

National Registry of Deliberate Self Harm Ireland
ANNUAL REPORT 2005

NATIONAL SUICIDE RESEARCH FOUNDATION



Introduction and Executive Summary

This is the fifth annual report from the National Registry of Deliberate Self Harm. It is based on data collected on persons presenting to hospital accident and emergency (A&E) departments as a result of deliberate self harm in 2005 in the Republic of Ireland. The Registry has had near complete coverage of the country's hospitals since 2002. In 2005, for the first time, all general hospital A&E departments in the Republic of Ireland contributed data to the Registry. Data were also collected from two of the three paediatric hospital A&E departments in the country.

The Health Service Executive (HSE) took over full operational responsibility for running the country's health and personal social services on January 1st 2005. There are four HSE administrative regions: Dublin/ Mid-Leinster, Dublin/ North East, South and West. The HSE National Hospitals Office established eight hospital groups, two in each HSE region. This report presents the Registry findings at national level, by HSE region and by hospital group. Data by hospital are tabulated in the Appendices.

Based on the near complete national coverage achieved in 2005, we estimate that there were approximately 10,800 presentations to hospital due to deliberate self harm nationally, involving approximately 8,600 individuals. The number of presentations was marginally lower than the estimated figure for 2004 of 11,100 while the number of individuals involved was unchanged. The age-standardised rate of individuals presenting to hospital following deliberate self harm in 2005 was 198 per 100,000, a 2%

decrease on the rate of 201 per 100,000 in 2004. This follows a 4% decrease between 2003 and 2004 and represents the lowest rate recorded by the Registry in the four years of near national coverage. It is premature to conclude that there is a decreasing trend. However, there is no evidence that the rate of deliberate self harm presentations to hospital in the Republic of Ireland is increasing.

The national male and female rates of deliberate self harm in 2005 were 167 and 230 per 100,000, respectively. The female rate was therefore 37% higher than the male rate in 2005, a similar gender difference to that observed in 2004. Consistent with the findings in previous years, deliberate self harm was largely confined to the younger age groups. Almost half of all presentations (46%) were by people under 30 years of age and 87% were by people aged less than 50 years. The peak rate for women in 2005 (as in previous years) was in the 15-19 years age group, at 606 per 100,000. Thus, one in every 165 Irish adolescent girls was treated in hospital in 2005 as a result of deliberate self harm. Among men, those in the 20-24 years age group were at highest risk, with a rate of 392 per 100,000.

The incidence of deliberate self harm exhibited marked variation by geographic area. The highest rate was in the HSE Dublin / North East Region, 21% and 27% higher than the national rate for men and women, respectively. The HSE West Region had the lowest rate, 16% lower than the national rate for men and 19% lower for women. City rates of deliberate self harm

generally exceeded those of the counties, particularly for men. When county populations were disaggregated to urban and rural district populations, the incidence of deliberate self harm was considerably higher in urban settings.

As in previous years, repeat presentations to hospital due to deliberate self harm represented a significant problem. In 2005, 21% of all deliberate self harm presentations were due to repeat acts, similar to the findings for 2004 (22%), 2003 (21%) and 2002 (19%). The proportion of deliberate self harm patients who made at least one repeat presentation during the calendar year was 14% in 2005. A small proportion (1.1%) of patients made at least five deliberate self harm presentations to hospital in 2005. However, these patients accounted for 7.3% of all deliberate self harm presentations in the country.

Drug overdose was the commonest method of self harm, involved in 76% of all acts registered in 2005. This was more striking in women (82%) than in men (67%). Self-cutting was the second commonest method of self harm, used in one in five cases (21%) and significantly more often by men (25%) than by women (17%). Self-cutting was associated with increased risk of repetition. Approximately one in five (19%) of individuals who presented as a result of self-cutting made a repeat presentation in 2005 as compared to 13% of those who presented due to an intentional drug overdose. There was evidence of alcohol consumption in 41% of all episodes of deliberate self harm registered in 2005 and this was more often the case for men (46%) than

women (38%). These levels are similar to those reported for previous years and continue to highlight the strong association between alcohol consumption and suicidal behaviour. Alcohol may be one of the factors underlying the pattern of presentation with deliberate self harm by time of day and day of week. Presentations peak in the hours around midnight and one-third of all presentations occur on Sundays and Mondays.

Method of self harm was also associated with the next stage of care recommended following treatment in the A&E department. Of all deliberate self harm cases, 14% were admitted for psychiatric inpatient treatment from the A&E department, a further 40% of presentations resulted in admission to a ward of the treating hospital, 2% refused to be admitted, 14% left before next care could be recommended and 31% were discharged following emergency treatment. Thus, the A&E department was the only treatment setting for almost half of all deliberate self harm patients. As one would expect, admission to psychiatric inpatient care directly from the A&E department was most common for cases involving the highly lethal methods of attempted hanging (38%) and attempted drowning (28%). However, a significant minority of such cases (31% of attempted hangings and 27% attempted drownings) were not admitted following emergency treatment. Approximately 10% of drug overdose cases were referred for psychiatric inpatient care from A&E and a further 48% for general hospital inpatient care. Of those presenting with self-cutting, 18% were referred for psychiatric inpatient care and a further 18% were referred for general hospital inpatient care.

The next care recommended to deliberate self harm patients varied significantly by HSE hospital group. Only 13% were admitted to a general hospital ward following presentation to A&E in the HSE Dublin North East Hospitals Group. The admission rate was 22% for the Dublin South Hospitals Group and ranged from 35% to 67% elsewhere. Direct psychiatric admission and discharge from A&E ranged from 6% to 26% and 16% to 50%, respectively. As in previous reports, these findings highlight the variation in the assessment and management of deliberate self harm patients in the Republic of Ireland. The National Office for Suicide Prevention has commissioned research to further investigate this phenomenon.

In 2005, Reach Out, the ten-year National Strategy for Action on Suicide Prevention, was launched and the National Office for Suicide Prevention was established. In 2006, Protect Life, the Northern Ireland Suicide Prevention Strategy and Action Plan, was launched. The latter report contains a commitment to develop a mechanism for monitoring deliberate self harm attendances at A&E departments in Northern Ireland. The National Suicide Research Foundation is working with colleagues in the North of Ireland to monitor hospital presentations following self harm on an all Ireland basis. Thus, there is now a realistic possibility of monitoring the impact of suicide prevention strategies in both the Republic of Ireland and Northern Ireland on the occurrence of deliberate self harm.

RECOMMENDATIONS

- The ongoing high rates of deliberate self harm in Ireland reflect the high level of psychological and psychiatric morbidity in the population. This highlights the need for a comprehensive national mental health awareness campaign as envisaged by the National Office for Suicide Prevention.
- Given the high rates of deliberate self harm in adolescents aged 15 to 19 years, there is a clear need for additional resources from the HSE to support mental health promotion and the provision of specialist mental health services for this age group in line with the recommendations in Vision for Change, the Report of the Expert Group on Mental Health Policy.
- As in previous years, approximately one in five of all presentations in 2005 were due to repeat acts of deliberate self harm. This highlights the need for the development of evidence-based interventions specifically targeting patients who repeatedly engage in deliberate self harm. In particular, there is a need to address repeat presentations with self-cutting by young men.
- Engaging in deliberate self harm is the strongest predictor of future suicidal behaviour, both non-fatal and fatal. The risk of suicide following deliberate self harm in Ireland is not well defined. There is a clear need to develop a satisfactory mechanism of linking National Registry of Deliberate Self Harm data with suicide mortality data. This could be achieved in the context of a national confidential inquiry into suicide and other inquested deaths.
- The National Registry of Deliberate Self Harm provides important baseline data on the incidence of deliberate self harm which will support the evaluation of the National Strategy for Action on Suicide Prevention, Reach Out, which was launched in September 2005. Extension of the core Registry dataset to support evaluation of Reach Out merits consideration.

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Methods

BACKGROUND

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. It has been established, at the request of the Department of Health and Children, by the National Suicide Research Foundation.

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

DEFINITION AND TERMINOLOGY

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

INCLUSION CRITERIA

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

EXCLUSION CRITERIA

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

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

QUALITY CONTROL

The validity of the Registry findings is dependent on the standardised application of the case-definition and inclusion/exclusion criteria. The Registry has undertaken a cross-checking exercise in which pairs of data registration officers independently collected data from two hospitals for the same consecutive series of attendances to the accident and emergency department. Initial results from this exercise indicate that there is a very high level of agreement between the data registration officers.

DATA RECORDING

Registry data were collected on pre-printed optically scannable forms. These forms were 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. The vast majority of the data analysed for this report were collected using this method. In 2006, the Registry began recording its data onto laptop computers and transferred the data electronically to the offices of the National Suicide Research Foundation. Data for a relatively small number of the deliberate self harm presentations that were made in 2005 were recorded using this system.

DATA ITEMS

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

Entry number

Each deliberate self harm presentation recorded by the Registry receives a unique entry number.

Initials

Initials of an individual deliberate self harm patient are recorded solely for the purposes of avoiding duplication and ensuring that repeat episodes are recognised. Initials are recorded in an encoded format so as to ensure that an individual cannot be identified.

Gender

Male or female gender is recorded when known.

Date of birth

Date of birth is recorded in an encoded format to further protect the identity of the individual. As well as being used to identify repeat deliberate self harm presentations by the same individual, date of birth is used to calculate age. In the rare cases where the date of birth is not available, age is recorded.

Area of residence

Data registration officers recode patient addresses to the appropriate Electoral Division and this is encoded numerically before being recorded by the Registry.

Date and hour of attendance at hospital

Brought to hospital by ambulance

Method(s) of self harm

The method(s) of self harm are recorded according to the Tenth Revision of the WHO's International Classification of Diseases codes for intentional injury (X60-X84). The main methods are overdose of drugs and medicaments (X60-X64), self-poisonings by alcohol (X65), poisonings which involve the ingestion of chemicals, noxious substances, gases

and vapours (X66-X69) and self harm by hanging (X70), by drowning (X71) and by sharp object (X78). Some individuals may use a combination of methods e.g., overdose of medications and laceration of wrists. In this report, results generally relate to the 'primary method' of self harm. In keeping with standards recommended by the WHO/Euro Study on Suicidal Behaviour, this is taken as the most lethal method employed. As an indicator of severity for acts of self-cutting, the treatment received was recorded when known.

Drugs taken

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

Medical card status

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

Seen by

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

Recommended next care

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

CONFIDENTIALITY

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

ETHICAL APPROVAL

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

REGISTRY COVERAGE

In 2005, deliberate self harm data were collected from each HSE region in the Republic of Ireland (pop: 4,130,500).

There was complete coverage of all adult acute hospitals in the HSE Dublin/ Mid-Leinster Region (pop: 1,208,676) which comprises two HSE National Hospitals Office Groups. Dublin/ Midlands Hospital Group includes Adelaide & Meath including the National Children's Hospital Tallaght, the Midland Regional Hospitals at Mullingar, Portlaoise and Tullamore and Naas General Hospital. The Dublin South Hospitals Group includes St Columcille's Hospital Loughlinstown, St James's Hospital, St Michael's Hospital Dun Laoghaire and another hospital whose ethics committee stipulated that it should not be named in Registry reports. No data were collected from the paediatric A&E department of Our Lady's Hospital for Sick Children Crumlin.

There was complete coverage of all but one of the acute hospitals in the HSE Dublin/ North East Region (pop: 879,745). The region comprises the Dublin North East Hospitals Group and the North Eastern Hospitals Group. The Dublin North East Hospitals Group includes Beaumont Hospital, Children's University Hospital Temple Street, James Connolly Hospital Blanchardstown and Mater Misericordiae University Hospital. Data were only collected from Mater Misericordiae University Hospital relating to deliberate self harm presentations made in October, November and December of 2005. The North Eastern Hospitals Group includes Cavan General Hospital, Louth County Hospital, Monaghan General Hospital, Our Lady of Lourdes Hospital Drogheda and Our Lady's Hospital Navan.

There was complete coverage of all acute hospitals in the HSE South Region (pop: 1,053,606) which comprises the South Eastern and the Southern Hospitals Groups. The South Eastern Hospitals Group includes Our Lady's Hospital Cashel, St Luke's Hospital Kilkenny, South Tipperary General Hospital, Waterford Regional Hospital and Wexford General Hospital. The Southern Hospitals Group includes Bantry General Hospital, Cork University Hospital, Kerry General Hospital, Mallow General Hospital, Mercy University Hospital Cork and Southern Infirmary/Victoria Hospital Cork.

There was complete coverage of the acute hospitals in the HSE West Region (pop: 988,484) which comprises the Mid-Western and the West/ North Western Hospitals Groups. The Mid-Western Hospitals Group includes the Mid-Western Regional Hospitals at Ennis, Limerick and Nenagh and St John's Hospital Limerick. The West/ North Western Hospitals Group includes Letterkenny General Hospital, Mayo General Hospital, Portlinculla Hospital Ballinasloe, Roscommon County Hospital, Sligo General Hospital and University College Hospital Galway.

Thus, in total, deliberate self harm data were collected for the full calendar year of 2005 for 38 acute hospitals. Three months data were collected from one adult A&E department and no data were collected from one paediatric A&E department.

EXTRAPOLATED DATA

Because of incomplete coverage of two acute hospitals in Dublin, we had to extrapolate from the recorded data in order to estimate numbers and rates of deliberate self harm. This extrapolation involved applying a weighting of four to the data from the hospital which contributed three months data to the Registry. There was one paediatric A&E department for which no data were collected in 2005. We had information on the total number of A&E attendances to this hospital and to the other two hospitals with paediatric A&E departments. Based on the ratio of deliberate self harm presentation to all A&E attendances in the two participating paediatric A&E departments, we estimated the number of deliberate self harm presentations to the non-participating paediatric A&E department. The number of individuals who presented with deliberate self harm was estimated by applying the same ratio to the number of individuals that presented to the two participating paediatric hospitals.

POPULATION DATA

As far as possible, the Public Health Information System (PHIS) population estimates for 2005 were utilised. These estimates provide age-sex-specific population data for the country and for counties. From the PHIS 2005 population estimates for the counties of Cork, Dublin, Galway, Limerick and Waterford, estimates were derived for the

constituent city, county borough and rest of county populations based on the proportions of the county populations in these areas according to the National Census 2002. Population estimates were similarly derived for the north and south of Dublin city in order to estimate the population of the HSE Dublin/ Mid-Leinster and HSE Dublin/ North East Regions. For urban/rural district populations, National Census 2002 population data were utilised.

