	4.4%	2.5%	4.7%	3.8%
Left before recommendation	0.0%	2.6%	10.8%	2.2%	1.3%	1.8%	3.9%
Not admitted	11.1%	30.6%	42.2%	20.9%	48.8%	17.5%	31.1%

* This table does not include one case for which next care was unknown.

Table SHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 1063 individuals treated for 1226 parasuicide episodes in Southern Health Board hospitals in 2002. Thus, one in seven (163, 13.3%) of all presentations were due to repeat acts. Of the 1063 individuals treated, 114 (10.7%) made at least one repeat attempt during the calendar year which presented to hospital, either within the board or elsewhere in the country.

The rate of repetition showed significant variation according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table SHB 5). The latter was associated with a significantly increased level of repetition

with twice as many repeating compared to individuals whose index act was mainly by drug overdose.

Women had a higher rate of repetition than men (74/604, 12.3% vs. 40/457, 8.8%). Table SHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country). The level of repetition showed some variation according to the hospital where the individuals were treated though this was not statistically significant. The higher rate of repetition by women was evident for each hospital.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	811	1	23	19	18	169	22	1063
Number who repeated	75	0	2	3	1	30	3	114
Percentage who repeated	9.2%	0.0%	8.7%	15.8%	5.6%	17.8%	13.6%	10.7%

Table SHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Bantry General Hospital	Cork University Hospital	Mercy University Hospital	Mallow General Hospital	South Infirmary	Tralee General Hospital	Southern Health Board
Number of Individuals Treated							
Men	16	143	115	29	58	111	457
Women	22	199	142	49	90	125	604
Total	38	342	257	78	150*	236	1063*
Number who Repeated							
Men	2	14	9	1	4	14	40
Women	5	27	14	5	14	19	74
Total	7	41	23	6	18	33	114
Percentage who Repeated							
Men	12.5%	9.8%	7.8%	3.4%	6.9%	12.6%	8.8%
Women	22.7%	13.6%	9.9%	10.2%	15.6%	15.2%	12.3%
Total	18.4%	12.0%	8.9%	7.7%	12.0%	14.0%	10.7%

* There were two individuals for whom gender was unknown.

Table SHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 428 suicides were registered for the Southern Health Board. Men and women accounted for 348 (81.3%) and 80 (18.7%) of these deaths, respectively. This yields a male/female suicide ratio of 4.4 to one which is very similar to the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 70 for men and 16 for women. Thus, annually, there are approximately 7 episodes of parasuicide for every death by suicide amongst men and approximately 45 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

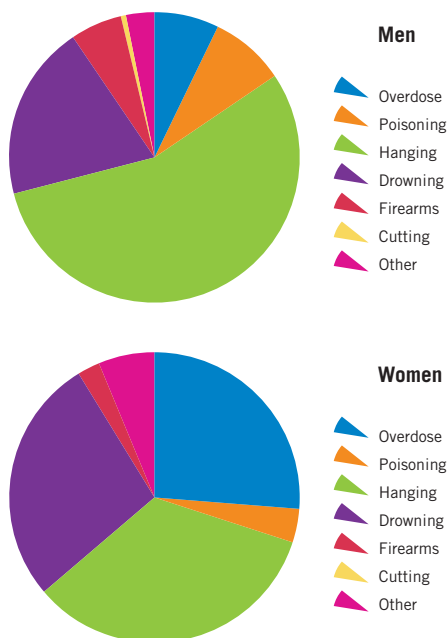


Figure SHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide as the more lethal methods of hanging and drowning were the most common. More than half of male suicides (55.5%) were by hanging and a further 19.5% were by drowning. No one method dominated in the female suicides. One in three (33.8%) died by drowning while hanging (27.5%) and drug overdose (26.3%) were each used in just over a quarter of female suicides.

APPENDIX SHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE SOUTHERN HEALTH BOARD

	Bantry General Hospital		Cork University Hospital		Mercy University Hospital Cork		Mallow General Hospital		South Infirmary Cork		Tralee General Hospital		Southern Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	0	2	8	0	3	0	2	2	0	4	1	8	14
15-19yrs	2	5	18	41	13	32	5	16	6	13	17	31	61	138
20-24yrs	0	5	35	47	27	29	7	7	12	19	18	20	99	127
25-29yrs	2	3	22	33	22	17	5	12	6	15	17	8	74	88
30-34yrs	3	1	21	22	17	16	7	4	8	14	20	13	76	70
35-39yrs	3	3	22	17	9	9	2	8	7	11	8	13	51	61
40-44yrs	0	3	14	6	9	12	2	6	4	7	10	26	39	60
45-49yrs	2	6	9	17	9	17	0	1	1	7	6	16	27	64
50-54yrs	1	1	7	20	2	7	0	3	3	3	9	9	22	43
55-59yrs	2	0	2	5	3	5	1	0	0	1	9	4	17	15
60-64yrs	0	0	1	4	1	1	0	0	0	0	7	3	9	8
65-69yrs	1	0	2	4	0	1	0	2	0	1	1	3	4	11
70-74yrs	0	0	0	2	2	1	0	0	0	1	0	1	2	5
75-79yrs	0	0	0	3	0	0	0	0	0	0	0	0	0	3
80-84yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85yrs+	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	1	1	2	0	4	1	1	0	10	7	1	0	19	9
Total	17	28	157	229	118	151	30	61	59	99	127	148	508	716

This table does not include two episodes of parasuicide by 20-24 year-olds who were treated at the South Infirmary Cork and whose gender was unknown.

APPENDIX SHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE SOUTHERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	20166	0	0	(+/-0)	0.0	(+/-0.0)	19499	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	19894	0	0	(+/-0)	0.0	(+/-0.0)	19069	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	21468	8	37	(+/-26)	0.0	(+/-0.0)	20450	13	64	(+/-35)	2.0	(+/-2.8)
15-19yrs	23515	51	217	(+/-61)	21.3	(+/-8.5)	22632	125	552	(+/-99)	6.2	(+/-4.7)
20-24yrs	23422	89	380	(+/-81)	42.7	(+/-12.1)	22975	105	457	(+/-89)	1.7	(+/-2.5)
25-29yrs	21536	60	279	(+/-72)	43.6	(+/-12.7)	21213	68	321	(+/-78)	3.8	(+/-3.8)
30-34yrs	21844	61	279	(+/-72)	35.7	(+/-11.4)	21625	55	254	(+/-69)	5.5	(+/-4.5)
35-39yrs	21598	43	199	(+/-61)	29.6	(+/-10.5)	21536	45	209	(+/-62)	13.0	(+/-6.9)
40-44yrs	20471	37	181	(+/-59)	35.2	(+/-11.7)	20283	50	247	(+/-70)	5.9	(+/-4.8)
45-49yrs	18983	25	132	(+/-53)	25.3	(+/-10.3)	18613	56	301	(+/-80)	7.5	(+/-5.7)
50-54yrs	18020	19	105	(+/-48)	33.3	(+/-12.2)	17353	31	179	(+/-64)	9.2	(+/-6.5)
55-59yrs	15528	15	97	(+/-50)	23.2	(+/-10.9)	15027	14	93	(+/-50)	6.7	(+/-6.0)
60-64yrs	12191	7	57	(+/-43)	27.9	(+/-13.5)	12054	8	66	(+/-47)	13.3	(+/-9.4)
65-69yrs	10493	4	38	(+/-38)	21.0	(+/-12.6)	10803	10	93	(+/-59)	7.4	(+/-7.4)
70-74yrs	8300	2	24	(+/-34)	16.9	(+/-12.8)	9633	4	42	(+/-42)	4.2	(+/-5.9)
75-79yrs	5960	0	0	(+/-0)	16.8	(+/-15.0)	8285	3	36	(+/-42)	4.8	(+/-6.8)
80-84yrs	3554	0	0	(+/-0)	33.8	(+/-27.6)	5796	0	0	(+/-0)	10.4	(+/-12.0)
85yrs+	1946	0	0	(+/-0)	10.3	(+/-20.6)	4621	0	0	(+/-0)	0.0	(+/-0.0)
Total***	288889	421	138	(+/-14)	23.6	(+/-2.6)	291467	587	195	(+/-17)	5.5	(+/-1.2)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



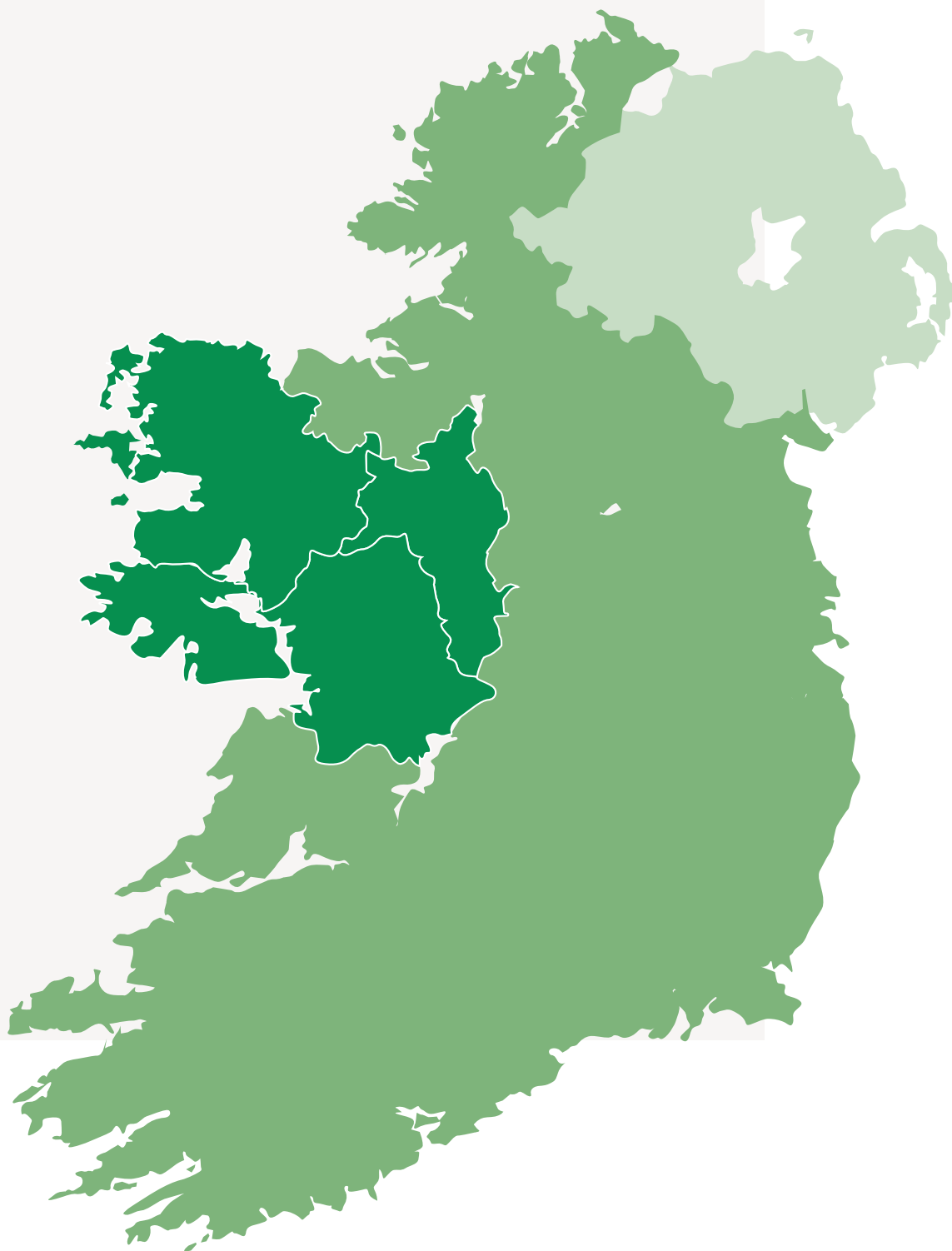


SECTION 7

PARASUICIDE IN THE WESTERN HEALTH BOARD



Parasuicide in the Western Health Board



PARASUICIDE IN THE WESTERN HEALTH BOARD

Over the period from 1 January to 31 December 2002, 707 individuals were treated within the Western Health Board for 887 episodes of parasuicide.

The number of parasuicide episodes treated in the Western Health Board by hospital, age and gender is given in Appendix WHB-1, below. In 2002, 407 (45.9%) of the parasuicide presentations were made by 314 men and 480 (54.1%) were made by 393 women. Parasuicide episodes were generally confined to the younger age groups. 90.4% of all episodes were by people aged less than 50 years. The number of acts by women was more than double the number by men among 10-19 year-olds (131 vs. 55). In several age groups, though primarily in the 25-34 year age group, episodes by men outnumbered those by women.

One hundred and fifteen (12.8%) of the 887 episodes of parasuicide treated in the Western Health Board were by individuals who lived in another part of the country. This level of parasuicide presentations by people resident outside of the board was higher than for any other health board. Three quarters (86, 74.8%) of these cases came from County Westmeath. These Westmeath patients generally came from Athlone and were treated at Portiuncula Hospital Ballinasloe. This was likely to be a consequence of the limited emergency services available at St Vincent's Hospital Athlone.

The 772 episodes of parasuicide by residents of the Western Health Board included 55 (7.1%) by residents of homes/hostels, 7 (0.9%) by inpatients of psychiatric hospitals/units, 3 (0.4%) by prisoners and 12 (1.6%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix WHB-2 details, by age and gender, the population figures, the number and rate of persons residing in the Western Health Board who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health board (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the Western Health Board in 2002 was 139 (95% Confidence Interval (CI): 122 to 156) and 177 (95% CI: 157 to 197) per 100,000, respectively. Thus, the female rate was 27.3% or 38 (95% CI: 12 to 64) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 16.8% and 25.3% lower than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was -28 (95% CI: -46 to -10) and -60 (95% CI: -81 to -39) per 100,000 for men and women, respectively. Thus, adjusting for age, men and women residing in the Western Health Board had significantly lower rates of parasuicide than men and women in the country as a whole.

PARASUICIDE BY TREATMENT CENTRE

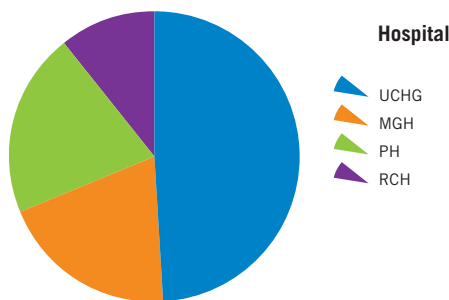


Figure WHB 1: The distribution of episodes between University College Hospital Galway (UCHG), Mayo General Hospital Castlebar (MGH), Portiuncula Hospital Ballinasloe (PH) and Roscommon County Hospital (RCH).

Almost half of all episodes of parasuicide treated within the Western Health Board presented to University College Hospital Galway. Mayo General Hospital and Portiuncula Hospital each treated approximately 20% of all regional cases while the remaining 11% presented to Roscommon County Hospital. Based on figures in the Western Health Board's Annual Report 2002, parasuicide accounted for 0.8% of total attendances to accident and emergency services in the board. This percentage of attendances accounted for by parasuicide varied by hospital: 0.8% at University College Hospital Galway, 0.6% at Mayo General Hospital, 1.0% at Portiuncula Hospital and 0.7% at Roscommon County Hospital.

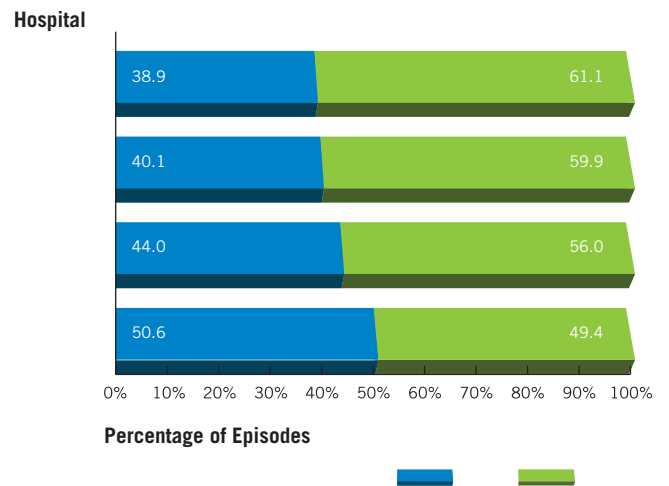


Figure WHB 2: Gender balance of parasuicide episodes treated by hospital.

The gender balance of episodes treated (at 45.9% men to 54.1% women overall) varied significantly by hospital (Figure WHB 2). Considerably more women (61.1%) than men (38.9%) were treated at Roscommon County Hospital. This was the case to a slightly lesser extent at Portiuncula Hospital (59.9% vs. 40.1%) and less again at Mayo General Hospital (56.0% vs. 44.0%). However, at University College Hospital Galway where almost half of the health board's parasuicide cases were treated, male presentations marginally outnumbered female presentations (50.6% vs. 49.4%).

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	58 (14.3%)	51 (12.5%)	67 (16.5%)	67 (16.5%)	42 (10.3%)	64 (15.7%)	58 (14.3%)	407 (100%)
Women	77 (16.0%)	73 (15.2%)	60 (12.5%)	55 (11.5%)	64 (13.3%)	57 (11.9%)	94 (19.6%)	480 (100%)
Total	135 (15.2%)	124 (14.0%)	127 (14.3%)	122 (13.8%)	106 (12.0%)	121 (13.6%)	152 (17.1%)	887 (100%)

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

Table WHB 1: Number of episodes by weekday for men and women.

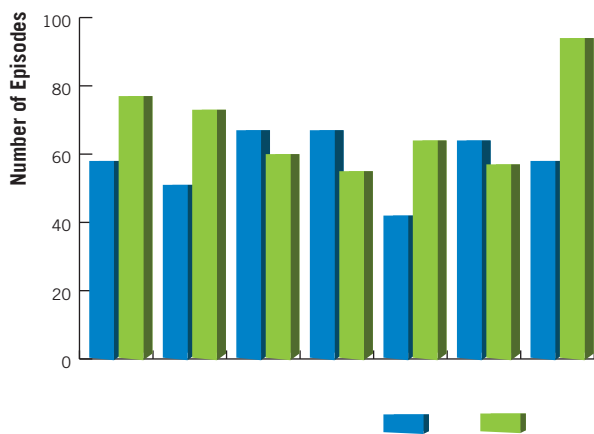


Figure WHB 3: Number of episodes by weekday.

