NATIONAL SELF-HARM REGISTRY IRELAND

ANNUAL REPORT
2022 | 2023

NSRF
National Suicide Research Foundation

Suggested Citation:
Joyce, M, Chakraborty, S, McGuiggan, JC, Hursztyn, P, Nicholson, S, Arensman, E, Griffin, E, Corcoran, P (2025). National Self-Harm Registry Ireland Annual Report 2022-2023. Cork: National Suicide Research Foundation.

Published by:

National Suicide Research Foundation, Cork.

ISSN 1649 4326

This report has been commissioned by the Health Service Executive's National Office for Suicide Prevention.

Hard copies of the Annual Report 2022-2023 are available from:

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

Tel: +353 21 4205551
Email: infonsrf@ucc.ie

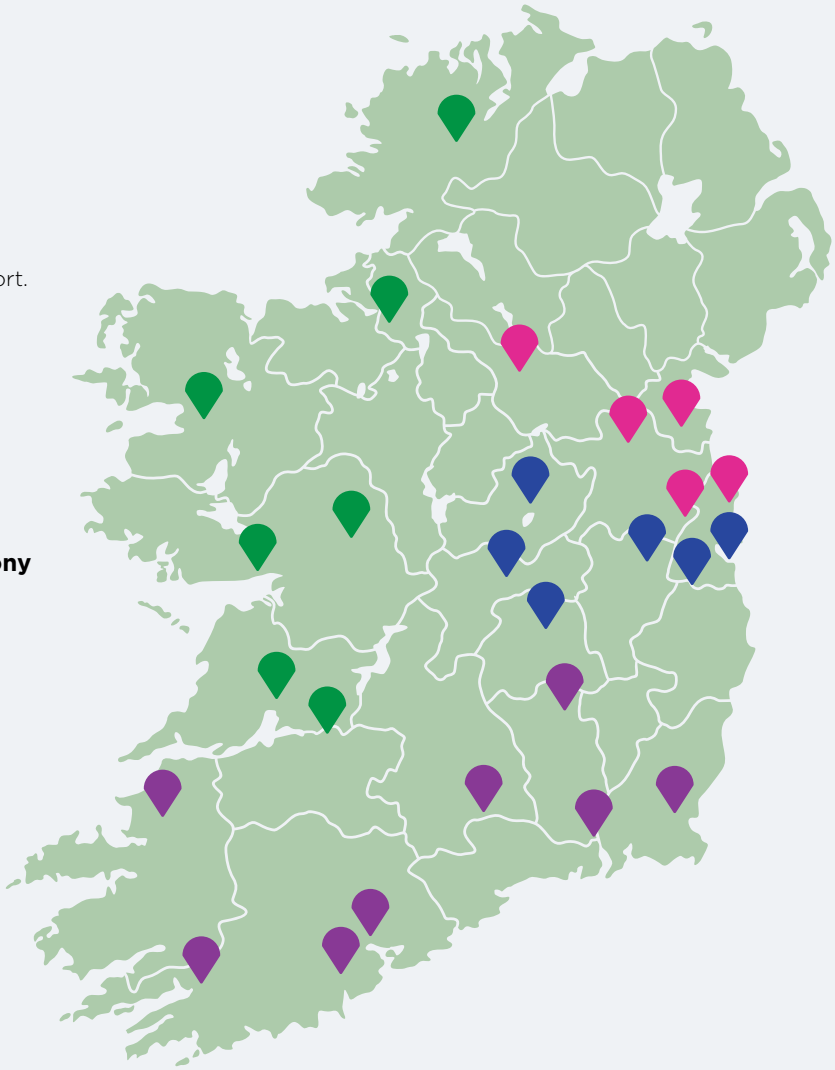
Electronic copies of the Annual Report 2022-2023 are available from the website of the National Suicide Research Foundation: **www.nsrf.ie**

N S R F

Contents

DATA REGISTRATION OFFICERS

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



HSE West Region

Eileen Quinn
Letterkenny University Hospital

Monica Mitchell
Sligo University Hospital

James Camien McGuiggan & Maureen Mahony
Mayo University Hospital

Helen Mellody
Portiuncula University Hospital/Mayo University Hospital/Letterkenny University Hospital

Sandra Joyce
Portiuncula University Hospital

Catherine Murphy
University Hospital Limerick/Ennis Hospital

HSE South Region

Karen Twomey
University Hospital Kerry

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

Tricia Shannon & Deirdre Brennan
University Hospital Waterford/Wexford General Hospital/Tipperary University Hospital/St Luke's General Hospital, Carlow/Kilkenny

HSE Dublin/North East Region

Agnieszka Biedrycka & James Camien McGuiggan
Mater Misericordiae University Hospital, Dublin

Alan Boon
Connolly Hospital Blanchardstown/Children's Health Ireland at Temple Street

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

Ciaran Cluskey-Kelly
Our Lady of Lourdes Hospital, Drogheda

HSE Dublin/Midlands Region

Diarmuid O'Connor
Midland Regional Hospitals (Mullingar, Portlaoise, Tullamore)/Naas General Hospital/Tallaght University Hospital/Children's Health Ireland at Tallaght

Ciaran Cluskey-Kelly
St James's Hospital, Dublin/St Michael's Hospital, Dun Laoghaire

Alan Boon
Children's Health Ireland at Crumlin/St James's Hospital, Dublin

James Camien McGuiggan, Rebecca Curran & Claire Fahey
St Vincent's University Hospital, Dublin

Acknowledgements

Alan O'Shea, *aosdesign*	Graphic design
Nostra	Technical support
Eileen Hegarty	Administration & Finance
Una O'Callaghan	Finance
Margaret Kenneally	Administration Support/Data Protection Officer (Maternity Leave cover)

NSRF
National Suicide Research Foundation

We would like to acknowledge the assistance of staff of the Department of Health, the HSE National Office for Suicide Prevention, the respective HSE regions and the individual hospitals that have facilitated the work of the National Self-Harm Registry Ireland.

National Self-Harm Registry Ireland team.

Foreword

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

The Registry fulfils a major objective in providing timely data on trends and groups at high risk of self-harm in Ireland. During the onset and waves of the COVID-19 pandemic and the associated restrictions, the Registry was able to provide regular briefings on the impact on hospital-presenting self-harm based on a sub-sample of hospitals where data collection was possible. Now, with near complete national data for 2020-2023, we are better able to review and assess the impact of the pandemic.

This report relates to hospital-presenting self-harm in 2022 and 2023. This represents a reduced time to publication compared to the last two reports when the Registry was experiencing the combined effects of access restrictions due to the COVID-19 pandemic, data recording challenges due to the HSE cyberattack in 2021 and changing work practices associated with enhanced data protection regulations. I am especially grateful to our Data Registration Officers for their ongoing commitment and dedication and to the hospital staff for facilitating the operation of the Registry as we overcame these challenges.

Connecting for Life, Ireland's National Suicide Reduction Strategy, operated for the ten-year period 2015-2024 and is now in its evaluation phase. Registry data on hospital-presenting self-harm is the source of one of Connecting for Life's two primary outcomes, which highlights the need for timely, complete national data. We look forward to providing these data for the period of Connecting for Life and supporting the evaluation in any way we can.

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

Executive Summary

This is the twenty-first annual report from the National Self-Harm Registry Ireland. It is based on data collected on hospital presentations of self-harm in the Republic of Ireland in 2022 and 2023. Typically, the Registry reports on data from 32 hospitals – 29 Emergency Departments (EDs), including three in Children's Health Ireland hospitals, and three Level 2 hospitals. Data were not available for two hospitals in 2022, and for three hospitals in 2023. Access issues arose during the COVID-19 pandemic and coincided with GDPR related changes in practices in each of these hospitals. We estimated the number of presentations and people presenting to these hospitals in each year using data from 2019. All rate calculations presented in this report are based on those estimates.

Main findings

In 2022, the National Self-Harm Registry Ireland estimated that there was a total of 12,705 self-harm presentations made by 9,748 individuals. In 2023, we estimated that there was a total of 12,792 presentations made by 9,786 individuals that year.

The estimated age-standardised rate of individuals presenting to hospital following self-harm in 2022 was 197 per 100,000 and 191 per 100,000 in 2023. These rates are similar to the rate in 2021, and 12% lower than the peak rate recorded by the Registry in 2010 (223 per 100,000).

Respectively, in 2022 and 2023, the national female rate of self-harm was 227 and 217 per 100,000, marking a 6% reduction in the female self-harm rate since 2021. The rate in 2023 is the lowest rate recorded for women since 2014. The male rate of 168 per 100,000 in 2022 and 167 per 100,000 in 2023 was 5% higher than the rate in 2021.

As observed each year, the peak rate for women was in the 15-19 years age group at 850 per 100,000 in 2022 and 725 per 100,000 in 2023. The peak rate for men in both 2022 and 2023 was among 20–24-year-olds at approximately 400 per 100,000. These rates imply that approximately one in every 130 girls in the 15-19 age group, and one in every 250 men aged 20-24 years presented to hospital with self-harm in 2022 and 2023. Among young adolescents aged 10-14 years, hospital-presenting self-harm has increased for both boys and girls. In particular, the self-harm rate for girls aged 10-14 years has increased more than three-fold since 2011 with the largest increase observed after 2020.

There were 846 presentations made by residents of homeless hostels/shelters and people of no fixed abode in 2022, accounting for approximately 7.4% of all presentations recorded by the Registry. This is comparable to the 6.6% reported in 2021. In 2023, the number of self-harm presentations made by residents of homeless hostels and people of no fixed abode was 734, representing 6.9% of all presentations recorded that year.

Consistent with previous years, intentional drug overdose was the most common method of self-harm, involved in 59% of self-harm presentations in 2022 and 2023. In 2022, paracetamol was the most common drug type used while in 2023, minor tranquilisers were the most common. In previous years, minor tranquilisers have been the most common drug used. Self-cutting was the other most common method, recorded in 32% of all presentations. Attempted hanging was involved in 8% of all self-harm presentations (13% for men, 5% for women). Attempted drowning was involved in 3% of presentations and, although rare as a method of self-harm, self-poisoning involving chemical substances was involved in 2% of presentations. Alcohol was involved in 30% of all presentations and was more often involved in male than female presentations (37% and 25% respectively). In general, the type of method used in self-harm was similar to recent years.

In 2022 and 2023, for 66% of presentations, the patient was assessed by a member of the mental health team in the presenting hospital (n=12,747). For a further 6%, an assessment was arranged in the presenting hospital (n=594). Most commonly, in 48% of presentations, individuals were discharged following treatment in the ED. For most of these individuals, 79% were provided with a recommended referral or follow-up appointment. In 13% of presentations, the individual left the ED before a next care recommendation could be made. There was considerable variation in the recommendations for next care across hospital groups, particularly in relation to the proportion of patients admitted to the presenting hospital, leaving before a recommendation, or receiving a mental health assessment. For example, inpatient care (irrespective of type and whether the patient refused) was recommended for between 22% and 39% of adult presentations across six hospital groups while the proportion of adult patients who left before a recommendation could be made ranged from 11% to 17%. Similarly, the proportion of adults discharged following treatment in the ED ranged from 37% in the RCSI Hospital Group to 58% in the UL Hospital Group. This observed difference is likely to be due to variation in the availability of resources and services, but it also indicates that assessment and management procedures for self-harm patients are likely to vary across the country.

In both 2022 and 2023, we gathered information on the current care for individuals presenting to hospital with self-harm. For 34% of presentations (n=7,607), it was noted that the individual was currently attending Mental Health Services (public/private/voluntary). In a further 2% of presentations, it was noted that the patient had previously been referred and was awaiting an appointment with Mental Health Services (n=464). For 3% of presentations, individuals were either attending Counselling or Addiction Services. Individuals were engaged with Homeless Services in 2% of cases.

< Back to contents

In both 2022 and 2023, 23% of presentations were accounted for by repetition. This is similar to the proportion recorded in 2021 (25%). Of the 8,792 self-harm patients who presented to hospital in 2022, 1,259 (14.3%) made at least one repeat presentation to hospital during the calendar year. In 2023, it was 15.4%. Therefore, repetition continues to pose a major challenge to hospital staff and family members involved. In 2022, the highest rate of repetition was reported for the Ireland East Hospital Group (17.7%) while in 2023, the highest repetition rate was in the Saolta University Health Care Group (18.7%). In 2022, at least five self-harm presentations were made by 154 individuals. These patients account for 1.8% of all self-harm patients but their presentations represented 11.6% of all self-harm presentations. In 2023, at least five self-harm presentations were made by 126 individuals. These patients account for 1.5% of all self-harm patients but their presentations represented 10.1% of all self-harm presentations. As in previous years, self-cutting was associated with an increased level of repetition whereby one in five individuals who used this method had a repeat presentation within that calendar year.

Above (l-r): Pawel Hursztyn, Shelly Chakraborty, Paul Corcoran, Mary Joyce, James Camien McGuiggan.

Mary Joyce
Manager,
National Self-Harm Registry Ireland,
National Suicide Research Foundation, Cork

Shelly Chakraborty
Data Manager & Analyst,
National Self-Harm Registry Ireland,
National Suicide Research Foundation, Cork

James Camien McGuiggan
Data Analyst,
National Self-Harm Registry Ireland,
National Suicide Research Foundation, Cork

Pawel Hursztyn
Research Officer,
National Self-Harm Registry Ireland,
National Suicide Research Foundation, Cork

Sarah Nicholson
Data Protection Officer/Quality Manager,
National Self-Harm Registry Ireland,
National Suicide Research Foundation, Cork

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

Eve Griffin
Chief Executive Officer,
National Suicide Research Foundation, Cork

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

2022 Statistics at a Glance

Presentations
12,705

Persons
9,748

Rate of self-harm is similar to that recorded in 2021

RATES:

197
per 100,000
1 in every 508
had a self-harm act

Men: 20-24 year-olds
1 in every 258

Women: 15-19 year-olds
1 in every 118

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time
9-10pm

M T W T F S S

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

Almost half of presentations made between 4pm-midnight (44%)

METHOD:

59%
3 in every 5
involved **overdose**

36% **Men**
24% **Women**
3 in every 10
involved **alcohol**

32%
3 in every 10
involved **self-cutting**

TREATMENT:

67% received a psychiatric assessment in the presenting hospital

79% received a follow-up recommendation after discharge

13% left ED before a recommendation was made

1 in 7
persons had a repeat attendance in 2022

14%

< Back to contents

2023 Statistics at a Glance

Presentations
12,792

Persons
9,786

Rate of self-harm is similar to that recorded in 2022

RATES:

191
per 100,000
1 in every 524
had a self-harm act

Men: 20-24 year-olds
1 in every 256

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

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time
9-10pm

M T W T F S S

Presentations were highest on **Mondays**, **Tuesdays** and **Sunday**s

Almost half of presentations made between 6pm-2am (44%)

METHOD:

58%
3 in every 5
involved **overdose**

38% Men
25% Women
3 in every 10
involved **alcohol**

31%
3 in every 10
involved **self-cutting**

TREATMENT:

64% received a psychiatric assessment in the presenting hospital

72% received a follow-up recommendation after discharge

13% left ED before a recommendation was made

1 in 7
persons had a repeat attendance in 2023

15%

Implications and Recommendations

Self-harm in children and young people

Over the past twenty years of reporting from the National Self-Harm Registry Ireland, the highest rates of self-harm have consistently been observed in young people. The continuing increase in self-harm among children aged 10-14 years also indicates that the age of onset of self-harm is decreasing. This phenomenon has been reported in the UK, Australia and The Netherlands with an increasing trend of self-harm, as well as the use of highly lethal self-harm methods, in children aged 5-12 years and in particular boys.[1, 2] Evidence-based mental health programmes as well as appropriate referral and treatment options are crucial to address the needs of young people in the key transition stages between childhood and adolescence into adulthood.

The Registry findings highlight the importance of the priorities outlined in the HSE's National Service Plan 2025 and the National Strategy to Reduce Suicide in Ireland, 2015-2024 *Connecting for Life* in relation to young people.[3, 4] The recently established HSE Child and Youth Mental Health Office further highlights a commitment to the reform of child and youth mental health services in Ireland.[5]

Recommendation 1: Services and resources should continue to be prioritised for children and adolescents through the expansion of child and adolescent mental health services (CAMHS) teams as outlined in the HSE Service Plan 2025.

Recommendation 2: Enhance the supports for young people with mental health problems or who are vulnerable to suicide by delivering early intervention and psychological support for young people at primary care level, as well as secondary care level including CAMHS. (*Connecting for Life*, Goal 3, Objective 3.3).

Recommendation 3: Strengthen the supports provided in primary and post primary schools aimed at enhancing children and young people's mental health and wellbeing, including targeted support for students identified at risk of developing mental health difficulties (HSE Child and Youth Mental Health Office Action Plan 2024-2027: Theme 1, Action 4).

[1]Geulayov, G., Casey, D., Bale, L. et al. (2022). Self-harm in children 12 years and younger: characteristics and outcomes based on the Multicentre Study of Self-harm in England. *Soc Psychiatry Psychiatr Epidemiol* 57, 139–148. https://doi.org/10.1007/s00127-021-02133-6

[2]Torok, M., Burnett, A. C., McGillivray, L., Qian, J., Gan, D. Z., Baffsky, R., & Wong, Q. (2023). Self-harm in 5-to-24 year olds: Retrospective examination of hospital presentations to emergency departments in New South Wales, Australia, 2012 to 2020. *PLoS one, 18*(8), e0289877. https://doi.org/10.1371/journal.pone.0289877

[3]Health Service Executive (2025). National Service Plan 2025. Available at: https://about.hse.ie/api/v2/download-file/file_based_publications/hSE-National-Service-Plan-2025.pdf/

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

[5]Health Service Executive (2023). HSE Child and Youth Mental Health Office Action Plan 2024-2027. Available at: https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/publications/hse-child-and-youth-mental-health-office-3-year-action-plan.pdf

< Back to contents

Clinical management of self-harm

This year's Registry findings identified the proportion of patients that received a mental health assessment (or for whom an assessment was arranged) in the presenting hospital remains similar to recent years, yet it is higher than that reported in other countries. The reported variation across hospital groups in the provision of mental health assessments and recommended next care underlines the importance of the implementation of a standardised and evidence-informed approach to the assessment and treatment of patients who present to hospital following self-harm. The National Clinical Programme for Self-Harm and Suicide-Related Ideation (NCPSHI) was introduced in Ireland between 2014 and 2017 and has been implemented across 24 adult EDs. In 2022, the Clinical Programme was updated and provides a framework to improve services for all who self-harm or present with suicide-related ideation, regardless of where they present.[6]

The findings in this two-year report indicate that there remains considerable variation in recommended next care across hospitals, and that on average, one in eight patients leave the ED without being seen by a clinician or without a next care recommendation. Research utilising Registry data which examined risk factors for individuals discharged from the ED without a mental health related referral has found that those who were brought to hospital by ambulance, presented to hospital outside of 9 a.m. – 5 p.m., and who were admitted to an ED Medical Assessment Unit were most likely to not receive such a referral.[7]

Self-harm has also been identified as a risk factor for subsequent self-harm presentations and suicide.[8] The importance of safety planning and timely follow-up and referral in the period following presentation to hospital with self-harm has also been highlighted by Griffin and colleagues whereby the risk of suicide was found to be greatest in the days and weeks following a presentation to hospital.[9] Research has also found that physical and mental illness comorbidity is high among individuals with frequent self-harm episodes.[10] The type and intensity of the provision of care for individuals following an ED self-harm presentation is therefore an important consideration. Despite this, a study carried out with patients who had a high-risk self-harm presentation to hospital found that those with a history of self-harm and mental health service engagement were more likely to report dissatisfaction with the care provided.[11]

Recommendation 4: The implementation and delivery of the NCPSHI should continue to be supported in all hospitals nationally.