CALCULATION OF RATES

Deliberate self harm rates were calculated based on the number of persons resident in the relevant area who engaged in deliberate self harm irrespective of whether they were treated in that area or elsewhere.

Crude and age-specific rates per 100,000 population were calculated by dividing the number of persons who engaged in deliberate self harm (n) by the relevant population figure (p) and multiplying the result by 100,000, i.e. $(n / p) * 100,000$.

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

Crude, age-specific and EASRs of suicide were calculated as described above. In order to contrast patterns of deliberate self harm with those of suicide, the latter was analysed over the most recent five-year period for which data were available. These data comprised deaths that occurred in the years 2000-2004 that were registered as suicide by the Central Statistics Office. The longer time span was taken because of the relative infrequency of suicide. Suicide rates were estimated for each of the four HSE regions. For Dublin City suicide deaths, it was not possible to separate those from the north and south of the city. A weighting

was calculated based on the distribution of the population between the two sides of the city and this was used in the calculation of the estimated suicide rate for the HSE Dublin/ Midlands Region (which contains Dublin City South) and the HSE Dublin/ North East Region (which contains Dublin City North).

A NOTE ON SMALL NUMBERS

Calculated rates that are based on less than 20 events are an inherently unreliable measure of the underlying rate. In addition, suicide and deliberate self harm 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 the two rates differ statistically significantly. The difference between the rates is calculated. The 95% confidence interval for this rate difference (rd) ranges from $rd - 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ to $rd + 2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$. If the rates were expressed per 100,000 population, then $2\sqrt{(n_1 / p_1^2 + n_2 / p_2^2)}$ must be multiplied by 100,000 before being added to and subtracted from the rate difference. If zero is outside of the range of the 95% confidence interval, then the difference between the rates is statistically significant.

Acknowledgements

The following is the team of people who collected the data that formed the basis of this Annual Report. Their efforts are greatly appreciated. We would particularly like to acknowledge Ms Caroline McTurk who sadly died.

HSE Dublin/ Midlands Region

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Diarmuid O'Connor
Laura Smith

HSE Dublin/ North East Region

Grace Boon
Bernadette Connolly
Alison Digney
Laura O'Connell
Adrienne Timmons

HSE South Region

Breda Brennan
Ursula Burke
Karen Twomey
Una Walsh

HSE West Region

Sharon Kelly
Sally Lynch
Catherine Murphy
Mary Nix
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This report has been compiled by Paul Corcoran and Laura O'Connell with supervision, support and input from Ivan J Perry, Ella Arensman, Helen S Keeley, Eileen Williamson and the Registry data registration officers.

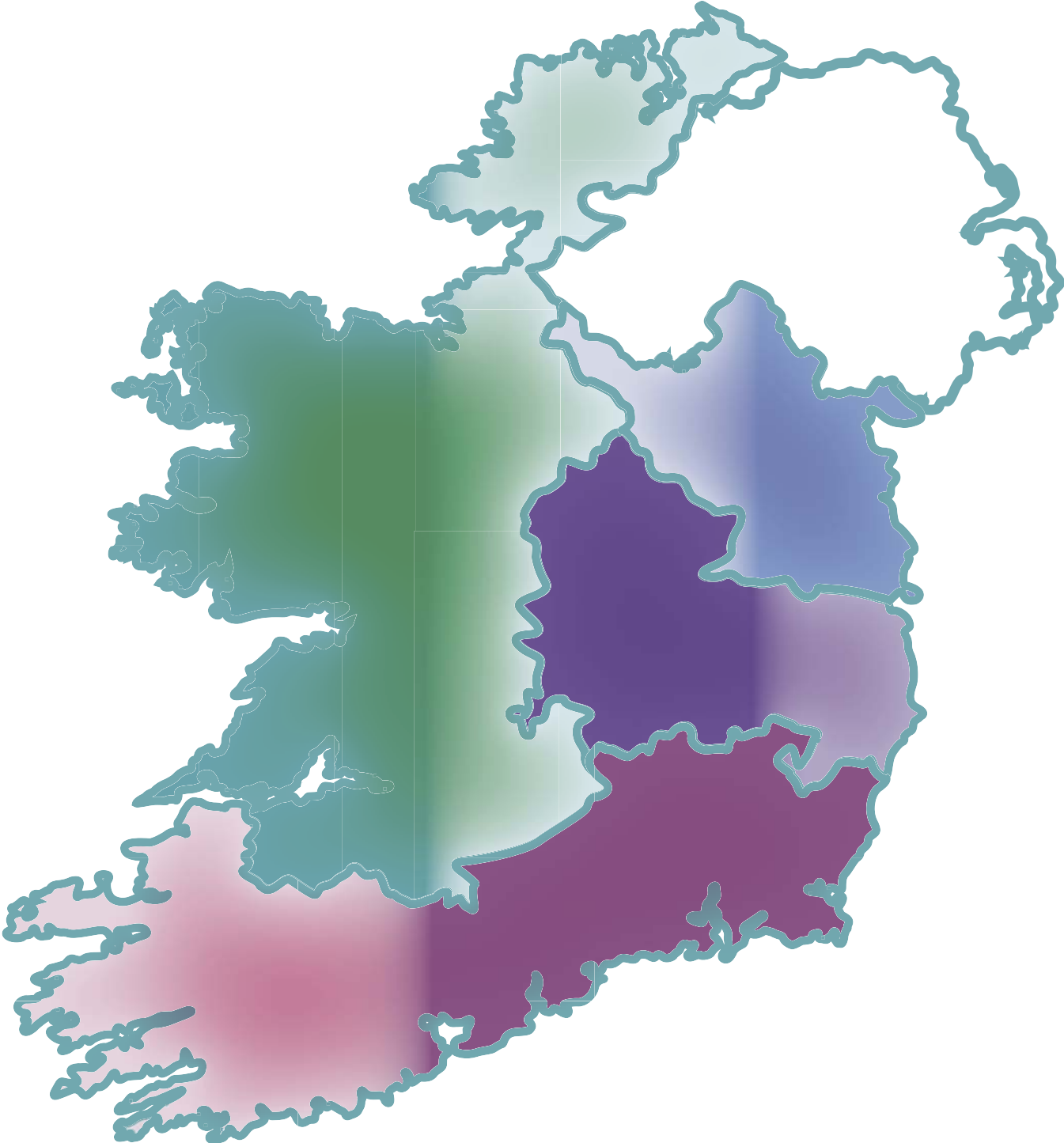
National Registry of Deliberate Self Harm Ireland

DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND

NATIONAL SUICIDE RESEARCH FOUNDATION



Deliberate Self Harm in the Republic of Ireland



I. Hospital Presentations

Over the period from 1 January to 31 December 2005 the Registry recorded 10,262 deliberate self harm presentations to hospital that were made by 8,160 individuals. Extrapolating to account for the incomplete coverage of one general and one paediatric acute hospital indicates that there were 10,789 deliberate self harm presentations by 8,594 individuals in the country as a whole. Thus, the number of deliberate self harm presentations fell by 3% from 2004 while the number of persons involved decreased by less than 1%. Table 1 summarises the changes in the number of presentations and persons for the Registry's four years of near complete national coverage. While there have been marginal decreases in the past two years, the numbers are relatively stable overall.

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following deliberate self harm in 2005 was 198 (95% Confidence Interval (CI): 193 to 202) per 100,000, a 2% decrease on the equivalent rate of 201 (95% CI: 197 to 206) per 100,000 in 2004. The incidence of deliberate self harm in Ireland is examined in detail in Part II of this section of the Annual Report.

The numbers of deliberate self harm episodes treated in the Republic of Ireland by HSE region, hospitals group, age and gender are given in Appendix 1. Of the 10,262 recorded presentations in 2005, 4,456 (43%) were made by 3,489 men and 5,804 (57%) were made by 4,669 women (gender was unknown in two cases). Deliberate self harm episodes were generally confined to the younger age groups. Almost half of all presentations (46%) were by

Year	Presentations		Persons	
	Number	% diff	Number	% diff
2002	10,537	-	8,421	-
2003	11,204	+6%	8,805	+5%
2004	11,092	-1%	8,610	-2%
2005	10,789	-3%	8,594	<-1%

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

people under 30 years of age and 87% 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 twice as many acts by women (537 by men and 1,132 by women). A notable exception to this female preponderance was in the 25-34 year age group where there were marginally more episodes by men than by women (1,262 by men and 1,241 by women).

Two-hundred and eighty-three (2.8%) of the 10,262 episodes of deliberate self harm were by residents of homeless hostels and people of no fixed abode, 159 (1.5%) by hospital inpatients and 37 (0.4%) by prisoners. These figures represent decreases on the respective figures of 326, 253 and 59 in 2004. The proportion of deliberate self harm presentations due to these groups varied across the country. Residents of homeless hostels and people of no fixed abode accounted for 4% of all presentations in the Dublin South, Southern and West/ North Western Hospitals Groups. Hospital inpatients accounted for 3% of all presentations in Dublin South, North Eastern and South Eastern Hospitals Groups.

DELIBERATE SELF HARM BY HSE HOSPITALS GROUP

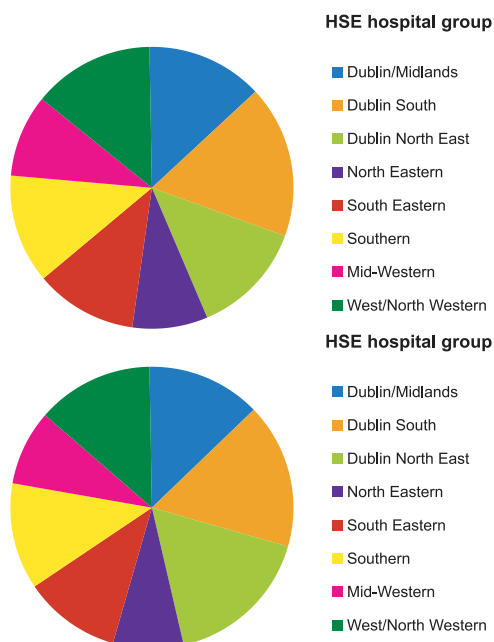


Figure 1: The distribution of episodes between HSE hospitals groups. The upper chart illustrates the distribution arising from the Registry’s actual monitoring of the hospitals. An extrapolation accounting for the incomplete data from two hospitals is incorporated into the lower chart.

Deliberate self harm presentations recorded by the Registry were evenly distributed between the HSE’s eight hospital groups. Adjusting for the extrapolated estimates, the proportion of cases treated by the hospital groups ranged from 8% in the North Eastern, to 9% in the Mid-Western, 11% in the South Eastern, 12% in the Southern, 13% in the Dublin/ Midlands, 14% in the West/ North Western, 16% in the Dublin South and 17% in the Dublin North East.

Based on figures acquired from the HSE National Hospitals Office and the individual hospitals, deliberate self harm accounted for 0.88% of total attendances to accident and emergency services in the country. This percentage of attendances accounted for by deliberate self

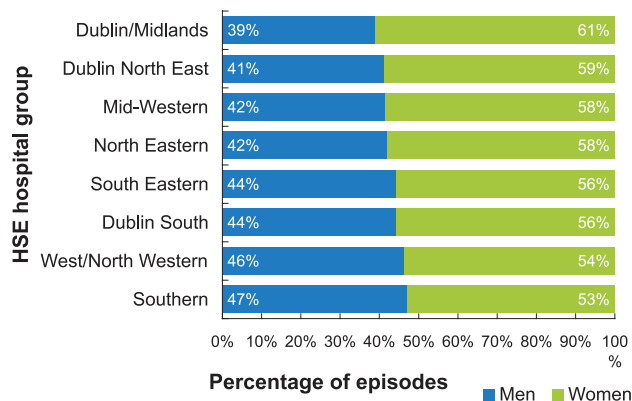


Figure 2: Gender balance of deliberate self harm episodes treated by HSE hospitals group.

harm varied by HSE hospitals group from 0.74% in the Dublin/ Midlands, to 0.79% in the South Eastern, 0.81% in the Southern, 0.83% in the North Eastern and West/ North Western, 0.88% in the Mid-Western, 0.97% in the Dublin North East and 1.47% in the Dublin South.

The gender balance of recorded episodes (at 43% men to 57% women) varied by hospitals group (Figure 2). Deliberate self harm presentations by women always outnumbered those by men. This was most pronounced in the Dublin/ Midlands and Dublin North East Hospitals Groups and least pronounced in the West/ North Western and Southern Hospitals Groups.

EPISODES BY TIME OF OCCURRENCE

Variation by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	381	296	366	319	395	353	389	404	327	432	353	364	4379
Women	509	406	570	449	552	422	493	500	442	502	443	437	5725
Total	890	702	936	768	947	775	882	905	769	935	796	801	10106*

* Gender was unknown for a case in August and October. Data from the hospital monitored for three months of the year are excluded.

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

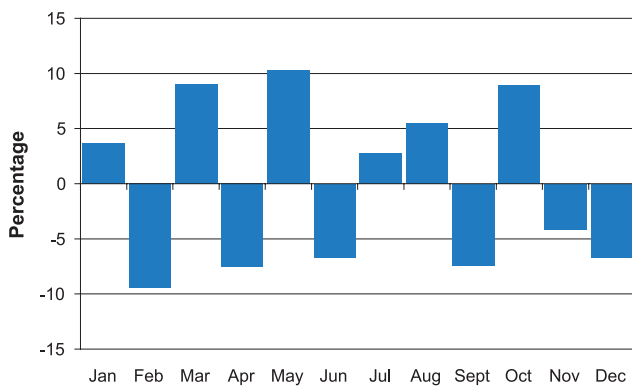


Figure 3: Percentage difference between the observed and expected number of deliberate self-harm presentations by month.

The monthly average number of deliberate self-harm presentations to hospitals monitored in 2005 was 842. Accounting for the number of days in each calendar month, a pattern was evident across the year whereby a month with more deliberate self-harm presentations than expected was generally followed by a month with fewer presentations than expected and vice versa. The peaks in self-harm presentations by men and women were in October (+16%) and March (+17%), respectively. There were 10% fewer female presentations than average during the months of June and December. Men had their lowest rate of presentations in February (-12%).