Overall, there were much higher numbers of parasuicide presentations on Sunday. This was due to increased numbers of female presentations. Men did not exhibit a clear pattern by day of the week. For women, the number of presentations was relatively high on Monday, they decreased to a low on Thursday and did not increase significantly until the peak on Sunday.

Variation by Hour

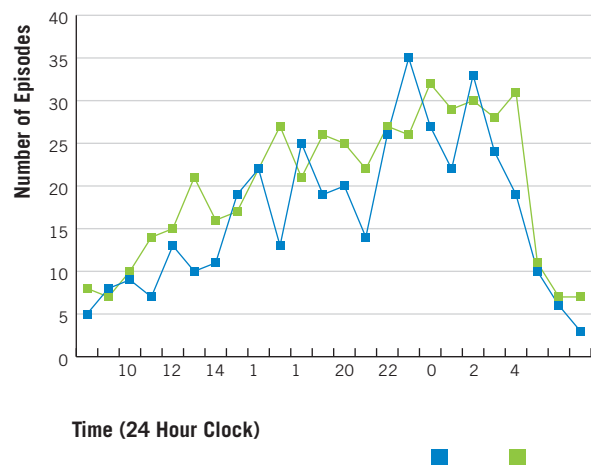


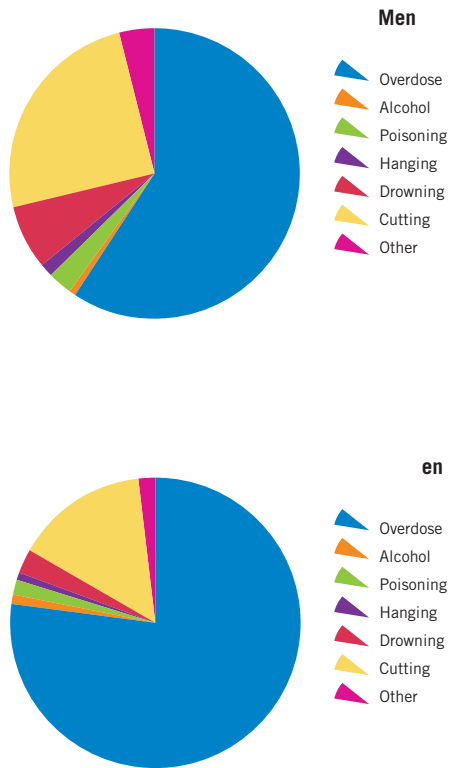
Figure WHB 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning with a consistently high number of presentations up to 5am. Consequently, the busiest eight hour period of the day was from 9pm to 5am, during which almost half (48.4%) of the total number of presentations were made. The quietest eight hour period followed this (i.e. from 5am to 1pm) and accounted for just 15.8% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	241 (59.2%)	3 (0.7%)	11 (2.7%)	6 (1.5%)	29 (7.1%)	101 (24.8%)	16 (3.9%)	407 (100%)
Women	370 (77.1%)	5 (1.0%)	8 (1.7%)	4 (0.8%)	13 (2.7%)	71 (14.8%)	9 (1.9%)	480 (100%)
Total	611 (68.9%)	8 (0.9%)	19 (2.1%)	10 (1.1%)	42 (4.7%)	172 (19.4%)	25 (2.8%)	887 (100%)

Table WHB 2: Number of episodes by most lethal method and gender.



68.9% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (59.2% of male episodes and 77.1% of female episodes). When consideration was also given to overdose as a secondary method, its frequency showed a small increase to 72.4% of all cases (63.1% of male episodes and 80.2% of female episodes). Alcohol was involved in 42.7% (379) of all cases. Alcohol was involved in almost half of all male parasuicide episodes (201, 49.4%) compared to less than 40% of female episodes (178, 37.1%). Other than overdose, the only other common main method of self-harm was cutting, accounting for one quarter of episodes by men and 14.8% of episodes by women. While drowning was not a common method, it was attempted in a higher proportion of male acts (7.1%) in the Western Health Board than in other boards.

Figure WHB 5: The overall distribution of the most lethal method of self-harm used within the health board.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 469 of the 642 cases of drug overdose (73.1%). On average, 31 tablets were taken in the episodes of parasuicide that involved drug overdose. The average number of tablets taken was similar for men (mean = 30) and women (mean = 32). Figure WHB 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Just over one quarter of male and female episodes of overdose involved 10-19 tablets. At least 50 tablets were taken by 16.9% of men and 15.4% of women.

Figure WHB 7 illustrates the frequency with which the most common types of drugs were used in overdose. One in every three overdoses involved a minor tranquilliser and such a drug was taken slightly more often by men than women. A major tranquilliser was involved in less than 10% of

overdoses. At least one analgesic drug was involved in almost half (46.6%) of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in more than one in four (27.6%) of drug overdoses. Paracetamol was used significantly more often by women than by men but only when drugs containing paracetamol only were considered (21.6% of female overdose acts compared to 14.8% of male acts). Almost one in four acts (23.4%) of deliberate overdose involved an anti-depressant drug. A drug from the group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) was taken in 17.9% of all overdose acts. 'Other prescribed drugs' were taken in almost 30% of all overdoses which reflects the very wide range of drugs that is used deliberately in overdose.

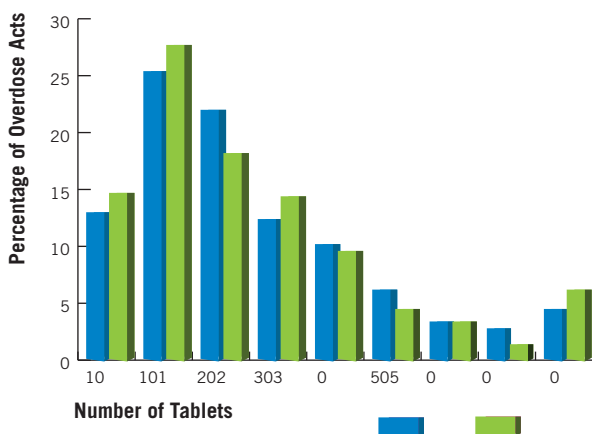


Figure WHB 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

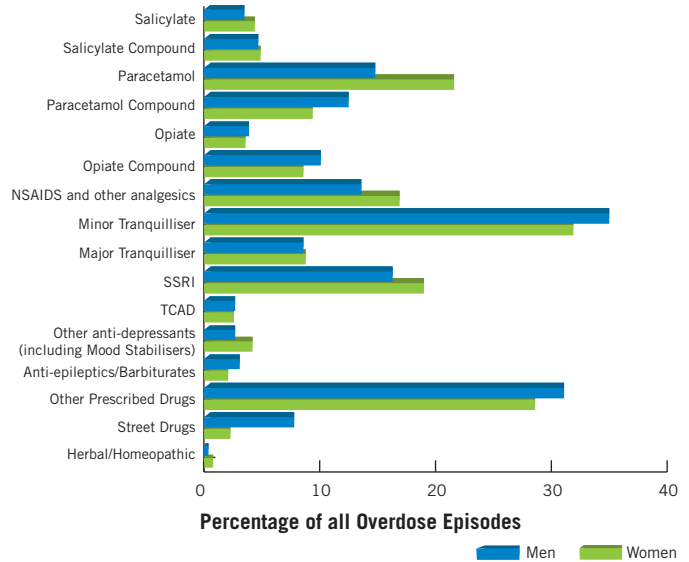


Figure WHB 7: The variation in the type of drugs used in the Western Health Board.

RECOMMENDED NEXT CARE

Of the 887 cases of parasuicide treated within the Western Health Board, there were 19 cases (2.1%) where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for three quarters (76.2%) of all episodes (irrespective of the nature of the care or whether the patient refused or not). Almost 60% of all cases were admitted to a ward of the treating hospital. One in eight (12.1%) were recommended for admission for psychiatric inpatient treatment following accident and emergency department treatment. This would be an underestimate of the proportion of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In 6.8% of the

parasuicide episodes, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. A small proportion (3.1%) left before a recommendation was made while one in five (20.7%) were discharged following treatment in the accident and emergency department³.

Next care recommendations varied significantly by gender. 61.2% of acts of parasuicide by women resulted in general hospital admission following treatment in the accident and emergency department compared to just over half of male episodes (52.8%). A higher proportion of male episodes resulted in psychiatric admission directly from the accident and emergency department (15.0% for men and 9.6% for women). These gender differences may be due to the variation in the methods employed by men and women. As

	Overdose (n=610*)	Alcohol (n=8)	Poisoning (n=19)	Hanging (n=10)	Drowning (n=42)	Cutting (n=172)	Other (n=25)	Total (n=886*)
General admission	69.7%	50.0%	57.9%	50.0%	23.8%	25.6%	36.0%	57.3%
Psychiatric admission	7.7%	0.0%	15.8%	30.0%	28.6%	18.6%	40.0%	12.1%
Patient would not allow admission	6.9%	12.5%	0.0%	10.0%	2.4%	8.1%	4.0%	6.8%
Left before recommendation	1.1%	12.5%	0.0%	0.0%	7.1%	9.9%	0.0%	3.2%
Not admitted	14.6%	25.0%	26.3%	10.0%	38.1%	37.8%	20.0%	20.7%

* This table does not include one case of overdose for which next care was unknown.

Table WHB 3: Recommended next care by method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

can be seen from Table WHB 3, recommended next care varied according to the main method of self-harm that was involved. General inpatient care most often followed emergency treatment of cases of drug overdose (69.7%). This contrasted sharply with drowning and cutting (the only other methods used by sufficient numbers to allow for meaningful comparison) where only one in four were admitted to a general ward. A similar proportion of these cases went directly for psychiatric inpatient care after the accident and emergency department while almost 40% were discharged. These high discharge rates may reflect the superficial nature of the injuries in some of these cases.

The recommendation for next care differed significantly by hospital. General inpatient care followed just half of the presentations to University College Hospital Galway

compared to 55.7% at Mayo General Hospital, 66.3% at Roscommon County Hospital and 70.3% at Portiuncula Hospital. One in four were discharged home after emergency care at University College Hospital Galway as were one in five of those treated at Mayo General Hospital, 14.8% at Portiuncula Hospital and 13.7% at Roscommon County Hospital. Psychiatric admission after accident and emergency treatment was more common at University College Hospital Galway and Mayo General Hospital.

	University College Hospital Galway (n=435)	Mayo General Hospital (n=174*)	Portiuncula Hospital Ballinasloe (n=182)	Roscommon County Hospital (n=95)	Total (n=886*)
General admission	50.6%	55.7%	70.3%	66.3%	57.3%
Psychiatric admission	14.0%	18.4%	4.4%	6.3%	12.1%
Patient would not allow admission	5.7%	4.6%	7.7%	13.7%	6.8%
Left before recommendation	4.6%	1.7%	2.7%	0.0%	3.2%
Not admitted	25.1%	19.5%	14.8%	13.7%	20.7%

* This table does not include one case for which next care was unknown.

Table WHB 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE

There were 707 individuals treated for 887 parasuicide episodes in a Western Health Board hospital in 2002. Thus, one in five (180, 20.3%) of all presentations were due to repeat acts. Of the 707 individuals treated, 111 (15.7%) made one or more repeat attempts during the calendar year which presented to hospital, either within the board or elsewhere in the country.

The rate of repetition showed significant variation according to the main method of self-harm involved in the parasuicide act although there were sufficient numbers to make meaningful comparisons for the main methods of drug overdose and cutting only (Table WHB 5). The latter was associated with a significantly increased level of repetition

with almost one in four repeating compared to 14.5% of individuals whose index act was mainly by drug overdose.

The rate of repetition in men (55/314, 17.5%) was marginally, but not significantly, higher than that in women (56/393, 14.2%). Table WHB 6 details the number of individuals treated in each hospital⁴ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the health board or elsewhere in the country).

The rate of repetition did not vary significantly by hospital. At three of the four hospitals men repeated more often than women although the differences were not significant.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	524	5	13	8	31	106	20	707
Number who repeated	76	0	3	1	6	25	0	111
Percentage who repeated	14.5%	0.0%	23.1%	12.5%	19.4%	23.6%	0.0%	15.7%

Table WHB 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	University College Hospital Galway	Mayo General Hospital	Portiuncula Hospital Ballinasloe	Roscommon County Hospital	Western Health Board
Number of Individuals Treated					
Men	172	60	56	33	314
Women	183	79	93	45	393
Total	355	139	149	78	707
Number who Repeated					
Men	28	12	13	5	55
Women	25	10	14	7	56
Total	53	22	27	12	111
Percentage who Repeated					
Men	16.3%	20.0%	23.2%	15.2%	17.5%
Women	13.7%	12.7%	15.1%	15.6%	14.2%
Total	14.9%	15.8%	18.1%	15.4%	15.7%

Table WHB 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ The sum of these figures exceeds the total number of individuals treated in the health board because individuals who made multiple presentations were counted once at each hospital they attended but only once for the health board as a whole.

SUICIDE

Over the five year period 1998-2002, 219 suicides were registered for the Western Health Board. Men and women accounted for 177 (80.8%) and 42 (19.2%) of these deaths, respectively. This yields a male/female suicide ratio of 4.2 to one which is similar to the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 35 for men and 8 for women. Thus, annually, there are approximately 12 episodes of parasuicide for every death by suicide amongst men and approximately 58 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

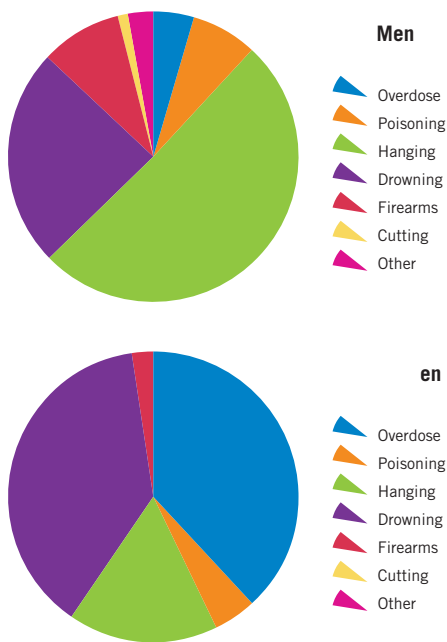


Figure WHB 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide as the more lethal methods of hanging and drowning were more common. Hanging and drowning accounted for half (50.9%) and one quarter (24.3%) of male suicides, respectively. Drowning and drug overdose were equally common in female suicide, each used in 38.1% of female suicides and thereby accounting for more than three quarters of all suicides by women. Hanging was the method used by a further 16.7% of women.

APPENDIX WHB-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE WESTERN HEALTH BOARD

	University College Hospital Galway		Mayo General Hospital		Portiuncula Hospital Ballinasloe		Roscommon County Hospital		Western Health Board	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	15	3	4	2	11	2	1	7	31
15-19yrs	21	63	12	12	13	15	2	10	48	100
20-24yrs	40	40	14	17	11	19	5	5	70	81
25-29yrs	32	17	10	8	16	17	2	5	60	47
30-34yrs	32	25	11	10	12	11	7	10	62	56
35-39yrs	23	8	4	12	2	8	12	12	41	40
40-44yrs	33	18	13	15	2	5	0	5	48	43
45-49yrs	13	9	4	11	11	11	4	4	32	35
50-54yrs	14	6	1	6	3	6	1	5	19	23
55-59yrs	6	8	4	1	0	2	1	0	11	11
60-64yrs	2	1	0	0	0	1	1	1	3	3
65-69yrs	2	1	0	0	0	1	0	0	2	2
70-74yrs	1	2	0	1	0	1	0	0	1	4
75-79yrs	1	1	1	0	1	1	0	0	3	2
80-84yrs	0	1	0	0	0	0	0	0	0	1
85yrs+	0	0	0	0	0	0	0	0	0	0
Total	220	215	77	98*	73	109	37	58	407	480*

* There was one female episode of parasuicide treated in Mayo General Hospital for which age was unknown.

APPENDIX WHB-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE WESTERN HEALTH BOARD

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE			SUICIDE*		POPULATION	PARASUICIDE			SUICIDE*	
		Persons	Rate	95% CI**	Rate	95% CI**		Persons	Rate	95% CI**	Rate	95% CI**
0-4yrs	12963	0	0	(+/-0)	0.0	(+/-0.0)	12470	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	13273	0	0	(+/-0)	0.0	(+/-0.0)	12473	0	0	(+/-0)	1.6	(+/-3.2)
10-14yrs	14898	6	40	(+/-33)	0.0	(+/-0.0)	14099	15	106	(+/-55)	0.0	(+/-0.0)
15-19yrs	16456	40	243	(+/-77)	20.7	(+/-10.0)	15619	78	499	(+/-113)	10.2	(+/-7.2)
20-24yrs	14820	52	351	(+/-97)	33.7	(+/-13.5)	14448	64	443	(+/-111)	15.2	(+/-9.2)
25-29yrs	13165	40	304	(+/-96)	24.3	(+/-12.2)	13079	34	260	(+/-89)	6.1	(+/-6.1)
30-34yrs	13264	37	279	(+/-92)	24.1	(+/-12.1)	13218	44	333	(+/-100)	6.1	(+/-6.1)
35-39yrs	13359	26	195	(+/-76)	18.0	(+/-10.4)	13316	25	188	(+/-75)	1.5	(+/-3.0)
40-44yrs	13200	26	197	(+/-77)	21.2	(+/-11.3)	13246	26	196	(+/-77)	6.0	(+/-6.0)
45-49yrs	12880	20	155	(+/-69)	26.4	(+/-12.8)	12341	20	162	(+/-72)	3.2	(+/-4.6)
50-54yrs	12009	14	117	(+/-62)	23.3	(+/-12.5)	11197	21	188	(+/-82)	3.6	(+/-5.1)
55-59yrs	10391	6	58	(+/-47)	17.3	(+/-11.5)	9316	9	97	(+/-64)	4.3	(+/-6.1)
60-64yrs	8127	3	37	(+/-43)	29.5	(+/-17.0)	7448	2	27	(+/-38)	2.7	(+/-5.4)
65-69yrs	7197	1	14	(+/-28)	36.1	(+/-20.0)	6805	2	29	(+/-42)	2.9	(+/-5.9)
70-74yrs	5991	1	17	(+/-33)	23.4	(+/-17.7)	6402	3	47	(+/-54)	0.0	(+/-0.0)
75-79yrs	4373	3	69	(+/-79)	9.1	(+/-12.9)	5733	2	35	(+/-49)	3.5	(+/-7.0)
80-84yrs	2871	0	0	(+/-0)	0.0	(+/-0.0)	4264	1	23	(+/-47)	0.0	(+/-0.0)
85yrs+	1862	0	0	(+/-0)	32.2	(+/-37.2)	3724	0	0	(+/-0)	0.0	(+/-0.0)
Total***	191099	275	139	(+/-17)	18.6	(+/-2.8)	189198	346	177	(+/-20)	4.3	(+/-1.4)

* Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

** 95% Confidence Interval

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



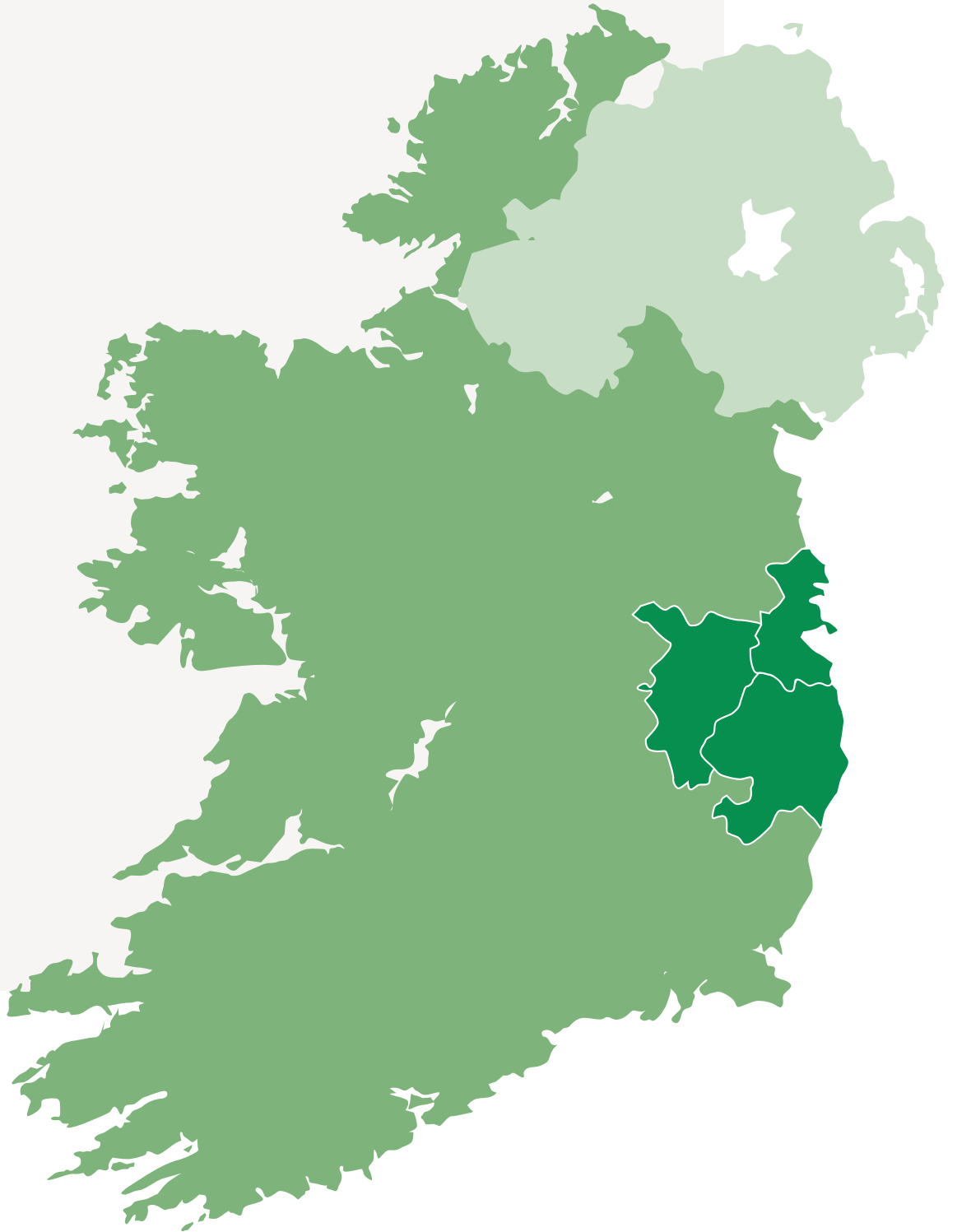


SECTION 8

PARASUICIDE IN THE EASTERN REGIONAL HEALTH AUTHORITY



Parasuicide in the Eastern Regional Health Authority



PARASUICIDE IN THE EASTERN REGIONAL HEALTH AUTHORITY

Through the partial coverage of the Eastern Regional Health Authority over the period from 1 January to 31 December 2002, the Registry recorded 2,218 parasuicide presentations to hospital that were made by 1,748 individuals. Extrapolating from these figures indicates that there were 4,451 parasuicide presentations by 3,475 individuals in the Eastern Region as a whole. Of the 2,218 recorded presentations, 894 (40.3%) were by men and 1,324 (59.7%) were by women.

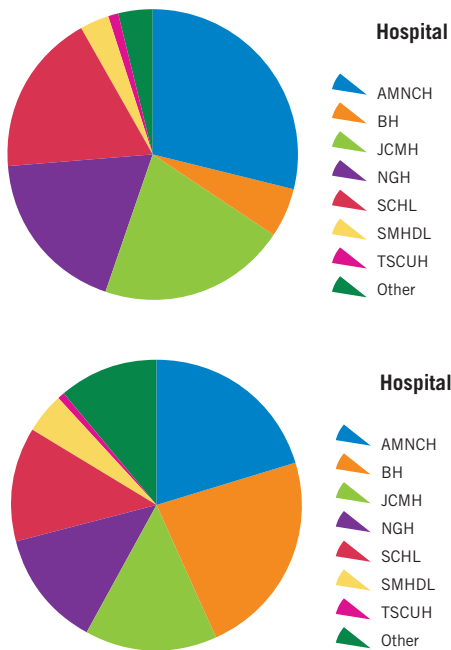
The number of parasuicide episodes treated in the Eastern Regional Health Authority by hospital, age and gender is given in Appendix ERHA-1, below. Parasuicide episodes were generally confined to the younger age groups. 89.1% of all episodes were by people aged less than 50 years. In most age groups the number of acts by women exceeded the number by men. In the 15-24 and 35-64 year age groups there were twice as many acts by women. The only notable exception to this female preponderance was in the 25-29 year age group where episodes by men outnumbered those by women.

Forty-five (2.0%) of the 2,218 episodes of parasuicide treated in the Eastern Regional Health Authority were by individuals who lived in another part of the country. Half of these cases (23, 51.1%) came from County Meath. The 2,173 parasuicide presentations by residents of the region included 48 (2.2%) by residents of homes/hostels, 8 (0.4%)

by inpatients of psychiatric hospitals/units, 11 (0.5%) by prisoners and 2 (0.1%) by non-nationals or non-residents of Ireland who were temporarily in the country.

Appendix ERHA-2 details, by age and gender, the population figures, the number and rate of persons residing in the Eastern Regional Health Authority who presented to hospital anywhere in the country following parasuicide and the annual rate of suicide by residents of the health authority (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002). The person-based European age-standardised rate of parasuicide for male and female residents of the Eastern Region in 2002 was 176 (95% Confidence Interval (CI): 165 to 187) and 270 (95% CI: 257 to 283) per 100,000, respectively. Thus, the female rate was 53.4% or 94 (95% CI: 77 to 111) per 100,000 higher than the male rate, a statistically significant difference. The male and female rates were 5.4% and 13.9% higher than the equivalent national rates for men and women of 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. The difference between the health board and national rates was 9 (95% CI: -3 to 21) and 33 (95% CI: 19 to 48) per 100,000 for men and women, respectively. Thus, adjusting for age, women residing in the Eastern Regional Health Authority had a significantly higher rate of parasuicide than women in the country as a whole. The difference was not significant for men.

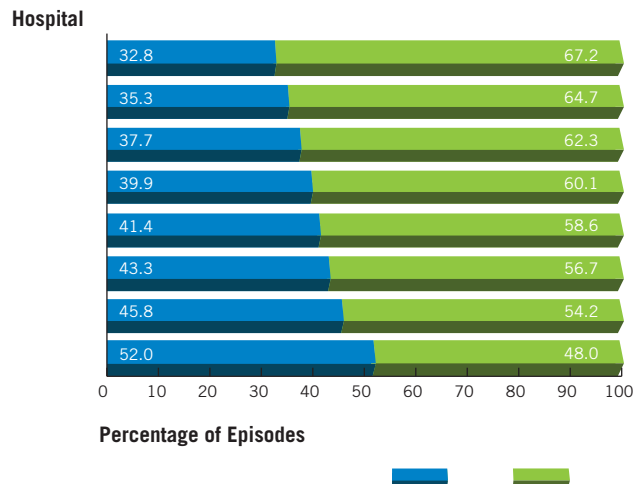
PARASUICIDE BY TREATMENT CENTRE



Note: AMNCH=Adelaide and Meath including the National Children's Hospital, BH=Beaumont Hospital, JCMH=James Connolly Memorial Hospital, NGH=Naas General Hospital, SCHL=St Columcille's Hospital Loughlinstown, SMHDL=St Michael's Hospital Dun-Laoghaire, TSCUH=Temple Street Children's University Hospital and Other=a hospital whose Ethics Committee stipulated that it cannot be named in Registry reports.

Figure ERHA 1: The distribution of episodes between hospitals in the Eastern Regional Health Authority monitored by the Registry for all or part of 2002. The top chart illustrates the distribution arising from the Registry's actual monitoring of the hospitals. Full-year estimates for the partially monitored hospitals are incorporated into the bottom chart.

The vast majority of parasuicide episodes recorded by the Registry in the Eastern Regional Health Authority in 2002 presented to either the Adelaide and Meath Hospital (28.9%), James Connolly Memorial Hospital (20.9%), Naas General Hospital (18.4%) or St Columcille's Hospital Loughlinstown (18.1%). Due to their partial coverage by the Registry, Beaumont Hospital, St Michael's Hospital Dun-Laoghaire and Other accounted for just 5.5%, 3.2% and 3.8% of all recorded presentations, respectively. Extrapolating to full-year estimates for these hospitals indicated that Beaumont, St Michael's and Other would have treated 23.0%, 4.5% and 11.0% of all parasuicide



Note: AMNCH=Adelaide and Meath including the National Children's Hospital, BH=Beaumont Hospital, JCMH=James Connolly Memorial Hospital, NGH=Naas General Hospital, SCHL=St Columcille's Hospital Loughlinstown, SMHDL=St Michael's Hospital Dun-Laoghaire, TSCUH=Temple Street Children's University Hospital and Other=a hospital whose Ethics Committee stipulated that it cannot be named in Registry reports.

Figure ERHA 2: Gender balance of parasuicide episodes treated by hospital.

cases seen by Registry monitored hospitals in the region. Based on figures acquired from either the Eastern Regional Health Authority Office for Evaluation and Monitoring or the individual hospitals, parasuicide accounted for 1.0% of total attendances to accident and emergency services of the hospitals monitored by the Registry. This percentage of attendances accounted for by parasuicide varied by hospital from 0.1% at Temple Street Children's University Hospital, 0.6% at St Michael's Hospital, 0.9% at Adelaide and Meath Hospital, 1.0% at Other, 1.5% at both Beaumont and James Connolly Memorial Hospitals, 1.7% at St Columcille's Hospital to 2.1% at Naas General Hospital.

The gender balance of episodes treated (at 40.3% men to 59.7% women overall) did not vary significantly by hospital (Figure ERHA 2) albeit that female episodes outnumbered male episodes by two to one at Beaumont Hospital which contrasted with the relatively small excess of female acts seen at St Michael's Hospital (45.8% male, 54.2% female). The small number of presentations to Temple Street Children's University Hospital (n=25) involved almost equal numbers of male and female presentations.

EPISODES BY TIME OF OCCURRENCE

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	136 (15.2%)	135 (15.1%)	125 (14.0%)	106 (11.9%)	123 (13.8%)	118 (13.2%)	151 (16.9%)	894 (100%)
Women	228 (17.2%)	172 (13.0%)	148 (11.2%)	175 (13.2%)	149 (11.3%)	197 (14.9%)	255 (19.3%)	1324 (100%)
Total	364 (16.4%)	307 (13.8%)	273 (12.3%)	281 (12.7%)	272 (12.3%)	315 (14.2%)	406 (18.3%)	2218 (100%)

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

Table ERHA 1: Number of episodes by weekday for men and women.

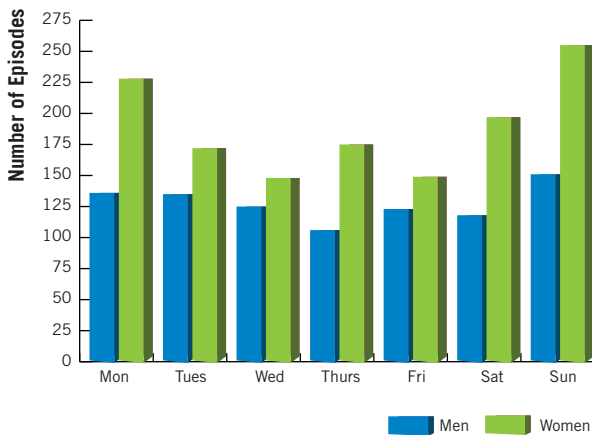


Figure ERHA 3: Number of episodes by weekday.

The number of parasuicide presentations was highest on Mondays and Sundays. The numbers fell steadily after Monday before rising again as Sunday approached. This pattern in the number of presentations by day of the week was primarily due to female episodes.

Variation by Hour

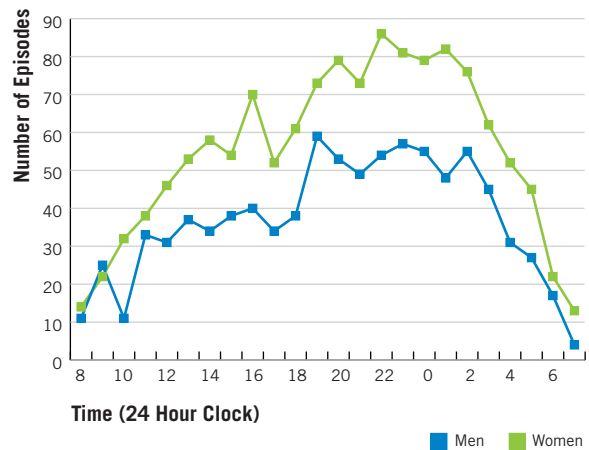


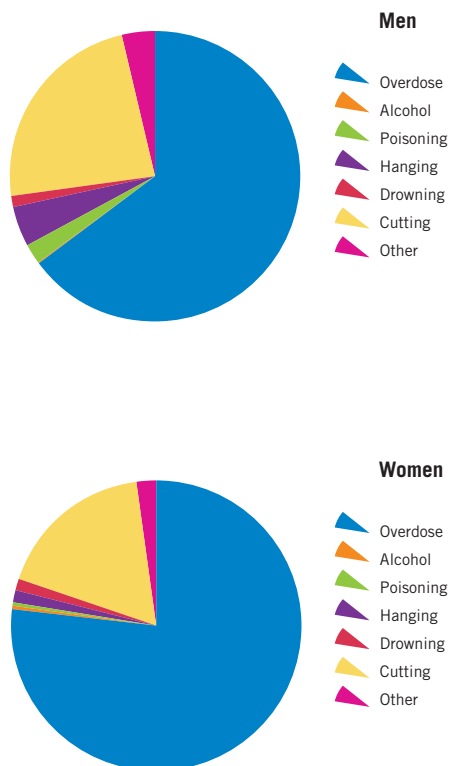
Figure ERHA 4: Number of episodes by time of attendance.

There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning. The number of presentations was high over the period from 7pm to 3am. During this eight hour period, almost half (47.9%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 5am to 1pm, which accounted for just 17.7% of all presentations.

METHOD¹ OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	579 (64.8%)	1 (0.1%)	20 (2.2%)	40 (4.5%)	11 (1.2%)	210 (23.5%)	33 (3.7%)	894 (100%)
Women	1017 (76.8%)	5 (0.4%)	5 (0.4%)	18 (1.4%)	17 (1.3%)	233 (17.6%)	29 (2.2%)	1324 (100%)
Total	1596 (72.0%)	6 (0.3%)	25 (1.1%)	58 (2.6%)	28 (1.3%)	443 (20.0%)	62 (2.8%)	2218 (100%)

Table ERHA 2: Number of episodes by most lethal method and gender.



72.0% of all episodes involved an overdose of medication as the most lethal method of self-harm employed (64.8% of male episodes and 76.8% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 77.8% of all cases (70.7% of male episodes and 82.6% of female episodes). Alcohol was involved in 39.5% (877) of all cases. Alcohol was only slightly more common in male parasuicide episodes (365, 40.8%) than in female episodes (512, 38.7%). Cutting was the only other common method of self-harm. It was used as the main method in one in five of all cases (443, 20.0%) and was more common in men (210, 23.5%) than in women (233, 17.6%).

Figure ERHA 5: The overall distribution of the most lethal method of self-harm used within the region.

¹ It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 1,192 (69.1%) of the 1,725 cases of drug overdose. On average, 32 tablets were taken in the episodes of parasuicide that involved drug overdose. The number of tablets taken varied by gender with men, on average, taking more (mean = 35) than women (mean = 31). Figure ERHA 6 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Almost 30% of the female episodes and almost one quarter of the male episodes of overdose involved 10-19 tablets. At least 50 tablets were taken by 21.8% of men as compared to 14.9% of women.

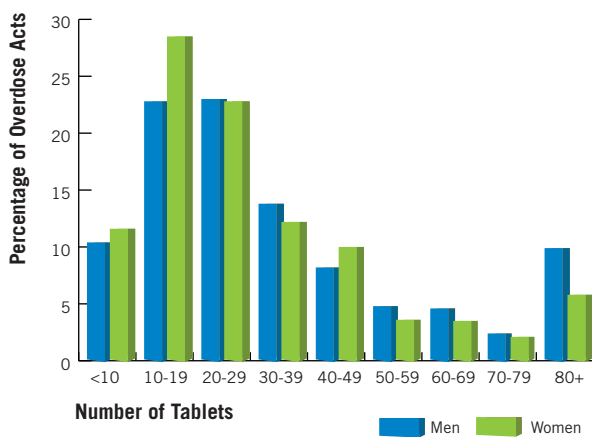
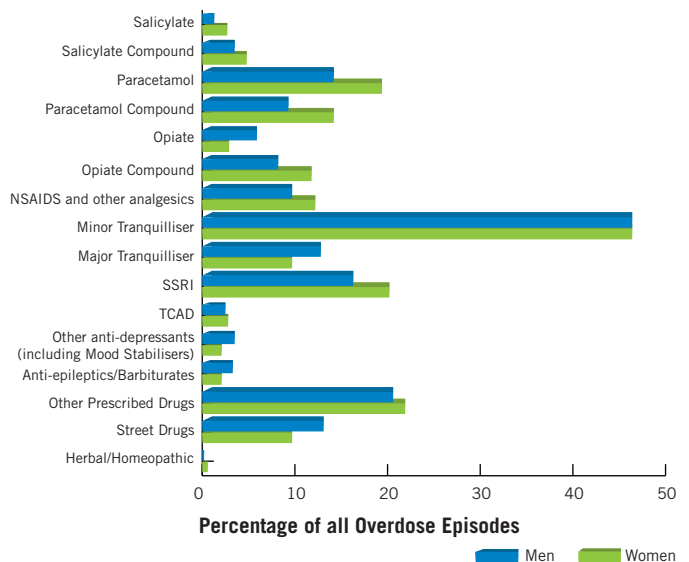


Figure ERHA 6: The pattern of the number of tablets taken in male and female acts of drug overdose.