Recommendation 5: Safety planning and timely follow-up and referral in the period following presentation to hospital with self-harm should be prioritised.

Recommendation 6: Tailored assessment and treatment procedures for self-harm patients with frequent patterns of self-harm and those with high-risk self-harm should be implemented.

[6]Health Service Executive (2022). National Clinical Programme for the Assessment and Management of Patients Presenting to the Emergency Department following Self-Harm. Available at: https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/

[7]Cully, G., Russell, V., Joyce, M., Corcoran, P., Daly, C., & Griffin, E. (2024). Discharged from the emergency department following hospital-presented self-harm: referral patterns and risk of repeated self-harm. *Irish Journal of Medical Science (1971-), 193*(5), 2443-2451. https://doi.org/10.1007/s11845-024-03722-5

[8]Carroll, R., Metcalfe, C., & Gunnell, D. (2014). Hospital presenting self-harm and risk of fatal and non-fatal repetition: systematic review and meta-analysis. *PloS one, 9*(2), e89944. https://doi.org/10.1371/journal.pone.0089944

[9]Griffin, E., Corcoran, P., Arensman, E., Kavalidou, K., Perry, I. J., & McMahon, E. M. (2023). Suicide risk following hospital attendance with self-harm: a national cohort study in Ireland. *Nature mental health, 1*(12), 982-989. https://doi.org/10.1038/s44220-023-00153-6

[10]Sadath, A., Troya, M. I., Nicholson, S., Cully, G., Leahy, D., Ramos Costa, A. P., ... & Arensman, E. (2023). Physical and mental illness comorbidity among individuals with frequent self-harm episodes: A mixed-methods study. *Frontiers in psychiatry, 14*, 1121313. https://doi.org/10.3389/fpsyt.2023.1121313

[11]Cully, G., Leahy, D., Shiely, F., & Arensman, E. (2022). Patients' experiences of engagement with healthcare services following a high-risk self-harm presentation to a hospital emergency department: a mixed methods study. *Archives of Suicide Research, 26*(1), 91-111. https://doi.org/10.1080/13811118.2020.1779153

Restricting access to means

Restricting access to means has been highlighted internationally as an effective strategy in reducing the incidence of self-harm or suicide.[12] An example of this is the positive impact shown for measures to reduce access to sites where people frequently engage in attempted or fatal drowning.[13] In Ireland, a best practice toolkit for preventing suicide in public places was launched in February 2025.[14] The toolkit recommends means restriction as part of a broader suicide prevention strategy. Initiatives to reduce access to means continue to be critical to reduce the incidence of self-harm in Ireland.

Intentional drug overdose (IDO) is the most common method of self-harm recorded by the Registry and paracetamol is one of the most common drug types used. In 2022, a campaign was launched in Ireland by the Paracetamol Working Group whereby new information packs were made available nationally to staff working in pharmacy and non-pharmacy retail settings. The objectives of the information campaign were to: 1) enhance the messaging around safe sales of paracetamol 2) support improved implementation of paracetamol sales regulations and 3) spotlight the importance of such regulations in the context of self-harm and suicide prevention efforts. The Working Group continues to expand its efforts to reduce paracetamol-related overdoses through evaluation and educational activities and this remains a priority area for future interventions. Additional work in means restriction is also being carried out via the Health Research Board funded 'RESTRICT – REducing intentional overdose: a mixed methods STudy of means RestrICTion interventions' project which aims to reduce IDO by evaluating the impact and informing the implementation of means restriction interventions. The outcomes of this project will inform national policy, support the implementation of evidence informed health service delivery and advance understanding of intentional overdose. Measures to reduce access to methods of self-harm are aligned with *Connecting for Life*, Goal 6.

Recommendation 7: Actions set out in the best practice toolkit for preventing suicide in public places should be considered by relevant agencies (e.g. Local Authorities, Transport Infrastructure Ireland) and implemented through partnership and collaboration.

Recommendation 8: Outcomes of the Paracetamol Working Group and projects like RESTRICT should be disseminated to all relevant stakeholders including policy makers to advance understandings of IDO and ensure efforts to reduce intentional overdose are evidence-informed and actioned.

[12]Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., ... & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry, 3*(7), 646-659. https://doi.org/10.1016/S2215-0366(16)30030-X

[13]Pirkis, J., Spittal, M. J., Cox, G., Robinson, J., Cheung, Y. T. D., & Studdert, D. (2013). The effectiveness of structural interventions at suicide hotspots: a meta-analysis. *International Journal of Epidemiology, 42*(2), 541-548. https://doi.org/10.1093/ije/dyt021

[14]Health Service Executive (2025). Preventing suicide in public places. A best practice toolkit. Available at: https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/preventing-suicide-public-places.pdf

< Back to contents

Self-harm among persons experiencing homelessness

In 2022 and 2023, the proportion of self-harm presentations recorded by the Registry of persons experiencing homelessness/of no fixed abode was comparable to 2020 and 2021. An increase had been observed in the years prior to 2020. This group of individuals is a particularly vulnerable population, at high risk of repetition and mortality from all causes.[15] In accordance with Goal 3, Action 3.1 of *Connecting for Life*, these findings underline the need for targeted suicide prevention interventions among this group. One such example is a peer-delivered intervention which was trialled in Scotland and England to reduce harm and improve the well-being of individuals who experience both homelessness and problem substance misuse, and was found to be feasible and acceptable.[16]

However, a scoping review of suicide specific intervention programmes for people experiencing homelessness identified just three types of intervention that target this group.[17] That review highlights the lack of evidence-based supports for this group of individuals.

Recommendation 9: Further work to examine specific risk and protective factors associated with self-harm among persons experiencing homelessness and those of no fixed abode should be carried out.

Recommendation 10: Evidence-based supports and targeted suicide prevention interventions should be identified for this priority group.

[15]Haw, C., Hawton, K., & Casey, D. (2006). Deliberate self-harm patients of no fixed abode. *Social Psychiatry and Psychiatric Epidemiology, 41*(11), 918-925. https://doi.org/10.1007/s00127-006-0106-7

[16]Parkes, T., Matheson, C., Carver, H. et al. (2022). Assessing the feasibility, acceptability and accessibility of a peer-delivered intervention to reduce harm and improve the well-being of people who experience homelessness with problem substance use: the SHARPS study. *Harm Reduct J* 19, 10. https://doi.org/10.1186/s12954-021-00582-5

[17]Murray, R. M., Conroy, E., Connolly, M., Stokes, D., Frazer, K., & Kroll, T. (2021). Scoping review: Suicide specific intervention programmes for people experiencing homelessness. *International journal of environmental research and public health, 18*(13), 6729. https://doi.org/10.3390/ijerph18136729

Surveillance of self-harm and suicide and prioritising data collection

The National Self-Harm Registry Ireland is an example of a national system which can provide timely and relevant information to assess the impact of significant events such as public health emergencies on suicidal behaviour. During the COVID-19 pandemic, the Registry published periodic data briefings on the monthly number of self-harm presentations to a select number of hospitals during 2020 and 2021. These data briefings were able to accurately determine no significant increase in self-harm rates during the early stages of the pandemic. The continued collection of data by the Registry over multiple years also facilitates the examination of trends over time. Examination of the data has highlighted increases in self-harm in younger age groups over the past decade, as well as peaks for certain groups of individuals during recessionary times. Ongoing surveillance is important, and the publication of data and associated findings remains a priority for the Registry.

Recommendation 11: The continued monitoring of self-harm and suicide should be prioritised to inform suicide prevention activities as listed under Priority Area 2 in the recently launched Strategic Plan 2025-2030 from the National Suicide Research Foundation.[18]

Recommendation 12: The publication of data and associated findings from surveillance systems like the National Self-Harm Registry should be prioritised to enhance awareness and understanding of self-harm.

[18]National Suicide Research Foundation (2025). Leading Research, Shaping Change National Suicide Research Foundation Strategic Plan 2025-2030. Available at: https://www.nsrf.ie/wp-content/uploads/2021/04/NSRF-Strategic-Plan_digital.pdf

< Back to contents

Recent publications from the Registry (2022–2024)

The Registry disseminates findings from the data we collect in various ways. One way in which data are disseminated is via peer-reviewed articles that are published in academic journals. Information on a selection of articles published from 2022–2024 is provided below.

Access issue to some hospitals arose during the COVID-19 pandemic and coincided with GDPR related changes in practices in many hospitals. During that time, we looked at other ways to present findings from data recorded by the Registry. From December 2020 to March 2023, we published data briefings on the monthly number of self-harm presentations to a selection of hospitals with available data during 2020 and 2021. The final data briefing published by the Registry during that timeframe pertains to 2021 data and is available on our website: **https://www.nsrf.ie/registry/registry-briefing-documents/**

Data were not available for three hospitals during the timeframe of this report. Area level information across Ireland is not presented in this report as a result. Where there is full hospital coverage in an area, the Registry continues to report on hospital self-harm presentations via Community Healthcare Organisation (CHO) Area Reports. The most recent CHO Area Reports were published in July 2024 and are available on our website: **https://www.nsrf.ie/registry/registry-annual-reports-interim-reports-and-cho-reports/**

Recent peer-reviewed publications

Suicide risk following hospital attendance with self-harm: a national cohort study in Ireland

Background

History of self-harm is the strongest predictor of suicide, but there are few national studies that estimate the risk of suicide following self-harm in a clearly defined clinical cohort.

Methods

Records from the National Self-Harm Registry Ireland between 1 January 2015 and 31 December 2017 (n=23,764) were linked to national suicide records via the Irish Probable Suicide Deaths Study.

Findings

The 12-month cumulative incidence of suicide for male, female and all persons was 1.3%, 0.6%, and 0.9%, respectively. Suicide risk was more than 80 times higher in the self-harm cohort relative to the general population. Associated factors included male sex, older age, attempted hanging as a method of self-harm, and self-harm history in the previous 12 months.

Conclusion

This national study highlights the greatly elevated risk of suicide mortality following hospital-presenting self-harm. These findings reinforce the need to provide appropriate care and timely interventions for this patient group.

Source: Griffin E, Corcoran P, Arensman E, Kavalidou K, Perry IJ, & McMahon EM. Suicide risk following hospital attendance with self-harm: a national cohort study in Ireland. Nature Mental Health 2023 Dec;1(12):982-9. **https://doi.org/10.1038/s44220-023-00153-6**

Evaluation of a national clinical programme for the management of self-harm in hospital emergency departments: impact on patient outcomes and the provision of care

Background

Emergency departments are important points of intervention, to reduce the risk of further self-harm and suicide. A national programme to standardise the management of people presenting to the emergency department with self-harm and suicidal ideation (NCPSHI) was introduced in Ireland in 2014.

Aim

The aim of this study was to evaluate the impact of the NCPSHI on patient outcomes and provision of care.

Method

Data on self-harm presentations were obtained from the National Self-Harm Registry Ireland from 2012 to 2017. The impacts of the NCPSHI on study outcomes (3-month self-harm repetition, biopsychosocial assessment provision, admission, post-discharge referral, and self-discharge) were examined at an individual and aggregate (hospital) level, using a before and after study design and interrupted time series analyses, respectively. The 15 hospitals that implemented the programme by January 2015 (of a total of 24 between 2015 and 2017) were included in the analyses.

Findings

There were 31,970 self-harm presentations during the study period. In hospitals with no service for self-harm (n = 4), risk of patients not being assessed reduced from 31.8 to 24.7% following the introduction of the NCPSHI. Mental health referral in this hospital group increased from 42.2 to 59.0% and medical admission decreased from 27.5 to 24.3%. Signs of a reduction in self-harm repetition were observed for this hospital group, from 35.1 to 30.4% among individuals with a history of self-harm, but statistical evidence was weak. In hospitals with a pre-existing liaison psychiatry service (n = 7), risk of self-discharge was lower post-NCPSHI (17.8% vs. 14.8%). In hospitals with liaison nurse(s) pre-NCPSHI (n = 4), medical admission reduced (27.5% vs. 24.3%) and there was an increase in self-harm repetition (from 5.2 to 7.8%. for those without a self-harm history).

Conclusion

The NCPSHI was associated with improvements in the provision of care across hospital groups, particularly those with no prior service for self-harm, highlighting the need to consider pre-existing context in implementation planning. Our evaluation emphasises the need for proper resourcing to support the implementation of clinical guidelines on the provision of care for people presenting to hospital with self-harm.

Source: Cully G, Corcoran P, Gunnell D, Chang SS, McElroy B, O'Connell S, Arensman E, Perry IJ, Griffin E. Evaluation of a national clinical programme for the management of self-harm in hospital emergency departments: impact on patient outcomes and the provision of care. BMC psychiatry. 2023 Dec 7;23(1):917. **https://doi.org/10.1186/s12888-023-05340-4**

< Back to contents

The burden of attempted hanging and drowning presenting to hospitals in Ireland between 2007 and 2019: a national registry-based study

Aim

To measure the impact of hospital-treated self-harm by hanging and drowning in Ireland in 2007–2019 and identify risk factors for these methods of self-harm.

Methods

Data on all self-harm presentations to Irish hospitals between 2007 and 2019 were obtained from the National Self-Harm Registry Ireland, a national self-harm surveillance system. Multinomial regression was used to explore factors associated with attempted hanging and drowning.

Findings

The age-standardised incidence rate of attempted hanging and drowning increased by 126% and 45%, respectively, between 2007 and 2019. The incidence of both methods was highest among young people aged 15–24 years. The odds of presenting to hospital for attempted hanging were highest in males (aOR 2.85, 95% CI 2.72–3.00), people experiencing homelessness (aOR 1.32, 95% CI 1.16–1.49) and individuals living in the capital, Dublin (aOR 1.23, 95% CI 1.17–1.29). The odds of presenting for attempted drowning were highest in males (aOR 1.68, 95% CI 1.58–1.78) and people experiencing homelessness (aOR 2.69, 95% CI 2.41–2.99).

Conclusion

The incidence of hospital-treated self-harm by hanging and drowning is increasing in Ireland and is highest among adolescents and young adults. Males and people experiencing homelessness may be at highest risk and warrant targeted preventive interventions.

Source: White P, Corcoran P, Griffin E, Arensman E, Barrett P. The burden of attempted hanging and drowning presenting to hospitals in Ireland between 2007 and 2019: a national registry-based study. Social psychiatry and psychiatric epidemiology. 2024 Feb;59(2):235-44. **https://doi.org/10.1007/s00127-023-02525-w**

Hospital-presenting self-harm among older adults living in Ireland: a 13-year trend analysis from the National Self-Harm Registry Ireland

Aim

To examine trends in rates of self-harm among emergency department (ED) presenting older adults in Ireland over a 13-year period.

Methods

Design: Population-based study using data from the National Self-Harm Registry Ireland.
Setting: National hospital EDs.
Participants: Older adults aged 60 years and over presenting with self-harm to hospital EDs in Ireland between January 1, 2007 and December 31, 2019.
Measurements: ED self-harm presentations.

Findings

Between 2007 and 2019, there were 6931 presentations of self-harm in older adults. The average annual self-harm rate was 57.8 per 100,000 among older adults aged 60 years and over. Female rates were 1.1 times higher compared to their male counterparts (61.4 vs 53.9 per 100,000). Throughout the study time frame, females aged 60–69 years had the highest rates (88.1 per 100,000), while females aged 80 years and over had the lowest rates (18.7 per 100,000). Intentional drug overdose was the most commonly used method (75.5%), and alcohol was involved in 30.3% of presentations. Between the austerity and recession years (2007–2012), self-harm presentations were 7% higher compared to 2013–2019 (incidence rate ratio (IRR): 1.07 95% CI 1.02–1.13, p=0.01).

Conclusion

Findings indicate that self-harm in older adults remains a concern with approximately 533 presentations per year in Ireland. While in younger age groups, females report higher rates of self-harm, this gender difference was reversed in the oldest age group (80 years and over), with higher rates of self-harm among males. Austerity/recession years (2007–2012) had significantly higher rates of self-harm compared to subsequent years.

Source: Troya MI, Griffin E, Arensman E, Cassidy E, Mughal F, Lonergan CN, O'Mahony J, Lovejoy S, Ward M, Corcoran P. Hospital-presenting self-harm among older adults living in Ireland: a 13-year trend analysis from the National Self-Harm Registry Ireland. International psychogeriatrics. 2024 May;36(5):396-404. **https://doi.org/10.1017/S1041610223000856**

Impact of the Registry at Global level

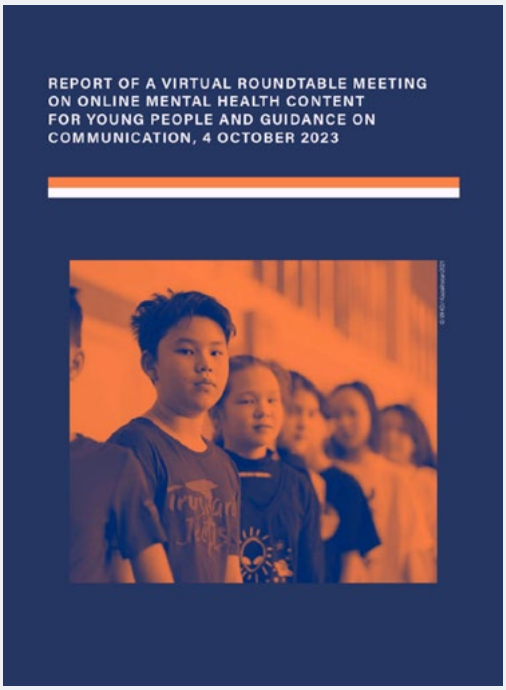
Technical support for the establishment of self-harm surveillance systems at global level

- In 2024, the NSRF continued the collaboration with the Pan American Health Organisation (PAHO)/World Health Organisation (WHO) Office in Washington. Dr Eve Griffin and Prof Ella Arensman met with colleagues from Uruguay and the HSE National Office for Suicide Prevention in Ireland to advise them on the implementation of a real-time surveillance system, including a presentation on the National Self-Harm Registry Ireland. Further to this, the NSRF provided feedback on a manuscript on the development and implementation of a national real-time surveillance system for suicide attempts in Uruguay.
- On June 13th and 14th 2024, Prof Ella Arensman presented on 'Establishing and strengthening self-harm and suicide surveillance systems' at the PAHO/National Institute for Mental Health (NIMH) Symposium on Suicide Prevention.
- In October 2024, NSRF staff met with delegation from Wales to advise them on the implementation of a self-harm registry in north Wales.
- In July 2024, NSRF staff met with the WHO and the mental health team of the Ministry of Health of Slovakia to discuss training and technical support for self-harm/suicide surveillance and a national suicide prevention programme.

Technical support for the development, implementation and evaluation of national suicide prevention programmes

- At the request of the WHO, the NSRF reviewed the National Suicide Prevention and Response Strategy for the Philippines (June 2024).
- In October 2024, Prof Ella Arensman presented an update of National Suicide Prevention Programmes at the 3rd National Suicide Prevention Conference in Poland, organised by the members of the Ministry of Health and WHO Country Office in Poland.
- World Health Organisation Collaborating Centre (WHOCC) staff completed an EU Horizon Health grant application on the implementation of evidence-based mental health promotion and suicide prevention programmes among refugees, involving members from the WHO Country Office in Kenya and UNHCR.
- NSRF staff contributed to a report of a virtual roundtable meeting on online mental health content for young people and guidance on communication.

Report of a virtual roundtable meeting on online mental health content for young people and guidance on communication, 4 October 2023



< Back to contents

Methods

Background

The National Self-Harm Registry is operated by the National Suicide Research Foundation. The National Suicide Research Foundation was founded in November 1994 by the late Dr Michael J Kelleher and is governed by a Board of Directors. The National Suicide Research Foundation team is led by Dr Eve Griffin (Chief Executive Officer, formerly Ms Eileen Williamson until October 2023), Dr Paul Corcoran (Head of Research) and Professor Ella Arensman (Chief Scientist). Dr Paul Corcoran is also Head of the National Self-Harm Registry Ireland. Dr Mary Joyce is the Manager of the Registry.