Variation by Day

	Monday	Tuesday	Wed'day	Thursday	Friday	Saturday	Sunday	Total
Men	704 (15.8%)	570 (12.8%)	602 (13.5%)	560 (12.6%)	645 (14.5%)	662 (14.9%)	713 (16.0%)	4456 (100%)
Women	982 (16.9%)	774 (13.3%)	707 (12.2%)	757 (13.0%)	765 (13.2%)	837 (14.4%)	982 (16.9%)	5804 (100%)
Total	1686 (16.4%)	1346 (13.1%)	1309 (12.8%)	1317 (12.8%)	1410 (13.7%)	1499 (14.6%)	1695 (16.5%)	10262* (100%)

* Gender was unknown for two Tuesday cases.
Note: On average, each day would be expected to account for 14.3% of presentations

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

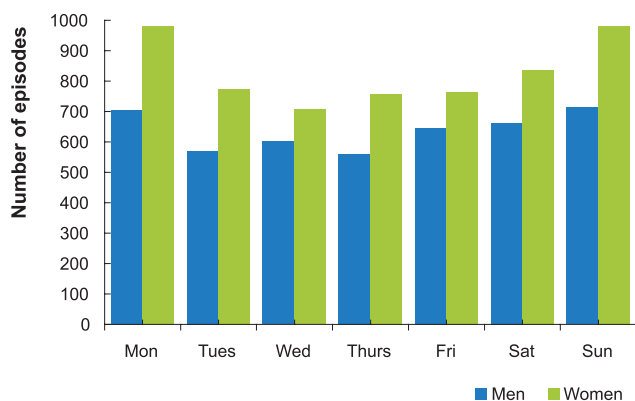


Figure 4: Number of episodes by weekday.

The number of deliberate self harm 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

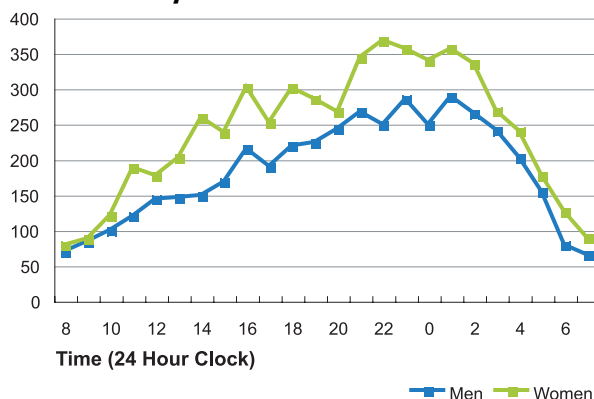


Figure 5: Number of episodes by time of attendance.

There was a striking pattern in the number of deliberate self harm presentations seen over the course of the day. The numbers for both men and women gradually increased during the day and peaked just before midnight with high numbers of presentations continuing 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 (46%) 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 18% of all presentations.

The majority of patients (58%) were brought to hospital by ambulance. The proportion brought by ambulance varied over the course of the day from 51% for presentations between noon and 4pm to 66% for those who presented between midnight and 8am.

METHOD OF DELIBERATE SELF HARM

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Men	2699	36	85	238	135	1091	172	4456
	(60.6%)	(0.8%)	(1.9%)	(5.3%)	(3.0%)	(24.5%)	(3.9%)	(100%)
Women	4421	30	73	103	83	973	121	5804
	(76.2%)	(0.5%)	(1.3%)	(1.8%)	(1.4%)	(16.8%)	(2.1%)	(100%)
Total	7121	66	158	341	218	2064	294	10262*
	(69.4%)	(0.6%)	(1.5%)	(3.3%)	(2.1%)	(20.1%)	(2.9%)	(100%)

* Gender was unknown in one case of drug overdose and one case of the other method of self harm.

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

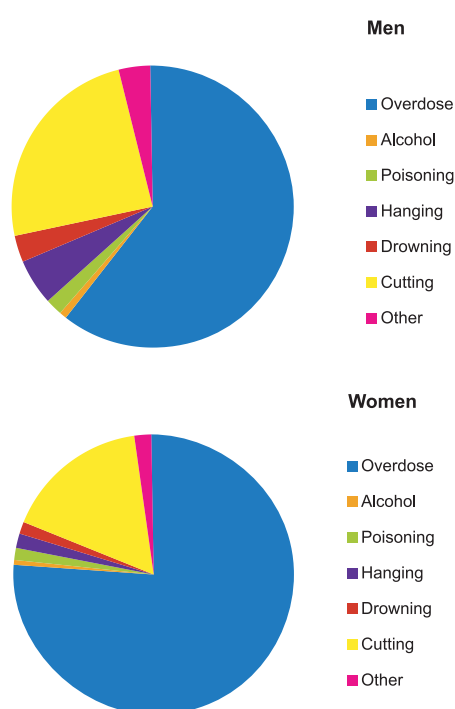


Figure 6: Distribution of the most lethal method of self harm used by gender

More than two thirds (69%) of all deliberate self harm 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 (61% of male episodes and 76% of female episodes). When consideration was also given to overdose as a secondary method, its frequency increased to 76% (7,751) of all cases (67% of male episodes and 82% of female episodes). While rare as a main method of self harm, alcohol was involved in 41% (4,244) of all cases. Alcohol was significantly more common in male deliberate self harm episodes (46%) than in female episodes (38%).

Cutting was the only other common method of self harm, used as the main method in one in five of all cases (20%). Cutting was significantly more common in men (25%) than in women (17%). In 1,653 (78%) of the 2,129 cases that involved self-cutting, the treatment received was recorded. The majority (54%) received steristrips or steribonds, 4% did not require any, one in three (34%) required sutures while 8% were referred for plastic surgery. Men who cut themselves generally required more intensive treatment. They were more than twice as often referred for plastic surgery (11% vs. 4%) while half (49%) required steristrips or steribonds compared to 60% of female self-cutters.

DRUGS USED IN OVERDOSE

The total number of tablets taken was known in 6,173 (80%) of the 7,751 cases of drug overdose. On average, 31 tablets were taken in the episodes of deliberate self harm that involved drug overdose. One quarter of drug overdose acts involved less than 12 tablets, half involved less than 24 tablets and three-quarters involved less than 40 tablets. On average, men took more tablets in overdose acts than women (mean: 34 vs. 30). Figure 7 illustrates the pattern in the number of tablets taken in drug overdose episodes for both genders. Half (50%) of the female episodes and 44% of the male episodes of overdose involved 10-29 tablets. At least 50 tablets were taken by 20% of men as compared to 16% of women.

Figure 8 illustrates the frequency with which the most common types of drugs were used in

overdose. 41% 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 10% of overdoses. Half (50%) of all female overdose acts and 39% of male acts involved an analgesic drug. Paracetamol was the most common analgesic drug taken, being involved in some form in 32% of drug overdose acts. Paracetamol was used significantly more often by women (36%) than by men (26%). One in four acts (23%) of deliberate overdose involved an anti-depressant/mood stabiliser. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 13% of overdose cases. 'Other prescribed drugs' were taken in one in four (25%) of all overdoses which reflects the wide range of drugs taken deliberately in acts of drug overdose.

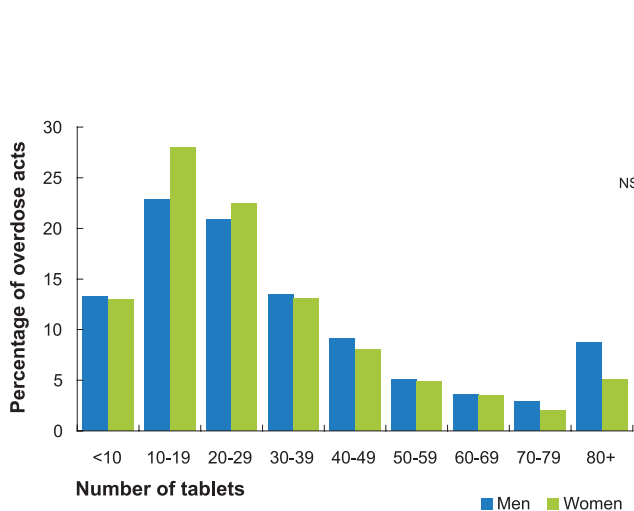
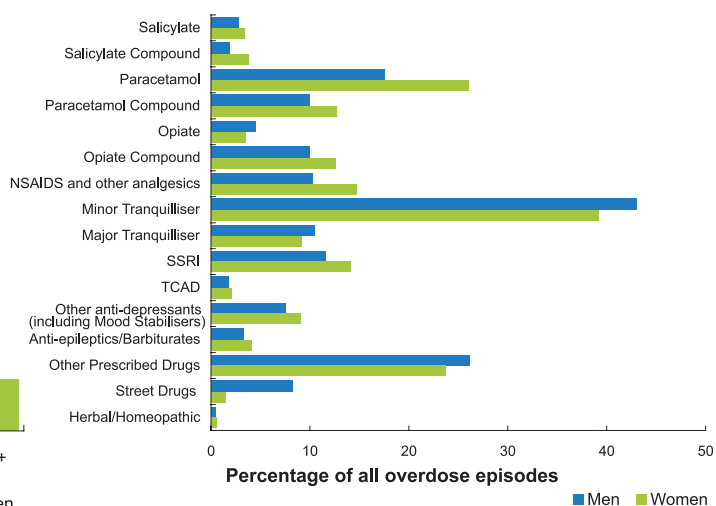


Figure 7: The pattern of the number of tablets taken in male and female acts of drug overdose



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

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

RECOMMENDED NEXT CARE

In 1,381 cases (14%), the patient left the accident and emergency (A&E) department before a next care recommendation could be made. One in eight of these individuals (173, 13%) was known to have left before being treated. Following their treatment in the A&E department, inpatient admission was the next stage of care recommended for 56%, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not. Of all deliberate self harm cases, 40% resulted in admission to a ward of the treating hospital whereas 14% were admitted for psychiatric inpatient treatment from the A&E department. This percentage is an underestimate of the percentage of all deliberate self harm cases admitted for psychiatric inpatient care as some of those admitted to a general hospital ward will be subsequently admitted as psychiatric inpatients. In 2% of cases, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. One third of cases were discharged following treatment in the A&E department.

Next care recommendations varied significantly by gender. Women were more often admitted to a ward of the treating hospital (42% vs. 38%). Men were more likely than women to be admitted to psychiatric inpatient care directly from the A&E department (16% vs. 12%) and to leave the emergency room before a recommendation was made (15% vs. 12%). 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 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, less common after attempted drowning and least common after attempted hanging and self-cutting. The latter finding 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, almost half (47%) were discharged after receiving treatment in the A&E department. The greater the potential lethality of the method of self harm involved, the higher the proportion of cases admitted for psychiatric inpatient care directly from the A&E department.

	Overdose (n=7103)	Alcohol Poisoning (n=66)	Poisoning (n=158)	Hanging (n=340)	Drowning (n=218)	Cutting (n=2048)	Other (n=294)	Total (n=10227*)
General admission	47.7%	25.8%	47.5%	20.6%	30.7%	18.3%	26.2%	39.8%
Psychiatric admission	10.3%	15.2%	19.6%	38.2%	28.4%	17.6%	29.3%	13.8%
Patient would not allow admission	1.8%	4.5%	1.3%	2.6%	1.4%	2.4%	1.7%	2.0%
Left before recommendation	13.5%	22.7%	6.3%	7.9%	12.4%	14.8%	14.3%	13.5%
Not admitted	26.6%	31.8%	25.3%	30.6%	27.1%	46.9%	28.6%	30.9%

* This table does not include 35 cases that were transferred from the A&E of one hospital to the A&E of another.

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

Next care varied significantly by HSE hospitals group. The proportion of deliberate self harm patients who left before a recommendation was made varied from 7% in the South Eastern Hospitals Group to 20% in the Dublin South Hospitals Group. Across the hospitals groups, inpatient care (irrespective of type and whether patient refused) was recommended for one in three (31%) of the patients treated in the Dublin North East, half (48-50%) in the Dublin/Midlands, Dublin South and Southern, two thirds (63-64%) in the North Eastern and West/ North Western and approximately three quarters in the Mid-Western (72%) and South Eastern (77%). As a corollary to this, the proportions of cases discharged following emergency treatment ranged from 16-17% in the South Eastern and Mid-Western Hospitals Groups to 50% in the Dublin North East Hospitals Groups. The balance of general and psychiatric admissions directly after treatment in the A&E

department differed significantly by hospitals group. Overall, direct psychiatric admission was the more frequent next care in the Dublin South and Dublin North East hospitals groups. In contrast, direct general admissions were approximately ten times more common than direct psychiatric admissions in the North Eastern, South Eastern and Mid-Western Hospitals Groups.

Appendix 2 details the recommended next care for deliberate self harm patients treated at every hospital that contributed data to the Registry. For each hospitals group, there were significant differences between the hospitals in their pattern of next care recommendations. In general, hospitals in and around Dublin had the lowest rates of direct general admission and relatively high rates of direct psychiatric admission and discharge from the A&E department.

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland (n=10227*)
	Dublin/ Midlands (n=1341)	Dublin South (n=1773)	Dublin North East (n=1340)	North Eastern (n=880)	South Eastern (n=1202)	Southern (n=1291)	Mid- Western (n=946)	West/North Western (n=1454)	
General admission	35.3%	21.7%	13.1%	55.3%	67.3%	37.5%	62.7%	45.7%	39.8%
Psychiatric admission	12.8%	25.7%	15.4%	5.7%	7.7%	11.7%	7.0%	15.2%	13.8%
Patient would not allow admission	2.2%	0.9%	2.5%	3.4%	1.9%	1.2%	1.8%	2.5%	2.0%
Left before recommendation	10.4%	19.6%	18.9%	13.2%	6.9%	13.3%	11.4%	11.1%	13.5%
Not admitted	39.2%	32.1%	50.1%	22.4%	16.2%	36.3%	17.1%	25.4%	30.9%

* This table does not include 35 cases that were transferred from the A&E of one hospital to the A&E of another.

Table 6: Recommended next care by HSE hospitals group.