Figure ERHA 7 illustrates the frequency with which the most common types of drugs were used in overdose. Almost half of all overdoses (46.4%) involved a minor tranquilliser and such a drug was used as often by men as by women. A major tranquilliser was involved in 10.8% of overdoses. At least one analgesic drug was involved in 40.9% of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in 27.6% of drug overdoses. Paracetamol was used significantly more often by women (30.5%) than by men (22.6%). Almost one in four acts (23.5%) of deliberate overdose involved an anti-depressant drug. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 18.8% of overdose cases. 'Other prescribed drugs' were taken in 21.4% of all overdoses which reflects the wide range of drugs that is taken deliberately in acts of drug overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories

Figure ERHA 7: The variation in the type of drugs used in the Eastern Regional Health Authority.

RECOMMENDED NEXT CARE

Of the 2,218 cases of parasuicide treated within the Eastern Regional Health Authority, there were 58 cases (2.6%) where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for half of cases (50.6%), irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Less than one third of parasuicide cases resulted in admission to a ward of the treating hospital whereas one in eight were admitted for psychiatric inpatient treatment following accident and emergency department treatment. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients². In 7.4% of the parasuicide episodes,

the patient refused to be admitted whether for general or psychiatric care. Almost half of all cases were discharged following treatment in the accident and emergency department³. A small proportion (2.9%) left before a recommendation was made. Next care recommendations did not vary significantly by gender.

As can be seen from Table ERHA 3, recommended next care varied according to the main method of self-harm (albeit that the numbers were only sufficient to make meaningful comparisons for the main methods of overdose, hanging and cutting). General inpatient care followed cases of drug overdose twice as often as it did for attempted hangings and self-cutting acts. This may be a reflection of the superficial nature of the injuries sustained in some cases of attempted hanging and cutting. Of those cases where the patient used cutting as the main method of self-harm, the majority

	Overdose (n=1595*)	Alcohol (n=6)	Poisoning (n=25)	Hanging (n=58)	Drowning (n=28)	Cutting (n=443)	Other (n=62)	Total (n=2217*)
General admission	35.4%	66.7%	28.0%	17.2%	21.4%	14.0%	29.0%	30.3%
Psychiatric admission	9.8%	33.3%	20.0%	43.1%	42.9%	14.9%	30.6%	12.9%
Patient would not allow admission	7.6%	0.0%	4.0%	8.6%	3.6%	7.7%	1.6%	7.4%
Left before recommendation	3.2%	0.0%	4.0%	0.0%	0.0%	2.5%	1.6%	2.9%
Not admitted	43.9%	0.0%	44.0%	31.0%	32.1%	60.9%	37.1%	46.5%

* This table does not include one case of drug overdose for which next care was unknown.

Table ERHA 3: Recommended next care by main method of parasuicide.

² Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

³ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

(60.9%) were discharged after receiving treatment in the accident and emergency department. Psychiatric admission was the most common route for patients who had attempted to hang themselves.

The recommendation for next care differed between the hospitals in the region. Two thirds of the patients who presented to St Columcille's Hospital were admitted to a general ward which is more than twice the overall admission rate. This may be due to the absence of an on-site psychiatric ward or unit at this hospital with the consequence that some patients are admitted to a general ward to facilitate psychiatric assessment and subsequent psychiatric care. As a corollary to this, only 15.5% of patients were discharged having received emergency treatment at St Columcille's whereas this percentage ranged from 40.0% to 63.4% for the other hospitals. General ward admission rates

were particularly low at Beaumont Hospital, James Connolly Memorial Hospital and Other. At these hospitals and at St Columcille's and St Michael's Hospitals, between 9.5% and 16.2% of treated patients would not allow themselves to be admitted, whether for general or psychiatric care. Psychiatric admission following accident and emergency treatment was more common at four hospitals: Beaumont, James Connolly Memorial, Naas General and Other, all of which have psychiatric inpatient facilities proximate to the hospital.

	Adelaide & Meath including National Children's Hospital (n=640)	Beaumont Hospital (n=122)	James Connolly Memorial Hospital (n=464)	Naas General Hospital (n=409)	St Columcille's Hospital, Loughlinstown (n=401)	St Michael's Hospital Dun-Laoghaire (n=72)	Temple Street Children's University Hospital (n=25)	Other (n=84*)	Eastern Regional Health Authority (n=2217*)
General admission	23.9%	9.0%	16.6%	26.2%	67.6%	36.1%	60.0%	14.3%	30.3%
Psychiatric admission	8.0%	16.4%	22.2%	16.6%	5.2%	8.3%	0.0%	19.0%	12.9%
Patient would not allow admission	0.5%	15.6%	16.2%	2.9%	9.5%	12.5%	0.0%	9.5%	7.4%
Left before recommendation	4.2%	1.6%	1.9%	3.9%	2.2%	1.4%	0.0%	0.0%	2.9%
Not admitted	63.4%	57.4%	43.1%	50.4%	15.5%	41.7%	40.0%	57.1%	46.5%

* This table does not include one case for which next care was unknown.

Table ERHA 4: Recommended next care by treatment centre.

REPETITION OF PARASUICIDE⁴

There were 1,514 individuals treated for 1,939 parasuicide episodes in the hospitals within the Eastern Regional Health Authority that were monitored by the Registry for the full year of 2002. Thus, more than one in five (425, 21.9%) of all presentations were due to repeat acts. Of the 1,514 individuals, 216 (14.3%) made at least one repeat attempt during the calendar year which presented to hospital, either within the region or elsewhere in the country.

The rate of repetition varied according to the main method of self-harm involved in the parasuicide act (Table ERHA 5). Cutting, hanging and drowning were associated with an increased level of repetition although the numbers who attempted hanging or drowning were limited. Almost one in five of those who used cutting, hanging or drowning as the main method of self-harm in their index act made at least

one subsequent parasuicide presentation in 2002.

There was only a marginal difference between the rate of repetition in men (97/618, 15.7%) and women (119/896, 13.3%). Table ERHA 6 details the number of individuals treated in each hospital⁵ and the number and percentage of individuals who presented to hospital with a repeat act (irrespective of whether the hospital was in the region or elsewhere in the country). The level of repetition by individuals treated at the four large hospitals ranged from 13.3% to 18.8%. The rate of repetition was significantly higher in patients treated at Naas General Hospital than in those treated at either Adelaide and Meath or St Columcille's. The repetition rates did not vary significantly for any hospital when examined by gender.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	1109	4	13	42	17	284	45	1514
Number who repeated	144	0	1	8	3	55	5	216
Percentage who repeated	13.0%	0.0%	7.7%	19.0%	17.6%	19.4%	11.1%	14.3%

Table ERHA 5: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Adelaide & Meath including National Children's Hospital	James Connolly Memorial Hospital	Naas General Hospital	St Columcille's Hospital, Loughlinstown	Temple Street Children's University Hospital	Eastern Regional Health Authority
Number of Individuals Treated						
Men	210	160	120	122	12	618
Women	307	223	151	214	12	896
Total	517	383	271	336	24	1514
Number who Repeated						
Men	32	25	24	20	1	97
Women	37	36	27	25	0	119
Total	69	61	51	45	1	216
Percentage who Repeated						
Men	15.2%	15.6%	20.0%	16.4%	8.3%	15.7%
Women	12.1%	16.1%	17.9%	11.7%	0.0%	13.3%
Total	13.3%	15.9%	18.8%	13.4%	4.2%	14.3%

Table ERHA 6: Number of individuals and number and percentage who repeated by gender and hospital.

⁴ Repetition was analysed using only data from hospitals monitored for the full calendar year.

⁵ The sum of these figures exceeds the total number of individuals treated in these hospitals because individuals who made multiple presentations were counted once at each hospital they attended but only once for the region as a whole.

SUICIDE

Over the five year period 1998-2002, 668 suicides were registered for the Eastern Regional Health Authority. Men and women accounted for 519 (77.7%) and 149 (22.3%) of these deaths, respectively. This yields a male/female suicide ratio of 3.5 to one which is lower than the national male to female ratio of 4.5 to one. The average number of suicide deaths registered per year was 104 for men and 30 for women. Based on extrapolated parasuicide figures, annually, there are approximately 17 episodes of parasuicide for every death by suicide amongst men and approximately 92 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

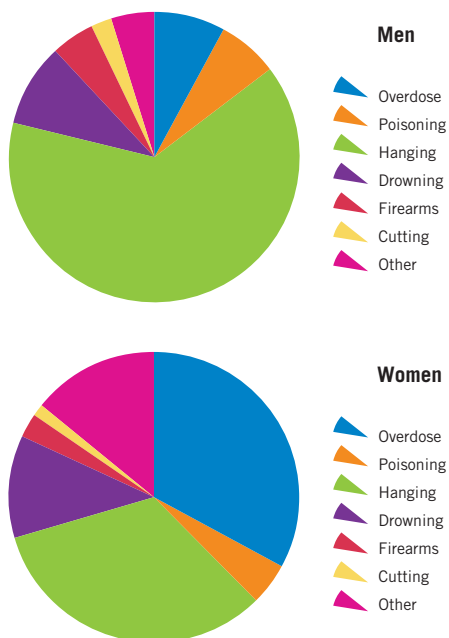


Figure ERHA 8: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. The more lethal method of hanging was more dominant, especially for men. Almost two thirds of male suicides (64.2%) were by hanging and no other method of suicide was common among men. One third of female suicides (32.9%) were by hanging and the same proportion of women used drug overdose as their method. Drowning was less common as a method of suicide in men and women than in the rest of the country.

APPENDIX ERHA-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE EASTERN REGIONAL HEALTH AUTHORITY

	Adelaide & Meath incl. National Children's Hospital		Beaumont Hospital		James Connolly Memorial Hospital		Naas General Hospital		St Columcille's Hospital, Loughlinstown		St Michael's Hospital, DunLaoghaire		Temple Street Children's University Hospital		Other		Eastern Regional Health Authority	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2	0
10-14yrs	0	12	1	3	0	3	0	5	0	6	0	0	9	12	0	0	10	41
15-19yrs	35	74	5	20	25	40	29	42	24	44	8	5	2	0	0	3	128	228
20-24yrs	65	57	8	14	35	42	46	23	38	31	6	6	0	0	7	8	205	181
25-29yrs	44	35	4	14	38	30	29	39	27	26	1	8	0	0	4	10	147	162
30-34yrs	41	31	8	10	12	27	21	18	14	25	5	4	0	0	10	8	111	123
35-39yrs	16	40	6	9	21	24	11	30	12	33	3	2	0	0	2	7	71	145
40-44yrs	31	41	1	5	19	52	15	38	13	35	3	3	0	0	2	2	84	176
45-49yrs	14	32	2	2	17	32	10	14	8	21	0	5	0	0	1	4	52	110
50-54yrs	7	28	4	1	8	13	9	16	7	12	3	1	0	0	1	6	39	77
55-59yrs	5	14	0	1	4	5	4	2	2	8	0	0	0	0	2	4	17	34
60-64yrs	2	9	0	1	3	7	1	3	3	5	1	0	0	0	0	1	10	26
65-69yrs	1	1	1	1	1	2	1	2	0	2	2	1	0	0	1	2	7	11
70-74yrs	0	0	0	1	0	0	0	0	0	2	0	2	0	0	0	0	0	5
75-79yrs	2	0	0	0	1	2	0	0	1	0	0	1	0	0	0	0	4	3
80-84yrs	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
85yrs+	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Unknown	2	1	0	0	0	0	1	0	1	0	1	1	0	0	0	0	5	2
Total	265	375	40	82	185	279	177	232	151	250	33	39	13	12	30	55	894	1324

APPENDIX ERHA-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE EASTERN REGIONAL HEALTH AUTHORITY

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE*			SUICIDE**		POPULATION	PARASUICIDE*			SUICIDE**	
		Persons	Rate	95% CI***	Rate	95% CI***		Persons	Rate	95% CI***	Rate	95% CI**
0-4yrs	49667	0	0	(+/-0)	0.0	(+/-0.0)	47168	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	45919	4	9	(+/-9)	0.0	(+/-0.0)	42853	0	0	(+/-0)	0.0	(+/-0.0)
10-14yrs	48150	18	37	(+/-18)	0.8	(+/-1.2)	46170	80	173	(+/-39)	0.0	(+/-0.0)
15-19yrs	54423	209	384	(+/-53)	15.8	(+/-4.8)	52648	339	644	(+/-70)	3.4	(+/-2.3)
20-24yrs	67009	273	407	(+/-49)	24.8	(+/-5.4)	69872	308	441	(+/-50)	4.0	(+/-2.1)
25-29yrs	65752	243	370	(+/-47)	24.6	(+/-5.5)	68020	256	376	(+/-47)	4.1	(+/-2.2)
30-34yrs	59561	170	285	(+/-44)	21.8	(+/-5.4)	60559	193	319	(+/-46)	3.3	(+/-2.1)
35-39yrs	52009	123	236	(+/-43)	24.6	(+/-6.2)	54413	238	437	(+/-57)	6.6	(+/-3.1)
40-44yrs	46997	110	234	(+/-45)	22.1	(+/-6.1)	49315	230	466	(+/-62)	5.7	(+/-3.0)
45-49yrs	41684	93	223	(+/-46)	13.9	(+/-5.2)	44509	172	386	(+/-59)	7.6	(+/-3.7)
50-54yrs	38609	58	150	(+/-39)	21.2	(+/-6.6)	40465	120	297	(+/-54)	9.9	(+/-4.4)
55-59yrs	32763	30	92	(+/-33)	12.8	(+/-5.6)	34100	56	164	(+/-44)	7.0	(+/-4.1)
60-64yrs	25459	18	71	(+/-33)	11.0	(+/-5.9)	27018	36	133	(+/-44)	7.4	(+/-4.7)
65-69yrs	20312	12	59	(+/-34)	9.8	(+/-6.2)	23227	20	86	(+/-39)	4.3	(+/-3.9)
70-74yrs	15505	0	0	(+/-0)	10.3	(+/-7.3)	20336	10	49	(+/-31)	1.0	(+/-2.0)
75-79yrs	10579	6	57	(+/-46)	7.6	(+/-7.6)	16704	6	36	(+/-29)	2.4	(+/-3.4)
80-84yrs	5969	2	34	(+/-47)	3.4	(+/-6.7)	11402	0	0	(+/-0)	1.8	(+/-3.5)
85yrs+	3243	0	0	(+/-0)	6.2	(+/-12.3)	9052	0	0	(+/-0)	4.4	(+/-6.2)
Total****	683610	1369	176	(+/-11)	14.2	(+/-1.3)	717831	2064	270	(+/-13)	4.2	(+/-0.7)

* Based on extrapolated data

** Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

*** 95% Confidence Interval

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



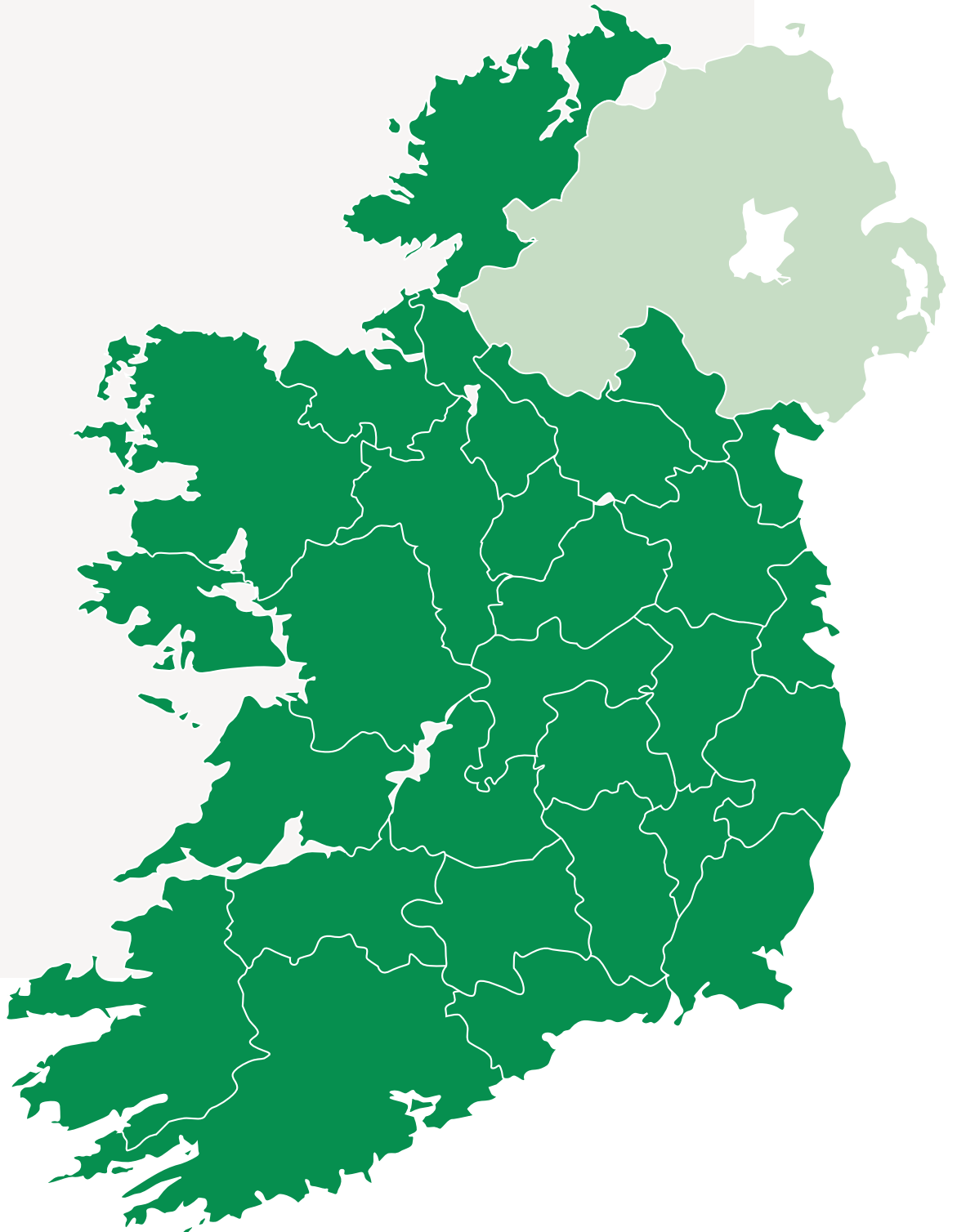


SECTION 9

PARASUICIDE IN THE REPUBLIC OF IRELAND



Parasuicide in the Republic of Ireland



I. Hospital Presentations

Over the period from 1 January to 31 December 2002, the Registry recorded 8,304 parasuicide presentations to hospital that were made by 6,705 individuals. Extrapolating to account for the partial coverage of the Eastern Regional Health Authority indicates that there were 10,537 parasuicide presentations by 8,421 individuals in the country as a whole. Of the 8,304 recorded presentations, 3,513 (42.3%) were by men and 4,788 (57.7%) were by women.

