



Interim Report January to June 2019

This report provides a summary of data collected by the National Self-Harm Registry Ireland (NSHRI) for the period January to June 2019¹. The NSHRI is a national system of population monitoring for the occurrence of hospital-treated self-harm. Since 2006, all hospital emergency departments across Ireland are covered by the NSHRI. Data are collected by independently trained data registration officers. The NSHRI is operated by the National Suicide Research Foundation and is funded by the Health Service Executive's (HSE) National Office for Suicide Prevention.

Hospital-treated self-harm in Ireland

In the first six months of 2019, the NSHRI recorded 6,252 presentations to hospital as a result of self-harm. This is 2% higher than the number recorded for the same period of 2018 (n = 6,124). More than half of the presentations were made by females (n = 3,507; 56%). Approximately half (n = 3,215; 51%) of presentations were by persons under 30 years of age.

In total, 5,142 individuals were treated following self-harm. Thus, 1,110 (18%) of the presentations recorded were due to repetition.

Drug overdose was the most common method of self-harm, involved in 62% of cases (n = 3,857). Alcohol was involved in 31% of presentations (28% for females and 34% for males). Self-cutting was the only other common method, involved in 30% of cases (n = 1,885). These findings are similar to the equivalent figures for the same period of 2018.

There were 503 presentations which involved attempted hanging, accounting for 8% of all self-harm presentations. This number is 4% lower than the first six months of 2018 (n = 525). Two thirds of attempted hanging presentations were made by males (n = 330; 66%).

¹This report is based on provisional data.

Incidence rates of self-harm

Taking into account the population, the national rate of persons presenting to hospital following self-harm was 219 per 100,000 in the first six months of 2019. The national rate for the first six months of 2019 was almost identical to the rate for the same period of 2018 (3% lower for males, 1% higher for females). The rate for females was 27% higher than the rate for males in the first six months of 2019.

Table 1: Person-based European Age-Standardised Rate (EASR) of self-harm per 100,000 for Jan-Jun in 2018 and 2019

	2018	2019	Change
Males	200	193	-3%
Females	243	245	+1%
All	221	219	-1%

The highest rates of self-harm for both males and females were among adolescents and young adults (see figure 1). The peak rate for females was 777 per 100,000 among 15-19 year olds. The peak rate for males was 519 per 100,000 among 20-24 year olds. In many age groups, there was little difference in incidence rates by sex. The exception was among 10-14 year olds where hospital presenting self-harm was more than three times more common among girls compared to boys. Presentations by adolescents aged 15-19 years were almost twice as common among girls as boys. This has been a consistent pattern in recent years. Among 60-64 year old females, the rate of hospital presenting self-harm is almost twice that of males (111 and 59 per 100,000 respectively), which is consistent with the 2018 figures.

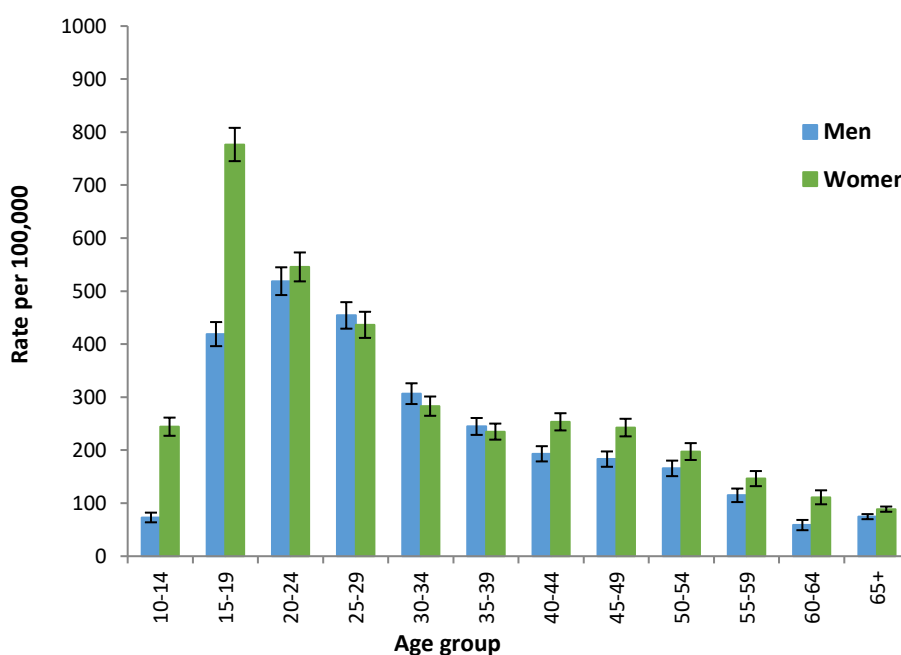


Figure 1: Person-based crude rate of self-harm in Ireland by age and gender, January-June 2019

Self-harm according to HSE Community Healthcare Organisation

The incidence of self-harm was highest in Community Healthcare Organisation (CHO) Area 5 (South Tipperary, Carlow/Kilkenny, Waterford and Wexford) at 267 per 100,000. In CHO Area 5, the rate of self-harm in males and females was 24% and 22% higher than the national average, respectively. The incidence rate was lowest in CHO Area 6 (Wicklow, Dun Laoghaire and Dublin South East) at 171 per 100,000. In CHO Area 6, the rate of self-harm for males and females was 30% and 16% lower than the national average, respectively.