Funding statement

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

Definition and terminology

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

Inclusion criteria

- All methods of intentional self-harm, as listed in the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes of X60-X84, are included i.e., intentional drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self-harm was intentionally inflicted.
- All individuals who are alive on admission to hospital following a self-harm act are included.

Exclusion criteria

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

- Accidental overdoses of medicinal or illegal drugs e.g., an individual who takes additional medication in the case of illness or used drugs for recreational purposes, without any intention to self-harm.
- Alcohol overdoses alone where there was no 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 data are continuously checked for consistency and accuracy. In addition, the Registry also undertakes a cross-checking process in which pairs of Data Registration Officers independently collect data from two hospitals for the same consecutive series of attendances to the ED. Cross-checking has not been conducted since the onset of the COVID-19 pandemic. Previous to that, results of the cross-checking process indicated there was a very high level of agreement between Data Registration Officers.

Data recording

Since 2020, the Registry records data via a cloud-based clinical data management platform, Castor Electronic Data Capture (EDC), which meets all European Union standards related to secure data storage of health research data. Data are available in real-time as Data Registration Officers input data to this electronic system. The move to Castor EDC for the electronic processing of Registry data in 2020 was a positive and necessary update for several reasons including its modern design, user friendly interface, secure log-in, real-time access and ease of data upload. Castor EDC includes several features such as data monitoring, query function, comment option, progress bar for each data entry, and audit trails. These features have enhanced the way the Registry manages data and completes quality checks.

Patient identifiers are not recorded in Castor EDC. Instead, name, sex and date of birth are entered into a separate software programme to generate a unique ID code for each patient. The bespoke software programme was designed specifically for the Registry by Millennium Software. The generated ID code is then recorded in the Registry dataset via Castor EDC while patient identifiers are not.

All Data Registration Officers receive ongoing training on the use of Castor EDC and the code generator software on a regular basis.

Data items

A minimal dataset has been developed to determine the extent of self-harm, the circumstances relating to both the act and the individual, and to examine trends by area. While the data items below will enable the data processing system to avoid duplicate recording and to recognise repeat acts of self-harm by the same individual, it is impossible to identify an individual based on the data held in the Registry database.

Initials

Initial letters from an individual self-harm patient's name are recorded in an encrypted form via the code generator software programme for the purposes of avoiding duplication, to ensure that repeat episodes are recognised and to calculate incidence rates based on persons rather than events.

Sex
The sex of the patient is recorded when known.

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

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

Date and hour of attendance at hospital
The date of attendance and hour of attendance (in 24-hour format) is recorded.

Mode of arrival
Information is recorded about patients who were brought to hospital by Ambulance or other Emergency Services (e.g. An Garda Síochána). If a patient self-presented or was brought in by someone (e.g. family member), this information is recorded when known.

Method(s) of self-harm
The method(s) of self-harm are recorded according to the ICD-10 codes for intentional injury (X60-X84). The main methods are intentional 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., intentional overdose of medications and self-cutting. In this report, results generally relate to the 'main method' of self-harm. In keeping with standards recommended by the World Health Organisation/Euro Study on Suicidal Behaviour, the 'main method' is taken as the most lethal method employed. For acts involving self-cutting, the treatment received is recorded when known. Since 2020, further detail is also recorded on certain self-harm methods such as X70 (whether it was hanging, strangulation or suffocation) and X78 (further information on wounds).

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

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

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

Recommended next care
Recommended next care following treatment in the hospital ED is recorded.

Current care
In 2020, coinciding with the move to the new data management platform, we added a new variable to gather information on the current care of the patient and whether they are engaged with hospital/community-based services i.e. Mental Health Service supports, Addiction Services, Homeless Services etc.

Confidentiality and data protection

Confidentiality is strictly maintained. The National Suicide Research Foundation is registered with the Data Protection Agency and complies with the Irish Data Protection Act of 1988, the Irish Data Protection (Amendment) Act of 2003 and the General Data Protection Regulation (GDPR) 2018. All staff members are trained in GDPR and adhere to all GDPR guidelines when collecting and working on data. The names and addresses of patients are not recorded in the Registry database. Only anonymised data are released in aggregate form in reports. Individuals may request to access their information or to have their information withdrawn from the Registry at any time by contacting the Registry team. An enquiry can also be made via an online form on our website: **www.nsrf.ie/registry/**

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 individual hospital and Health Service Executive (HSE) ethics committees. In 2020, the Registry received approval from the Health Research Consent Declaration Committee to continue the operation of the Registry utilising a waiver of consent.

Registry coverage

In 2022, self-harm data were collected from all but two hospitals in the Republic of Ireland (pop: 5,149,139) and in 2023, from all but three hospitals. The hospitals for which data are presented in this report are listed by hospital group in the table opposite.

In total, self-harm data were collected for the full calendar year of 2022 for 27 of the 29 EDs that operated in Ireland during this year. In 2023, data were collected for the full calendar year for 25 EDs. Data were available for six months of 2023 in an additional hospital. In both 2022 and 2023, data were collected for the full calendar year for three children's hospitals..

In 2013, a number of hospital EDs were re-designated as Model 2 status hospitals as part of the HSE's *Securing the Future of Smaller Hospitals* framework, with some of these hospitals closing their ED and others operating on reduced hours. The hospitals included in this report which continue to have their ED on reduced hours or provide an Urgent Care Centre as an alternative are: Bantry General Hospital, Ennis Hospital, and St. Michael's Hospital, Dun Laoghaire. These hospitals are referred to as Model 2 hospitals throughout this report. Data from these hospitals continue to be recorded by the Registry for 2022 and 2023.

Population data

For 2022, the National Census 2022 figures were utilised. For 2023, the Central Statistics Office population estimates were utilised. Both provide age-sex-specific population data for the country.

Calculation of rates

In 2022 and 2023, there were two hospitals in which data were unavailable. A third hospital had no data available in 2023. A fourth hospital had data available for six months of 2023. We estimated the number of presentations and

< Back to contents

people presenting to these hospitals using data from 2019. Data from 2019 were used as this was the most recent year with data from all hospitals nationally. In addition, by utilising 2019 data, potential effects of the pandemic on hospital-presenting self-harm did not have to be considered. The calculated estimates were used to provide a national estimate of self-harm presentations and individuals who presented to hospital with self-harm. All rate calculations presented in this report are based on those national estimates.

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

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

A note on small numbers

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

The Registry recorded two cases of self-harm for which patient initials, gender or date of birth were unknown. These two cases have been excluded from the findings reported here. In addition, a small number of self-harm patients presented to hospital more than once on the same calendar day. This happened for a variety of reasons including being transferred to another hospital, absconding and returning, etc. These patients were considered as receiving one episode of care and were recorded once in the finalised Registry database for 2022 and 2023.

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 self-harm presentations are observed in a specific region in one year, then the 95% confidence interval will be $25 \pm 2\sqrt{25}$ or 15 to 35. Thus, the 95% confidence interval around a rate ranges from $(n - 2\sqrt{n}) / p$ to $(n + 2\sqrt{n}) / p$, where p is the population at risk. If the rate is expressed per 100,000 population, then these quantities must be multiplied by 100,000.

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

HOSPITAL GROUP	HOSPITALS IN THE GROUP
Ireland East	Mater Misericordiae University Hospital, Dublin
	Midland Regional Hospital Mullingar
	Our Lady's Hospital, Navan
	St. Luke's General Hospital, Carlow/Kilkenny
	St. Michael's Hospital, Dun Laoghaire
	Other
	Wexford General Hospital
Dublin Midlands	Midland Regional Hospital Portlaoise
	Midland Regional Hospital Tullamore
	Naas General Hospital
	St. James's Hospital
	Tallaght University Hospital
RCSI	Cavan General Hospital
	Connolly Hospital, Blanchardstown
	Our Lady of Lourdes Hospital, Drogheda
South/ Southwest	Bantry General Hospital
	Cork University Hospital
	Mercy University Hospital, Cork
	Tipperary University Hospital
	University Hospital Kerry
	University Hospital Waterford
UL	Ennis Hospital
	University Hospital Limerick
Saolta University Health Care	Letterkenny University Hospital
	Mayo University Hospital
	Portiuncula University Hospital
	Sligo University Hospital
Children's Health Ireland	Children's Health Ireland at Crumlin
	Children's Health Ireland at Tallaght
	Children's Health Ireland at Temple Street

SECTION I:
Hospital Presentations

Hospital presenting self-harm in the Republic of Ireland

For the period from 1 January to 31 December 2022, the Registry recorded 11,447 self-harm presentations to hospital that were made by 8,792 individuals. These figures do not include presentations to two hospitals as outlined earlier (see Methods). Adjusting for the absence of data from two hospitals, we estimate that there was a total of 12,705 presentations made by 9,748 individuals. Thus, the number of self-harm presentations were similar to 2021 while the number of persons involved increased by 2%.

For the period from 1 January to 31 December 2023, the Registry recorded 10,659 self-harm presentations to hospital that were made by 8,190 individuals. These figures do not include presentations to three hospitals and a fourth hospital which had missing data for 6 months. Adjusting for the absence of data from these hospitals, we estimate that there was a total of 12,792 presentations made by 9,786 individuals. In 2023, the number of self-harm presentations as well as the number of persons involved were similar to that reported in 2022. Table 1 summarises the changes in the number of presentations and persons since the Registry reached near national coverage in 2002.

	PRESENTATIONS		PERSONS	
YEAR	Number	% difference	Number	% difference
2002	10,537	–	8,421	–
2003	11,204	+6%	8,805	+5%
2004	11,092	–1%	8,610	–2%
2005	10,789	–3%	8,594	–<1%
2006	10,688	–1%	8,218	–4%
2007	11,084	+4%	8,598	+5%
2008	11,700	+6%	9,218	+7%
2009	11,966	+2%	9,493	+3%
2010	12,337	+3%	9,887	+4%
2011	12,216	–1%	9,834	–<1%
2012	12,010	–2%	9,483	–4%
2013	11,061	–8%	8,772	–8%
2014	11,126	+<1%	8,708	–<1%
2015	11,189	+1%	8,791	+1%
2016	11,445	+2%	8,876	+1%
2017	11,620	+2%	9,114	+3%
2018	12,588	+8%	9,785	+7%
2019	12,465	–1%	9,705	–1%
2020[1]	12,590	+1%	9,585	–1%
2021	12,661	+1%	9,533	–<1%
2022	12,705	+<1%	9,748	+2%
2023	12,792	+<1%	9,786	+<1%

Table 1: Number of self-harm presentations and persons who presented to hospital in the Republic of Ireland in 2002-2022 (2002–2005 and 2020-2023 figures extrapolated to adjust for hospitals not contributing data).

[1]Figures for 2020 have been updated to include an additional 35 cases which were late registered.

The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm in 2022 was 197 per 100,000 (95% Confidence Interval (CI): 193–201) which was a <1% increase in the rate of 196 per 100,000 in 2021. The rate in 2023 was 194 (95% CI: 190–198), 2% lower than in 2022. The incidence of self-harm in Ireland is examined in more detail in Section II of this report.

< Back to contents

Of the recorded presentations in 2022 and 2023, 41% were made by men and 59% were made by women. Self-harm presentations were higher among the younger age groups. More than half of all presentations (53%) were by people under 30 years of age and 86% of presentations were by people aged less than 50 years. The number of self-harm presentations to hospitals in Ireland by age and sex are provided in Appendix A, Tables A1–A8 for 2022 and in Tables E1–E8 for 2023.

In both years, in most age groups, the number of self-harm presentations by women exceeded the number by men. This was most pronounced in the 10–19-years age group where there were more than three times as many female presentations (4,441 for women vs 1,372). The number of self-harm presentations by men was marginally higher than the number by women in the 35–44 years age group only (1,972 vs 1,826).

Each year, there were approximately 1,200 presentations from non-household residents, accounting for 11% of all presentations. In 2022, the number of self-harm presentations made by residents of homeless hostels and people of no fixed abode was 846, representing 7.4% of all presentations. In 2023, it was 6.9% presentations (n=734). This is comparable to the 6.6% reported in 2021. Adolescents in Residential Care Units accounted for 145 presentations each year (1.3% and 1.4% in 2022 and 2023 respectively).

Self-harm by HSE Hospital Group

Based on figures acquired from the HSE Business Information Unit, in both 2022 and 2023, self-harm accounted for 0.85% of total attendances to Emergency Departments of hospitals included in this report. The percentage of attendances accounted for by self-harm varied by HSE hospital group from 0.44% in Children's Health Ireland and 0.66% in Saolta to 1.01% in the South/Southwest and 1.05% in the Dublin Midlands Hospital Groups.

In terms of the overall number of self-harm presentations in 2022 and 2023 (n=22,106; 100%), the proportion accounted for by hospital group ranged from 5% by Children's Health Ireland and 8% by UL to 10% by Saolta, 11% by RCSI, 21% by the Dublin Midlands, 22% by the Ireland East and 23% by the South/Southwest Hospital Groups.

In 2022 and 2023, the proportion of male to female self-harm presentations was 42% to 58% nationally. When examined at hospital group level, the proportion of male to female self-harm presentations varied across the groups, though presentations by women outnumbered those by men in each (Figure 1).

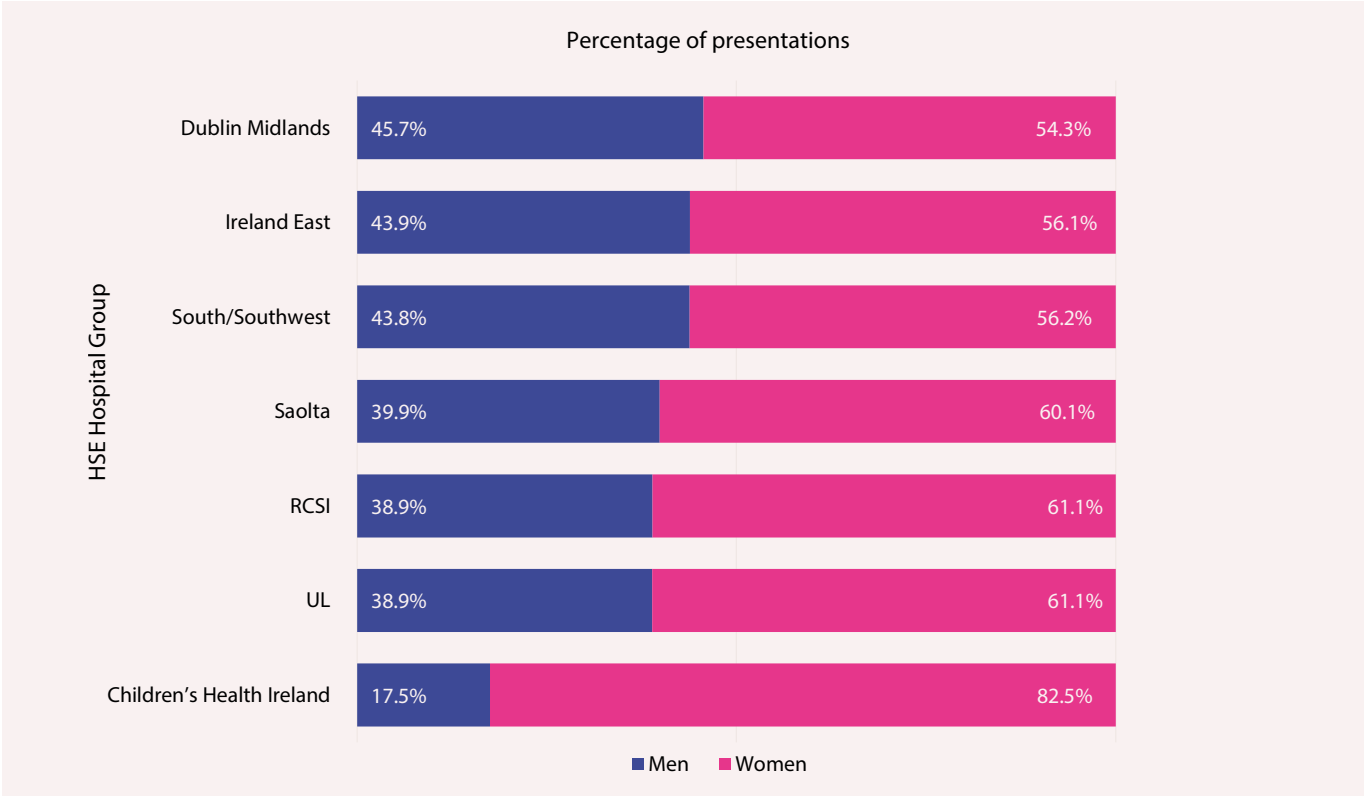


Figure 1: Proportion of male and female self-harm presentations by HSE hospital group, 2022 and 2023.

*Note: The RCSI Hospital group is missing data from two hospitals while the Saolta Hospital Group is missing data from one hospital.

Annual change in self-harm presentations to individual hospitals

While the national number of self-harm presentations to hospital in 2022 and 2023 were similar to that recorded in 2021, there were some relatively large changes in the number of presentations at the level of individual hospitals each year. Overall, 15 hospitals saw an increase in self-harm presentations between 2021 and 2022 while 13 hospitals saw a decrease during the same time period (Figure 2a).

Figure 2a: Percentage change in number of presentations to hospitals from 2021 to 2022.

Between 2022 and 2023, 14 hospitals saw an increase in self-harm presentations while 12 hospitals saw a decrease during the same time-period (Figure 2b). There was a <1% change in two hospitals.

< Back to contents

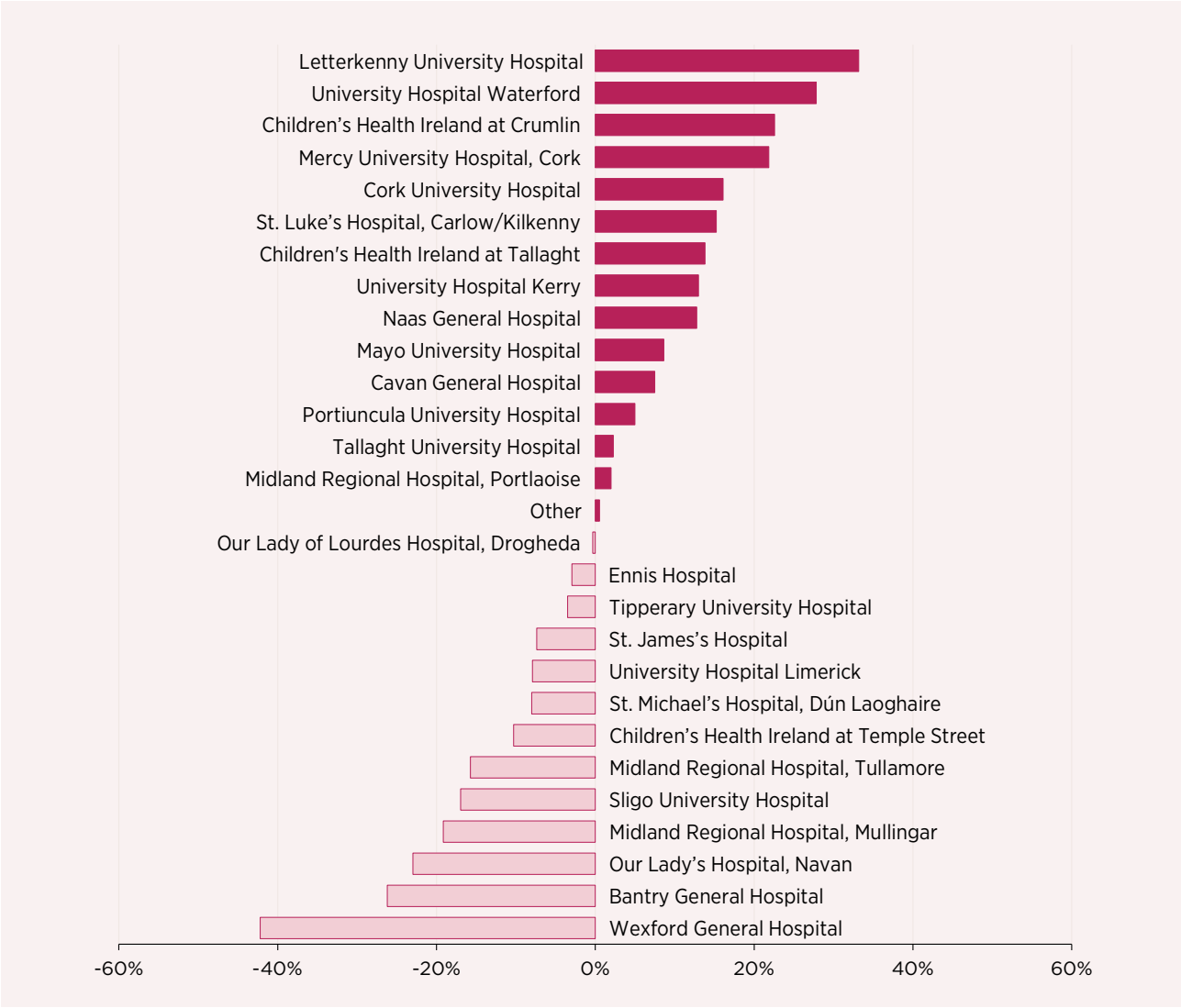


Figure 2b: Percentage change in number of presentations to hospitals from 2022 to 2023.