REPETITION OF DELIBERATE SELF HARM

There were 8,160 individuals treated for 10,262 deliberate self harm episodes in the 39 hospitals monitored by the Registry in 2005. This implies that more than one in five (2,102, 20.5%) of all presentations in 2005 were due to repeat acts. Repeat acts accounted for 22.2%, 21.4% and 19.3% of the deliberate self harm presentations to the hospitals monitored by the Registry in 2004, 2003 and 2002, respectively. Of the 8,160 deliberate self harm patients, 1,164 (14.3%) made at least one repeat presentation to hospital during the calendar year. This proportion compares to the 14.9%, 13.8% and 13.0% repetition rates reported for 2004, 2003 and 2002, respectively. At least five deliberate self harm presentations were made by 93 individuals. These repeaters accounted for just

1.1% of all deliberate self harm patients but the 745 presentations they made represented 7.3% of the 10,262 deliberate self harm presentations recorded by the Registry. In the years 2002-2004, such multiple repeaters accounted for 1.4-1.6% of all deliberate self harm patients and 7.8-9.5% of all presentations.

The rate of repetition varied highly significantly according to the main method of self harm involved in the deliberate self harm act (Table 7). Cutting and attempted hanging were associated with increased levels of repetition. One in five of those who used these as their main method of self harm at the time of their index act made at least one subsequent deliberate self harm presentation in 2005.

	Overdose	Alcohol Poisoning	Hanging	Drowning	Cutting	Other	Total
Number of individuals treated	5829	56	126	252	177	1502	8160
Number who repeated	760	11	9	48	19	290	1164
Percentage who repeated	13.0%	19.6%	7.1%	19.0%	10.7%	19.3%	14.3%

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

	HSE Dublin / Mid-Leinster		HSE Dublin / North East		HSE South		HSE West		Republic of Ireland
	Dublin/Midlands	Dublin South	Dublin North East*	North Eastern	South Eastern	Southern	Mid-Western	West/North Western	
Number of individuals treated									
Men	449	605	466	299	420	496	305	518	3489
Women	698	715	650	429	571	599	427	631	4669
Total**	1148	1320	1116	728	991	1096	732	1149	8160
Number who repeated									
Men	61	123	64	51	69	66	52	84	539
Women	93	109	91	63	64	58	69	91	625
Total	154	232	155	114	133	124	121	175	1164
Percentage who repeated									
Men	13.6%	20.3%	13.7%	17.1%	16.4%	13.3%	17%	16.2%	15.4%
Women	13.3%	15.2%	14%	14.7%	11.2%	9.7%	16.2%	14.4%	13.4%
Total	13.4%	17.6%	13.9%	15.7%	13.4%	11.3%	16.5%	15.2%	14.3%

* The figures for the Dublin North East Hospitals Group will slightly underestimate the repetition rate as one of its hospitals contributed data to the Registry for only three months of 2005.
 ** There were two individuals whose gender was unknown.

Table 8: Repetition by gender and HSE hospitals group.

The rate of repetition was higher in men (539/3,489, 15.4%) than in women (625/4,669, 13.4%). Repetition varied significantly by age. One in ten (10%) deliberate self harm patients aged under 15 years re-presented with self harm in 2005. The proportion who repeated increased with increasing age and was highest, at 17%, for 35-54 year-olds. The repetition rate fell sharply after that age. Just 4% of patients aged over 65 years made a repeat presentation in 2005.

Repetition rates varied significantly by HSE hospitals group. As in 2004, the lowest rate, at 11.3%, was among deliberate self harm patients treated in the Southern Hospitals Group, statistically significantly lower than the rate in the rest of the country. The highest repetition rate were 16.5% for patients treated in the Mid-Western Hospitals Group and 17.6% for patients treated in the Dublin South Hospitals Group, the latter being statistically significantly higher than in the rest of the country. In the Dublin South and South Eastern Hospitals Groups, the male repetition rate was significantly higher than the female rate.

Appendix 3 details the repetition rate for male, female and all patients treated at the 39 hospitals that contributed data to the Registry in 2005. Caution should be taken in interpreting the repetition rates associated with the smaller hospitals as the calculations may be based on small numbers of patients and hence percentages may be misleading. Considering the larger hospitals, repetition rates at least three percentage points greater than the national rate (14.3%) were recorded for eight hospitals: Naas General Hospital (17.8%), St James's Hospital (18.1%), Other (18.2%), Cavan General Hospital (17.4%), Our Lady's Hospital, Navan (17.8%), Mid-Western Regional Hospital, Limerick (17.8%), Mayo General Hospital (19.8%) and Roscommon County Hospital (21.2%). Four of the relatively large hospitals were associated with a repetition rate at least three percentage points lower than the national rate: Midland Regional Hospital, Mullingar (11.0%), Midland Regional Hospital, Tullamore (6.5%), Wexford General Hospital (11.2%) and Cork University Hospital (10.1%).

SUICIDE

In the five year period 2000-2004, 2,473 deaths occurred in the Republic of Ireland that were registered as suicides by the Central Statistics Office. Men and women accounted for 2,003 (81.0%) and 470 (19.0%) of these deaths, respectively. This yields a male/female suicide ratio of 4.3 to one. The average number of suicide deaths per year was 401 for men and 94 for women. Based on the extrapolated deliberate self harm figures for the country, annually, there are approximately 12 episodes of deliberate self harm for every death by suicide amongst men and approximately 65 episodes of deliberate self harm for every death by suicide amongst women.

METHOD OF SUICIDE

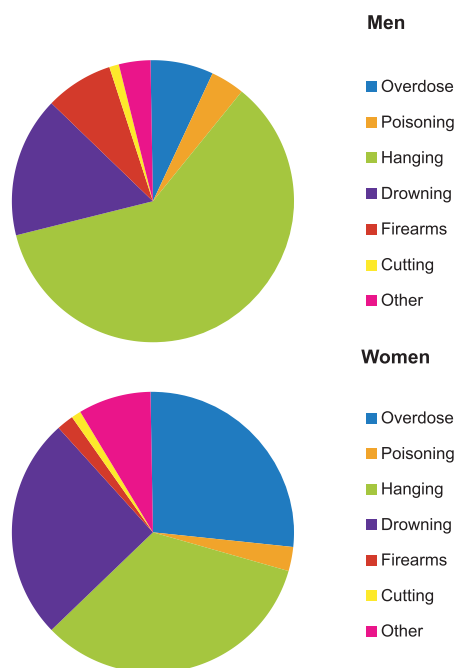


Figure 9: The method of suicide for men and women.

The method employed in suicide contrasted with those used in episodes of deliberate self harm. The more lethal methods of hanging and drowning were more dominant, especially for men. Three-quarters of male suicides involved either hanging (60%) or drowning (16%). No other method of suicide was common among men. Hanging (33%), drowning (26%) and drug overdose (27%) were almost equally common as methods of female suicide. These methods accounted for 86% of all female suicide deaths.

II. Incidence Rates

Over the period from 1 January to 31 December 2005, the Registry recorded 10,262 deliberate self harm presentations to hospital that were made by 8,160 individuals. Extrapolating to account for the incomplete data from two hospitals indicated that there were 10,789 deliberate self harm presentations by 8,594 individuals in the country as a whole. Based on these data, the Irish person-based crude and age-standardised rates of deliberate self harm were 208 (95% CI: 204 to 213) and 198 (95% CI: 193 to 202) per 100,000, respectively. Thus, the age-standardised rate in 2005 was 2% lower than it was in 2004 (201 per 100,000) which itself was 4% lower than in 2003. The rate difference between 2005 and 2004 was -3 (95% CI: -10 to 3) per 100,000 indicating that the difference was not statistically significant.

Year	Rate	% diff	Rate	% diff	Rate	% diff
2002	167	-	237	-	202	-
2003	177	+7%	241	+2%	209	+4%
2004	170	-4%	233	-4%	201	-4%
2005	167	-2%	229	-1%	198	-2%

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

VARIATION BY GENDER AND AGE

The person-based age-standardised rate of deliberate self harm for men and women was 167 (95% CI: 161–173) and 230 (95% CI: 223–236) per 100,000, respectively. These male and female rates are 2% and 1% lower than in 2004 respectively. The rate differences between 2005 and 2004 were -3 (95% CI: -12 to 5) per 100,000 for men and -3 (95% CI: -13 to 7) per 100,000 for women. Thus, neither decrease was statistically significant. The female rate of deliberate self harm in 2005 was significantly higher (+37%) than the male rate, the same gender difference as was observed in 2004.

Population figures, the number and rate of persons treated in hospital following deliberate self harm in 2005 and the annual rate of suicide (based on

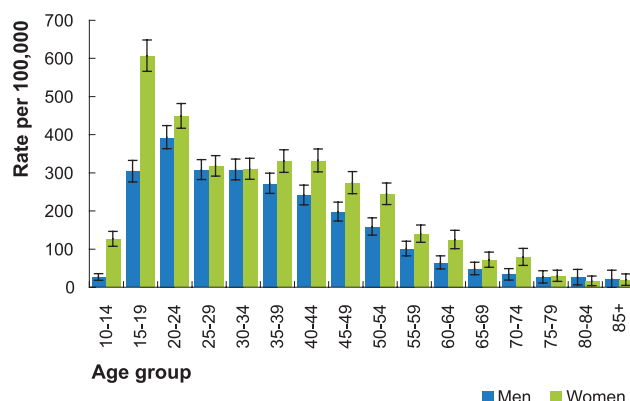


Figure 10: Person-based rate of deliberate self harm in the Republic of Ireland by age and gender.

suicide deaths that occurred in the five years 2000-2004) are given in Appendix 4 by age and gender for persons residing in the Republic of Ireland and for the residents of each of the four HSE regions.

There was a striking pattern in the incidence of deliberate self harm when examined by age. The rates were highest among the young. At 606 per 100,000, down just 1% since 2004, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 165 girls in this age group presented to hospital in 2005 as a consequence of deliberate self harm. The peak rate for men was 392 per 100,000 among 20-24 year-olds, 4% lower than reported for 2004. There were no notable changes in age-specific rates between 2004 and 2005 with the exception of women aged 65-74 years. They experienced an increase of 80% in their rate of deliberate self harm presentation to hospital, albeit that this change was from a low base rate of 41 to 74 per 100,000. The incidence of deliberate self harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at over 300 per 100,000, across the 25 to 44 year age range. After the age of 75 years, the deliberate self harm rate in men and women was very low.

The extent of gender differences in the incidence of deliberate self harm varied with age. The female rate was five times the male rate in 10-14 year-olds and double the male rate in 15-19 year-olds. It was still higher than the male rate in 20-24 year-olds but by a relatively small margin. The rates were almost identical in men and women aged 25-34 years whereas the female rate was significantly higher across the 35-64 year age group.

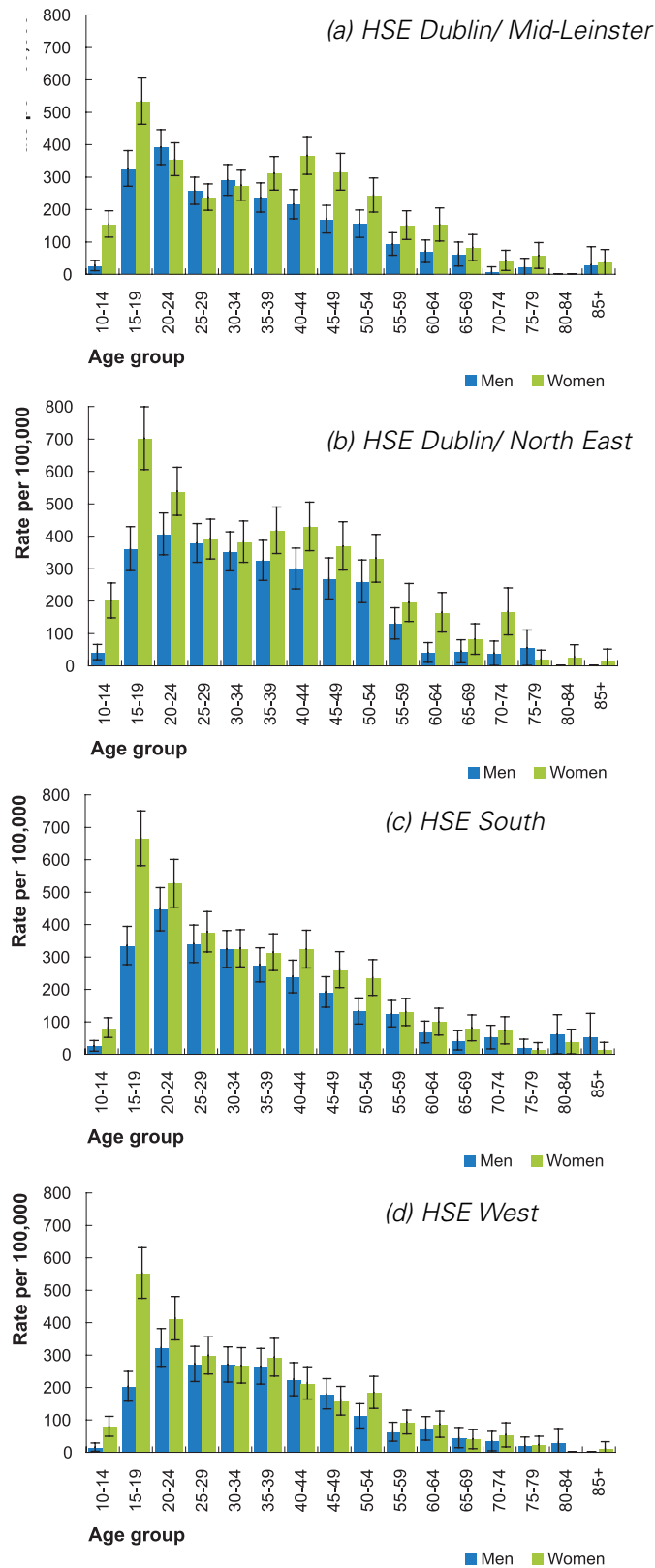


Figure 11: Person-based rate of deliberate self harm by residents of the four HSE regions by age and gender.