The number of parasuicide episodes treated in the Republic of Ireland by health board, age and gender is given in Appendix IE-1, below. Parasuicide episodes were generally confined to the younger age groups. 89.6% of all episodes were by people aged less than 50 years. In most age groups

the number of acts by women exceeded the number by men. This was most pronounced in the 10-19 year age group where there were 2.4 times as many acts by women (458 by men and 1,094 by women). The only notable exception to this female preponderance was in the 25-34 year age group where there were almost equal numbers of episodes by men and women (1,063 by men and 1,073 by women).

Two-hundred and fifty-seven (3.1%) of the 8,304 episodes of parasuicide were by residents of homes/hostels, 102 (1.2%) by inpatients of psychiatric hospitals/units, 32 (0.4%) by prisoners and 63 (0.8%) by non-nationals or non-residents of Ireland who were temporarily in the country.

PARASUICIDE BY TREATMENT CENTRE

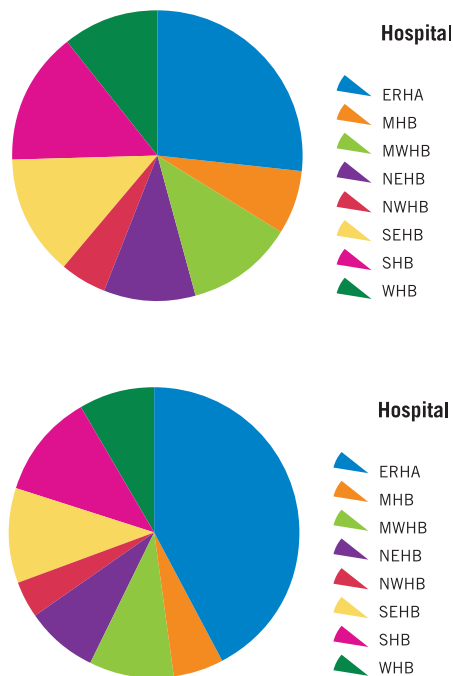


Figure IE 1: The distribution of episodes between health boards and authorities in the Republic of Ireland. The top chart illustrates the distribution arising from the Registry's actual monitoring of the hospitals. A full-year estimate for the partially monitored Eastern Regional Health Authority is incorporated into the bottom chart.

Despite partial coverage of the region in 2002, parasuicide presentations in the Eastern Regional Health Authority accounted for more than one in four (26.7%) of all episodes recorded by the Registry. Extrapolating to a full-year estimate indicated that 42.2% of all parasuicide presentations in the country were treated at a hospital within the Eastern Region. Adjusting for this estimate, the proportion of cases treated by the other health boards ranged from 4.1% in the North Western, to 5.6% in the Midland, 8.1% in the North Eastern, 8.4% in the Western, 9.4% in the Mid-Western, 10.6% in the South Eastern and 11.6% in the Southern. Based on figures acquired from either the relevant health board or authority or the individual hospitals, parasuicide accounted for 0.9% of total attendances to accident and emergency services in the country. This percentage of attendances

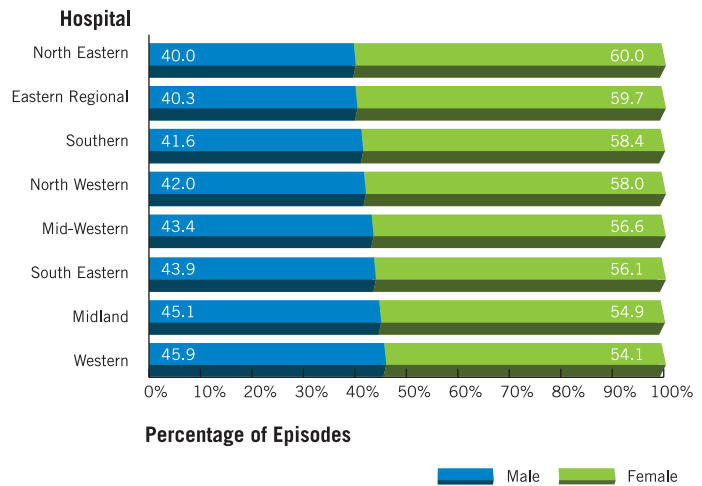


Figure IE 2: Gender balance of parasuicide episodes treated by health board/authority.

accounted for by parasuicide varied by health board/authority from 0.63% in the Midland, to 0.76% in the North Western and Western, 0.81% in the South Eastern, 0.82% in the North Eastern, 0.85% in the Southern, 0.95% in the Mid-Western and 1.02% in the Eastern Region.

The gender balance of recorded episodes (at 42.3% men to 57.7% women) did not vary markedly by region (Figure IE 2). Female episodes always outnumbered male episodes. Women accounted for 54.1% of all presentations in the Western Health Board, 54.9% in the Midland, 56.1% in the South Eastern, 56.6% in the Mid-Western, 58.0% in the North Western, 58.4% in the Southern, 59.7% in the Eastern Region and 60.0% in the North Eastern Health Board.

EPISODES BY TIME OF OCCURRENCE

Variation by Month¹

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	300	280	268	267	287	288	302	325	275	260	254	304	3410
Women	432	346	372	383	345	399	412	396	387	351	375	414	4612
Total	732	626	640	650	632	687	714	722*	662	611	630*	719*	8025*

* Gender was unknown for a case in August, November and December

Table IE 1: Number of episodes by month for men and women.

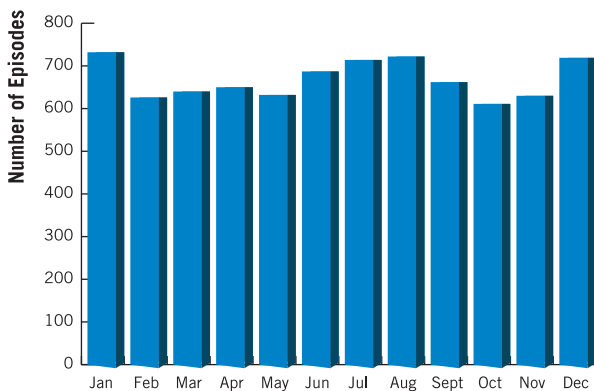


Figure IE 3: Number of episodes by month of occurrence.

The monthly average number of episodes of parasuicide treated at the hospitals monitored for all of 2002 was 669. More than 700 presentations were made in January, July-August and December. Respectively, there were 7.4%, 5.3% and 5.5% more acts of parasuicide than expected during these periods. The monthly averages for men and women were 284 and 384, respectively. Parasuicide presentations peaked during the same periods for both genders.

For each health board/authority region in the country, Table IE 2 indicates the months in which the number of parasuicide presentations was at least 10% above average. While there was some fluctuation in the pattern, the months with such increased presentations were generally confined to January, June, July, August and December.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MHB	+		+							+	+	+
MWHB	+							+				+
NEHB						+						
NWHB	+					+	+	+				
SEHB							+	+				
SHB							+	+				+
WHB				+		+				+		
ERHA	+							+				

Table IE 2: Peak months for parasuicide presentations by health board/authority.

¹ Variation by month was analysed using only data from the 35 hospitals monitored for the full calendar year.

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	555 (15.8%)	508 (14.5%)	455 (13.0%)	460 (13.1%)	467 (13.3%)	510 (14.5%)	557 (15.9%)	3512 (100%)
Women	833 (17.4%)	687 (14.3%)	566 (11.8%)	567 (11.8%)	611 (12.8%)	650 (13.6%)	874 (18.3%)	4788 (100%)
Total	1390* (16.7%)	1195 (14.4%)	1022* (12.3%)	1027 (12.4%)	1078 (13.0%)	1160 (14.0%)	1431 (17.2%)	8303* (100%)

* Gender was unknown for two cases that presented on a Monday and one that presented on a Wednesday and there was one case where the day of presentation was unknown which is not included in the table.
Note: On average, each day would be expected to account for 14.3% of presentations

Table IE 3: Number of episodes by weekday for men and women.

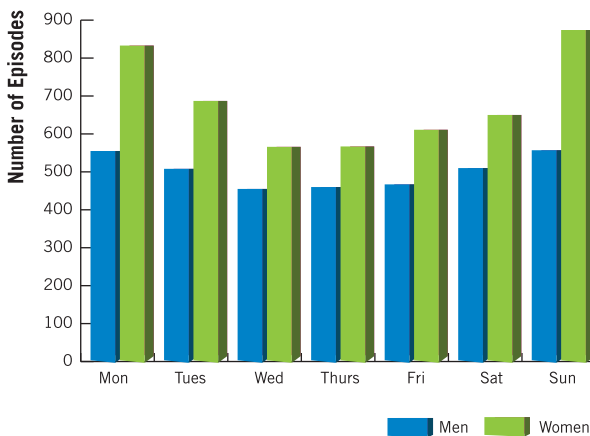


Figure IE 4: Number of episodes by weekday.

The number of parasuicide presentations was highest on Mondays and Sundays. There was a clear pattern over the course of the week. Numbers fell after Monday to a low during midweek before rising again as Sunday approached. This pattern of the number of presentations by day of the week was more pronounced in women than in men.

Variation by Hour

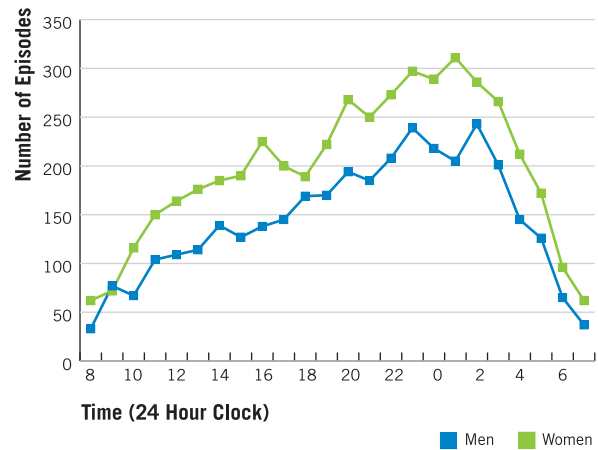


Figure IE 5: Number of episodes by time of attendance.

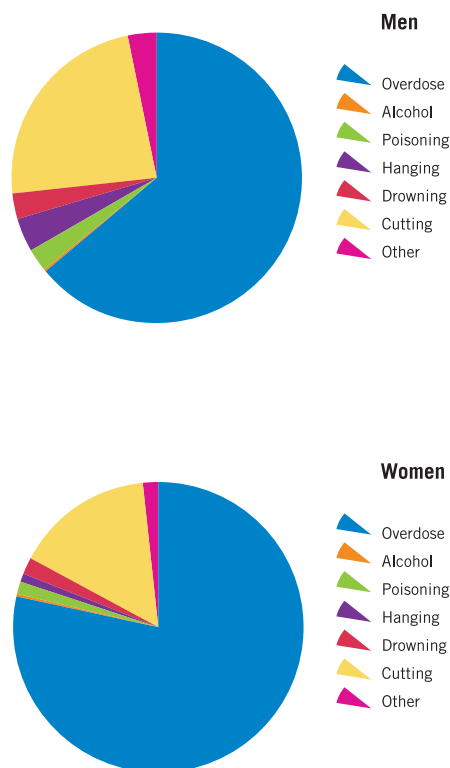
There was a striking pattern in the number of parasuicide presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked during the night and in the early hours of the morning. The number of presentations was high over the period from 8pm to 4am. During this eight hour period, almost half (48.0%) of the total number of presentations were made. This contrasts with the quietest eight hour period of the day, from 6am to 2pm, which accounted for just 18.4% of all presentations.

METHOD² OF PARASUICIDE

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	2244 (63.9%)	9 (0.3%)	89 (2.5%)	132 (3.8%)	100 (2.8%)	826 (23.5%)	113 (3.2%)	3513 (100%)
Women	3754 (78.4%)	14 (0.3%)	66 (1.4%)	45 (0.9%)	89 (1.9%)	738 (15.4%)	82 (1.7%)	4788 (100%)
Total	6001* (72.3%)	23 (0.3%)	155 (1.9%)	177 (2.1%)	189 (2.3%)	1564 (18.8%)	195 (2.3%)	8304* (100%)

* Gender was unknown in three cases of drug overdose.

Table IE 4: Number of episodes by most lethal method and gender.



Almost three quarters (72.3%) of all parasuicide episodes involved an overdose of medication 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 (63.9% of male episodes and 78.4% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 77.3% of all cases (69.3% of male episodes and 83.0% of female episodes). While rare as a main method of self-harm, alcohol was involved in 41.8% (3,468) of all cases. Alcohol was significantly more common in male parasuicide episodes (1,620, 46.1%) than in female episodes (1,848, 38.6%). Cutting was the only other common method of self-harm, used as the main method in almost one in five of all cases (1,564, 18.8%). Cutting was significantly more common in men (826, 23.5%) than in women (738, 15.4%).

Figure IE 6: The overall distribution of the most lethal method of self-harm used in the country.

² It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 4,691 (73.1%) of the 6,415 cases of drug overdose. On average, 32 tablets were taken in the episodes of parasuicide that involved drug overdose. The number of tablets taken varied by gender with men, on average, taking more (mean = 35) than women (mean = 30). Figure IE 7 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Half of the female episodes and 44.5% of the male episodes of overdose involved 10-29 tablets. At least 50 tablets were taken by 21.8% of men as compared to 15.0% of women.

Figure IE 8 illustrates the frequency with which the most common types of drugs were used in overdose. More than 40% 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 9.0% of overdoses and again this type of tranquilliser was marginally more common in male acts. At least one analgesic drug was involved in 43.8% of drug overdose acts. Paracetamol was the most common analgesic drug taken, being involved in some form in 30.1% of drug overdoses. Paracetamol was used significantly more often by women (33.4%) than by men (24.8%). Almost one in four acts (23.2%) of deliberate overdose involved an anti-depressant drug. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 18.3% of overdose cases. 'Other prescribed drugs' were taken in one in four (24.6%) of all overdoses which reflects the wide range of drugs that is taken deliberately in acts of drug overdose.

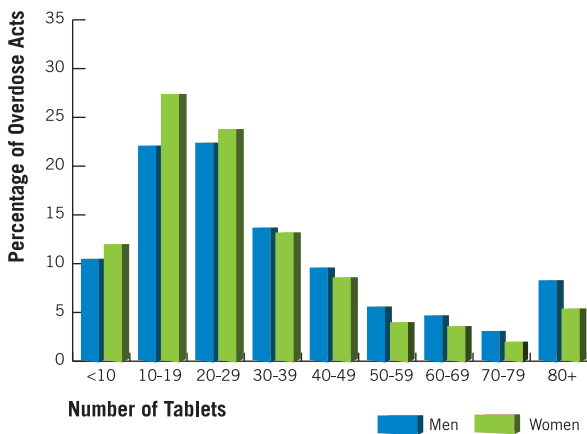
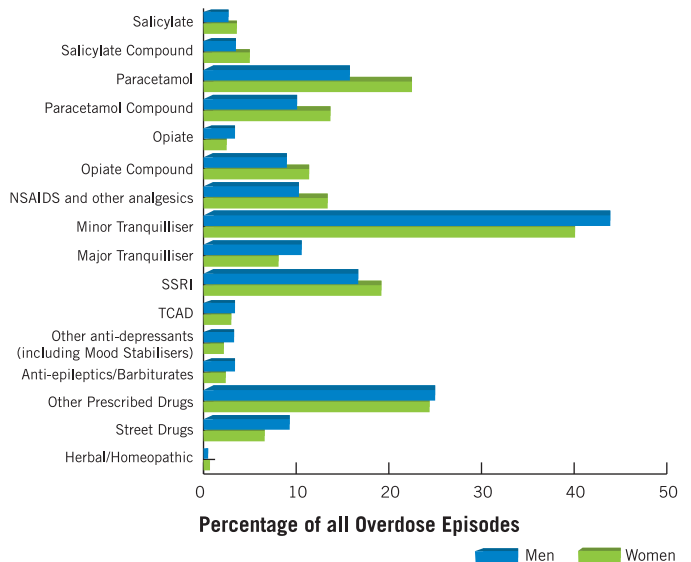


Figure IE 7: The pattern of the number of tablets taken in male and female acts of drug overdose.



Note: Some drugs (eg compounds containing paracetamol and an opiate) are counted in two categories.

Figure IE 8: The variation in the type of drugs used in the Republic of Ireland.

RECOMMENDED NEXT CARE

Of the 8,304 parasuicide presentations recorded in 2002, there were 105 cases (1.3%) where the individual left the accident and emergency department before being treated. Following their treatment in the accident and emergency department, inpatient admission was the next stage of care recommended for 70.7%, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. More than half of all parasuicide cases resulted in admission to a ward of the treating hospital whereas one in nine were admitted for psychiatric inpatient treatment from the accident and emergency department. This percentage would be an underestimate of the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients³. In 6.3% of the parasuicide episodes, the patient refused to be admitted whether for general or psychiatric care. More than a quarter of all cases were discharged following treatment in the accident and emergency department⁴. A small proportion (2.7%) left before a recommendation was made.