*Note: Data are not included for one hospital for which only six months of data were available in 2023.

Presentations by time of occurrence

Variation by month

The monthly number of self-harm presentations to hospitals in 2022 and 2023 is presented for men and women in Tables 2a and 2b, respectively.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	415	402	347	400	440	366	417	396	398	440	365	358	4,744
Women	581	610	570	541	629	530	550	515	572	618	583	404	6,703
Total	996	1,012	917	941	1,069	896	967	911	970	1,058	948	762	11,447

Table 2a: Number of self-harm presentations in 2022 by month for men and women.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Men	373	351	368	380	396	412	352	348	390	381	357	348	4,456
Women	542	512	570	543	589	528	496	505	488	520	490	420	6,203
Total	915	863	938	923	985	940	848	853	878	901	847	768	10,659

Table 2b: Number of self-harm presentations in 2023 by month for men and women.

The monthly average number of self-harm presentations to hospitals in 2022 and 2023 was 954 and 888, respectively. Figure 3 illustrates the percentage difference between observed and expected number of presentations while accounting for the number of days in each calendar month.

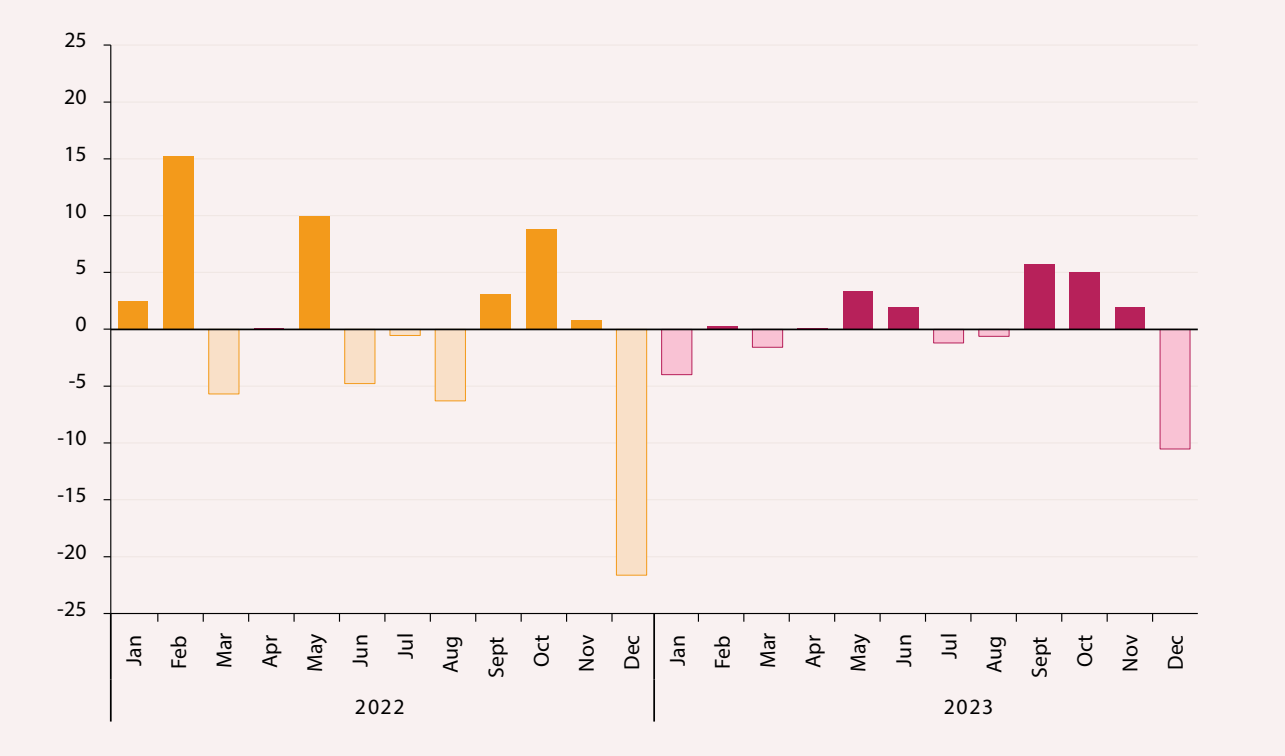


Figure 3: Percentage difference between observed and expected number of self-harm presentations by month in 2022 and 2023.

The number of presentations was considerably higher than the monthly average in February 2022 (+15%). In addition, the number of self-harm presentations exceeded expected levels during May, September and October in both years, accounting for 10%, 3% and 9% in 2022, and 3%, 6%, and 5% in 2023, respectively. It is also noteworthy that the number of self-harm presentations in December deviated significantly from expected levels in both years, with 22% fewer presentations than expected in 2022 and 11% fewer in 2023.

Variation by day

The number and percentage of self-harm presentations to hospitals in 2022 and 2023 is presented by weekday for men and women in Table 3. On average, each day would be expected to account for 14.3% of presentations.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Men	1,388	1,330	1,297	1,312	1,264	1,272	1,337	9,200
	(15.1%)	(14.5%)	(14.1%)	(14.3%)	(13.7%)	(13.8%)	(14.5%)	(100%)
Women	2,012	1,905	1,825	1,782	1,751	1,697	1,934	12,906
	(15.6%)	(14.8%)	(14.1%)	(13.8%)	(13.6%)	(13.2%)	(15.0%)	(100%)
Total	3,400	3,235	3,122	3,094	3,015	2,969	3,271	22,106
	(15.4%)	(14.6%)	(14.1%)	(14.0%)	(13.6%)	(13.4%)	(14.8%)	(100%)

Table 3: Self-harm presentations in 2022 and 2023 by weekday for men and women.

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

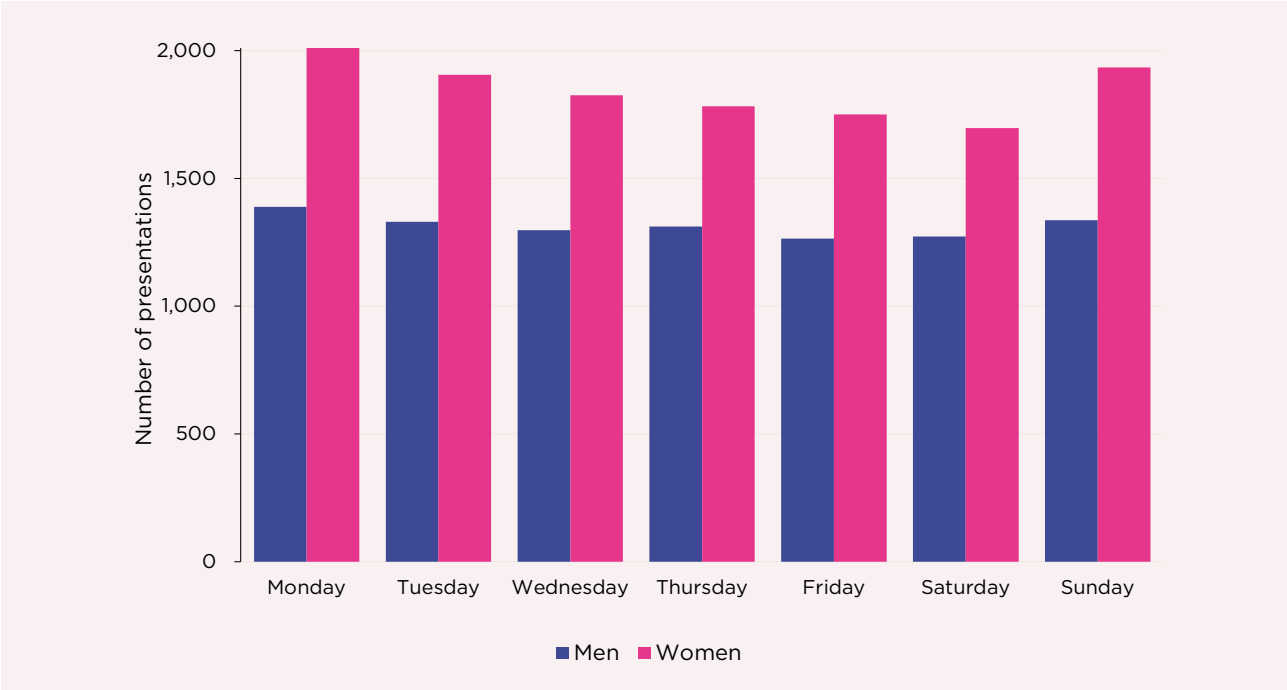


Figure 4: Number of self-harm presentations in 2022 and 2023 by weekday for men and women.

In 2022, there was an average of 31 self-harm presentations to hospitals each day, while in 2023, the daily average was slightly lower at 29 presentations. Notably, there were nine days in 2022 and seven days in 2023 with 45 or more self-harm presentations, including October 10th, 2022 (n=50) and April 25th, 2023 (n=52), which recorded the highest daily figures for each respective year. Conversely, there were eleven days in 2022 and nineteen days in 2023 when fewer than 20 self-harm presentations occurred. In both years, the days with fewer than 20 presentations mostly occurred in December.

Variation by hour

The number of self-harm presentations to hospitals in 2022 and 2023 is presented by time of attendance for men and women in Figure 5.

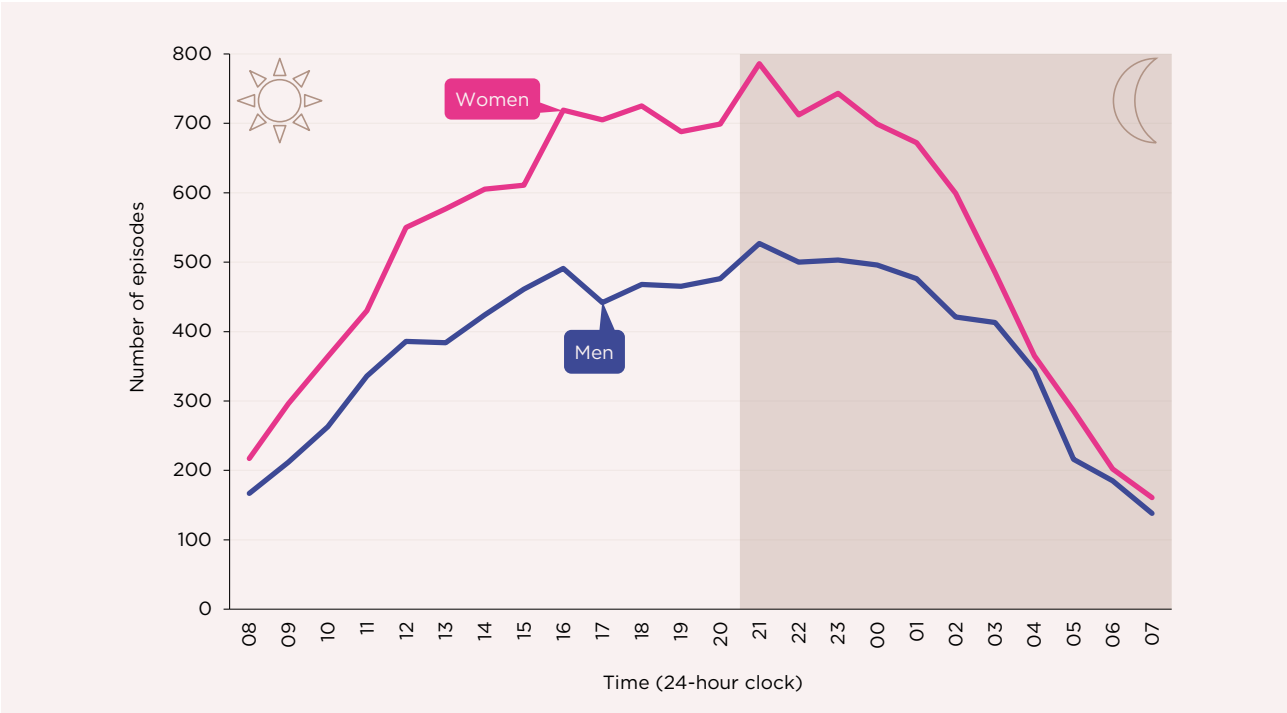


Figure 5: Number of self-harm presentations in 2022 and 2023 by time of attendance for men and women.

In 2022 and 2023 there was a striking pattern in the number of self-harm presentations seen over the course of the day. The numbers for both men and women gradually increased over the course of the day. The peak time for men and women was 9 p.m. Almost half of the total number of presentations (44%) were made during the eight-hour period from 4 p.m. to midnight. This contrasts with the quietest eight-hour period of the day, from 4 a.m. - midday, which accounted for 19% of all presentations.

During 2022 and 2023, 11,693 (53%) of all presentations involved a transfer to hospital by ambulance, and a further 3.3% were brought to hospital by other emergency services, such as An Garda Síochána. For 22% of presentations, individuals were brought to hospital (or accompanied) by someone (e.g., a family member or friend) while for 19% of presentations, individuals self-presented to the ED. The proportion of cases brought to the ED by ambulance or other emergency services varied over the course of the day, from 46% of presentations between midday and 4 p.m. to 74% of presentations between 4 a.m. and 8 a.m.

Method of self-harm

The methods of self-harm[1] involved in presentations to hospital in 2022 and 2023 are presented in Table 4.

	Intentional Drug Overdose	Alcohol	Self-poisoning	Attempted Hanging	Attempted Drowning	Self-cutting	Other
Men (n=9,200)	4,862	3,368	239	1,150	397	2,804	991
	(52.8%)	(36.6%)	(2.6%)	(12.5%)	(4.3%)	(30.5%)	(10.8%)
Women (n=12,906)	8,100	3,169	281	647	323	4,190	798
	(62.8%)	(24.6%)	(2.2%)	(5%)	(2.5%)	(32.5%)	(6.2%)
All	12,962	6,537	520	1,797	720	6,994	1,789
	(58.6%)	(29.6%)	(2.4%)	(8.1%)	(3.3%)	(31.6%)	(8.1%)

Table 4: Methods of self-harm involved in presentations to hospital in 2022 and 2023 by gender.

In 2022 and 2023, 59% of all self-harm presentations to hospitals involved an intentional drug overdose (IDO). IDO was more commonly used as a method of self-harm by women than men, involved in 63% of female and 53% of male presentations. Alcohol was involved in 30% of presentations. Alcohol was more likely to be involved in male than female presentations (37% vs 25% respectively).

Self-cutting was the only other common method of self-harm, involved in 32% of all presentations. Self-cutting presentations were slightly lower amongst men than women (31% and 33% respectively).

In 79% of all cases involving self-cutting, the treatment received was recorded. Of these, the majority of presentations (54%) did not require any treatment and a further 13% had their wound cleaned or dressed. In 11% of presentations, the patient received steristrips or steribonds, 8% required stitches, 9% required sutures, 2% had their wound glued, and 3% were referred for plastic surgery. Men who engaged in self-cutting required more intensive treatment than women. 12% of male presentations resulted in the receipt of sutures and 5% resulted in referral for plastic surgery compared to 8% and 1% respectively of female presentations.

Attempted hanging was involved in 8% of self-harm presentations (13% for men and 5% for women). This is similar to the percentage of attempted hanging presentations reported in 2020 and 2021. Attempted drowning was involved in 3.3% of presentations (n=720) and although rare as a method of self-harm, self-poisoning was involved in 2.4% of presentations.

The greater involvement of IDO as a method of self-harm for women in 2022 and 2023 is illustrated in Figure 6. IDO also accounted for a higher proportion of self-harm presentations in the older age groups (45–54 years and 55 years+), especially for women, whereas self-cutting was less common amongst these age groups. Self-cutting was the most common method of self-harm in young men, involved in 32% of presentations by boys under 15 years. While cutting was also common among young women, IDO was the most common method of self-harm for girls under 15 years, involved in almost half (47%) of presentations.

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

< Back to contents

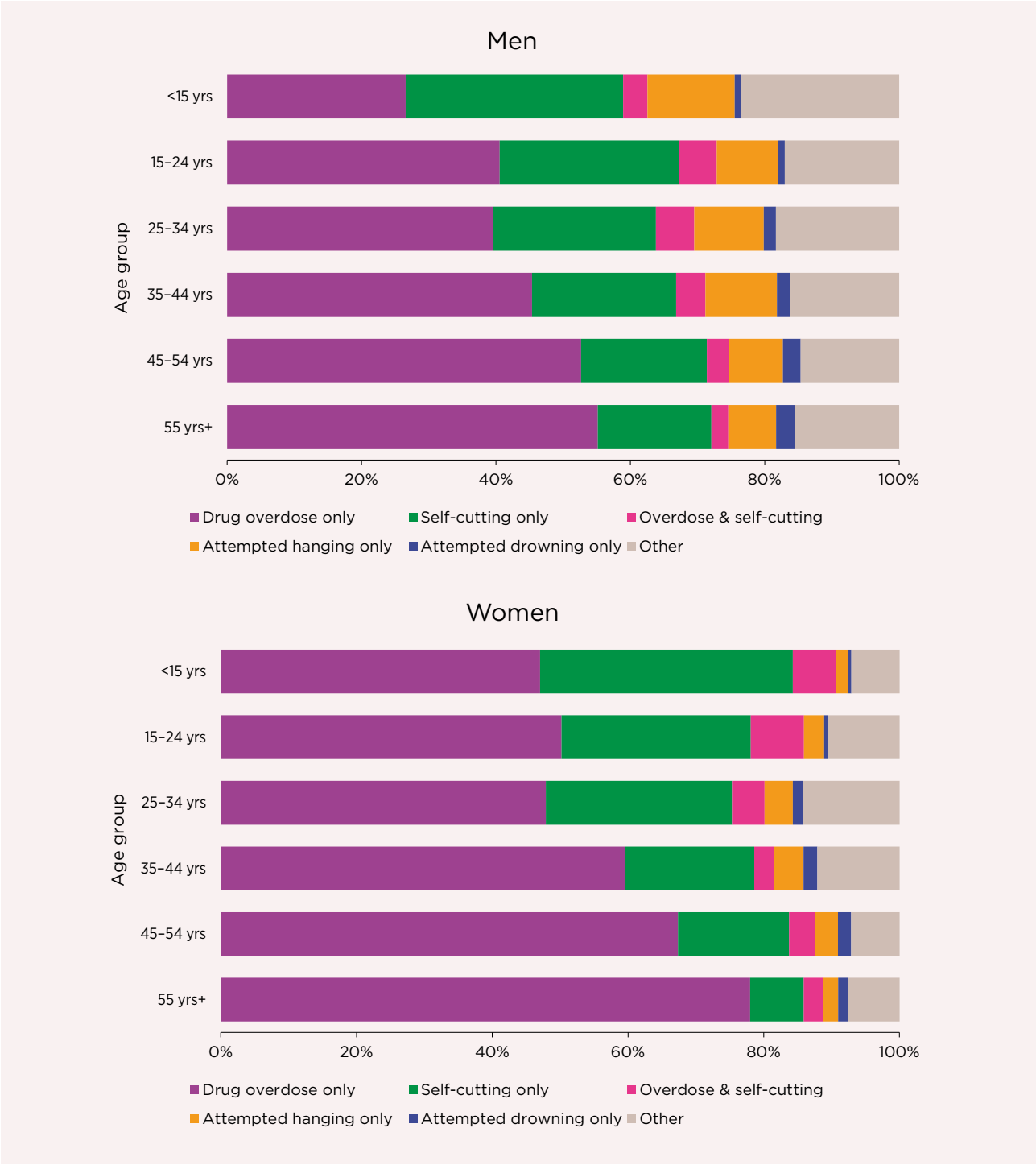


Figure 6: Method of self-harm used by men and women across age groups in 2022 and 2023.