Figure 11 shows the pattern of the incidence of deliberate self harm by age and gender for the residents of each of the country's four HSE regions, separately. The pattern was broadly similar to that at national level. The deliberate self harm rate was highest among the young. In all areas, the peak female rate was in 15-19 year-olds. Respectively, their rate was 533 and 551 per 100,000 in the HSE Dublin/Midlands and West Regions, 664 per 100,000 in the HSE South and 701 per 100,000 in the HSE Dublin/North East. Across most age-sex-specific groups, the rate was higher in the HSE Dublin/North East Region. The secondary peak in middle-aged women was most evident in the HSE Dublin/Midlands and Dublin/North East Regions. The peak male rate, while less pronounced, was in the 20-24 year age group in all regions.

There were a number of significant changes in age-sex specific deliberate self harm rates between 2004 and 2005. The increase in the rate among women aged 65-74 years that was noted nationally was observed in each of the four regions. While the numbers involved were limited, their rate increased by 73%, 71%, 128% and 48% in the HSE Dublin/Mid-Leinster, Dublin/North East, South and West Regions, respectively. Additionally, in the HSE Dublin/North East Region, deliberate self harm by men aged 50-59 years increased by 65%, albeit from a relatively low base rate. In the HSE Dublin/Mid-Leinster Region, men aged 15-24 years and women aged 45-54 years experienced 14% and 18% increases, respectively. By contrast, there were 19% and 15% decreases among women aged 15-19 years and 30-49 years in the HSE Dublin/North East and HSE West Regions, respectively.

Deliberate self harm was rare in 10-14 year-olds, particularly for boys. Respectively, the male and female rates were 11.9 and 4.8 times higher in 15-19 year-olds. Thus, the incidence of deliberate self harm increases rapidly over a short age range. This is illustrated in greater detail in Figure 12. It can be seen that deliberate self harm was rare in those aged 12 years and younger. In 13-22 year olds, the female rate of deliberate self harm was significantly higher than the male rate. The increases in the female rate in early teenage years were particularly striking. For each age from 15 through 19 years, the female rate of deliberate self harm was approximately 600 per 100,000 with the peak at 693 per 100,000 for 17 year-olds. Thus, approximately one in every 150 17 year-old girls in Ireland presented to hospital in 2005 having deliberately self harmed.

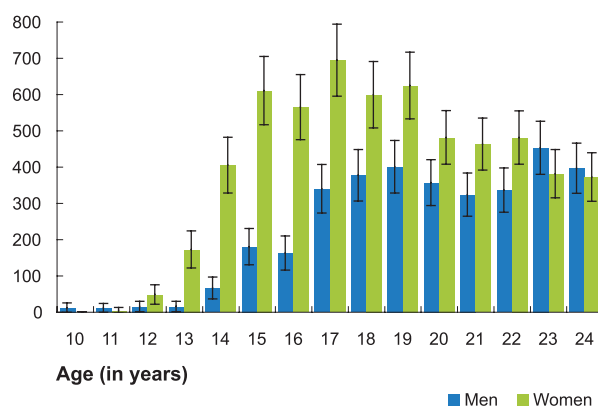


Figure 12: Person-based rate of deliberate self harm in the Republic of Ireland by single year of age for 10-24 year-olds.

In order to compare the age pattern of deliberate self harm with that of suicide, the annual age-specific rate of suicide (based on deaths that occurred in 2000-2004) is illustrated in Figure 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 20-24 year-olds, the age group with the peak rate of deliberate self harm presentations to hospital. For 30-64 year-olds, the male suicide rate fluctuated between 20 and 28 per 100,000. In elderly men, the rate of suicide decreased with increasing age. The age pattern of female suicide did not show any great similarity to that for deliberate self harm as 45-54 year-olds had the highest suicide rate.

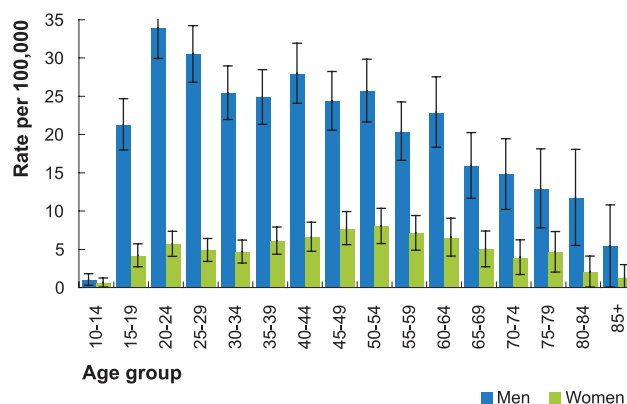


Figure 13: Annual rate of suicide in the Republic of Ireland by age and gender (based on deaths that occurred in 2000-2004).

VARIATION BY AREA

Rates by HSE region

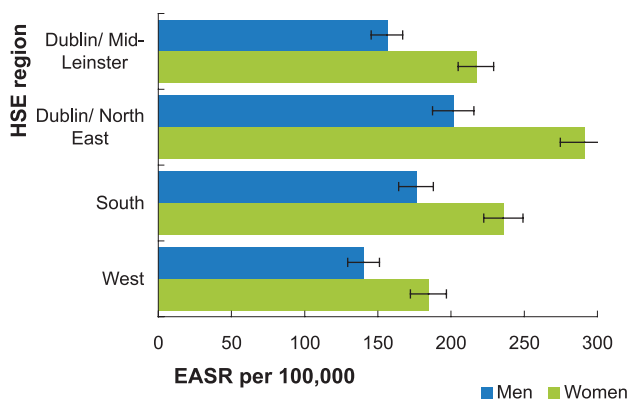


Figure 14: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland by HSE region of residence and gender.

The incidence of deliberate self harm in male and female residents of the HSE Dublin/ North East Region was significantly higher than the national male and female rates of 167 and 230 per 100,000, respectively. In contrast, men and women living in the HSE West Region had significantly lower rates of deliberate self harm. Male and female rates were lower in the Dublin/ Mid-Leinster Region than in the country as a whole but these differences just failed to reach statistical significance.

In each of the four HSE regions, the female rate of deliberate self harm was significantly higher than the male rate. The margin was least marked, at +32% and +34%, for the HSE West and South Regions, respectively. Residents of the HSE Dublin/ Mid-Leinster Region had a 39% higher female rate, similar to the difference in the country as a whole. The gender difference was greatest for residents of the HSE Dublin/North East Region where the female rate was 45% higher than the male rate.

With such a modest decrease observed in the national rate of deliberate self harm by men and women between 2004 and 2005, it is unsurprising that there were no striking changes between the two years when examined for each of the four HSE regions. The only notable change was the 6% decrease in the female rate, from 310 to 292 per 100,000, in the HSE Dublin/ North East Region. This change just failed to be statistically significant and the resulting rate was still significantly higher than the national female rate.

HSE Region	MEN					WOMEN				
	Rate*	95% CI**	Rate difference***	95% CI****	% difference	Rate*	95% CI**	Rate difference***	95% CI****	% difference
Dublin/ Mid-Leinster	156.5	(+/-14)	-11	(+/-12)	-6.3	217.4	(+/-17)	-12	(+/-14)	-5.3
Dublin/ North East	201.8	(+/-12)	35	(+/-15)	+20.7	291.6	(+/-13)	62	(+/-18)	+27.1
South	176.5	(+/-11)	9	(+/-13)	+5.6	236.1	(+/-12)	7	(+/-15)	+2.9
West	140.6	(+/-11)	-27	(+/-12)	-15.9	185.0	(+/-12)	-44	(+/-14)	-19.4
Ireland	167.1	(+/-6)				229.5	(+/-7)			

* Deliberate self harm rate incorporating the extrapolation to adjust for the incomplete data from two hospitals.

** 95% Confidence Interval for the HSE region deliberate self harm rate.

*** Rate difference = HSE region rate – national rate for men and women.

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

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

HSE Region	MEN					WOMEN				
	2005* Rate	2004* Rate	Rate difference	95% CI**	% difference	2005* Rate	2004* Rate	Rate difference	95% CI**	% difference
Dublin/ Mid-Leinster	156.5	158.1	-2	(+/-20)	-1.0	217.4	209.8	8	(+/-24)	3.6
Dublin/ North East	201.8	203.6	-2	(+/-17)	-0.9	291.6	309.9	-18	(+/-19)	-5.9
South	176.5	182.8	-6	(+/-15)	-3.5	236.1	239.4	-3	(+/-18)	-1.4
West	140.6	140.7	0	(+/-15)	-0.1	185.0	189.4	-4	(+/-17)	-2.3
Ireland	167.1	170.4	-3	(+/-8)	-1.9	229.5	232.6	-3	(+/-10)	-1.3

* Deliberate self harm rates incorporating the extrapolations used in 2004 and 2005 to adjust for incomplete coverage of hospitals.

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

Table 11: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland in 2005 and 2004 by HSE region of residence and gender.

RATES BY CITY AND COUNTY

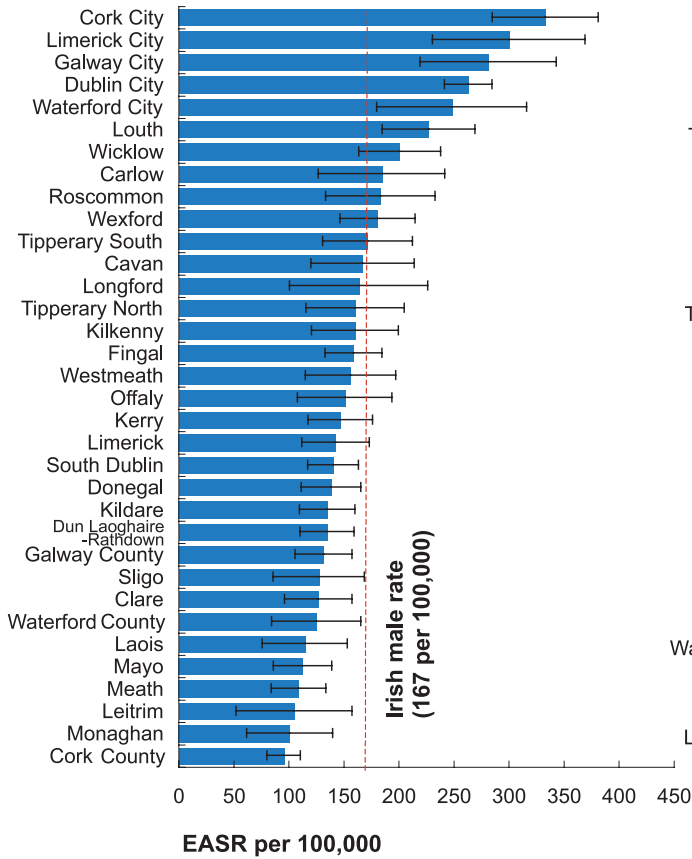


Figure 15a: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland by city/county of residence for men.

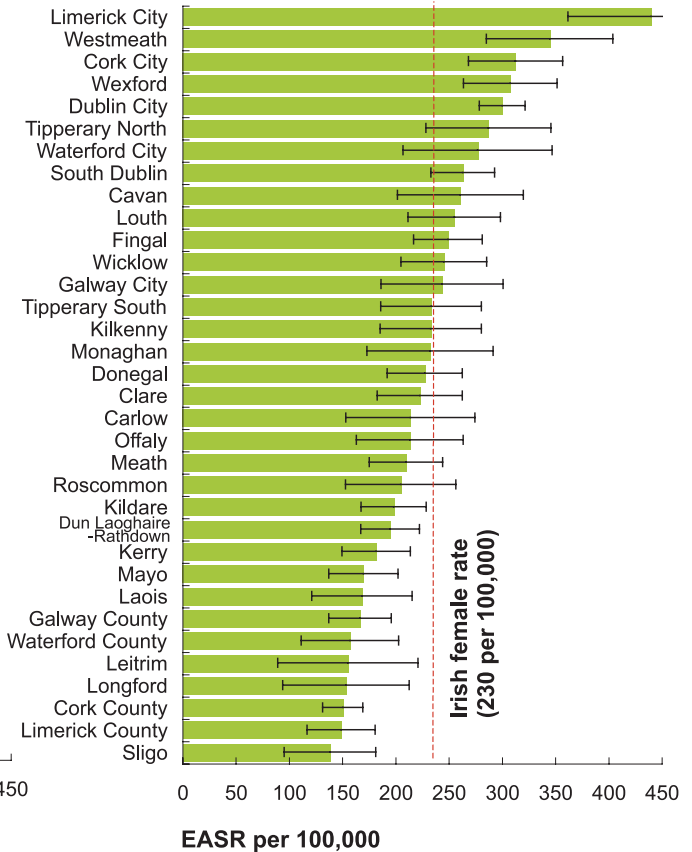


Figure 15b: Person-based European age-standardised rate (EASR) of deliberate self harm in the Republic of Ireland by city/county of residence for women.

There was widespread variation in male and female deliberate self harm rates when examined by city/county of residence. The male rate varied from 96 per 100,000 for Cork County to 333 per 100,000 for Cork City. The lowest and highest female rates were recorded for Sligo and Limerick City residents at 139 and 440 per 100,000, respectively. The highest male and female rates in 2004 were also recorded in the cities of Cork and Limerick, respectively.

Generally at city/county level, the female deliberate self harm rate exceeded the male rate by a margin similar to that for the country as a whole (+37%). The female rate far exceeded the male rate in South Dublin (+87%) and in counties Meath (+92%), Westmeath (+120%) and Monaghan (+130%). The gender difference was reversed in the cities of Cork and Galway and in Longford County where the female rate was actually 6%, 13% and 6% lower than the male rate, respectively.

Above average rates of deliberate self harm were recorded for male and female residents of the cities of Cork (+100% for men, +36% for women), Dublin (+58% for men, +31% for women), Galway (+68% for men, +6% for women), Limerick (+80% for men, +92% for women) and Waterford (+49% for men, +21% for women). Residents of the corresponding counties had far lower rates.

It is the second year that the Registry's coverage of hospitals in Dublin has enabled the incidence of deliberate self harm to be estimated for its constituent city boroughs. As mentioned above, the rates for Dublin city men and women were significantly higher than the equivalent national rates. For residents of Fingal and South Dublin, the female rate was somewhat higher and the male rate was somewhat lower than nationally. The rate of self harm was low for both genders in Dun Laoghaire-Rathdown.