The rate of self-harm for males ranged from 135 per 100,000 in CHO Area 6 to 239 per 100,000 in CHO Area 5 (see Table 2 and Figure 2). The rate of self-harm for females ranged from 205 per 100,000 in CHO Area 6 to 298 per 100,000 in CHO Area 5 (see Figure 2). While overall rates of self-harm were higher for females than males, the magnitude of this difference varied according to CHO region. The rate of self-harm for females was more than 50% higher than males in CHO Areas 9 (Dublin North, North Central and North West) and 6 (Dun Laoghaire, Wicklow and Dublin South East; 71% and 52% respectively). Smaller differences were observed for CHO Areas 1 (Donegal, Sligo/Leitrim/West Cavan and Cavan/Monaghan) and 7 (Dublin South City, Dublin South West; 15% and 16% respectively).

Table 2: Number of persons and person-based European Age-Standardised Rate (EASR) of self-harm per 100,000 in Ireland by HSE CHO area of residence, January - June 2019

	Males		Females		All	
	Persons	Rate	Persons	Rate	Persons	Rate
CHO Area 1	160	185	186	212	346	197
CHO Area 2	182	176	242	233	424	204
CHO Area 3	148	163	211	234	359	198
CHO Area 4	323	201	381	233	704	217
CHO Area 5	268	239	346	298	614	267
CHO Area 6	125	135	195	205	320	171
CHO Area 7	354	201	410	233	764	216
CHO Area 8	243	173	325	223	568	197
CHO Area 9	240	156	400	267	640	211

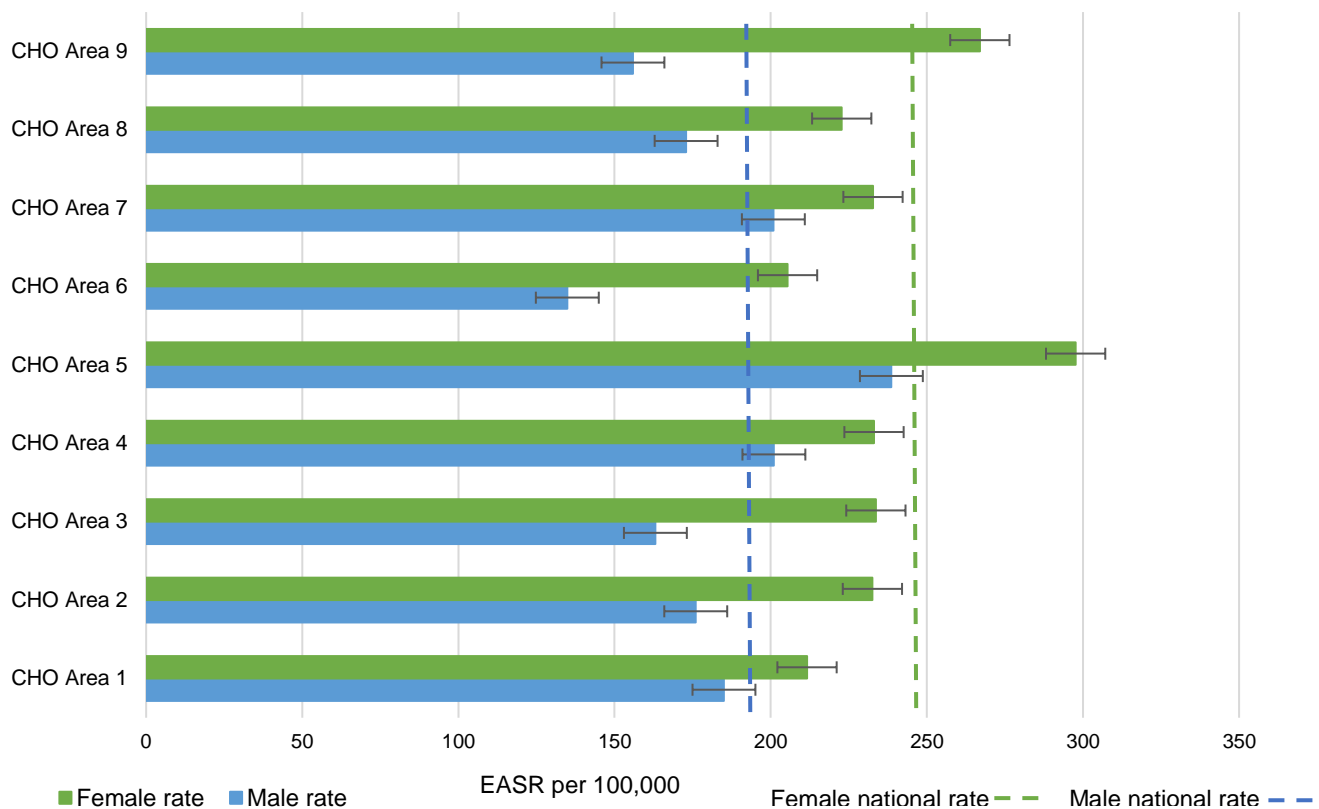


Figure 2: Person-based European age-standardised rate (EASR) of self-harm in Ireland by CHO region for males and females, January - June 2019

Conclusion

In the first six months of 2019, the incidence of self-harm was similar to that of 2018, following a period of increase since 2016. Consistent with previous years, self-harm incidence varied geographically, with gender specific excesses of up to 24% above the national average identified in specific CHO areas. Priority should be given to areas with the highest rates of self-harm in terms of the provision of HSE resources aimed at reducing suicidal behaviours. At a national level, the findings reiterate the importance of implementing the seven strategic goals of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020.