Drugs used in intentional drug overdoses

The total number of tablets taken was known for 70% of all presentations involving intentional drug overdose (IDO). On average, 28 tablets were taken in IDO presentations. More than half of drug overdose acts (52%) involved less than 35 tablets, approximately half involved 20 tablets or less and one quarter involved 12 tablets or less. On average, the number of tablets taken in overdose acts was higher among men than women (mean: 31 vs. 27). Figure 7 illustrates the number of tablets taken in IDO presentations by sex. Over half of female IDO presentations (53%) and 45% of male presentations involved 10–29 tablets.

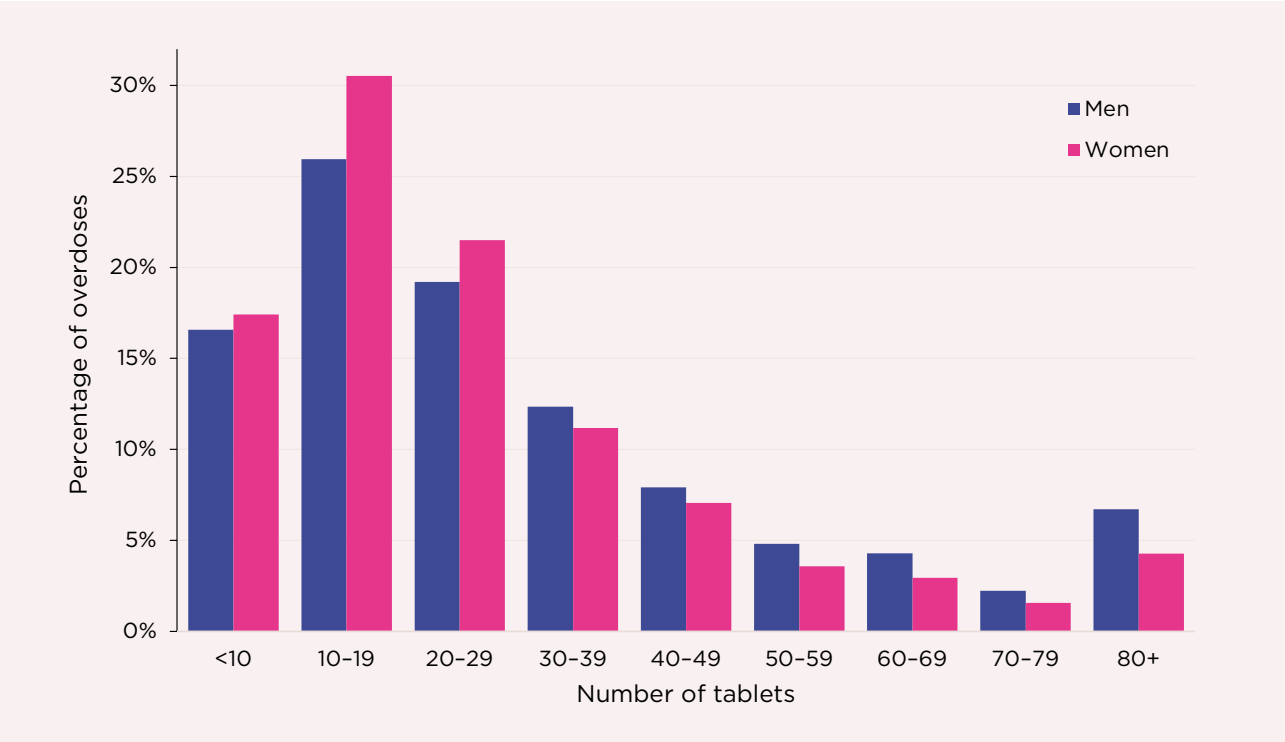


Figure 7: Number of tablets taken by men and women in intentional drug overdoses in 2022 and 2023

Figure 8 illustrates the frequency with which the most common drug types were used by men and women in IDO in 2022 and 2023.

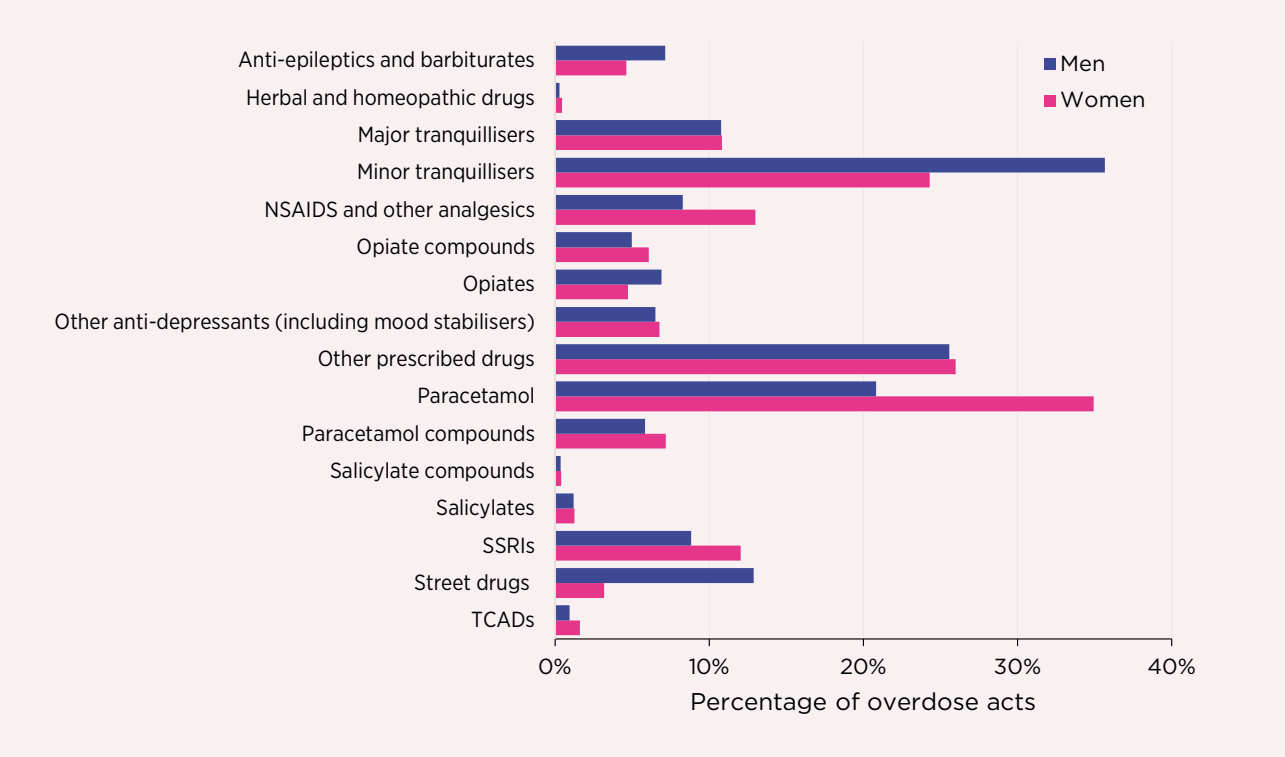


Figure 8: Types of drugs used by men and women in IDO presentations in 2022 and 2023.
Note: Some drugs (e.g. compounds containing paracetamol and an opiate) are counted in two categories.

More than a quarter of all IDO presentations (29%) involved a minor tranquilliser; this was more often used by men than women (36% vs. 24%, respectively). A major tranquilliser was involved in 11% of overdoses. In total, 51% of female overdoses and 36% of male overdoses involved an analgesic drug. Alongside minor tranquilisers, paracetamol-containing drugs were the most common drug taken, involved in 35% of IDOs, significantly more so

< Back to contents

by women (40%) than by men (25%). Almost one fifth (18%) of overdose acts involved an anti-depressant or mood stabiliser. The group of anti-depressant drugs known as selective serotonin reuptake inhibitors (SSRIs) were present in 11% of IDO cases. Illegal or street drugs were involved in 13% of male and 3% of female IDOs. 'Other prescribed drugs' were taken in 26% of all IDOs.

The proportion of hospital self-harm presentations involving IDO has been marginally decreasing since 2021 (61% in 2021, 59% in 2022 and 58% in 2023). In addition, there was some fluctuation in the proportion of presentations involving each of the drug types described here. In 2022, paracetamol was the most common drug type used while in 2023, minor tranquilisers were the most common.

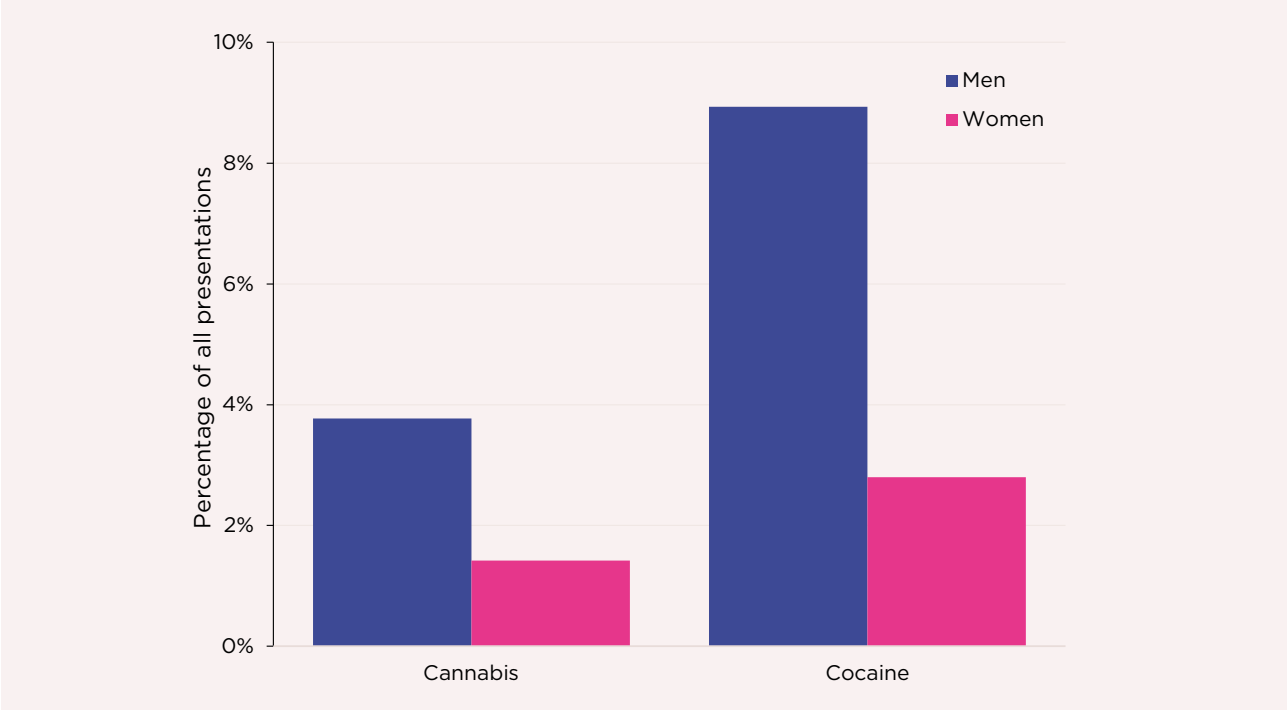


Figure 9: Cannabis and cocaine involvement in male and female self-harm presentations in 2022 and 2023.

From 2022, information was recorded about whether cocaine or cannabis was involved in self-harm presentations. Figure 9 presents information on cannabis and cocaine involvement in self-harm presentations in 2022 and 2023. Of all presentations in 2022 (n=11,447), cocaine was involved in 5.4% of presentations while cannabis was involved in 1.7%. In 2023, this increased such that 6.3% of presentations involved cocaine and 3.2% involved cannabis. A greater proportion of men used cocaine and cannabis in comparison to women (65% for cocaine and 69% for cannabis). For both drugs, the majority (61–66%) of presentations were among those aged 20–34 years.

Recommended next care

In 2022 and 2023, most commonly, in 48% of presentations, patients were discharged following treatment in the ED. An inpatient admission was the next-care recommended for 32% of presentations after treatment in the ED. Inpatient admissions are classified as general or psychiatric admissions as well as admissions to the Intensive Care Unit (ICU), and are included even if the patient refused admission. Of all self-harm presentations, 24% resulted in an admission to a general ward in the treating hospital, 5% were admitted for psychiatric inpatient treatment and 2% were admitted to the ICU. It is not always recorded in the ED notes that a patient has been directly admitted to psychiatric inpatient care, and in addition, some patients admitted to a general hospital ward are subsequently admitted as psychiatric inpatients; therefore, direct psychiatric admission figures provided here may be underestimated. For 6% of presentations, the patient was transferred to another hospital or psychiatric unit/hospital. For 14% of presentations, the patient left the ED before a next care recommendation could be made, and for 1% of presentations, the patient refused to be admitted for general or psychiatric care.

Next care recommendations in 2022 and 2023 were similar for men and women. However, men more frequently left the ED before a recommendation was made in comparison to women (16% vs 11%). Conversely, women were more frequently admitted to a general ward of the treating hospital than men (28% vs 21%).

The recommendations for next care also varied according to the method of self-harm (Table 5).

Approximately 33% of presentations involving intentional drug overdose and 31% of self-poisoning presentations were admitted for general inpatient care. For other methods of self-harm, general inpatient care was recommended for 10-22% of presentations. Given that 15% of presentations involving self-cutting resulted in a general inpatient admission, this may be an indication of the superficial nature of the injuries sustained in some cases. Of the presentations where the patient used self-cutting, 58% were discharged after receiving treatment in the ED.

The highly lethal methods of self-harm of attempted hanging and attempted drowning were associated with a higher proportion of patients being admitted for psychiatric inpatient care directly from the ED (11% for both methods). Admission to ICU was highest for presentations involving self-poisoning (3.1%).

	Intentional drug overdose (n=12,962)	Alcohol (n=6,567)	Self-poisoning (n=520)	Attempted hanging (n=1,797)	Attempted drowning (n=720)	Self-cutting (n=6,994)	Other (n=1,872)	All (n=22,106)
General admission	33.4%	21.8%	31.2%	12.4%	10.4%	15.3%	15.2%	24.1%
Psychiatric admission	4.2%	4.5%	4.4%	11.4%	11.3%	5.3%	8.5%	5.3%
Admission ICU	2.3%	1.5%	3.1%	2.4%	1.4%	0.4%	0.8%	1.6%
Patient would not allow admission	0.8%	1.2%	0.6%	1.2%	1.1%	0.7%	1%	0.9%
Transferred to another hospital/ psychiatric unit/ psychiatric hospital	4.5%	4.9%	6.5%	11.4%	8.9%	6.8%	9.5%	5.9%
Left before recommendation	12.6%	18.3%	9.8%	11.3%	16.4%	13.4%	12.2%	13.9%
Discharged from ED	41.6%	47%	43.7%	49.2%	50.3%	57.6%	52.1%	47.6%

Table 5: Recommended next care by methods of self-harm in 2022 and 2023.

Recommendations for next care also varied significantly by HSE Hospital Group (Table 6). The proportion of self-harm patients who left before a recommendation was made varied from 0.7% in Children's Health Ireland to 17% in the RCSI Hospital Group. Across the Hospital Groups, inpatient care (irrespective of type and whether the patient refused) was recommended for 22% of presentations in the UL Hospital Group, 29% in the South/Southwest Hospital Group, 30% in the Ireland East Hospital Group, 33% in the Dublin Midlands Hospital Group, 35% in the RCSI, 39% in the Saolta University Health Care Group and 67% in Children's Health Ireland Hospital Group.

As a corollary to this, the proportion of cases discharged following emergency treatment ranged from a low of 32% in the Children's Health Ireland Hospital Group to a high of 58% in the UL Hospital Group. The balance of general and psychiatric admissions directly after treatment in the ED differed significantly by hospital group. Direct general admissions were more common than direct psychiatric admissions across all hospital groups.

	Ireland East (n=4,848)	Dublin Midlands (n=4,688)	RCSI (n=2,387)	South/ Southwest (n=5,150)	UL (n=1,790)	Saolta (n=2,154)	Children's Health Ireland (n=1,089)	Republic of Ireland (n=22,106)
General admission	23.0%	25.8%	28.0%	22.1%	13.0%	22.6%	66.7%	25.2%
Psychiatric admission	3.9%	6.4%	4.4%	4.6%	6.1%	10.5%	0%	5.3%
Admission ICU	2.3%	0.7%	1.8%	1.4%	2.0%	3.3%	0.1%	1.7%
Patient would not allow admission	1.1%	0.3%	0.3%	0.6%	1.2%	2.3%	0.4%	0.8%
Transferred to another hospital/ psychiatric unit/ psychiatric hospital	9.3%	4.6%	11.7%	3.3%	5.5%	4.3%	0.3%	5.9%
Left before recommendation	13.2%	14.8%	16.7%	11.1%	14.6%	11.6%	0.7%	12.8%
Discharged from ED	46.6%	46.8%	37.0%	56.1%	57.5%	44.4%	31.7%	47.8%

Table 6: Recommended next care in 2022 and 2023 by HSE Hospital Group.

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

Note: RCSI Hospital group does not include data from two hospitals. Saolta Hospital group does not include data from one hospital.

< Back to contents

The recommended next care after a self-harm presentation is provided by hospital for 2022 in Appendix B, Tables B1–B7, and for 2023 in Appendix F, Tables F1–F7. Within each Hospital Group, there were significant differences between the hospitals in their next care recommendations.

In 2022 and 2023, 13% of patients left the ED before a recommendation could be made. The funnel plot in Figure 10 illustrates the percentage of presentations per hospital for which the patient left before a recommendation could be made. For almost two-thirds of all hospitals (n=15), the proportion was similar to the national rate. There were nine hospitals falling outside of the dashed lines which indicates that their rate is different to the national rate. There is evidence of an association with the location of a hospital: the proportion of patients leaving before recommendation is higher in inner-city hospital EDs.