There were some notable changes in deliberate self harm rates at city/county level between 2004 and 2005. The incidence of self harm by men in Dublin City increased by 26% (from 209 to 263 per 100,000). This resulted in Dublin City joining the other four cities in terms of having higher rates of deliberate self harm than all counties in the country. There was also a

significant increase of 41% in male deliberate self harm in Limerick County, from a low rate of 102 per 100,000 to a rate of 143 per 100,000, close to the national rate. While based on limited numbers, Leitrim had the lowest male rate in 2004. The rate more than doubled from 41 to 105 per 100,000 in 2005 but was still a low rate. While not statistically significant, there were notable decreases, from high to average rates, among men in Fingal (from 192 to 159 per 100,000, -17%) and Tipperary North (from 222 to 161 per 100,000, -28%) and from average to low rates among men in South Dublin (from 167 to 141 per 100,000, -16%) and Monaghan (from 157 to 101 per 100,000, -36%).

For women, Limerick City, Westmeath, Cork City, Tipperary North and Waterford City had five of the seven highest rates in 2005, just as they did in 2004 and 2003. There were four statistically significant decreases in city/county rates between the 2004 and 2005: a change from high to average female rates in Fingal (from 321 to 249 per 100,000, -22%), from average to low rates in Longford (from 253 to 154 per 100,000, -39%) and Leitrim (from 266 to 156, -42%) and from below average to low rates in Cork County (from 188 to 151 per 100,000, -20%). There were a number of notable increases though none reached statistical significance. The very high Limerick City female rate increased by 22% from 361 to 440 per 100,000. The female rate in Wexford increased by 20% from 257 to 308 per 100,000, the fourth highest rate in the country at city/county level. There were changes from low to average female rates in the counties of Clare (from 183 to 223 per 100,000, +22%) and Roscommon (from 165, to 205 per 100,000, +24%).

URBAN AND RURAL DISTRICT COMPARISON BY HSE REGION

Figure 16 illustrates the deliberate self harm rate for residents of urban districts and rural districts for each of the four HSE regions. Nationally, the incidence of persons presenting to hospital with deliberate self harm was 359 per 100,000 for residents of urban districts, more than double (+122%) the incidence rate of 143 per 100,000 among residents of rural districts. In each HSE region, the incidence of deliberate self harm was significantly higher in the urban district population. The difference was least pronounced in the HSE West Region where the urban district population had a 77% higher rate. The deliberate self harm rate was 116%, 128% and 136% higher in the urban district populations of the HSE Dublin/ Mid-Leinster, South and Dublin/ North East Regions, respectively.

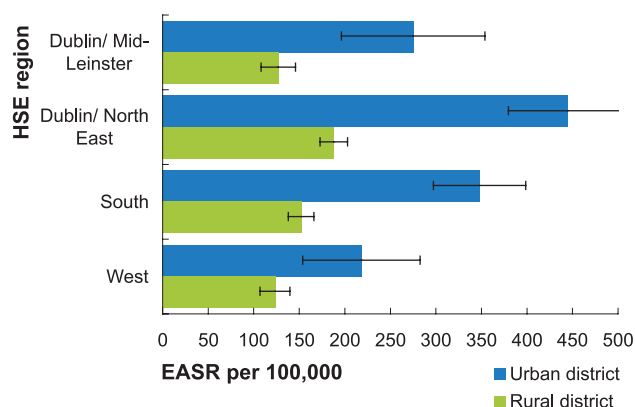


Figure 16: Person-based European age-standardised rate (EASR) of deliberate self harm for urban and rural district residents by HSE region.

APPENDIX 1: HOSPITAL-TREATED EPISODES OF DELIBERATE SELF HARM IN THE REPUBLIC OF IRELAND BY HSE REGIONS AND HOSPITAL GROUPS.

HSE Region Hospital Group	Dublin/ Mid-Leinster				Dublin/ North East				South				West				Republic of Ireland	
	Dublin/ Midlands		Dublin South		Dublin North East		North Eastern		South Eastern		Southern		Mid-Western		West/ North Western		Male	Female
	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	0	0	0	0	0	1
10-14yrs	5	34	2	8	9	39	3	21	0	16	12	11	2	12	4	20	37	161
15-19yrs	82	132	77	128	54	102	44	93	67	145	73	122	39	89	64	160	500	971
20-24yrs	116	116	141	129	96	131	66	77	96	104	117	112	66	74	123	141	821	884
25-29yrs	67	80	121	88	74	87	66	56	99	78	84	78	64	87	86	81	661	635
30-34yrs	76	69	110	98	76	86	53	52	50	61	83	68	61	91	92	81	601	606
35-39yrs	66	86	90	103	57	91	54	59	70	72	52	67	53	50	95	95	537	623
40-44yrs	45	109	93	203	48	78	29	51	55	64	44	74	34	59	76	55	424	693
45-49yrs	18	76	58	78	55	70	23	32	30	45	49	53	28	28	59	47	320	429
50-54yrs	22	54	43	59	56	40	18	31	34	37	34	46	18	33	35	54	260	354
55-59yrs	18	26	19	38	14	25	7	23	17	14	39	23	19	14	14	22	147	185
60-64yrs	4	23	18	28	5	22	2	7	8	16	7	13	7	7	11	11	62	127
65-69yrs	4	7	7	13	4	8	3	4	4	8	4	7	3	3	5	7	34	57
70-74yrs	0	3	1	4	2	6	1	3	4	6	4	4	0	6	6	4	18	36
75-79yrs	0	1	3	8	2	0	1	2	0	0	2	1	0	4	3	2	11	18
80-84yrs	0	0	0	0	0	0	0	2	0	3	3	1	1	0	2	0	6	6
85yrs+	0	1	1	3	0	0	0	0	0	0	1	0	1	1	0	1	3	6
Unknown	0	3	7	2	4	5	1	1	1	0	1	1	0	0	1	0	14	12
Total	523	820	791	990	556	790	371	514	534	669	609	682	396	558	676	781	4456	5804

This table does not include two episodes of deliberate self harm for which gender was unknown.

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

	Adelaide & Meath & National Children's Hospital, Tallaght		Midland Regional Hospital, Mullingar		Midland Regional Hospital, Portlaoise		Midland Regional Hospital, Tullamore		Naas General Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	21	<5	6	0	0	0	<5	<5	<5
15-19yrs	33	51	8	26	8	13	9	14	24	28
20-24yrs	52	38	12	29	13	7	9	14	30	28
25-34yrs	50	64	19	29	10	12	27	10	37	34
35-44yrs	40	82	21	25	9	15	11	14	30	59
45-54yrs	14	50	<5	29	<5	6	<5	9	20	36
55-64yrs	12	22	<5	9	<5	<5	<5	<5	<5	12
65yrs+	<5	<5	0	<5	0	<5	0	<5	<5	<5
Unknown	0	<5	0	0	0	0	0	<5	0	<5
Total	205	333	67	155	43	57	61	72	147	203

This table does not include one episode of deliberate self harm for which gender was unknown.

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

	St Columcille's Hospital, Loughlinstown		St James's Hospital		St Michael's Hospital, Dun Laoghaire		Other	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	<5	<5	0	0	0	<5
15-19yrs	25	41	34	47	<5	6	16	34
20-24yrs	51	37	54	58	5	<5	31	32
25-34yrs	63	41	121	95	0	5	47	45
35-44yrs	37	63	106	189	5	6	35	48
45-54yrs	20	49	53	49	<5	<5	26	35
55-64yrs	5	16	24	33	<5	<5	7	14
65yrs+	0	<5	9	12	0	<5	<5	11
Unknown	<5	0	6	<5	0	0	0	0
Total	203	254	408	488	15	27	165	221

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

	Beaumont Hospital		Children's University Hospital, Temple Street		James Connolly Hospital, Blanchardstown		Mater Misericordiae University Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	8	7	23	0	8	0	0
15-19yrs	17	50	<5	7	26	36	8	9
20-24yrs	37	63	0	0	50	52	9	16
25-34yrs	64	81	0	0	58	71	28	21
35-44yrs	55	86	0	0	34	66	16	17
45-54yrs	69	45	0	0	29	55	13	10
55-64yrs	12	21	0	0	<5	24	<5	<5
65yrs+	6	8	0	0	<5	<5	0	<5
Unknown	<5	<5	0	0	<5	<5	0	0
Total	265	365	10	30	204	316	77	79

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

	Cavan General Hospital		Louth County Hospital		Monaghan General Hospital		Our Lady of Lourdes Hospital, Drogheda		Our Lady's Hospital, Navan	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	6	<5	<5	0	<5	<5	11	0	<5
15-19yrs	11	18	8	13	<5	6	16	36	8	20
20-24yrs	20	14	23	18	0	9	14	18	9	18
25-34yrs	19	13	25	17	9	11	37	28	29	39
35-44yrs	10	22	16	19	6	9	35	27	16	33
45-54yrs	11	14	8	11	0	5	14	17	8	16
55-64yrs	<5	5	<5	5	<5	<5	<5	8	<5	9
65yrs+	<5	<5	<5	<5	0	0	<5	5	<5	<5
Unknown	0	0	0	0	0	0	0	0	<5	<5
Total	73	93	86	86	18	44	120	150	74	141

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

	Our Lady' Hospital, Cashel		St Luke's General Hospital, Kilkenny		South Tipperary General Hospital		Waterford Regional Hospital		Wexford General Hospital	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	0	0	6	0	<5	0	<5	0	6
15-19yrs	<5	<5	27	35	6	24	15	38	18	45
20-24yrs	<5	14	35	21	8	16	30	20	21	33
25-34yrs	7	<5	30	32	21	21	44	32	47	51
35-44yrs	6	<5	34	32	27	25	28	39	30	38
45-54yrs	<5	<5	13	27	12	20	19	12	16	21
55-64yrs	0	0	5	7	9	6	8	8	<5	9
65yrs+	0	0	<5	<5	<5	0	<5	9	<5	5
Unknown	0	0	0	0	0	0	0	0	0	0
Total	20	24	145	163	86	113	147	161	136	208

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

	Bantry General Hospital		Cork University Hospital		Kerry General Hospital		Mallow General Hospital		Mercy University Hospital, Cork		Southern Infirmary, Cork	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	<5	<5	5	6	0	0	<5	<5	<5	<5	<5
15-19yrs	<5	<5	19	36	13	29	<5	8	32	37	<5	9
20-24yrs	<5	<5	31	31	25	22	8	12	45	42	7	<5
25-34yrs	12	5	36	37	31	27	7	7	71	64	10	6
35-44yrs	0	<5	30	42	26	27	<5	10	36	58	<5	<5
45-54yrs	<5	10	25	24	17	25	<5	6	29	33	<5	<5
55-64yrs	7	<5	19	8	5	7	<5	<5	12	16	<5	<5
65yrs+	<5	0	5	<5	<5	<5	0	<5	<5	6	<5	0
Unknown	0	0	0	0	0	0	0	<5	0	0	<5	0
Total	30	24	169	186	126	139	25	49	229	260	30	24

This table does not include one episode of deliberate self harm for which gender was unknown.

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

	Mid-Western Regional Hospital, Ennis		Mid-Western Regional Hospital, Limerick		Mid-Western Regional Hospital, Nenagh		St John's Hospital, Limerick	
	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	<5	<5	<5	10	0	<5	0	0
15-19yrs	<5	14	27	60	7	13	<5	<5
20-24yrs	13	12	48	44	<5	15	<5	<5
25-34yrs	24	45	80	104	19	20	<5	9
35-44yrs	13	13	62	73	10	21	<5	<5
45-54yrs	<5	14	38	33	<5	10	<5	<5
55-64yrs	5	5	18	13	<5	<5	<5	0
65yrs+	<5	6	<5	5	<5	<5	0	0
Unknown	0	0	0	0	0	0	0	0
Total	65	110	276	342	46	86	9	20

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

	Letterkenny General Hospital		Mayo General Hospital		Portiuncula Hospital, Ballinasloe		Roscommon County Hospital		Sligo General Hospital		University College Hospital, Galway	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<15yrs	0	6	0	<5	<5	<5	<5	<5	0	<5	<5	9
15-19yrs	7	38	8	21	12	12	7	9	8	21	22	59
20-24yrs	14	23	26	17	13	8	15	13	12	17	43	63
25-34yrs	33	40	20	26	14	19	20	8	18	17	73	52
35-44yrs	39	42	33	25	11	25	13	14	14	14	61	30
45-54yrs	21	25	12	17	15	10	14	14	5	6	27	29
55-64yrs	<5	6	<5	8	<5	<5	<5	<5	<5	<5	14	9
65yrs+	<5	5	5	<5	<5	<5	<5	<5	<5	<5	5	<5
Unknown	0	0	0	0	0	0	0	0	0	0	<5	0
Total	119	185	105	118	68	80	73	64	63	81	248	253

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

	Adelaide & Meath & National Children's Hospital, Tallaght (n=537)	Midland Regional Hospital, Mullingar (n=221)	Midland Regional Hospital, Portlaoise (n=100)	Midland Regional Hospital, Tullamore (n=133)	Naas General Hospital (n=350)
General admission	17.9%	63.3%	48.0%	50.4%	35.1%
Psychiatric admission	9.5%	13.6%	17.0%	12.0%	16.6%
Patient would not allow admission	1.7%	2.3%	13.0%	0.8%	0.6%
Left before recommendation	11%	5.9%	5.0%	6.8%	15.1%
Not admitted	60.0%	14.9%	17.0%	30.1%	32.6%

This table does not include 3 cases that were transferred from the A&E of one hospital to the A&E of another.

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

	St Columcille's Hospital, Loughlinstown (n=452)	St James's Hospital (n=895)	St Michael's Hospital, Dun Laoghaire (n=41)	Other (n=385)
General admission	31.2%	18.2%	34.1%	17.1%
Psychiatric admission	18.6%	26.5%	12.2%	33.5%
Patient would not allow admission	0.2%	1.3%	0%	0.8%
Left before recommendation	10.0%	28.5%	9.8%	11.4%
Not admitted	40.0%	25.5%	43.9%	37.1%

This table does not include 8 cases that were transferred from the A&E of one hospital to the A&E of another.

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

	Beaumont Hospital (n=630)	Children's University Hospital, Temple Street (n=40)	James Connolly Hospital, Blanchardstown (n=518)	Mater Misericordiae University Hospital (n=152)
General admission	31.2%	18.2%	34.1%	17.1%
Psychiatric admission	18.6%	26.5%	12.2%	33.5%
Patient would not allow admission	0.2%	1.3%	0%	0.8%
Left before recommendation	10.0%	28.5%	9.8%	11.4%
Not admitted	40.0%	25.5%	43.9%	37.1%

This table does not include 6 cases that were transferred from the A&E of one hospital to the A&E of another.