Next care recommendations varied significantly by gender. Women were more often admitted to a ward of the treating hospital (55.9% of women compared to 50.2% of men). Admission to psychiatric inpatient care from the accident and emergency department followed male acts more often than female acts (12.8% of men compared to 9.8% of women). Although relatively rare for both genders, men were more likely to have left the emergency room before a recommendation was made (3.5% of men compared to 2.0% of women). The greater frequency of general inpatient care in women may be related to their greater use of drug overdose as a method of self harm. As can be seen from Table IE 5, recommended next care varied according to the main method of self-harm. General inpatient care was most common following cases of drug overdose and self-poisoning and least common after attempted hangings, drownings and self-cutting. The latter finding may be a reflection of the superficial nature of the injuries sustained in some cases of attempted hanging, drowning and cutting. Next care followed a similar pattern for acts of drug overdose and self poisoning. The same was true for cases of attempted

	Overdose (n=5999*)	Alcohol (n=23)	Poisoning (n=155)	Hanging (n=177)	Drowning (n=189)	Cutting (n=1563*)	Other (n=195)	Total (n=8301*)
General admission	63.4%	52.2%	60.6%	29.9%	28.0%	22.4%	36.4%	53.5%
Psychiatric admission	6.9%	21.7%	11.0%	37.9%	34.9%	18.0%	26.2%	10.9%
Patient would not allow admission	6.2%	8.7%	3.2%	9.0%	7.4%	7.3%	3.1%	6.3%
Left before recommendation	2.3%	4.3%	3.2%	0.0%	2.6%	4.1%	3.1%	2.7%
Not admitted	21.2%	13.0%	21.9%	23.2%	27.0%	48.2%	31.3%	26.7%

* This table does not include two cases of drug overdose and one case of cutting for which next care was unknown.

Table IE 5: Recommended next care by main method of parasuicide.

³ Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

⁴ Patients discharged home/not admitted after accident and emergency treatment are usually referred to their GP or given an outpatient department appointment.

hanging and drowning. It is noteworthy that a relatively high proportion of cases involving these potentially lethal methods were admitted for psychiatric inpatient care directly from the accident and emergency department which may be a reflection of the suicide intent associated with these acts. Of those cases where the patient used cutting as the main method of self harm, almost half (48.2%) were discharged after receiving treatment in the accident and emergency department.

Next care varied significantly by health board/authority. The proportion of parasuicide patients who left before a recommendation was made varied from 0.7% in the Midland Health Board to 3.9% in the Southern Health Board. Inpatient care (irrespective of type and whether patient refused) was recommended for just half (50.6%) of the patients treated in the Eastern Regional Health Authority whereas the proportion given this recommendation was higher in the other health boards ranging from 65.0% in the Southern through to 86.1% in the South Eastern. This

pattern was due to general inpatient admission rates across the health boards. Just 30.3% of patients treated in a hospital within the Eastern Region were admitted to a ward of the treating hospital whereas this proportion ranged from 49.2 to 74.2% for patients treated in the other health boards. As a corollary to this, almost half of the cases treated in a hospital within the Eastern Regional Health Authority were discharged following emergency treatment compared to between 10.8 to 31.1% for patients treated in the other health boards. Just 3.1% of patients treated in the North Eastern Health Board were admitted for psychiatric inpatient care after treatment in the accident and emergency department whereas this was the case for 15.2% and 17.1% of parasuicide patients treated in the North Western and Midland Health Boards. As mentioned earlier, these percentages would underestimate the percentage of all parasuicide cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients⁵. The extent to which this happens is likely to vary by health board.

	Eastern Regional Health Authority (n=2217*)	Midland Health Board (n=590)	Mid-Western Health Board (n=992)	North Eastern Health Board (n=848)	North Western Health Board (n=429)	South Eastern Health Board (n=1114)	Southern Health Board (n=1225*)	Western Health Board (n=886*)	Republic of Ireland (n=8301*)
General admission	30.3%	58.1%	65.3%	73.3%	50.3%	74.2%	49.2%	57.3%	53.5%
Psychiatric admission	12.9%	17.1%	9.0%	3.2%	15.2%	7.4%	11.9%	12.1%	10.9%
Patient would not allow admission	7.4%	8.5%	5.7%	7.4%	8.2%	4.5%	3.8%	6.8%	6.3%
Left before recommendation	2.9%	0.7%	1.7%	1.9%	1.9%	3.1%	3.9%	3.2%	2.7%
Not admitted	46.5%	15.6%	18.2%	14.2%	24.5%	10.8%	31.1%	20.7%	26.7%

* This table does not include three cases for which next care was unknown.

Table IE 6: Recommended next care by health board/authority.

⁵ Many patients who are admitted medically are given psychiatric review on the ward and may be transferred to the care of psychiatric services, once medically fit, or discharged for follow up as an outpatient.

REPETITION OF PARASUICIDE⁶

There were 6,476 individuals treated for 8,025 parasuicide episodes in the 35 acute hospitals in the country that were monitored by the Registry for the full year. Thus, approximately one in five (1,549, 19.3%) of all presentations in 2002 were due to repeat acts. Of the 6,476 parasuicide patients, 843 (13.0%) made at least one repeat attempt during the calendar year which presented to hospital. At least five parasuicide presentations were made by 92 individuals. While these repeaters accounted for just 1.4% of the parasuicide patients, they made 624 or 7.8% of all presentations.

The rate of repetition varied highly significantly according to the main method of self-harm involved in the parasuicide act (Table IE 7). Cutting was associated with an increased level of repetition. Almost one in five of those who used it as the main method of self-harm at the time of their index act made at least one subsequent parasuicide presentation in 2002.

The rate of repetition was similar in men (369/2,739, 13.5%) and women (474/3,734, 12.7%). Table IE 8 details the number of individuals treated in each health board/authority⁷ and the number and percentage of individuals who presented to hospital with a repeat act. The level of repetition varied significantly by health board/authority. 10.7% of the parasuicide patients treated in the Southern Health Board repeated within the calendar year compared to 15.3% and 15.7% in the Mid-Western and Western Health Boards, respectively. The repetition rate did not vary by health board/authority for women. The percentage of women who repeated was within the narrow range of 12.1 to 14.2%. Male repetition rates showed highly significant variation by region. Respectively, just 8.8% and 9.1% of male parasuicide patients in the Southern and North Eastern Health Boards repeated. These levels were approximately half the male repetition rate in the Mid-Western (18.3%) and Western (17.5%) Health Boards.

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	4839	14	118	139	146	1067	153	6476
Number who repeated	565	1	17	20	18	205	17	843
Percentage who repeated	11.7%	7.1%	14.4%	14.4%	12.3%	19.2%	11.1%	13.0%

Table IE 7: Number of individuals and number and percentage who repeated after their index presentation by main method of self-harm.

	Eastern Regional Health Authority	Midland Health Board	Mid-Western Health Board	North Eastern Health Board	North Western Health Board	South Eastern Health Board	Southern Health Board	Western Health Board	Republic of Ireland
Number of Individuals Treated									
Men	618	227	328	287	152	390	457	314	2739
Women	896	265	468	411	199	518	604	393	3734
Total	1514	493*	796	698	351	908	1063*	707	6476*
Number who Repeated									
Men	97	24	60	26	17	59	40	55	369
Women	119	33	62	52	24	65	74	56	474
Total	216	57	122	78	41	124	114	111	843
Percentage who Repeated									
Men	15.7%	10.6%	18.3%	9.1%	11.2%	15.1%	8.8%	17.5%	13.5%
Women	13.3%	12.5%	13.2%	12.7%	12.1%	12.5%	12.3%	14.2%	12.7%
Total	14.3%	11.6%	15.3%	11.2%	11.7%	13.7%	10.7%	15.7%	13.0%

* There was one individual in the Midland Health Board and two in the Southern Health Board for whom gender was unknown

Table IE 8: Number of individuals and number and percentage who repeated by gender and health board/authority.

⁶ Repetition was analysed using only data from hospitals monitored for the full calendar year.

⁷ The sum of these figures exceeds the total number of individuals treated in the country because individuals who made multiple presentations were counted once in each region where they were treated but only once for the country as a whole.

SUICIDE

Over the five year period 1998-2002, 2,282 suicides were registered in the Republic of Ireland. Men and women accounted for 1,863 (81.6%) and 419 (18.4%) of these deaths, respectively. This yields a male/female suicide ratio of 4.5 to one. The average number of suicide deaths registered per year was 373 for men and 84 for women. Based on the extrapolated parasuicide figures for the country, annually, there are approximately 12 episodes of parasuicide for every death by suicide amongst men and approximately 73 episodes of parasuicide for every death by suicide amongst women.

METHOD OF SUICIDE

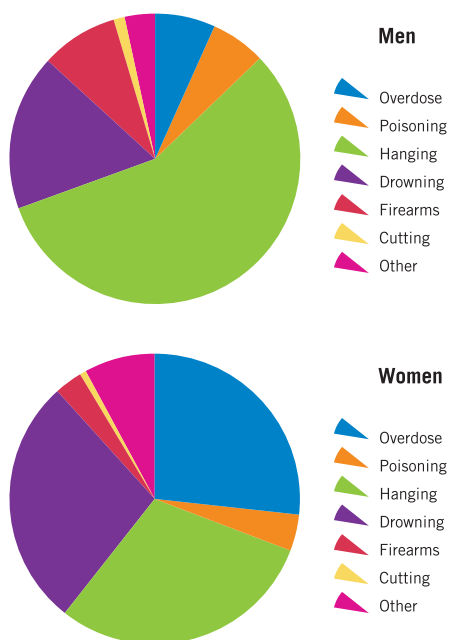


Figure IE 9: The method of suicide for men and women.

The method employed in acts of suicide contrasted with those used in episodes of parasuicide. The more lethal methods of hanging and drowning were more dominant, especially for men. Three quarters of male suicides involved either hanging (56.6%) or drowning (17.3%). No other method of suicide was common among men. Hanging (29.8%), drowning (27.7%) and drug overdose (26.7%) were equally common as methods of female suicide. These methods accounted for 84.2% of all female suicide deaths.

II. Incidence Rates

Over the period from 1 January to 31 December 2002, the Registry recorded 8,304 parasuicide presentations to hospital that were made by 6,705 individuals. Excluding residents of the Eastern Region, the crude and European age-standardised rates of hospital-treated parasuicide in 2002 for the 'rest of Ireland' were 196 (95% confidence interval (CI): 191 to 202) and 188 (95% CI: 183 to 194) per 100,000, respectively. Extrapolating to account for the partial coverage of the Eastern Regional Health Authority indicates that there were 10,537 parasuicide presentations by 8,421 individuals in the country as a whole. Based on these data, the Irish person-based crude and age-standardised rates of parasuicide were 215 (95% CI: 210 to 220) and 202 (95% CI: 197 to 206) per 100,000, respectively.

VARIATION BY GENDER AND AGE

The person-based age-standardised rate of parasuicide for men and women was 167 (95% CI: 161 to 173) and 237 (95% CI: 230 to 244) per 100,000, respectively. Thus, the female rate of parasuicide was significantly higher (+42%) than the male rate. Population figures, the number and rate of persons treated in hospital following parasuicide in 2002 and the annual rate of suicide (based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002) are given in Appendix IE-2 by age and gender for persons residing in the Republic of Ireland.

There was a striking pattern in the incidence of parasuicide when examined by age. The rates were highest among the young. At 626 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 160 girls in this age group presented to hospital in 2002 as a consequence of deliberate self-harm. At 407 per 100,000, the peak rate for men was among 20-24 year-olds. The incidence of parasuicide gradually decreased with increasing age in men. This was the case to a lesser extent in women as there was a secondary peak in the parasuicide rate in middle-aged women. After the age of 55 years, the parasuicide rate in men and women was relatively low.

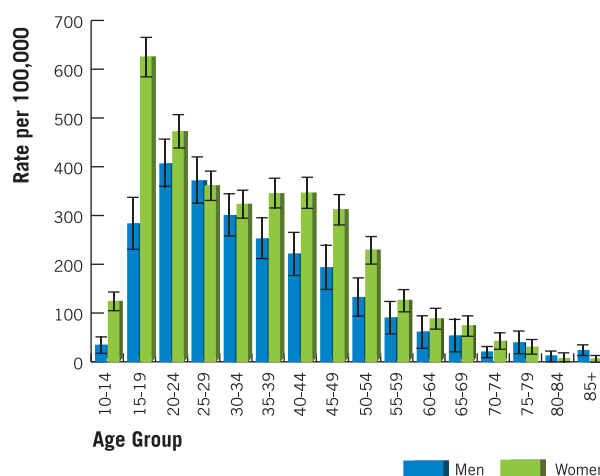
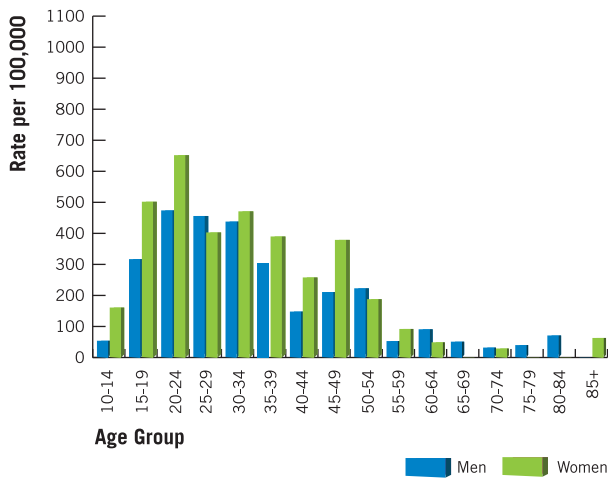


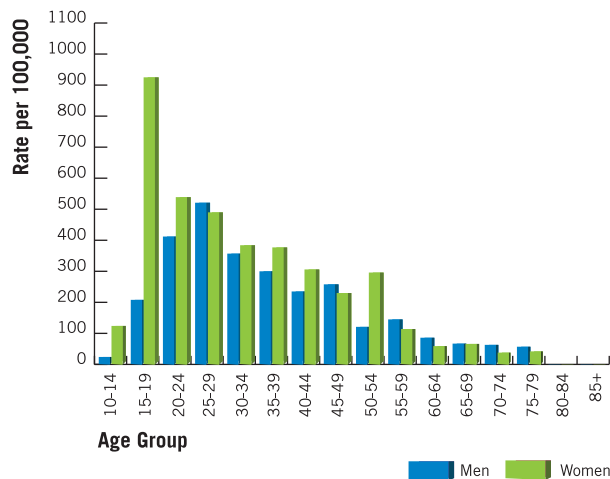
Figure IE 10: Person-based rate of parasuicide in the Republic of Ireland by age and gender.

The extent of gender differences in the incidence of parasuicide varied with age. In 10-19 year-olds, the female rate was more than double the male rate. The female rate was still significantly higher than the male rate in 20-24 year-olds but by a relatively small margin. There were similar rates in men and women aged 25-34 years whereas the female rate was significantly higher across the 35-54 year age group.

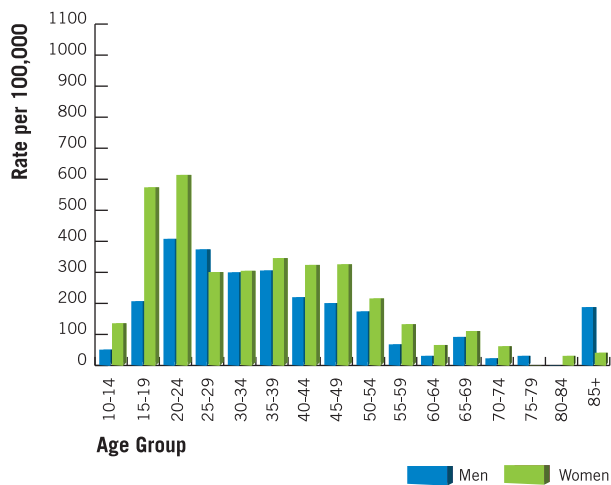
Figure IE 11 shows the pattern of the incidence of parasuicide by age and gender for the residents of each health board/authority, separately. The pattern was broadly similar to that at national level. The parasuicide rate was highest among the young. The peak female rate was in 15-19 year-olds in all but the Midland and North Eastern Health Boards where the peak rate was in 20-24 year-olds. The parasuicide rate in women aged 15-19 years in the Mid-Western Health was especially high at 925 per 100,000. The secondary peak in women aged 35-54 years was particularly evident in female residents of the Eastern Regional Health Authority. The male rate of parasuicide generally exhibited a smoother pattern by age than the female rate. The peak male rate, while less pronounced, was in the 20-24 year age group in all but the Mid-Western Health Board.