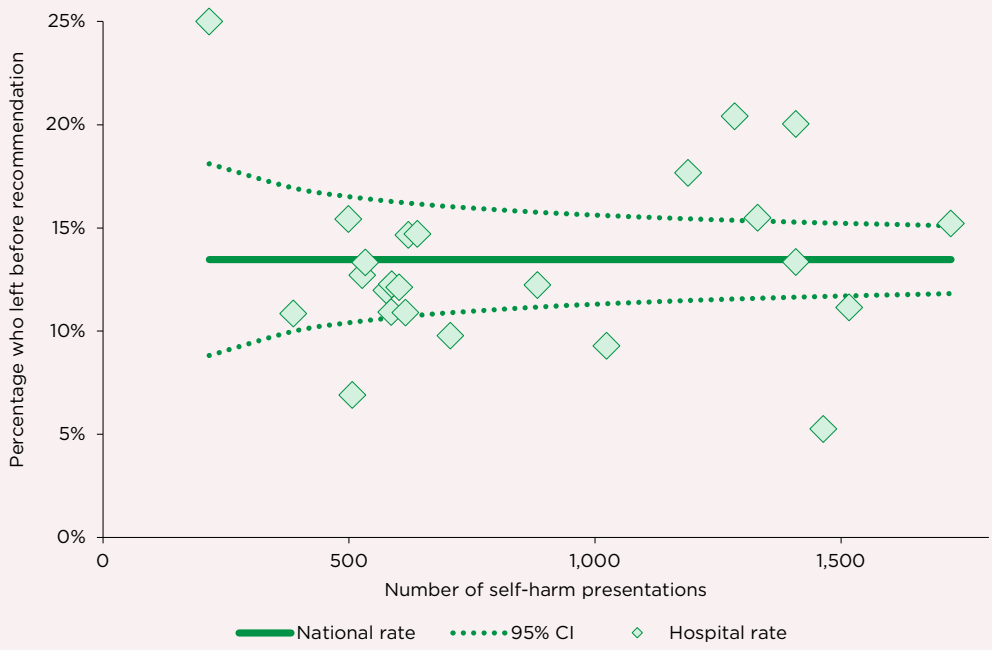


Figure 10: Funnel plot of the percentage of presentations in which the patient left before recommendation, by hospital, 2022 and 2023.

Note: Due to small numbers, data for Children's Health Ireland and Level 2 hospitals have been excluded.

Current care

Data were collected about the current care of individuals who presented to hospital with self-harm in 2022–2023. For 34% of presentations (n=7,607), it was noted that the patient was currently attending Mental Health Services. In 2% of presentations (n=464), it was noted that the patient had previously been referred and was awaiting an appointment with Mental Health Services. For 3% of presentations (n=710), individuals were attending Addiction Services while 2% of presentations were engaged with Homeless Services (n=499). For a large number of cases, however (37%; n=8,102), information on current care was not documented.

Women were more likely than men to be engaged with Mental Health Services (64% vs 36%). Conversely, men were more likely than women to be attending Addiction Services (61% vs 39%) and Homeless Services (70% vs 30%).

Self-harm cases discharged from Emergency Departments

For presentations that resulted in the patient being discharged from the ED following treatment (n=10,560), information on the type of follow-up care or referral offered is presented in Figure 11.

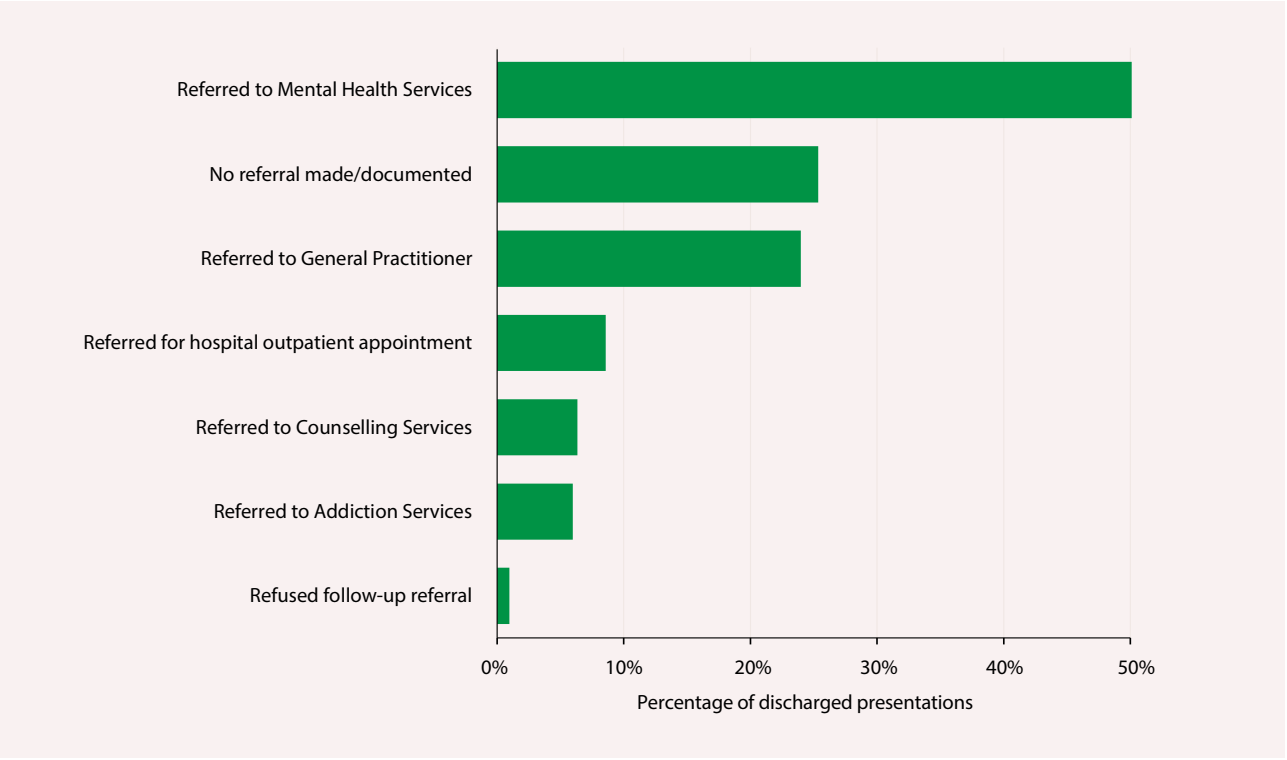


Figure 11: Self-harm presentation referral in 2022 and 2023 following discharge from the Emergency Department.

- For 50% of presentations, patients were referred to Mental Health Services.
- A referral to the patient's General Practitioner was given in 24% of presentations.
- For 9% of presentations, the patient was referred for a general hospital outpatient appointment.
- Other services including counselling support services (e.g. Pieta) and Addiction Services were recommended for 12% of presentations discharged from the ED.
- For one in four presentations, patients were discharged home from the ED with either no referral recommendation made or documented.

Referrals offered to self-harm patients following discharge from the ED varied according to HSE Hospital Group. For example, 30% of presentations in the RCSI Hospital Group received a referral to a General Practitioner compared with 14% in Children's Health Ireland. A referral for a general hospital outpatient appointment was made for just 0.1% of presentations in the UL Hospital Group compared with 32% in the Dublin Midlands Hospital Group. In terms of referral to local support services, 72% of presentations in the UL Hospital Group and 77% of presentations in the Saolta University Health Care Group received a referral to Mental Health Services compared with 31% in the South/Southwest Hospital Group. In the UL Hospital Group, 14% of presentations were referred to counselling support services such as Pieta in comparison to 2% in the RCSI Hospital Group.

< Back to contents

Mental health assessment

Information was recorded about whether the patient had a mental health assessment in the ED in 87% of presentations (n=19,316). For 58% of these presentations (n=11,189), an assessment was completed in the ED. For 8% (n=1,558), an assessment was later completed in the presenting hospital while for a further 6% (n=1,130), an assessment was arranged in the presenting hospital. A minority of patients (5%) refused a mental health assessment at the time of presentation (n=873).

Assessment was most common for presentations with methods involving attempted hanging and attempted drowning (69%). Those who presented with self-poisoning were least likely to receive an assessment (54%).

For more than three-quarters (81%) of presentations that subsequently resulted in discharge from the ED, patients received a mental health assessment prior to discharge. In contrast, only 9% of patients who left before recommendation received an assessment.

Provision of a mental health assessment varied according to whether the self-harm presentation was a repeat presentation or not. In 2022 and 2023, 67% of first presentations of self-harm were assessed, compared with 58% of those with five or more presentations.

The plot in Figure 12 illustrates the variation in the proportion of presentations per hospital in which the patient received a mental health assessment.

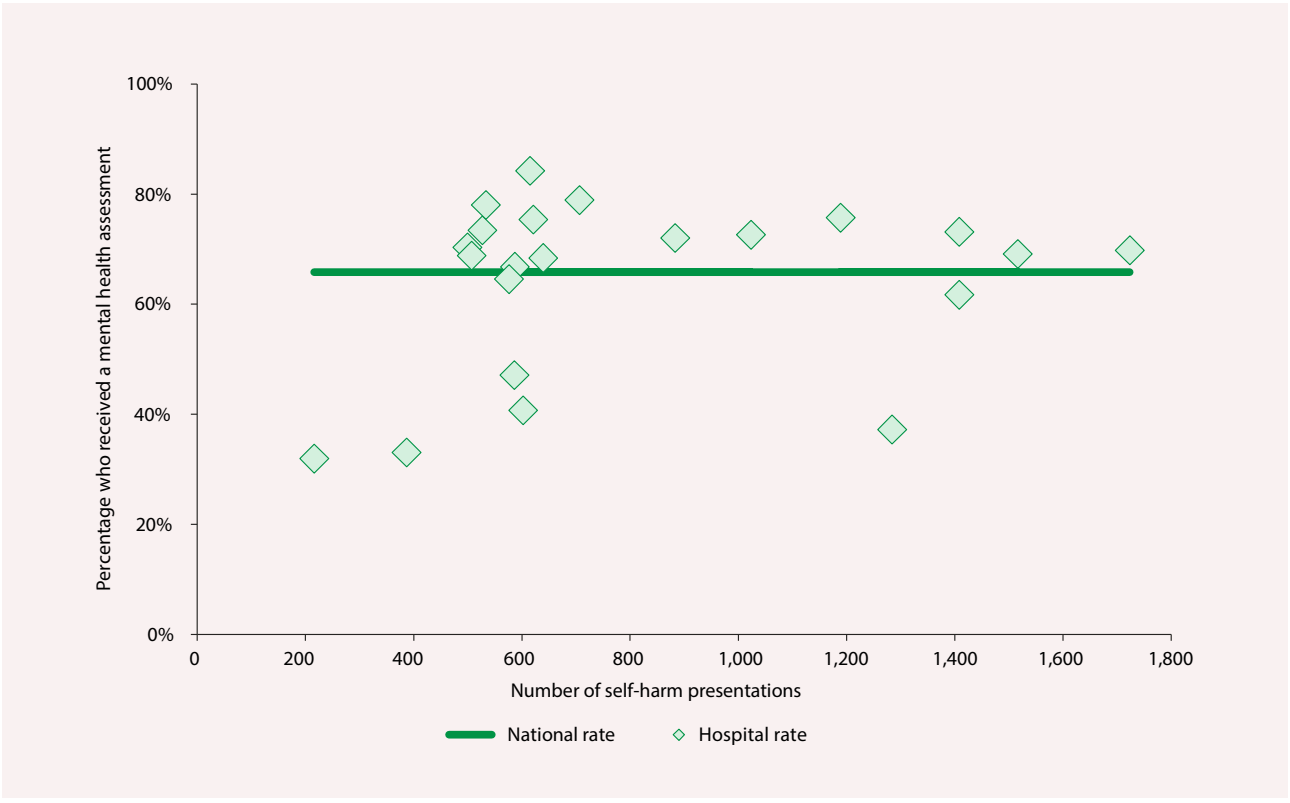


Figure 12: Plot of the percentage of presentations that receive a mental health assessment, by hospital, 2022 and 2023.
Note: Due to small numbers, data for Children's Health Ireland and Level 2 hospitals have been excluded.

Repetition of self-harm

In 2022, 8,792 individuals presented to hospital with 11,447 self-harm presentations; in 2023, 8,190 individuals presented with 10,659 presentations. This implies that almost one in four (2022: n=2,655 (23.2%); 2023: n=2,469 (23.2%)) of the presentations in 2022 and 2023 were due to repeat acts. Of the 8,792 and 8,190 self-harm patients who presented to hospital in 2022 and 2023 respectively, 1,259 (14.3%) and 1,249 (15.3%) made at least one repeat presentation to hospital during that calendar year. (Repetition across the two-year period was not calculated.) Similar to the 15.5% reported in 2021, these proportions are in the range of what has been reported in recent years (2014–2020: 14.5–15.7%). In 2022, 154 individuals presented five or more times; in 2023, 126 individuals presented five or more times. In 2022, these patients accounted for just 1.8% of all self-harm patients but their presentations represented 11.6% of all self-harm presentations recorded (n=1,332). In 2023, this group accounted for 1.5% of patients but 10.1% of presentations (n=1,078).

The rate of repetition varied according to the method of self-harm involved in the self-harm act (Tables 7a and 7b).

	Intentional Drug Overdose	Alcohol	Self-poisoning	Attempted hanging	Attempted drowning	Self-cutting	Other	All
Number of individuals who presented	5,382	2,687	188	742	290	2,598	685	8,792
Number who repeated	708	376	31	97	28	499	91	1,259
Percentage who repeated	13.2%	14.0%	16.5%	13.1%	9.7%	19.2%	13.3%	14.3%

Table 7a: Number and percentage of individuals who had a repeat self-harm presentation in 2022 by method of self-harm.

	Intentional Drug Overdose	Alcohol	Self-poisoning	Attempted hanging	Attempted drowning	Self-cutting	Other	All
Number of individuals who presented	4,920	2,566	160	677	243	2,385	613	8,190
Number who repeated	699	378	31	95	32	460	103	1,249
Percentage who repeated	14.2%	14.7%	19.4%	14.0%	13.2%	19.3%	16.8%	15.3%

Table 7b: Number and percentage of individuals who had a repeat self-harm presentation in 2023 by method of self-harm.

Of the most common methods of self-harm, self-cutting was associated with an increased level of repetition. In both 2022 and 2023, one in five individuals (2022: 19.2%; 2023: 19.3%) who used cutting as a method of self-harm in their index presentation made at least one subsequent self-harm presentation in the calendar year. The high rate of repetition in 2021 for those who presented with attempted drowning (19.2%) was not observed in 2022 or 2023; in 2022, the rate was instead lower than any of the last six years, and in 2023 the rate was in line with previous years (2022: 9.7%; 2023: 13.2%; 2017–2020: 12.9%–14.3%).

In both 2022 and 2023, the rate of repetition nationally was the same for men and women (2022: 13.9% and 14.7% respectively; 2023: 15.2% and 15.3%). Repetition varied significantly by age in both years. The proportion of individuals who repeated was highest amongst people aged 25–34 years (2022: 16.3%; 2023: 17.6%). In 2022, 14.1% of all self-harm patients aged less than twenty years re-presented with self-harm in 2022; the corresponding figure in 2023 was 13.8%.

There was some variation in repetition rates when examined by HSE Hospital Group (Tables 8a and 8b). In 2022, the lowest rate was among self-harm patients presenting in the South/Southwest Hospital Group (12.3%) while the highest was in the Ireland East Hospital Group (17.7%). In 2023, the lowest rate was among patients presenting to Children's Health Ireland (12.6%) and the highest rate was in the Saolta University Health Care Group (18.7%).

< Back to contents

		Ireland East	Dublin Midlands	RCSI	South/ Southwest	UL	Saolta	Children's Health Ireland	Republic of Ireland
Number of individuals who presented	Men	957	813	489	881	296	334	92	3,762
	Women	1,181	909	670	1,087	459	503	362	5,030
	TOTAL	2,138	1,722	1,159	1,968	755	837	454	8,792
Number who repeated	Men	163	121	77	104	42	47	8	522
	Women	215	150	114	139	62	65	58	737
	TOTAL	378	271	191	243	104	112	66	1,259
Percentage who repeated	Men	17%	14.9%	15.7%	11.8%	14.2%	14.1%	8.7%	13.9%
	Women	18.2%	16.5%	17%	12.8%	13.5%	12.9%	16%	14.7%
	TOTAL	17.7%	15.7%	16.5%	12.3%	13.8%	13.4%	14.5%	14.3%

Table 8a: Number and percentage of men and women who made a repeat self-harm presentation in 2022 by HSE hospital group.

		Ireland East	Dublin Midlands	RCSI	South/ Southwest	UL	Saolta	Children's Health Ireland	Republic of Ireland
Number of individuals who presented	Men	777	866	282	982	283	357	76	3,543
	Women	944	930	458	1,132	423	479	377	4,647
	TOTAL	1,721	1,796	740	2,114	706	836	453	8,190
Number who repeated	Men	128	129	35	161	46	65	7	538
	Women	155	147	64	184	58	91	50	711
	TOTAL	283	276	99	345	104	156	57	1,249
Percentage who repeated	Men	16.5%	14.9%	12.4%	16.4%	16.3%	18.2%	9.2%	15.2%
	Women	16.4%	15.8%	14.0%	16.3%	13.7%	19.0%	13.3%	15.3%
	TOTAL	16.4%	15.4%	13.4%	16.3%	14.7%	18.7%	12.6%	15.3%

Table 8b: Number and percentage of men and women who made a repeat self-harm presentation in 2023 by HSE hospital group.

The funnel plot in Figure 13 illustrates the rate of repetition for each hospital. The average rate of repetition nationally was 14.3% in 2022 and 15.4% in 2023. For the majority of hospitals, the rate of repetition was similar to the national rate, suggesting little variation in the rate of repetition across hospitals. The Mater Misericordiae University Hospital and Our Lady of Lourdes Hospital, Drogheda noted the highest rate of repetition across all hospitals in 2022. In 2023, Letterkenny University Hospital, Tipperary University Hospital and Portiuncula University Hospital had the highest repetition rates in 2023.

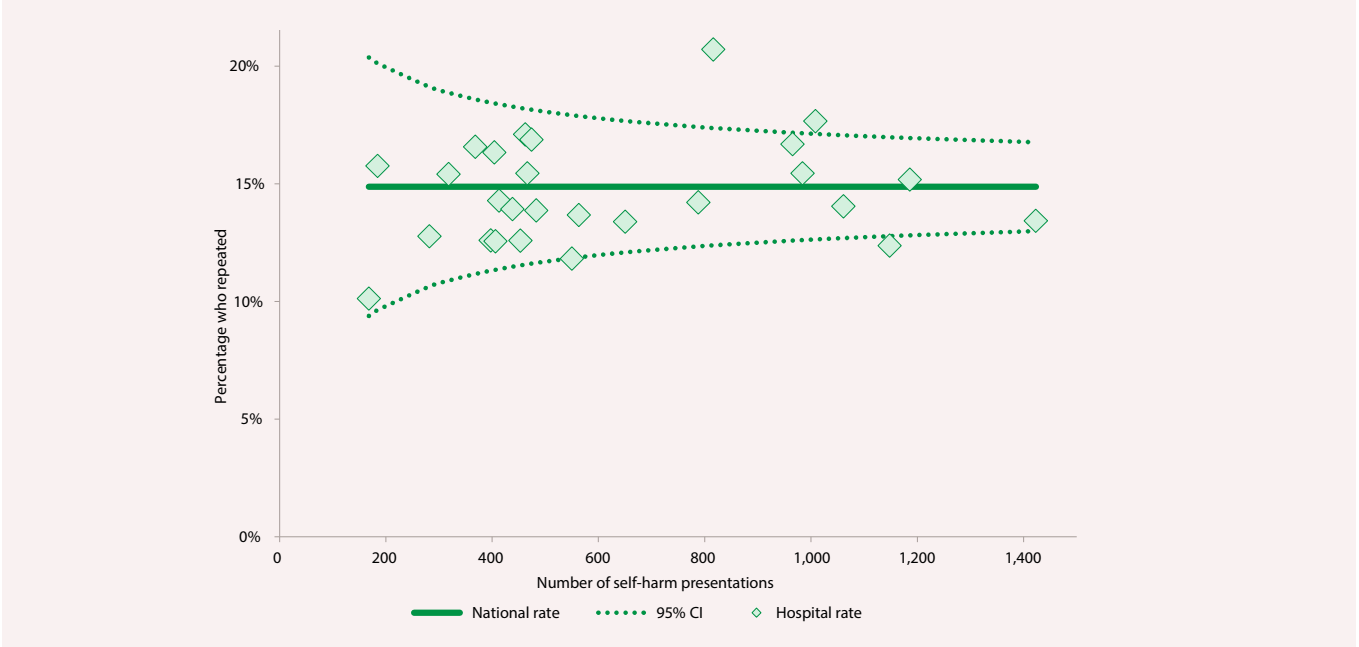


Figure 13: Funnel plot of the rate of repetition by hospital, 2022 and 2023.
Note: Due to small numbers, data for Level 2 hospitals have been excluded.