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

	Cavan General Hospital (n=165)	Louth County Hospital (n=171)	Monaghan General Hospital (n=62)	Our Lady of Lourdes Hospital, Drogheda (n=270)	Our Lady's Hospital, Navan (n=212)
General admission	59.4%	67.3%	79.0%	40.7%	54.2%
Psychiatric admission	8.5%	0.6%	3.2%	7.4%	6.1%
Patient would not allow admission	1.8%	4.7%	0%	6.3%	0.9%
Left before recommendation	7.9%	14.0%	8.1%	17.8%	12.3%
Not admitted	22.4%	13.5%	9.7%	27.8%	26.4%

This table does not include 5 cases that were transferred from the A&E of one hospital to the A&E of another.

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

	Our Lady' Hospital, Cashel (n=44)	St Luke's General Hospital, Kilkenny (n=308)	South Tipperary General Hospital (n=198)	Waterford Regional Hospital (n=308)	Wexford General Hospital (n=344)
General admission	6.8%	76.3%	80.8%	43.5%	80.5%
Psychiatric admission	38.6%	2.9%	6.6%	12.7%	4.1%
Patient would not allow admission	6.8%	2.3%	1.5%	1.6%	1.5%
Left before recommendation	4.5%	4.9%	7.1%	9.4%	6.7%
Not admitted	43.2%	13.6%	4.0%	32.8%	7.3%

This table does not include 1 case that were transferred from the A&E of one hospital to the A&E of another.

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

	Bantry General Hospital (n=54)	Cork University Hospital (n=355)	Kerry General Hospital (n=265)	Mallow General Hospital (n=74)	Mercy University Hospital, Cork (n=489)	Southern Infirmary, Cork (n=54)
General admission	63.0%	55.8%	32.1%	79.7%	20.4%	14.8%
Psychiatric admission	20.4%	4.2%	23.0%	5.4%	10.6%	14.8%
Patient would not allow admission	3.7%	0%	3.4%	1.4%	0.4%	1.9%
Left before recommendation	1.9%	6.2%	8.7%	4.1%	22.9%	20.4%
Not admitted	11.1%	33.8%	32.8%	9.5%	45.6%	48.1%

This table does not include 1 case that were transferred from the A&E of one hospital to the A&E of another.

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

	Mid-Western Regional Hospital, Ennis (n=174)	Mid-Western Regional Hospital, Limerick (n=618)	Mid-Western Regional Hospital, Nenagh (n=131)	St John's Hospital, Limerick (n=23)
General admission	68.4%	58.4%	76.3%	56.5%
Psychiatric admission	6.3%	8.4%	2.3%	0%
Patient would not allow admission	2.3%	1.8%	0.8%	4.3%
Left before recommendation	4.6%	14.4%	6.9%	8.7%
Not admitted	18.4%	17.0%	13.7%	30.4%

This table does not include 8 cases that were transferred from the A&E of one hospital to the A&E of another.

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

	Letterkenny General Hospital (n=303)	Mayo General Hospital (n=221)	Portiuncula Hospital, Ballinasloe (n=148)	Roscommon County Hospital (n=137)	Sligo General Hospital (n=144)	University College Hospital, Galway (n=501)
General admission	48.8%	56.6%	66.2%	59.9%	28.5%	33.9%
Psychiatric admission	14.5%	20.4%	8.8%	18.2%	11.8%	15.4%
Patient would not allow admission	4.3%	1.4%	2.0%	2.9%	0%	2.8%
Left before recommendation	10.2%	8.6%	11.5%	2.2%	11.1%	15.2%
Not admitted	22.1%	13.1%	11.5%	16.8%	48.6%	32.7%

This table does not include 3 cases that were transferred from the A&E of one hospital to the A&E of another.

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

		Adelaide & Meath & National Children's Hospital, Tallaght	Midland Regional Hospital, Mullingar	Midland Regional Hospital, Portlaoise	Midland Regional Hospital, Tullamore	Naas General Hospital
Number of individuals treated	Men	177	62	39	56	119
	Women	288	129	53	68	161
	Total*	465	191	92	124	281
Number who repeated	Men	26	5	6	5	21
	Women	40	16	5	3	29
	Total	66	21	11	8	50
Percentage who repeated	Men	14.7%	8.1%	15.4%	8.9%	17.6%
	Women	13.9%	12.4%	9.4%	4.4%	18.0%
	Total	14.2%	11.0%	12.0%	6.5%	17.8%

* The gender of one individual was unknown.

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

		St Columcille's Hospital, Loughlinstown	St James's Hospital	St Michael's Hospital, Dun Laoghaire	Other
Number of individuals treated	Men	166	313	12	139
	Women	209	324	25	174
	Total	375	637	37	313
Number who repeated	Men	29	66	5	28
	Women	33	49	4	29
	Total	62	115	9	57
Percentage who repeated	Men	17.5%	21.1%	41.7%	20.1%
	Women	15.8%	15.1%	16.0%	16.7%
	Total	16.5%	18.1%	24.3%	18.2%

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

		Beaumont Hospital	Children's University Hospital, Temple Street	James Connolly Hospital, Blanchardstown	Mater Misericordiae University Hospital
Number of individuals treated	Men	210	9	182	73
	Women	301	28	264	70
	Total	511	37	446	143
Number who repeated	Men	34	2	25	4
	Women	41	6	41	9
	Total	75	8	66	13
Percentage who repeated	Men	16.2%	22.2%	13.7%	5.5%
	Women	13.6%	21.4%	15.5%	12.9%
	Total	14.7%	21.6%	14.8%	9.1%

The figures for Mater Misericordiae University Hospital are based on three months data and therefore underestimate the annual repetition rate.

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

		Cavan General Hospital	Louth County Hospital	Monaghan General Hospital	Our Lady of Lourdes Hospital, Drogheda	Our Lady's Hospital, Navan
Number of individuals treated	Men	61	73	16	96	60
	Women	71	80	42	129	114
	Total	132	153	58	225	174
Number who repeated	Men	8	12	2	18	11
	Women	15	8	2	20	20
	Total	23	20	4	38	31
Percentage who repeated	Men	13.1%	16.4%	12.5%	18.8%	18.3%
	Women	21.1%	10.0%	4.8%	15.5%	17.5%
	Total	17.4%	13.1%	6.9%	16.9%	17.8%

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

		Our Lady' Hospital, Cashel	St Luke's General Hospital, Kilkenny	South Tipperary General Hospital	Waterford Regional Hospital	Wexford General Hospital
Number of individuals treated	Men	15	116	67	116	119
	Women	9	148	98	138	185
	Total	24	264	165	254	304
Number who repeated	Men	6	22	10	21	16
	Women	5	12	16	16	18
	Total	11	34	26	37	34
Percentage who repeated	Men	40.0%	19.0%	14.9%	18.1%	13.4%
	Women	55.6%	8.1%	16.3%	11.6%	9.7%
	Total	45.8%	12.9%	15.8%	14.6%	11.2%

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

		Bantry General Hospital	Cork University Hospital	Kerry General Hospital	Mallow General Hospital	Mercy University Hospital, Cork	Southern Infirmary, Cork
Number of individuals treated	Men	24	146	98	25	194	28
	Women	21	172	123	46	230	21
	Total*	45	318	221	71	425	49
Number who repeated	Men	4	18	18	0	26	6
	Women	4	14	11	3	26	4
	Total	8	32	29	3	52	10
Percentage who repeated	Men	16.7%	12.3%	18.4%	0%	13.4%	21.4%
	Women	19.0%	8.1%	8.9%	6.5%	11.3%	19.0%
	Total	17.8%	10.1%	13.1%	4.2%	12.2%	20.4%

* The gender of one individual was unknown.

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

		Mid-Western Regional Hospital, Ennis	Mid-Western Regional Hospital, Limerick	Mid-Western Regional Hospital, Nenagh	St John's Hospital, Limerick
Number of individuals treated	Men	50	213	41	9
	Women	88	265	73	16
	Total	138	478	114	25
Number who repeated	Men	10	41	5	1
	Women	13	44	10	6
	Total	23	85	15	7
Percentage who repeated	Men	20.0%	19.2%	12.2%	11.1%
	Women	14.8%	16.6%	13.7%	37.5%
	Total	16.7%	17.8%	13.2%	28.0%

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

		Letterkenny General Hospital	Mayo General Hospital	Portiuncula Hospital, Ballinasloe	Roscommon County Hospital	Sligo General Hospital	University College Hospital, Galway
Number of individuals treated	Men	90	70	53	57	61	200
	Women	148	102	66	42	73	207
	Total	238	172	119	99	134	407
Number who repeated	Men	14	19	12	10	8	29
	Women	20	15	7	11	8	35
	Total	34	34	19	21	16	64
Percentage who repeated	Men	15.6%	27.1%	22.6%	17.5%	13.1%	14.5%
	Women	13.5%	14.7%	10.6%	26.2%	11.0%	16.9%
	Total	14.3%	19.8%	16.0%	21.2%	11.9%	15.7%

APPENDIX 4: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE REPUBLIC OF IRELAND.

Age group	Men						Women					
	Deliberate self harm*			Suicide**			Deliberate self harm*			Suicide**		
	Population	Persons	Rate	95% CI***	Rate	95% CI***	Population	Persons	Rate	95% CI***	Rate	95% CI***
0-4yrs	152400	0	0	(+/-0)	0.0	(+/-0)	144900	0	0	(+/-0)	0.0	(+/-0)
5-9yrs	144600	0	0	(+/-0)	0.0	(+/-0)	136600	1	1	(+/-1)	0.0	(+/-0)
10-14yrs	141100	36	26	(+/-9)	1.0	(+/-0.8)	133700	168	126	(+/-19)	0.6	(+/-0.6)
15-19yrs	151400	459	303	(+/-28)	21.3	(+/-3.4)	144600	876	606	(+/-41)	4.1	(+/-1.5)
20-24yrs	171400	672	392	(+/-30)	33.8	(+/-4.0)	169900	761	448	(+/-32)	5.7	(+/-1.6)
25-29yrs	177900	546	307	(+/-26)	30.5	(+/-3.7)	173500	550	317	(+/-27)	4.8	(+/-1.5)
30-34yrs	166200	511	307	(+/-27)	25.4	(+/-3.5)	164000	507	309	(+/-27)	4.6	(+/-1.5)
35-39yrs	154600	419	271	(+/-26)	24.8	(+/-3.6)	151700	500	330	(+/-29)	6.1	(+/-1.8)
40-44yrs	144600	348	241	(+/-26)	27.9	(+/-3.9)	146100	484	331	(+/-30)	6.6	(+/-1.9)
45-49yrs	131500	259	197	(+/-24)	24.3	(+/-3.8)	132300	361	273	(+/-29)	7.7	(+/-2.2)
50-54yrs	122300	193	158	(+/-23)	25.7	(+/-4.1)	120200	293	244	(+/-28)	8.0	(+/-2.3)
55-59yrs	111900	112	100	(+/-19)	20.4	(+/-3.8)	110100	153	139	(+/-22)	7.1	(+/-2.3)
60-64yrs	86600	55	64	(+/-17)	22.9	(+/-4.6)	85800	106	124	(+/-24)	6.5	(+/-2.5)
65-69yrs	69200	33	48	(+/-17)	15.9	(+/-4.3)	72200	51	71	(+/-20)	5.0	(+/-2.4)
70-74yrs	55500	18	32	(+/-15)	14.8	(+/-4.6)	61500	48	78	(+/-23)	3.9	(+/-2.3)
75-79yrs	38800	10	26	(+/-16)	12.9	(+/-5.2)	52200	15	29	(+/-15)	4.6	(+/-2.7)
80-84yrs	23900	6	25	(+/-20)	11.7	(+/-6.3)	39500	6	15	(+/-12)	2.0	(+/-2.0)
85yrs+	14900	3	20	(+/-23)	5.4	(+/-5.4)	32900	6	18	(+/-15)	1.2	(+/-1.7)
Total****	2058800	3680	167	(+/-6)	18.9	(+/-0.9)	2071700	4886	229	(+/-7)	4.6	(+/-0.4)

* Based on the extrapolated deliberate self harm data. Twenty-eight individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths that occurred in 2000-2004.

*** 95% Confidence Interval.

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

APPENDIX 4A: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE DUBLIN / MID-LEINSTER REGION.