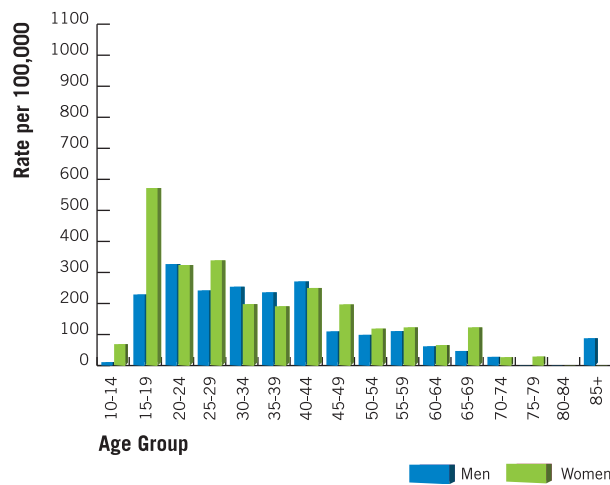
(a) Midland Health Board



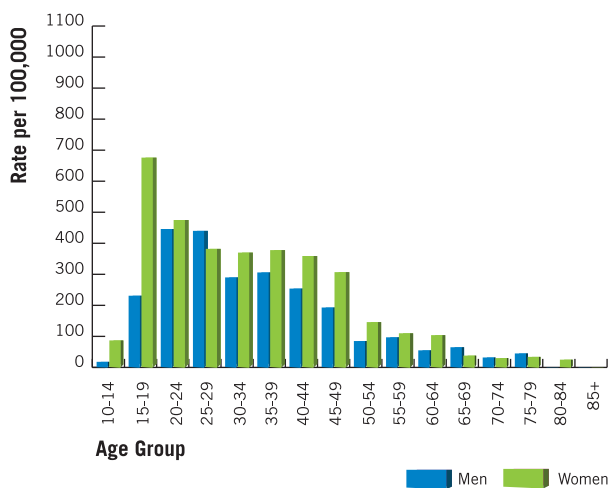
(b) Mid-Western Health Board



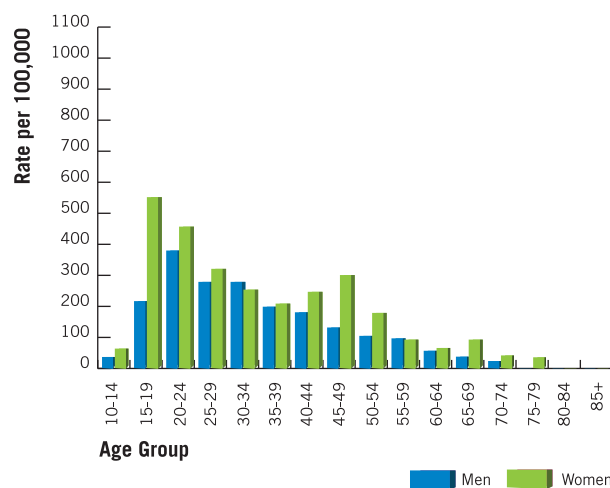
(c) North Eastern Health Board



(d) North Western Health Board

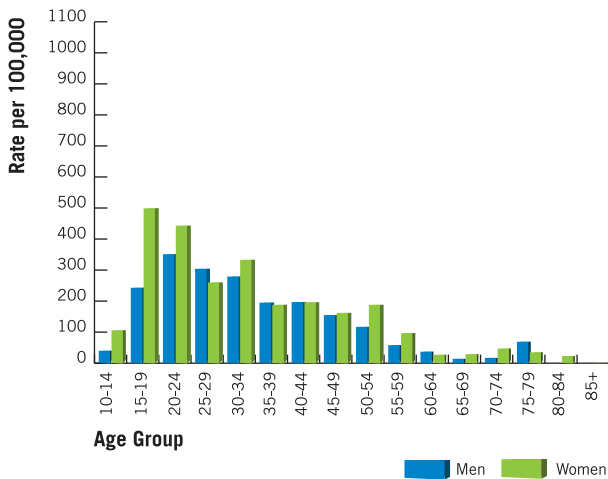


(e) South Eastern Health Board

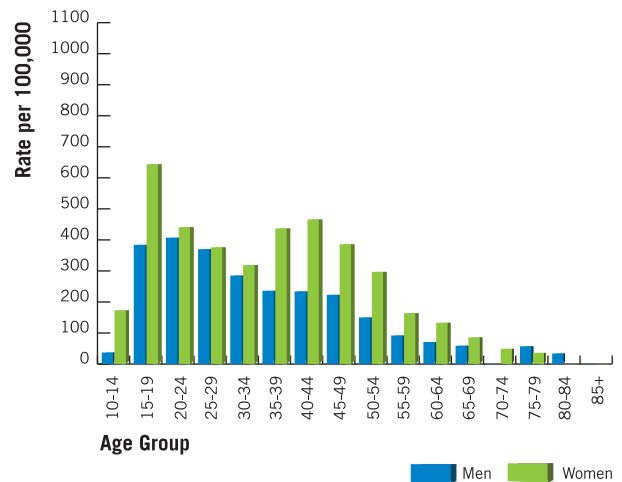


(f) Southern Health Board

Figure IE 11: Person-based rate of parasuicide by residents of Irish health boards by age and gender.



(g) Western Health Board



(h) Eastern Regional Health Authority

Figure IE 11: Person-based rate of parasuicide by residents of Irish health boards by age and gender.

Parasuicide was rare in 10-14 year-olds, particularly for boys. Respectively, the male and female rates were 8 and 5 times higher in 15-19 year-olds. Thus, the incidence of parasuicide increases rapidly over a short age range. This is illustrated in greater detail in Figure IE 12. It can be seen that parasuicide was rare in those aged 12 years and younger. In 13-20 year olds, the female rate of parasuicide was significantly higher than the male rate. The increases in the female rate from the ages of 13 years through to 17 years were particularly striking. As a result, the female parasuicide rate was at its peak (at 706 per 100,000) for 17 year-olds. Thus, one in every 140 17 year-old girls in Ireland presented to hospital in 2002 having deliberately self harmed.

In order to compare the age pattern of parasuicide with that of suicide, the annual age-specific rates of suicide (based on data registered by the Central Statistics Office in 1998-2002) are illustrated in Figure IE 13. The clearest difference relates to the male preponderance in suicide across all ages but particularly among 20-29 year-olds. The male suicide rate peaked at 34 per 100,000 in this age group. After this peak, the male suicide rate gradually decreased across the older age groups although to a lesser extent than the decrease with increasing age that was observed for male parasuicide. The age pattern of female suicide did not show any similarity to that for parasuicide.

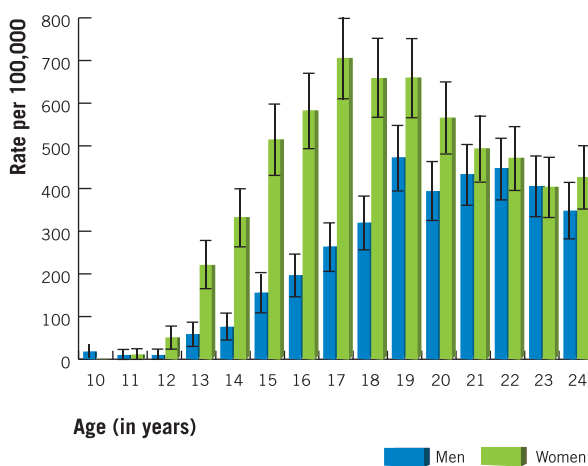


Figure IE 12: Person-based rate of parasuicide in the Republic of Ireland by single year of age for 10-24 year-olds.

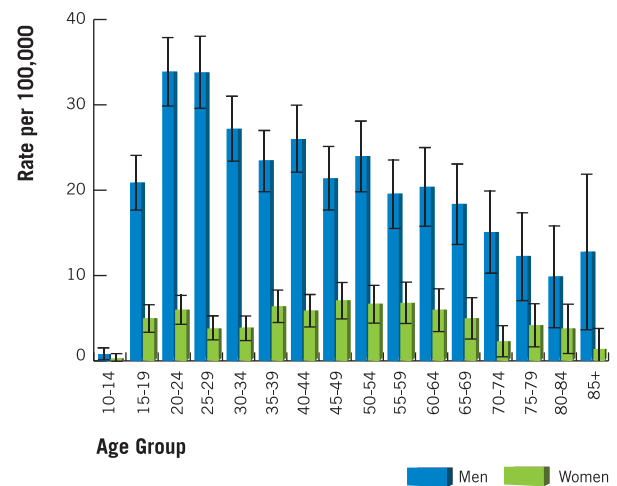


Figure IE 13: Annual rate of suicide in the Republic of Ireland by age and gender (based on data registered by the Central Statistics Office in 1998-2002).

VARIATION BY AREA

Rates by health board/authority

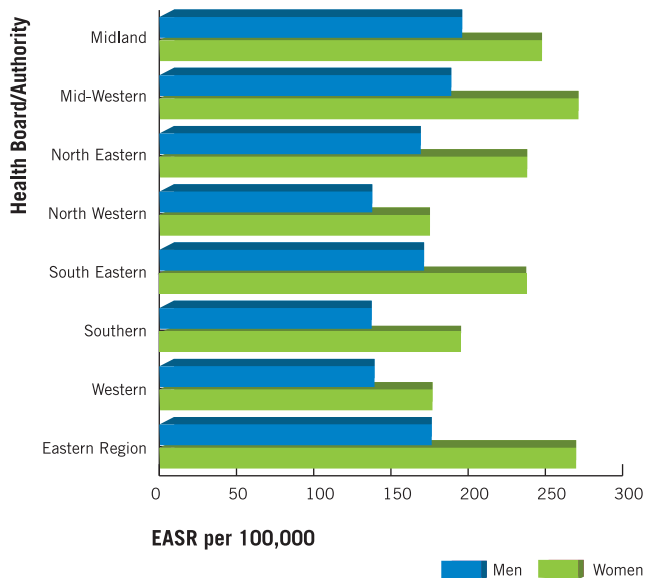


Figure IE 14: Person-based European age-standardised rate (EASR) of parasuicide in the Republic of Ireland by health board/authority of residence and gender.

The incidence of parasuicide in men residing in the Midland and Mid-Western Health Boards was significantly higher (+17.4% and +13.2%, respectively) than the national male rate of 167 per 100,000. Women in the Mid-Western Health Board and the Eastern Regional Health Authority had a parasuicide rate of approximately 270 per 100,000, which was significantly higher (+14%) than the national female rate of 237 per 100,000. The lowest male and female parasuicide rates were found in residents of the North Western, Southern and Western Health Boards. These rates were significantly lower than for men and women in the country as a whole.

In each health board/authority, the female rate of parasuicide was significantly higher than the male rate. The margin was least marked, at +27%, for Midland, North Western and Western Health Board residents. For Mid-Western, North Eastern, South Eastern and Southern Health Board residents, the female rate was higher by 39-43%, which was similar to the difference in the country as a whole. The greatest gender difference was for residents of the Eastern Region for whom the female rate was 53% higher than the male rate.

Health Board/ Authority	MEN					WOMEN				
	Rate	95% CI*	Rate	95% CI***	% difference	Rate	95% CI*	Rate	95% CI***	% difference
Midland	196	(+/-27)	29	(+/-27)	+17.4	248	(+/-30)	11	(+/-31)	+4.6
Mid-Western	189	(+/-22)	22.5	(+/-22.4)	+13.2	271	(+/-26)	34	(+/-27)	+14.3
North Eastern	169	(+/-20)	2	(+/-21)	+1.2	238	(+/-24)	1	(+/-25)	+0.4
North Western	138	(+/-22)	-29	(+/-23)	-17.4	175	(+/-25)	-62	(+/-26)	-26.2
South Eastern	171	(+/-18)	4	(+/-19)	+2.4	238	(+/-21)	1	(+/-23)	+0.4
Southern	138	(+/-14)	-29	(+/-15)	-17.4	195	(+/-17)	-42	(+/-18)	-17.7
Western	139	(+/-17)	-28	(+/-18)	-16.8	177	(+/-20)	-60	(+/-21)	-25.3
Eastern Region****	176	(+/-11)	9	(+/-12)	+5.4	270	(+/-13)	33	(+/-15)	+13.9

* 95% Confidence Interval for the health board/authority parasuicide rate

** Rate difference = Health board/authority rate – national rate (167 and 237 per 100,000 for men and women, respectively)

*** 95% Confidence Interval for parasuicide rate difference

**** Parasuicide rate based on the extrapolated Eastern Regional Health Authority data.

Table IE 9: Person-based European age-standardised rate (EASR) of parasuicide in the Republic of Ireland by health board/authority of residence and gender with comparison to the national rate

Rates by County⁸

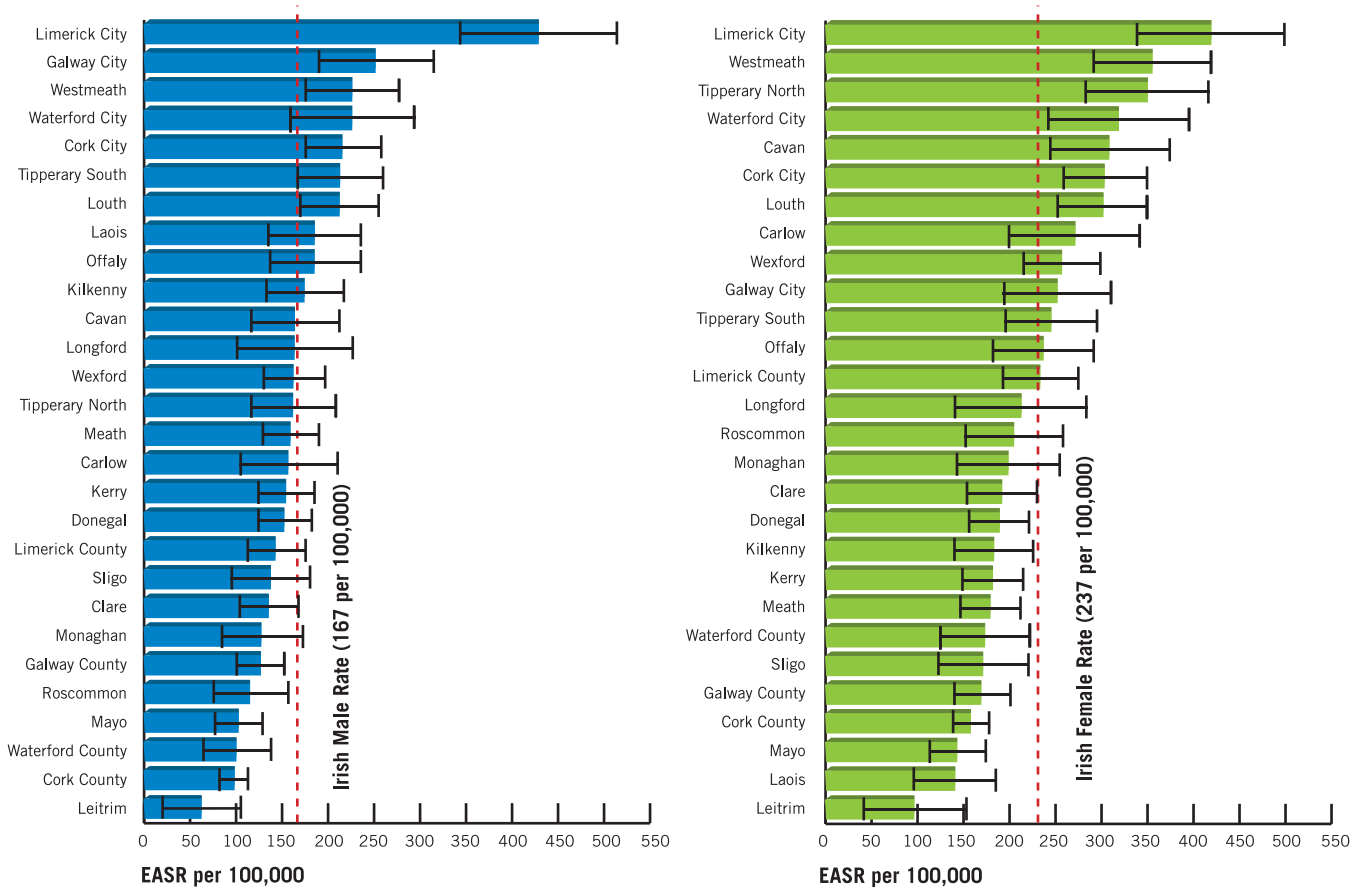


Figure IE 15: Person-based European age-standardised rate (EASR) of parasuicide in the Republic of Ireland by county/city of residence for men (left) and women (right).

⁸ The partial coverage of the Eastern Regional Health Authority meant that reliable parasuicide rates could not be calculated for the constituent counties and city boroughs.

There was widespread variation in male and female parasuicide rates when examined by county/city of residence. The male rate varied from 63 per 100,000 for Leitrim to 429 per 100,000 for Limerick city. The lowest and highest female rates were also recorded for Leitrim and Limerick city residents at 97 and 419 per 100,000, respectively. Above average parasuicide rates were recorded for male and female residents of the cities of Cork (+30% for men, +28% for women), Galway (+51% for men, +6% for women), Limerick (+157% for men, +77% for women) and Waterford (+36% for men, +34% for women). The rates for the male and female residents of the corresponding counties were far lower. This indicates that parasuicide is particularly common in large urban settings in Ireland, most notably in Limerick city.

Generally at county/city level, the female parasuicide rate exceeded the male rate by a margin similar to that for the country as a whole (+42%). The cities of Galway and Limerick were notable exceptions. The male and female residents of Galway city had the same rate of parasuicide (252 per 100,000). This was because the male rate was significantly higher (+51%) than the national rate for men whereas the female rate was just marginally higher (+6%) than average. For Limerick city residents, the male parasuicide rate marginally exceeded the female rate. This was due to the men having a rate that was 157% higher than the national average compared to a 77% higher rate for Limerick city women.

There was some indication that low rates of parasuicide were associated with the counties in the province of Connacht. For men and women, the six counties with the lowest parasuicide rates included four of the five Connacht counties (Galway, Roscommon, Mayo and Leitrim for men and Sligo, Galway, Mayo and Leitrim for women).

Urban and Rural District Comparison by Health Board

Figure IE 16 illustrates the parasuicide rate for residents of urban districts and rural districts by health board region. For each region, the incidence of parasuicide was significantly higher in the urban district population. Respectively, the rate was 66%, 93%, 110%, 135%, 141%, 171% and 182% higher in the urban district populations of the Western, Mid-Western, North Western, Midland, Southern, North Eastern and South Eastern Health Boards.

Having seen that rates of parasuicide in the larger urban centres generally exceed those observed in rural areas, it is now clear that parasuicide is an urban problem in a broader sense due to the high rates that were also recorded for the Irish population living in smaller urban centres/districts throughout the country.