The repetition rate by hospital for men, women and all patients who presented to hospital with self-harm are detailed in Appendices C and G, Tables C1–C7 and G1–G7. Caution should be taken in interpreting the repetition rates associated with smaller hospitals as the calculations may be based on a small number of patients.

SECTION II:
Incidence Rates

For the period from 1 January to 31 December 2022, the Registry recorded 11,447 self-harm presentations to hospital that were made by 8,792 individuals. These figures do not include presentations to two hospitals as outlined earlier (see Methods). Adjusting for the absence of data from two hospitals, we estimate that there was a total of 12,705 presentations made by 9,748 individuals. Based on these estimates, the person-based crude and age-standardised rate of self-harm in 2022 was 189 (95% CI: 185–193) and 197 (95% CI: 193–201) per 100,000 respectively. The age-standardised rate, which accounts for the age distribution of the population, indicated that from 2021 to 2022, there was a <1% increase in the rate of persons presenting to hospital as a result of self-harm.

Table 9 presents the age-standardised rates for men and women and all persons, and the change in rates each year, since the Registry reached near national coverage in 2002.

	MALE		FEMALE		ALL	
YEAR	Rate	% difference	Rate	% difference	Rate	% difference
2002	167	–	237	–	202	–
2003	177	+7%	241	+2%	209	+4%
2004	170	–4%	233	–4%	201	–4%
2005	167	–2%	229	–1%	198	–2%
2006	160	–4%	210	–9%	184	–7%
2007	162	+2%	215	+3%	188	+2%
2008	180	+11%	223	+4%	200	+6%
2009	197	+10%	222	–<1%	209	+5%
2010	211	+7%	236	+6%	223	+7%
2011	205	–3%	226	–4%	215	–4%
2012	195	–5%	228	+1%	211	–2%
2013	182	–7%	217	–5%	199	–6%
2014	185	+2%	216	–<1%	200	+1%
2015	186	+1%	222	+3%	204	+2%
2016	184	–1%	228	+3%	205	+<1%
2017	181	–2%	219	–4%	199	–3%
2018	193	+7%	229	+5%	210	+6%
2019	187	–3%	226	–1%	206	–2%
2020[1]	177	–5%	225	–<1%	200	–3%
2021	160	–10%	232	+3%	196	–2%
2022	168	+5%	227	–2%	197	+<1%
2023	167	–<1%	217	–4%	191	–3%

Table 9: Person-based age-standardised rate of self-harm in the Republic of Ireland in 2002–2023 (extrapolated data used for 2002–2005 and 2020–2023 to adjust for non-participating hospitals).

[1]Figures for 2020 have been updated to include an additional 35 cases which were late registered.

For the period from 1 January to 31 December 2023, the Registry recorded 10,659 self-harm presentations to hospital that were made by 8,190 individuals. These figures do not include presentations to three hospitals and a fourth hospital which had missing data for six months. Adjusting for the absence of data from these hospitals, we estimate that there was a total of 12,792 presentations made by 9,786 individuals. Based on these estimates, the person-based crude and age-standardised rate of self-harm in 2023 was 185 (95% CI: 182–189) and 191 (95% CI: 188–195) per 100,000 respectively. Thus, the age-standardised rate in 2023 was 3% lower than it was in 2022.

< Back to contents

Variation by sex

The person-based age-standardised rate of self-harm for men and women in 2022 was 168 (95% CI: 163–173) and 227 (95% CI: 221–233) per 100,000 respectively. This represents a 5% increase in the male rate of self-harm from 2021 and a 2% decrease in the female rate.

The person-based age-standardised rate of self-harm for men and women in 2023 was 167 (95% CI: 162–172) and 217 (95% CI: 212-223) per 100,000 respectively. This represents a less than 1% decrease in the male rate of self-harm from 2022 and a 4% decrease in the female rate.

Figure 14 provides a visual overview of the age-standardised rates of self-harm for men and women from 2002–2023.

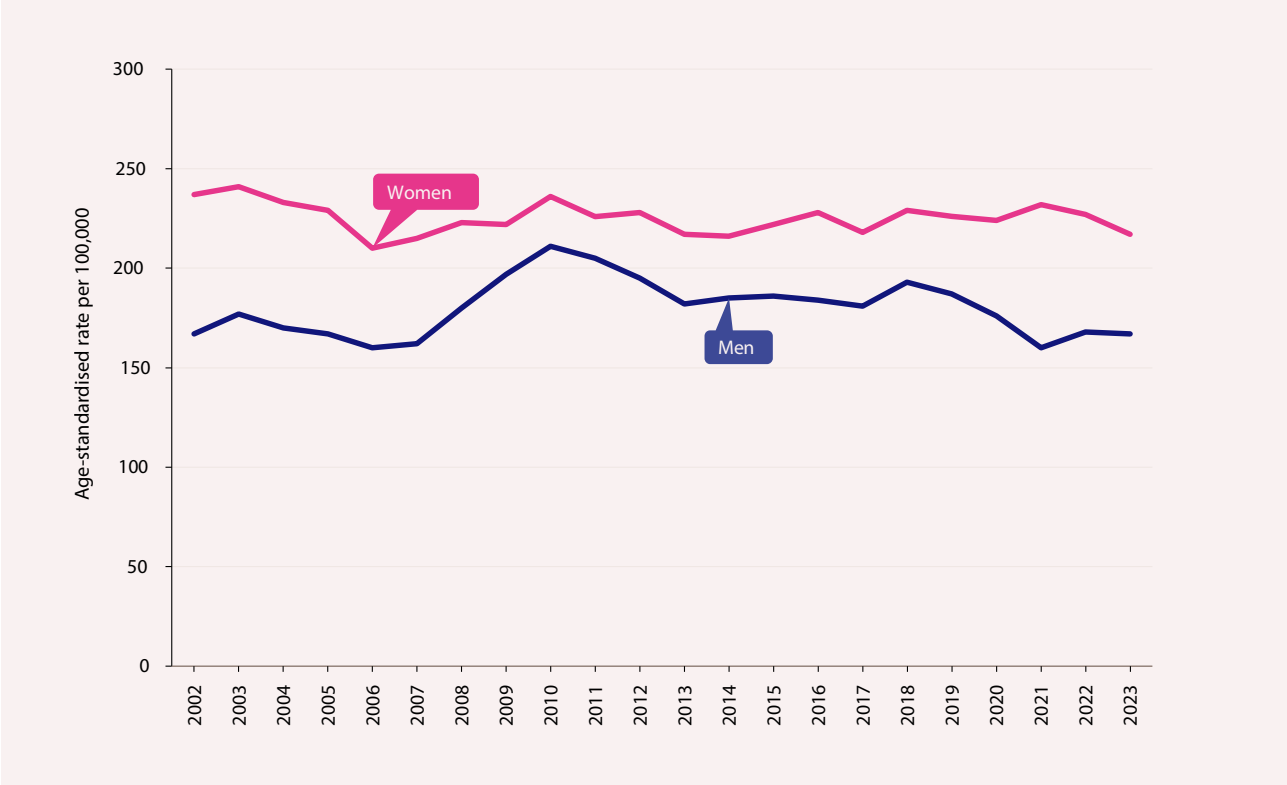


Figure 14: Person-based age-standardised rate of self-harm in the Republic of Ireland for men and women, 2002–2023.

The rate of 168 per 100,000 for men in 2022 represents the first increase in self-harm rates for men since 2018. The rate of self-harm for men had been mostly decreasing since 2010 when the peak rate of 211 per 100,000 was recorded. In the previous year, in 2021, the male rate was as low as had been recorded by the Registry. Previously, a similar rate was recorded in 2006 and 2007, before the economic recession.

The rates of 227 and 217 per 100,000 for women in 2022 and 2023 respectively mark decreases in the female self-harm rate across both years. The rate in 2023 is the lowest rate recorded for women since 2014. In general, the rate for women has remained relatively stable since 2010 with yearly rates typically varying by ±5%.

The female rate of self-harm in 2022 was 35% higher than the male rate. In 2023, the female rate was 30% higher. Although lower than the 45% difference reported in 2021, it is still greater than the sex difference of 10–24% reported in the 10 years up to and including 2019.

Variation by age

When examined by age, there was a striking pattern in the incidence of self-harm with highest rates among younger age groups (see Figure 15a and 15b). At 850 per 100,000, the peak rate for women in 2022 was among 15–19-year-olds. This rate implies that one in every 118 girls in this age group presented to hospital in 2022 following an episode of self-harm. The rate reported in 2022 was a 4% decrease on the rate recorded in 2021.

In 2023, the peak rate for women was also for 15–19-year-olds, with a rate of 725 per 100,000. This rate implies that one in every 138 girls in this age group presented to hospital in 2023 following an episode of self-harm. The rate of 725 per 100,000 in 2023 was a further 15% decrease on that reported in 2022.

The peak rate for men in both 2022 and 2023 was among 20–24-year-olds. In 2022, a rate of 388 per 100,000 was recorded for 20–24-year-old men which is the same as that recorded in 2021. This rate implies that in 2022, one in every 258 men in this age group presented to hospital following self-harm. A similar rate was recorded for 20–24-year-old men in 2023 (391 per 100,000). The rate in 2023 indicates that one in every 256 men presented to hospital after an episode of self-harm in that year.

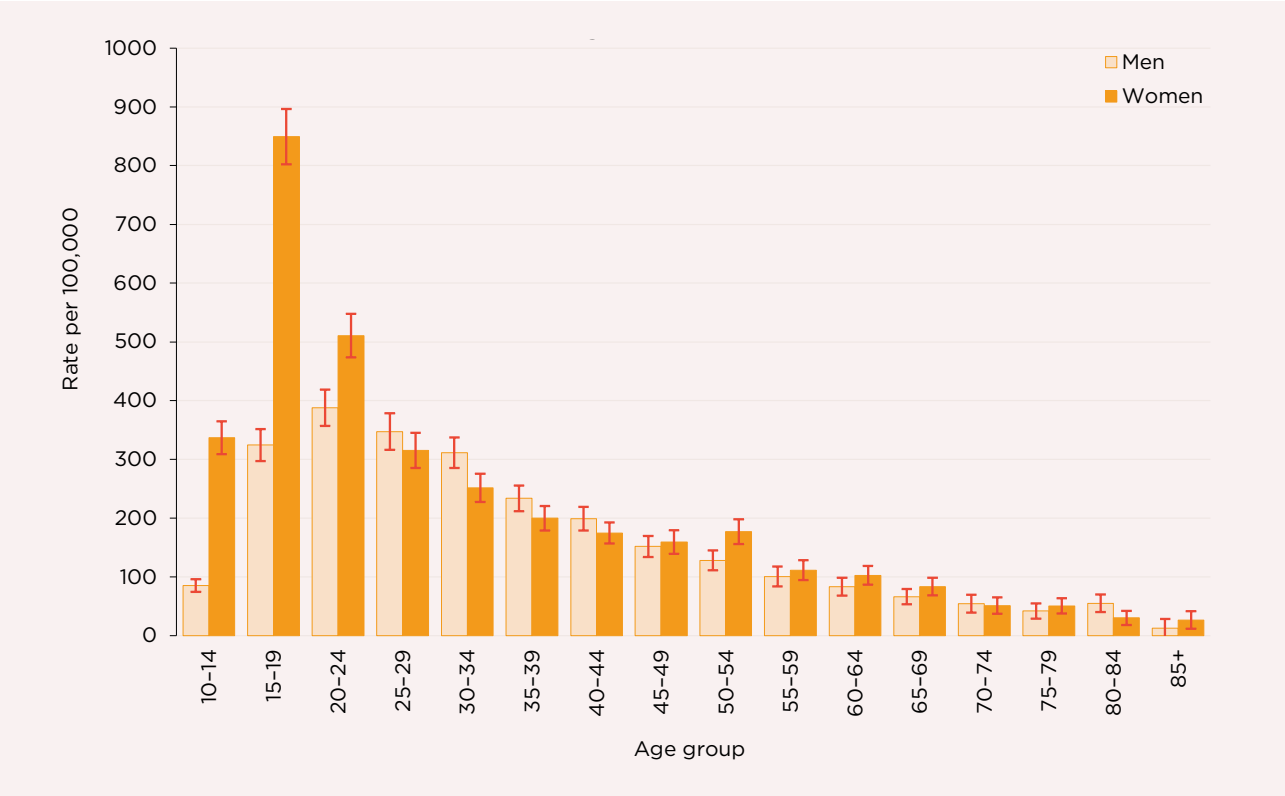


Figure 15a: Person-based rate of self-harm for men and women in 2022 by 5-year age group.

< Back to contents

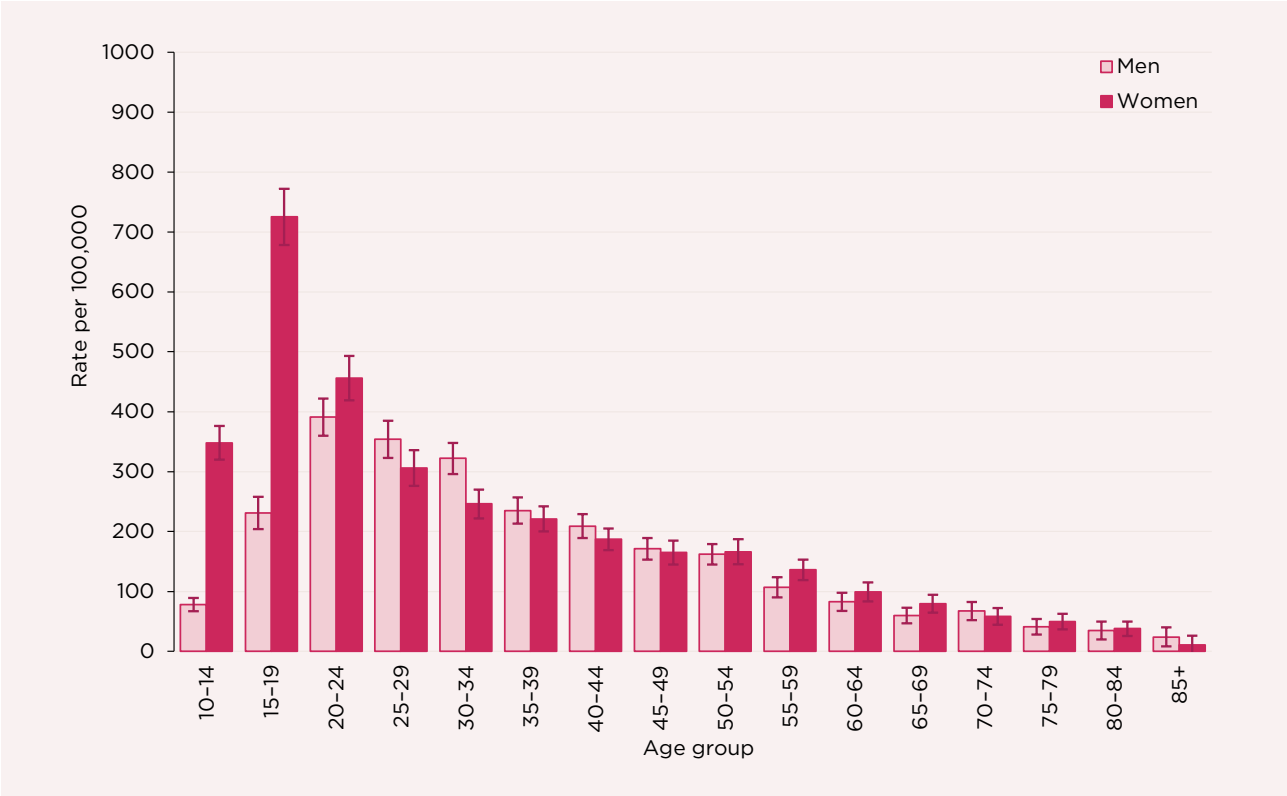


Figure 15b: Person-based rate of self-harm for men and women in 2023 by 5-year age group.

In both years, the incidence of self-harm gradually decreased with increasing age for men. This was the case to a lesser extent in women as the self-harm rate for 50–54-year-olds in 2022 was similar to that reported for 40–44-year-olds (177 and 175 per 100,000 respectively). In 2023, the self-harm rate for 45-49-year-olds and 50-54-year-olds was the same. Population figures and the number and rate of persons who presented to hospital following self-harm in 2022 are given for men and women by age group in Appendix D. The same information for the year 2023 is included in Appendix H.

Sex differences in the incidence of self-harm varied with age. In 2022, the female rate was almost four times the male rate in 10–14-year-olds (337 vs 85 per 100,000), almost three times higher in 15–19-year olds (850 vs 324 per 100,000) and it was 32% higher in 20–24-year-olds (511 vs 388 per 100,000). In other age groups, rates were similar except for 50–54-year-olds where the female rate was 38% higher (177 vs 128 per 100,000) in 2022. Similar to 2021, there was little difference in self-harm rates for men and women aged 25–29 years in 2022 (348 and 315 per 100,000 respectively). During the 12 years prior to 2021 (2009–2020), the annual self-harm rate among 25–29-year-olds had been significantly higher in men than it was in women.

In 2023, the female rate was more than four times the male rate in 10–14-year olds (348 vs 78 per 100,000), and it was more than three times higher in 15–19-year olds (725 vs 231 per 100,000). The sex difference in 20–24-year olds was 17% (456 vs 391 per 100,000) which was lower than that recorded for this age group in 2022. The disparity between the sexes observed in the 50–54-year old group in 2022 was not observed in 2023.

In 2022, the male rate of self-harm among 10–24-year-olds was 255 per 100,000, 6% higher than what was recorded in 2021. In 2023 however, the rate decreased by 12% to 224 per 100,000, which is lower than the rate reported in 2021. In contrast, the female rate for this age group decreased by 4%, from 580 to 559 per 100,000 in 2022. The rate again decreased by a further 9% in 2023 to 507 per 100,000.

In 2022, the peak rates among younger people (<25 years) were in 14-year-old girls and 22-year-old men with rates of 923 and 426 per 100,000 respectively (see Figure 16a). This represents a peak at a younger age than usual for female hospital-presenting self-harm and is the first time the peak rate has been reported in girls under 15 years.