Age group	Men						Women											
	Population			Deliberate self harm*			Suicide**			Population			Deliberate self harm*			Suicide**		
	Persons	Rate	95% CI***	Persons	Rate	95% CI***	Rate	95% CI***	Rate	95% CI***	Persons	Rate	95% CI***	Persons	Rate	95% CI***	Rate	95% CI***
0-4yrs	44677	0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)	42401	0	(+/-0)	0	0	(+/-0)	0.0	(+/-0)	0.0	(+/-0)
5-9yrs	41380	0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)	38784	0	(+/-0)	0	0	(+/-0)	0.0	(+/-0)	0.0	(+/-0)
10-14yrs	39579	10	(+/-16)	25	1.5	(+/-1.8)	1.5	(+/-1.8)	37675	58	(+/-40)	154	154	(+/-40)	0.0	(+/-0)	0.0	(+/-0)
15-19yrs	42742	139	(+/-55)	325	15.9	(+/-5.5)	15.9	(+/-5.5)	41489	221	(+/-72)	533	533	(+/-72)	3.4	(+/-2.6)	3.4	(+/-2.6)
20-24yrs	54262	212	(+/-54)	391	25.1	(+/-6.1)	25.1	(+/-6.1)	54925	194	(+/-51)	353	353	(+/-51)	4.4	(+/-2.5)	4.4	(+/-2.5)
25-29yrs	58229	149	(+/-42)	256	22.7	(+/-5.6)	22.7	(+/-5.6)	57105	135	(+/-41)	236	236	(+/-41)	4.2	(+/-2.4)	4.2	(+/-2.4)
30-34yrs	51486	149	(+/-47)	289	18.3	(+/-5.3)	18.3	(+/-5.3)	51205	140	(+/-46)	273	273	(+/-46)	3.5	(+/-2.3)	3.5	(+/-2.3)
35-39yrs	45891	108	(+/-45)	235	22.7	(+/-6.3)	22.7	(+/-6.3)	45804	142	(+/-52)	310	310	(+/-52)	4.8	(+/-2.9)	4.8	(+/-2.9)
40-44yrs	42327	91	(+/-45)	215	18.9	(+/-6.0)	18.9	(+/-6.0)	43037	157	(+/-58)	365	365	(+/-58)	5.6	(+/-3.2)	5.6	(+/-3.2)
45-49yrs	37340	63	(+/-43)	169	21.4	(+/-6.8)	21.4	(+/-6.8)	39361	124	(+/-57)	315	315	(+/-57)	9.1	(+/-4.3)	9.1	(+/-4.3)
50-54yrs	34264	53	(+/-42)	155	23.9	(+/-7.5)	23.9	(+/-7.5)	34951	85	(+/-53)	243	243	(+/-53)	5.7	(+/-3.6)	5.7	(+/-3.6)
55-59yrs	30503	28	(+/-35)	92	15.1	(+/-6.3)	15.1	(+/-6.3)	30673	46	(+/-44)	150	150	(+/-44)	8.5	(+/-4.7)	8.5	(+/-4.7)
60-64yrs	22914	16	(+/-35)	70	14.8	(+/-7.2)	14.8	(+/-7.2)	23636	36	(+/-51)	152	152	(+/-51)	3.4	(+/-3.4)	3.4	(+/-3.4)
65-69yrs	17980	11	(+/-37)	61	7.8	(+/-5.9)	7.8	(+/-5.9)	19759	16	(+/-40)	81	81	(+/-40)	3.0	(+/-3.5)	3.0	(+/-3.5)
70-74yrs	14103	1	(+/-14)	7	5.7	(+/-5.7)	5.7	(+/-5.7)	16960	7	(+/-31)	41	41	(+/-31)	1.2	(+/-2.4)	1.2	(+/-2.4)
75-79yrs	10044	2	(+/-28)	20	6.0	(+/-6.9)	6.0	(+/-6.9)	14171	8	(+/-40)	56	56	(+/-40)	1.4	(+/-2.8)	1.4	(+/-2.8)
80-84yrs	5969	0	(+/-0)	0	3.4	(+/-6.7)	3.4	(+/-6.7)	10847	0	(+/-0)	0	0	(+/-0)	1.8	(+/-3.7)	1.8	(+/-3.7)
85yrs+	3599	1	(+/-56)	28	11.1	(+/-15.7)	11.1	(+/-15.7)	8604	3	(+/-40)	35	35	(+/-40)	0.0	(+/-0)	0.0	(+/-0)
Total****	597288	1033	(+/-11)	157	14.3	(+/-1.4)	14.3	(+/-1.4)	611387	1372	(+/-12)	217	217	(+/-12)	3.7	(+/-0.7)	3.7	(+/-0.7)

* Based on the extrapolated deliberate self harm data. Fifteen individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths that occurred in 2000-2004.

*** 95% Confidence Interval.

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

APPENDIX 4B: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE DUBLIN / NORTH EAST REGION.

Age group	Men						Women												
	Population			Deliberate self harm*			Suicide**			Population			Deliberate self harm*			Suicide**			
	Persons	Rate	95% CI***	Persons	Rate	95% CI***	Rate	95% CI***	Rate	95% CI***	Persons	Rate	95% CI***	Persons	Rate	95% CI***	Rate	95% CI***	
0-4yrs	33571	0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)	31737	0	(+/-0)	0	0.0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)
5-9yrs	30481	0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)	28254	0	(+/-0)	0	0.0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)
10-14yrs	29239	12	(+/-24)	41	0.0	(+/-0)	0.0	(+/-0)	27921	56	(+/-54)	201	1.4	(+/-2.0)	56	1.4	(+/-2.0)	1.4	(+/-2.0)
15-19yrs	31381	113	(+/-68)	360	17.2	(+/-6.6)	17.2	(+/-6.6)	29835	209	(+/-97)	701	4.0	(+/-3.3)	209	4.0	(+/-3.3)	4.0	(+/-3.3)
20-24yrs	39192	159	(+/-64)	406	25.0	(+/-7.1)	25.0	(+/-7.1)	39098	210	(+/-74)	537	7.2	(+/-3.8)	210	7.2	(+/-3.8)	7.2	(+/-3.8)
25-29yrs	42324	160	(+/-60)	378	26.9	(+/-7.1)	26.9	(+/-7.1)	41581	162	(+/-61)	390	5.8	(+/-3.3)	162	5.8	(+/-3.3)	5.8	(+/-3.3)
30-34yrs	38663	136	(+/-60)	352	26.9	(+/-7.5)	26.9	(+/-7.5)	37718	144	(+/-64)	382	3.7	(+/-2.8)	144	3.7	(+/-2.8)	3.7	(+/-2.8)
35-39yrs	33645	109	(+/-62)	324	26.7	(+/-8.0)	26.7	(+/-8.0)	32623	136	(+/-71)	417	4.3	(+/-3.2)	136	4.3	(+/-3.2)	4.3	(+/-3.2)
40-44yrs	30100	90	(+/-63)	299	29.9	(+/-8.9)	29.9	(+/-8.9)	30579	131	(+/-75)	428	5.9	(+/-3.9)	131	5.9	(+/-3.9)	5.9	(+/-3.9)
45-49yrs	26478	71	(+/-64)	268	27.9	(+/-9.2)	27.9	(+/-9.2)	26612	98	(+/-74)	368	4.5	(+/-3.7)	98	4.5	(+/-3.7)	4.5	(+/-3.7)
50-54yrs	23907	62	(+/-66)	259	26.8	(+/-9.5)	26.8	(+/-9.5)	24212	80	(+/-74)	330	9.1	(+/-5.5)	80	9.1	(+/-5.5)	9.1	(+/-5.5)
55-59yrs	22383	29	(+/-48)	130	26.8	(+/-9.8)	26.8	(+/-9.8)	22658	44	(+/-59)	194	6.2	(+/-4.7)	44	6.2	(+/-4.7)	6.2	(+/-4.7)
60-64yrs	17606	7	(+/-30)	40	25.0	(+/-10.7)	25.0	(+/-10.7)	17726	29	(+/-61)	164	7.9	(+/-6.0)	29	7.9	(+/-6.0)	7.9	(+/-6.0)
65-69yrs	13750	6	(+/-36)	44	21.8	(+/-11.3)	21.8	(+/-11.3)	14768	12	(+/-47)	81	6.8	(+/-6.1)	12	6.8	(+/-6.1)	6.8	(+/-6.1)
70-74yrs	10695	4	(+/-37)	37	15.0	(+/-10.6)	15.0	(+/-10.6)	12607	21	(+/-73)	167	3.2	(+/-4.5)	21	3.2	(+/-4.5)	3.2	(+/-4.5)
75-79yrs	7331	4	(+/-55)	55	10.9	(+/-10.9)	10.9	(+/-10.9)	10341	2	(+/-27)	19	7.7	(+/-7.7)	2	7.7	(+/-7.7)	7.7	(+/-7.7)
80-84yrs	4569	0	(+/-0)	0	8.8	(+/-12.4)	8.8	(+/-12.4)	7571	2	(+/-37)	26	0.0	(+/-0)	2	0.0	(+/-0)	0.0	(+/-0)
85yrs+	2574	0	(+/-0)	0	0.0	(+/-0)	0.0	(+/-0)	6015	1	(+/-33)	17	3.3	(+/-6.6)	1	3.3	(+/-6.6)	3.3	(+/-6.6)
Total****	437890	962	(+/-14)	202	19.0	(+/-1.9)	19.0	(+/-1.9)	441856	1337	(+/-17)	292	4.5	(+/-0.9)	1337	4.5	(+/-0.9)	4.5	(+/-0.9)

* Based on the extrapolated deliberate self harm data. Nine individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths that occurred in 2000-2004.

*** 95% Confidence Interval.

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

APPENDIX 4C: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE SOUTH REGION.

Age group	Men						Women					
	Deliberate self harm*			Suicide**			Deliberate self harm*			Suicide**		
	Population	Persons	Rate	95% CI***	Rate	95% CI***	Population	Persons	Rate	95% CI***	Rate	95% CI***
0-4yrs	38669	0	0	(+/-0)	0.0	(+/-0)	36632	0	0	(+/-0)	0.0	(+/-0)
5-9yrs	37243	0	0	(+/-0)	0.0	(+/-0)	36048	1	3	(+/-6)	0.0	(+/-0)
10-14yrs	37043	9	24	(+/-16)	2.2	(+/-2.2)	34888	28	80	(+/-30)	0.0	(+/-0)
15-19yrs	38646	129	334	(+/-59)	29.0	(+/-7.7)	37177	247	664	(+/-85)	3.2	(+/-2.6)
20-24yrs	40353	180	446	(+/-66)	49.1	(+/-9.9)	39003	205	526	(+/-73)	3.1	(+/-2.5)
25-29yrs	40391	137	339	(+/-58)	43.6	(+/-9.3)	38815	146	376	(+/-62)	6.7	(+/-3.7)
30-34yrs	39640	128	323	(+/-57)	34.3	(+/-8.3)	39396	128	325	(+/-57)	9.6	(+/-4.4)
35-39yrs	39795	109	274	(+/-52)	26.6	(+/-7.3)	38985	122	313	(+/-57)	9.7	(+/-4.5)
40-44yrs	37823	90	238	(+/-50)	38.6	(+/-9.0)	38105	123	323	(+/-58)	8.4	(+/-4.2)
45-49yrs	34668	66	190	(+/-47)	27.1	(+/-7.9)	33963	88	259	(+/-55)	9.4	(+/-4.7)
50-54yrs	32551	43	132	(+/-40)	34.4	(+/-9.2)	31040	73	235	(+/-55)	12.2	(+/-5.6)
55-59yrs	29967	37	123	(+/-41)	28.0	(+/-8.7)	29488	38	129	(+/-42)	8.8	(+/-4.9)
60-64yrs	23926	16	67	(+/-33)	32.6	(+/-10.4)	23262	23	99	(+/-41)	10.3	(+/-6.0)
65-69yrs	19260	8	42	(+/-29)	23.9	(+/-10.0)	20030	16	80	(+/-40)	9.0	(+/-6.0)
70-74yrs	15648	8	51	(+/-36)	20.4	(+/-10.2)	16652	12	72	(+/-42)	7.2	(+/-5.9)
75-79yrs	10826	2	18	(+/-26)	20.3	(+/-12.3)	14101	2	14	(+/-20)	4.3	(+/-4.9)
80-84yrs	6628	4	60	(+/-60)	18.1	(+/-14.8)	10538	4	38	(+/-38)	3.8	(+/-5.4)
85yrs+	3873	2	52	(+/-73)	0.0	(+/-0)	8533	1	12	(+/-23)	0.0	(+/-0)
Total****	526950	968	176	(+/-12)	25.4	(+/-2.0)	526656	1257	236	(+/-13)	6.1	(+/-1.0)

* Based on the extrapolated deliberate self harm data. Two individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths that occurred in 2000-2004.

*** 95% Confidence Interval.

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

APPENDIX 4D: DELIBERATE SELF HARM AND SUICIDE BY RESIDENTS OF THE HSE WEST REGION.

Age group	Men					Women				
	Population	Deliberate self harm*		Suicide**		Population	Deliberate self harm*		Suicide**	
		Persons	Rate	95% CI***	Rate		95% CI***	Persons	Rate	95% CI***
0-4yrs	35483	0	(+/-0)	0.0	(+/-0)	34130	0	(+/-0)	0.0	(+/-0)
5-9yrs	35496	0	(+/-0)	0.0	(+/-0)	33516	0	(+/-0)	0.0	(+/-0)
10-14yrs	35239	5	(+/-13)	0.0	(+/-0)	33215	26	(+/-31)	1.2	(+/-1.7)
15-19yrs	38631	78	(+/-46)	22.8	(+/-6.9)	36098	199	(+/-78)	6.1	(+/-3.7)
20-24yrs	37593	121	(+/-59)	39.4	(+/-9.2)	36874	152	(+/-67)	8.7	(+/-4.3)
25-29yrs	36957	100	(+/-54)	32.5	(+/-8.4)	36000	107	(+/-57)	2.8	(+/-2.5)
30-34yrs	36411	98	(+/-54)	24.2	(+/-7.3)	35682	95	(+/-55)	1.7	(+/-1.9)
35-39yrs	35268	93	(+/-55)	23.8	(+/-7.4)	34289	100	(+/-58)	5.2	(+/-3.5)
40-44yrs	34351	77	(+/-51)	25.6	(+/-7.7)	34380	73	(+/-50)	6.4	(+/-3.9)
45-49yrs	33015	59	(+/-47)	21.8	(+/-7.3)	32364	51	(+/-44)	6.8	(+/-4.1)
50-54yrs	31578	35	(+/-37)	17.7	(+/-6.7)	29997	55	(+/-49)	5.3	(+/-3.8)
55-59yrs	29045	18	(+/-29)	13.1	(+/-6.0)	27282	25	(+/-37)	4.4	(+/-3.6)
60-64yrs	22155	16	(+/-36)	19.0	(+/-8.3)	21177	18	(+/-40)	4.7	(+/-4.2)
65-69yrs	18211	8	(+/-31)	11.0	(+/-6.9)	17644	7	(+/-30)	1.1	(+/-2.3)
70-74yrs	15055	5	(+/-30)	17.3	(+/-9.6)	15281	8	(+/-37)	3.9	(+/-4.5)
75-79yrs	10600	2	(+/-27)	13.2	(+/-10.0)	13589	3	(+/-25)	5.9	(+/-5.9)
80-84yrs	6732	2	(+/-42)	14.9	(+/-13.3)	10543	0	(+/-0)	1.9	(+/-3.8)
85yrs+	4854	0	(+/-0)	8.2	(+/-11.7)	9749	1	(+/-21)	2.1	(+/-4.1)
Total****	496674	717	(+/-11)	17.7	(+/-1.7)	491810	920	(+/-12)	3.9	(+/-0.8)

* Based on the extrapolated deliberate self harm data. Two individuals whose age or gender were not known are not included in this table.

** Annual rate based on suicide deaths that occurred in 2000-2004.

*** 95% Confidence Interval.

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