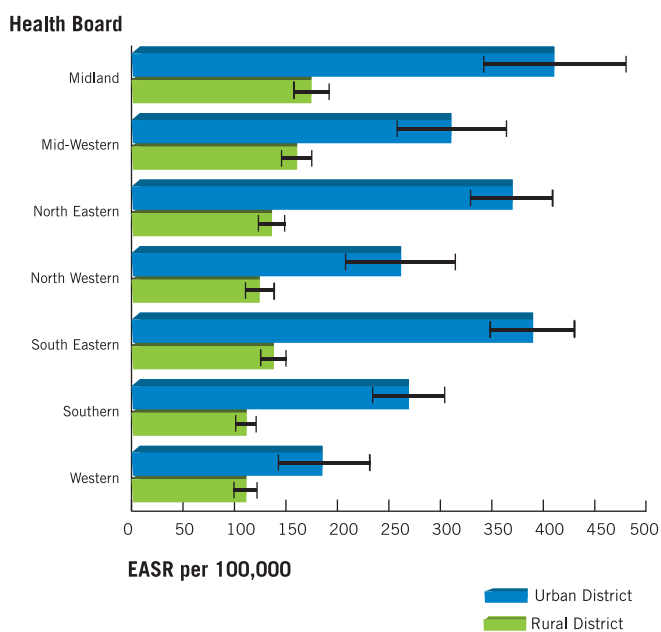


Figure IE 16: Person-based European age-standardised rate (EASR) of parasuicide for urban and rural district residents in the Republic of Ireland by health board

APPENDIX IE-1: HOSPITAL-TREATED EPISODES OF PARASUICIDE IN THE REPUBLIC OF IRELAND

	Eastern Regional Health Authority		Midland Health Board		Mid-Western Health Board		North Eastern Health Board		North Western Health Board		South Eastern Health Board		Southern Health Board		Western Health Board		Republic of Ireland	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-4yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-9yrs	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
10-14yrs	10	41	7	11	3	18	7	17	1	12	2	12	8	14	7	31	45	156
15-19yrs	128	228	30	43	43	148	29	90	25	61	49	130	61	138	48	100	413	938
20-24yrs	205	181	50	56	71	87	58	87	27	24	86	73	99	127	70	81	666	716
25-29yrs	147	162	35	31	83	68	48	48	21	37	86	72	74	88	60	47	554	553
30-34yrs	111	123	42	60	64	47	54	68	35	21	65	75	76	70	62	56	509	520
35-39yrs	71	145	29	38	43	64	46	53	19	18	74	80	51	61	41	40	374	499
40-44yrs	84	176	17	28	39	43	40	49	21	24	49	63	39	60	48	43	337	486
45-49yrs	52	110	14	29	38	28	27	40	10	23	33	56	27	64	32	35	233	385
50-54yrs	39	77	13	14	15	34	15	23	7	11	16	25	22	43	19	23	146	250
55-59yrs	17	34	3	5	17	12	6	13	6	7	14	18	17	15	11	11	91	115
60-64yrs	10	26	12	1	6	4	2	9	4	3	5	13	9	8	3	3	51	67
65-69yrs	7	11	1	0	4	4	5	6	2	6	5	3	4	11	2	2	30	43
70-74yrs	0	5	1	0	3	2	1	3	1	1	2	3	2	5	1	4	11	23
75-79yrs	4	3	1	0	2	2	1	0	0	1	2	2	0	3	3	2	13	13
80-84yrs	1	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	2	3
85yrs+	1	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	2	2
Unknown	5	2	9	7	0	0	0	1	0	0	1	0	19	9	0	1	34	20
Total	894	1324	265	324	431	561	339	509	180	249	489	625	508	716	407	480	3513	4788

This table does not include one episode of parasuicide treated in the Midland Health Board for which age and gender were unknown and two episodes by 20-24 year-olds treated in the Southern Health Board whose gender was unknown.

APPENDIX IE-2: PARASUICIDE AND SUICIDE BY RESIDENTS OF THE REPUBLIC OF IRELAND

AGE GROUP	MEN						WOMEN					
	POPULATION	PARASUICIDE*			SUICIDE**		POPULATION	PARASUICIDE*			SUICIDE**	
		Persons	Rate	95% CI***	Rate	95% CI***		Persons	Rate	95% CI***	Rate	95% CI**
0-4yrs	142040	0	0	(+/-0)	0.0	(+/-0.0)	135590	0	0	(+/-0)	0.0	(+/-0.0)
5-9yrs	135890	4	3	(+/-3)	0.0	(+/-0.0)	128200	0	0	(+/-0)	0.2	(+/-0.3)
10-14yrs	146114	51	35	(+/-10)	0.8	(+/-0.7)	139594	175	125	(+/-19)	0.3	(+/-0.4)
15-19yrs	160413	455	284	(+/-27)	20.9	(+/-3.2)	152775	956	626	(+/-40)	5.0	(+/-1.6)
20-24yrs	165292	672	407	(+/-31)	33.9	(+/-4.0)	163042	771	473	(+/-34)	6.0	(+/-1.7)
25-29yrs	156100	581	372	(+/-31)	33.8	(+/-4.2)	156593	567	362	(+/-30)	3.8	(+/-1.4)
30-34yrs	152377	458	301	(+/-28)	27.2	(+/-3.8)	152299	493	324	(+/-29)	3.9	(+/-1.4)
35-39yrs	144530	365	253	(+/-26)	23.5	(+/-3.6)	146376	507	346	(+/-31)	6.4	(+/-1.9)
40-44yrs	135301	300	222	(+/-26)	26.0	(+/-3.9)	136683	474	347	(+/-32)	5.9	(+/-1.9)
45-49yrs	124981	242	194	(+/-25)	21.4	(+/-3.7)	124623	390	313	(+/-32)	7.1	(+/-2.1)
50-54yrs	116585	155	133	(+/-21)	24.0	(+/-4.1)	114258	263	230	(+/-28)	6.7	(+/-2.2)
55-59yrs	99827	91	91	(+/-19)	19.6	(+/-4.0)	97467	124	127	(+/-23)	6.8	(+/-2.4)
60-64yrs	77559	48	62	(+/-18)	20.4	(+/-4.6)	76693	68	89	(+/-22)	6.0	(+/-2.5)
65-69yrs	65290	35	54	(+/-18)	18.4	(+/-4.7)	68184	51	75	(+/-21)	5.0	(+/-2.4)
70-74yrs	51719	11	21	(+/-13)	15.1	(+/-4.8)	60410	26	43	(+/-17)	2.3	(+/-1.8)
75-79yrs	37377	15	40	(+/-21)	12.3	(+/-5.1)	52438	16	31	(+/-15)	4.2	(+/-2.5)
80-84yrs	22283	3	13	(+/-16)	9.9	(+/-6.0)	36574	3	8	(+/-9)	3.8	(+/-2.9)
85yrs+	12486	3	24	(+/-28)	12.8	(+/-9.1)	29240	2	7	(+/-10)	1.4	(+/-1.9)
Total****	1946164	3489	167	(+/-6)	18.7	(+/-0.9)	1971039	4886	237	(+/-7)	4.3	(+/-0.4)

* Parasuicide data incorporates the extrapolated Eastern Regional Health Authority data. Forty-six individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths registered by the Central Statistics Office in the five years 1998-2002

*** 95% Confidence Interval

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



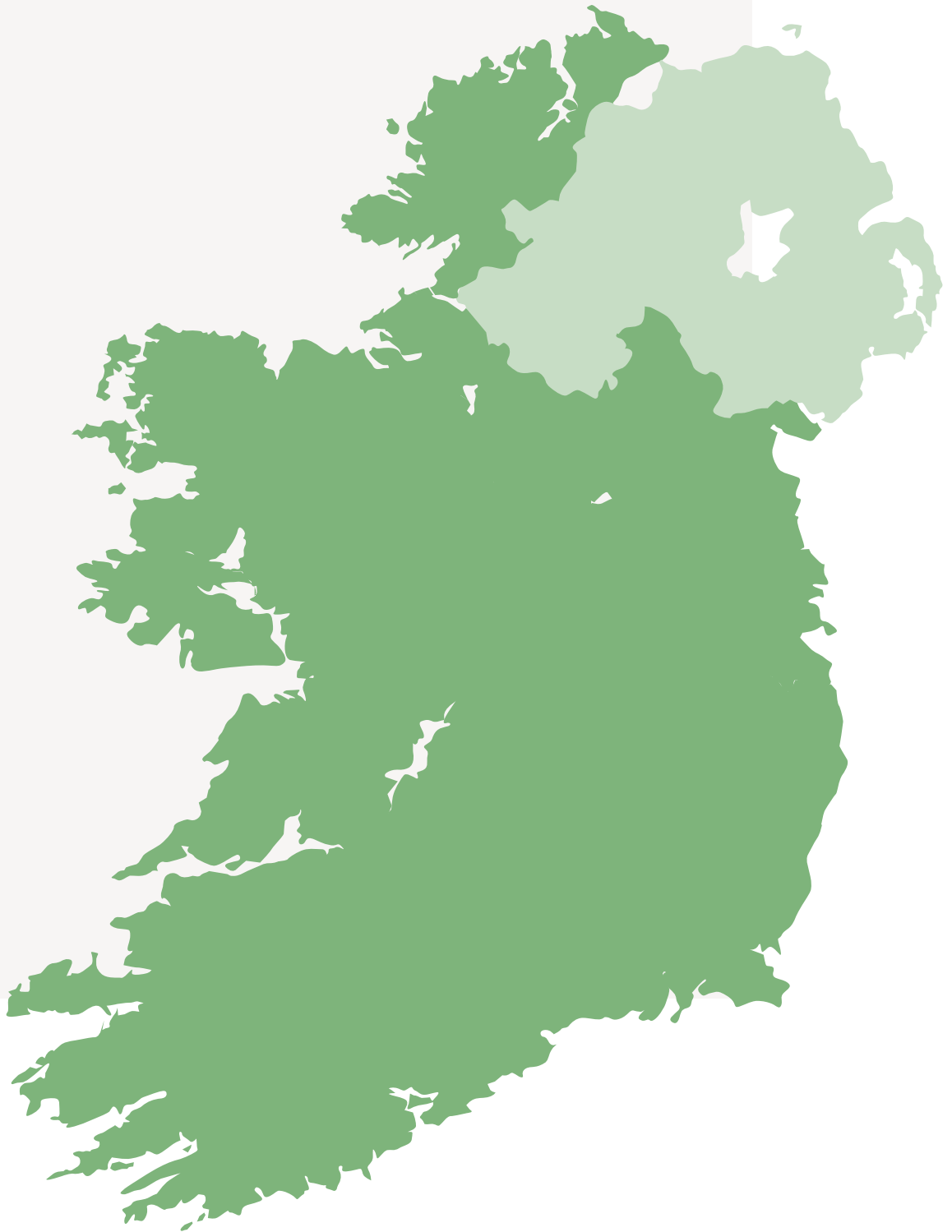


SECTION 10

PARASUICIDE IN IRISH PRISONS AND PLACES OF DETENTION



Parasuicide in Irish Prisons and Places of Detention



PARASUICIDE IN IRISH PRISONS AND PLACES OF DETENTION

From 1 January to 31 December 2002, the Registry recorded 144 parasuicide episodes that were made by 107 individuals in Irish prison and places of detention. The Irish Prison Service Annual Report 2001 (the most recent report available at the time of writing) stated that the daily average number of persons in custody in 2001 was 3,112. Based on this figure, the crude person-based rate of prison parasuicide by individuals over 15 years was 3,438 per 100,000.¹

112 (77.8%) of the parasuicide acts were by men and 32 (22.2%) were by women. Based on the Irish Prison Service Annual Report 2001 figures, the daily average number of persons in custody in 2001 was made up of 3,014 (96.9%) men and 98 (3.1%) women. Thus, male prisoners accounted for fewer parasuicide acts than one might expect given the proportion of the prison population that they make up.

Thirty-two (22.2%) of the 144 episodes of parasuicide by prisoners were treated in the accident and emergency department of a general hospital. More than one in four parasuicide acts by male prisoners (30/112, 26.8%) resulted in accident and emergency department treatment. Only two of the female prisoners' parasuicide acts (6.3%) resulted in referral to accident and emergency.

The numbers of parasuicide episodes and of individuals who engaged in parasuicide in Irish prisons and places of detention by age and sex are given in Table Prisons 1. Parasuicide was generally confined to the younger age groups. 94.9% of all episodes were by individuals aged 15-39 years. However, this is in line with the age profile of individuals committed to prison as 86.4% were aged under 40 years in 2001.

	EPISODES			INDIVIDUALS		
	Men	Women	Total	Men	Women	Total
15-24 years	52	17	69	38	13	51
25-39 years	50	12	62	35	9	44
40 years+	4	3	7	4	2	6
Unknown	6	0	6	6	0	6
Total	112	32	144	83	24	107

Table Prisons 1: Numbers of parasuicide episodes and of individuals who engaged in parasuicide in Irish prisons and places of detention by age and sex

¹ This rate is not comparable to the rates for the general population as it is mainly due to individuals who did not present to hospital and there is no adjustment for the age profile of prisoners.

PARASUICIDE BY TREATMENT CENTRE

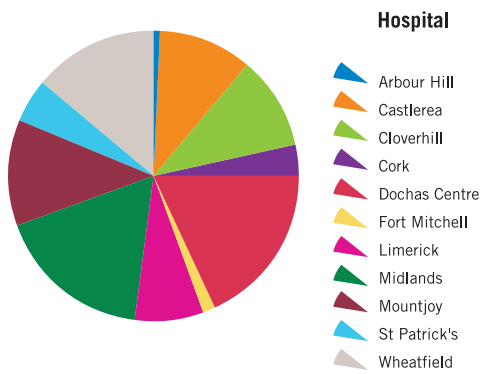


Figure Prisons 1: The distribution of episodes between Irish prisons and detention centres.

Parasuicide acts requiring medical treatment, either in the prison infirmary or at the accident and emergency department of a general hospital, occurred in 11 institutions. Acts in the Dochas Centre, Midlands Prison and Wheatfield Place of Detention accounted for half (49.3%) of all cases.

EPISODES BY TIME OF OCCURRENCE

Variation by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	8	8	8	16	8	12	12	16	6	8	7	3	112
Women	1	2	3	3	2	4	1	2	4	6	3	1	32
Total	9	10	11	19	10	16	13	18	10	14	10	4	144

Table Prisons 1: Number of episodes by month for men and women.

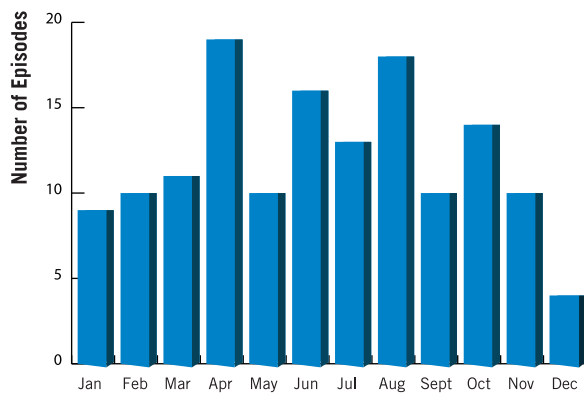


Figure Prisons 2: Number of episodes by month of occurrence.

The monthly average number of episodes of parasuicide was 12. Although the numbers were limited, there were an above average number of acts in the months of April, June and August.

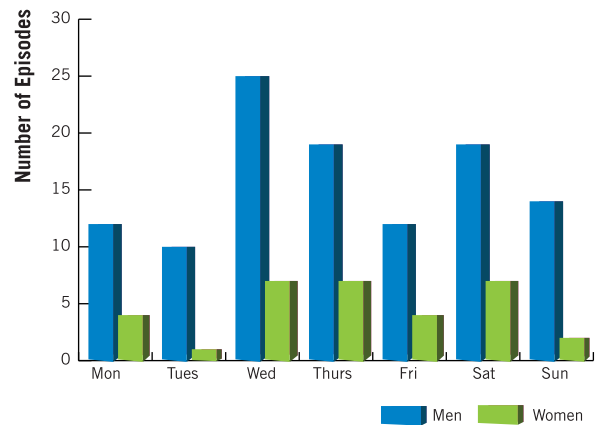


Figure Prisons 3: Number of episodes by weekday.

The number of parasuicide presentations varied significantly by day of the week. The numbers were high on Wednesdays, Thursdays and Saturdays and low at the start and end of the week which is in contrast with the pattern of parasuicide in the general population.

Variation by Day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	12	10	25	19	12	19	14	112*
Women	4	1	7	7	4	7	2	32
Total	16	11	32	26	16	26	16	144*

* There was one male episode for which the exact data was unknown.

Table Prisons 2: Number of episodes by weekday for men and women.

Variation by Hour

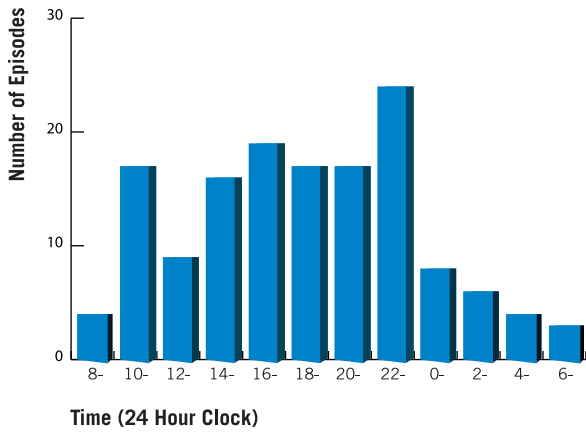


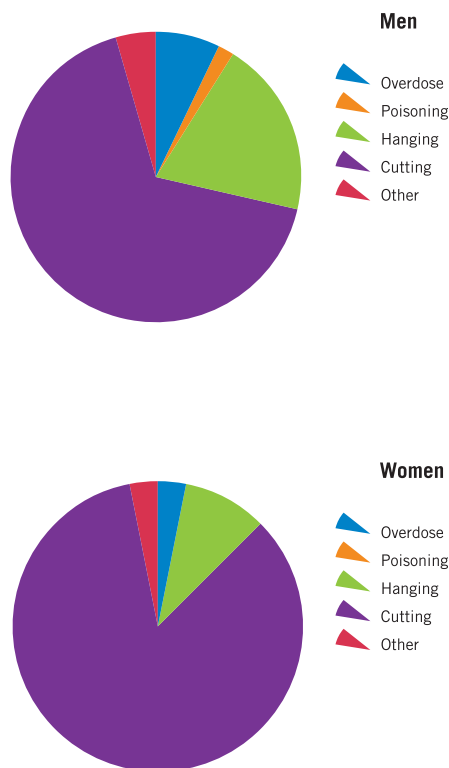
Figure Prisons 4: Number of episodes by time of attendance.

The number of prison parasuicide acts increased during the day and peaked during the late night. The numbers were low between the hours of midnight and 10am.

METHOD² OF PARASUICIDE

	Overdose	Poisoning	Hanging	Cutting	Other	Total
Men	8	2	22	75	5	112
Women	1	0	3	27	1	32
Total	9	2	25	102	6	144

Table Prisons 3: Number of episodes by most lethal method and gender.



By far the most common main method of self-harm in episodes of prison parasuicide was cutting. It accounted for 70.8% of all episodes and was more often involved in acts by women than by men (67.0% of male episodes and 84.4% of female episodes). Attempted hanging was the second commonest main method used, involved in one in five male acts (22, 19.6%) and three of the 32 female acts. Drug overdose was rare as a main method of self-harm which was in sharp contrast with the general population where it accounted for more than two-thirds of all parasuicide acts. This would be due to the restricted access to medicaments within Irish prisons.

REPETITION OF PARASUICIDE

Of the 107 individuals who engaged in an act of parasuicide that required medical treatment, 19 (17.8%) made at least one repeat attempt during the calendar year which required treatment. Although the numbers involved were limited, the rate of repetition in female prisoners (7/24, 29.2%) was twice that in male prisoners (12/83, 14.5%).

Figure Prisons 5: The overall distribution of the most lethal method of self-harm used within Irish prisons.

² It is not unusual for more than one method to be involved in an individual act of parasuicide. Here, results relate to the 'primary method' of parasuicide. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken, in any individual case, as the most lethal method employed.