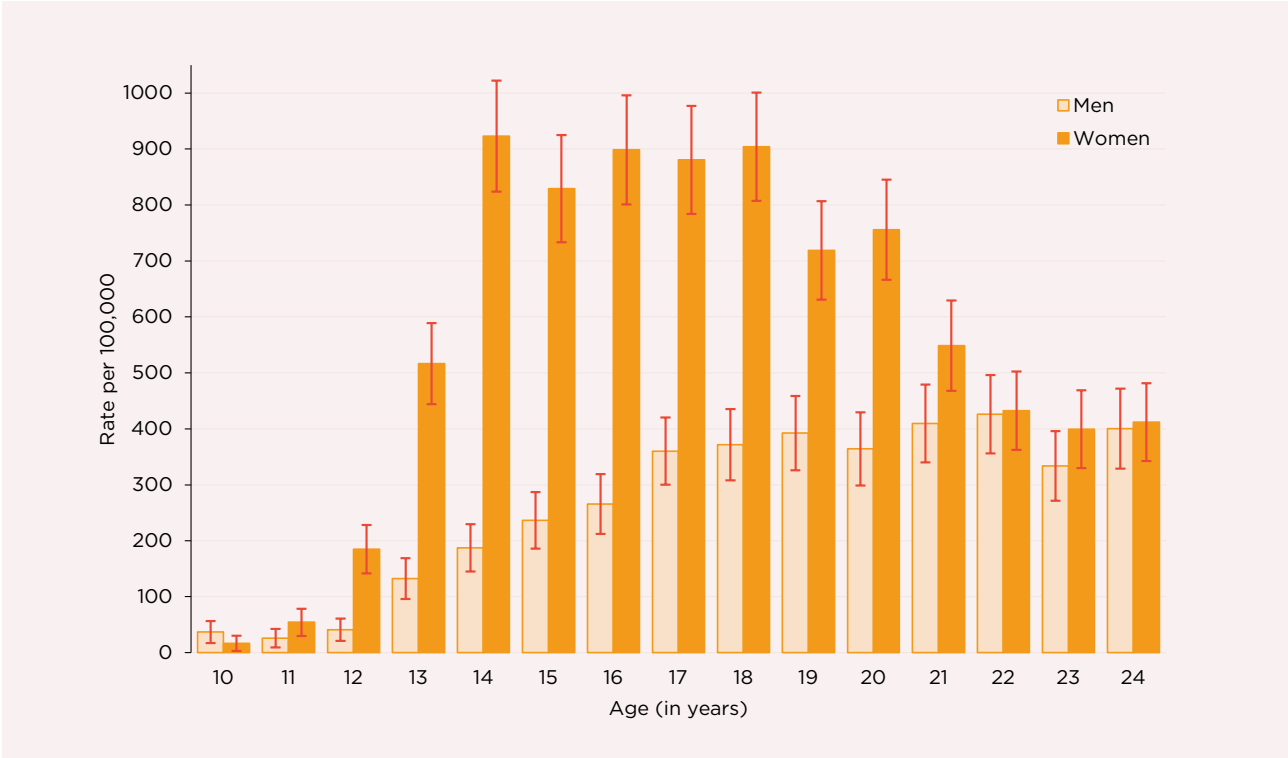


Figure 16a: Person-based rate of self-harm for men and women aged 10–24 years in 2022 by single year of age.

In 2023, the peak rate among young people was again observed in 14-year-old girls, though at a lower rate of 838 per 100,000. The peak rate for men in this age group was among 21-year-olds (460 per 100,000).

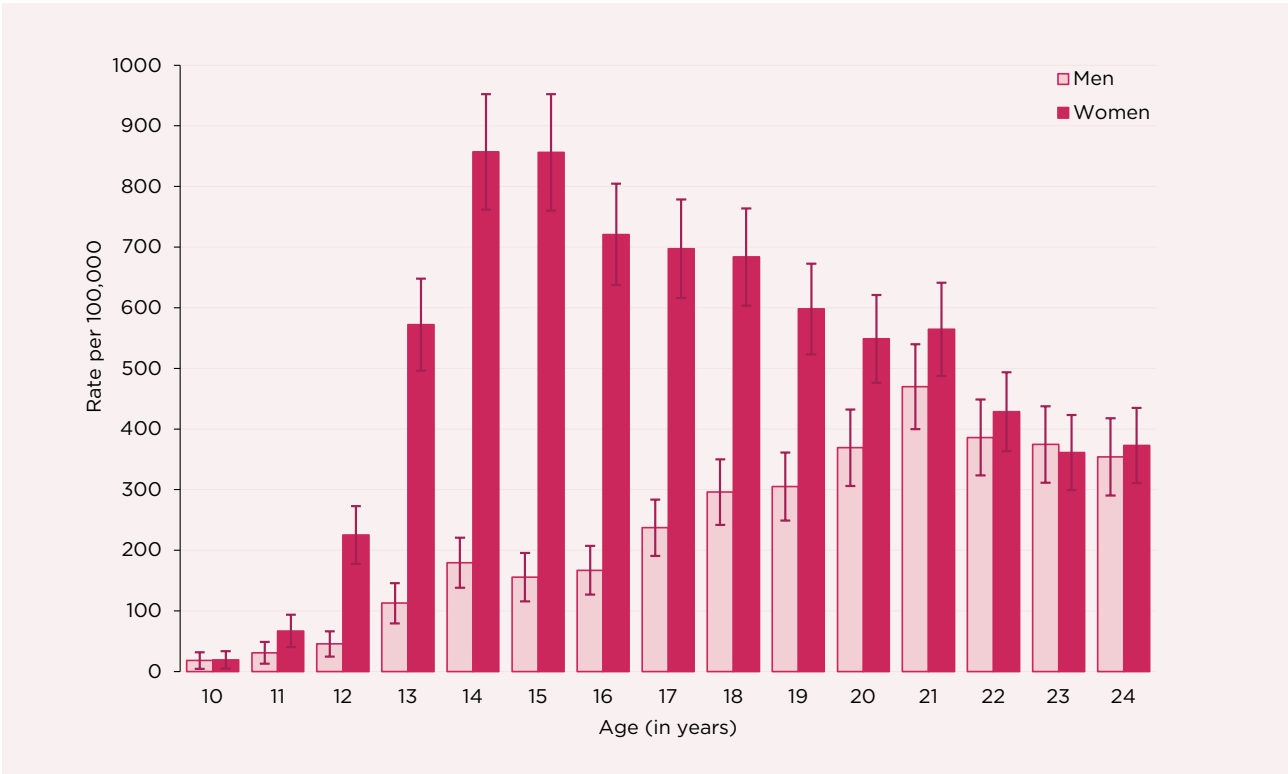


Figure 16b: Person-based rate of self-harm for men and women aged 10–24 years in 2023 by single year of age.

< Back to contents

In both 2022 and 2023, hospital-presenting self-harm by 10–12-year-old boys and 10–11-year-old girls was relatively rare. However, with each single year increase in age the rate increased significantly, and this was especially so for girls. The rate was close to 200 per 100,000 for 12-year-old girls in 2022 (185 per 100,000), but it was almost three times higher than that at 517 per 100,000 for 13-year-old girls, and close to double that rate at 923 per 100,000 in 14-year-olds in the same year.

Similar observations were made for rates of self-harm in girls in 2023, though worryingly, the rate of 227 per 100,000 among 12-year-old girls represented a 23% increase from 2022 to 2023. The peak rate of 838 for 14-year-old girls in 2023 marks a 9% reduction in rates for girls of this age from 2022.

As a consequence of the earlier and greater increase in female self-harm by age, the maximum ratio of girls to boys was among 12- and 13-year-olds, for whom the female rate was approximately five times greater than that of boys in 2023. The female rate of hospital-presenting self-harm was significantly higher than the male rate at each age from 12–20 years, so even at the peak male rate of 460 per 100,000 in 2023 among 21-year-olds, the female rate was almost 20% higher at 545 per 100,000.

Trend over time by sex and age

Figure 17 illustrates the trend in hospital-presenting self-harm by sex and age since 2007, when the Registry achieved national coverage of all hospitals. Consistently, 20–24-year-olds have had the highest rate for men. The rate for this age group has been volatile but similar for men and women. There was a striking increase during the years of economic recession and austerity, after which the male self-harm rate decreased for several years before increasing again around 2018. The rate returned to its pre-recession level for men in recent years. The rate for 20–24-year-old women has decreased in recent years but is still significantly higher than pre-recession levels.

In contrast, male and female hospital-presenting self-harm among 15–19-year-olds has been very different in both incidence and trend. In 2007, the female rate of 600 per 100,000 was approximately twice the male rate. Economic recession, austerity and recovery were associated with a marked increase and decrease in the male rate but no change in the female rate. During 2013–2021, the female self-harm rate increased almost every year and was 50% higher, at almost 900 per 100,000, in 2021. Since the peak in 2021, the rate decreased by 18% during 2022–2023. The male self-harm rate among 15–19-year-olds was increasing gradually during 2013–2019 but there was a sharp decrease associated with the onset of the COVID-19 pandemic and a further decrease in 2023. The male self-harm rate of 231 per 100,000 for 15–19-year-olds in 2023 is the lowest recorded by the Registry for this population. Of note, the female self-harm rate in 2023 was three times higher at 725 per 100,000.

Among young adolescents aged 10–14 years, hospital-presenting self-harm has increased for both boys and girls. The male self-harm rate was low but it has increased steadily, reaching approximately 80 per 100,000 in 2022–2023. The increasing trend for girls aged 10–14 years has been much more pronounced. From approximately 100 per 100,000 in 2011, the female self-harm rate increased more than threefold to approximately 350 per 100,000 in 2023.

Among adults aged at least 25 years, the incidence of hospital-presenting self-harm is highest among 25–34-year-olds. The rate decreases with increasing age and is lowest among persons aged 65 years or more. For each age group, the incidence is similar for men and women. There were increases in hospital-presenting self-harm by men across the age range 25–54 years during 2007–2011, and among men and women aged 25–34 years during 2014–2019. However, for the five age groups presented, the male and female self-harm rate in 2023 was similar to, or lower than, what it was in 2007.

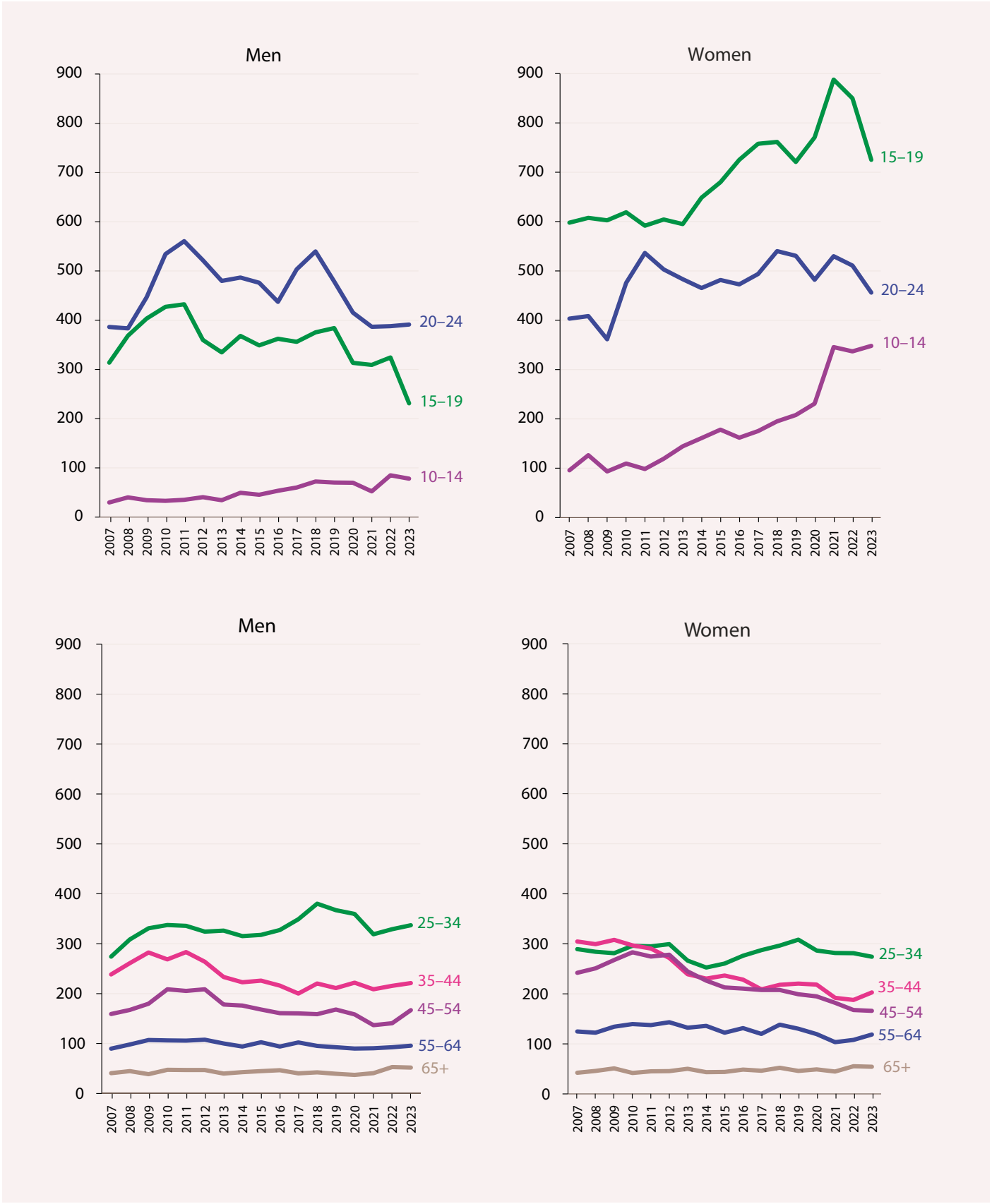


Figure 17: Trend in the rate of hospital-presenting self-harm by sex and age group, 2007-2023.

< Back to contents

Appendices

APPENDIX A: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE REPUBLIC OF IRELAND

TABLE A1: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE REPUBLIC OF IRELAND[1] BY HOSPITAL GROUP, 2022

HOSPITAL GROUP	IRELAND EAST		DUBLIN MIDLANDS		RCSI		SOUTH/ SOUTHWEST		UL		SAOLTA		CHILDREN'S HEALTH IRELAND		REPUBLIC OF IRELAND[2]		REPUBLIC OF IRELAND (Estimate)[3]	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10–14yrs	13	73	14	31	11	96	52	144	7	40	6	56	60	298	163	738	178	790
15–19yrs	144	356	95	287	94	216	137	325	51	133	57	160	39	130	617	1,607	681	1,826
20–24yrs	143	236	217	209	94	119	134	163	71	122	65	104	—	—	724	953	781	1,083
25–29yrs	174	166	141	144	70	70	143	145	27	71	53	44	—	—	608	640	672	696
30–34yrs	177	136	122	186	85	59	112	115	40	49	44	59	—	—	580	604	631	684
35–39yrs	113	127	129	84	56	86	115	92	42	26	37	47	—	—	492	462	531	532
40–44yrs	131	120	107	92	71	61	101	83	38	34	34	35	—	—	482	425	546	466
45–49yrs	94	92	82	72	36	49	67	85	21	30	30	31	—	—	330	359	363	391
50–54yrs	54	89	54	82	32	63	51	60	28	18	22	34	—	—	241	346	270	388
55–59yrs	48	54	42	32	19	12	41	37	7	18	19	40	—	—	176	193	186	206
60–64yrs	43	46	27	35	14	17	23	29	11	9	11	21	—	—	129	157	139	175
65–69yrs	15	20	14	16	8	13	31	30	<5	13	18	<5	—	—	90	96	101	116
70–74yrs	9	11	10	12	<5	8	16	15	<5	<5	6	7	—	—	47	57	58	62
75–79yrs	7	13	<5	<5	6	<5	*	16	<5	<5	<5	<5	—	—	28	39	33	43
80–84yrs	*	<5	<5	<5	0	<5	*	<5	<5	<5	<5	<5	—	—	23	17	28	18
85yrs+	*	<5	0	<5	<5	0	<5	<5	<5	<5	0	0	—	—	4	7	4	14
Total	**1,172**	**1,545**	**1,061**	**1,289**	**600**	**873**	**1,045**	**1,344**	**357**	**574**	**406**	**647**	**103**	**431**	**4,744**	**6,703**	**5,212**	**7,493**

[1]Presentations of persons aged <10 years are not included in this table to avoid risk of disclosure.
[2]Number of self-harm presentations for all except two hospitals in the Republic of Ireland during 2022.
[3]Estimated number of self-harm presentations for all hospitals in the Republic of Ireland in 2022.
*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

TABLE A2: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE IRELAND EAST HOSPITAL GROUP, 2022

	MATER MISERICORDIAE UNIVERSITY HOSPITAL		MIDLAND REGIONAL HOSPITAL, MULLINGAR		OUR LADY'S HOSPITAL, NAVAN		ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY		ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE		OTHER		WEXFORD GENERAL HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	*	47	0	0	7	24	0	<5	*	*	*	31
16–17yrs	14	28	7	29	<5	5	7	20	<5	<5	17	67	*	16
18–24yrs	76	124	22	24	7	20	24	37	<5	<5	64	134	30	49
25–34yrs	129	106	34	39	21	6	46	25	<5	6	82	86	37	34
35–44yrs	90	70	23	19	10	14	27	32	0	<5	60	68	34	40
45–54yrs	62	33	10	32	5	10	16	18	0	<5	42	50	13	36
55–64yrs	20	20	15	*	5	7	17	*	0	0	24	25	10	17
65yrs+	8	10	*	*	<5	6	6	*	0	0	*	*	7	7
Total	**399**	**391**	**120**	**204**	**54**	**68**	**150**	**178**	**5**	**20**	**302**	**454**	**142**	**230**

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

< Back to contents

TABLE A3: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2022

	TALLAGHT UNIVERSITY HOSPITAL		MIDLAND REGIONAL HOSPITAL, PORTLAOISE		MIDLAND REGIONAL HOSPITAL, TULLAMORE		NAAS GENERAL HOSPITAL		ST. JAMES'S HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	14	37	<5	7	*	*	0	0
16–17yrs	12	65	<5	19	5	11	7	17	9	28
18–24yrs	101	106	14	30	24	15	60	57	74	133
25–34yrs	89	68	25	72	17	55	49	41	83	94
35–44yrs	63	58	24	16	16	11	56	37	77	54
45–54yrs	52	24	10	16	6	25	18	27	50	62
55–64yrs	15	23	<5	*	9	<5	8	19	33	15
65yrs+	9	11	<5	*	<5	<5	*	*	9	10
Total	**341**	**355**	**99**	**199**	**81**	**129**	**205**	**210**	**335**	**396**

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

TABLE A4: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE RCSI HOSPITAL GROUP, 2022

	CAVAN GENERAL HOSPITAL		CONNOLLY HOSPITAL, BLANCHARDSTOWN		OUR LADY OF LOURDES HOSPITAL, DROGHEDA	
Age Group	Male	Female	Male	Female	Male	Female
<16yrs	6	46	0	0	13	93
16–17yrs	<5	13	29	50	14	40
18–24yrs	29	23	48	80	56	86
25–34yrs	32	17	66	62	57	50
35–44yrs	21	19	65	58	41	70
45–54yrs	12	16	35	46	21	50
55–64yrs	<5	*	14	12	15	10
65yrs+	<5	*	5	6	10	17
Total	**111**	**143**	**262**	**314**	**227**	**416**

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

TABLE A5: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2022

	BANTRY GENERAL HOSPITAL		CORK UNIVERSITY HOSPITAL		UNIVERSITY HOSPITAL KERRY		MERCY UNIVERSITY HOSPITAL, CORK		TIPPERARY UNIVERSITY HOSPITAL		UNIVERSITY HOSPITAL WATERFORD	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	31	95	6	27	12	22	6	22	21	49
16–17yrs	0	0	31	46	8	15	10	23	<5	14	9	34
18–24yrs	<5	6	49	76	19	36	54	55	30	42	34	70
25–34yrs	<5	<5	60	71	39	31	96	66	26	37	31	52
35–44yrs	<5	7	48	44	21	26	88	50	25	18	31	30
45–54yrs	<5	5	30	28	16	14	31	32	19	32	21	34
55–64yrs	<5	<5	14	19	8	10	21	14	13	11	6	9
65yrs+	<5	<5	15	20	16	8	15	16	<5	13	10	8
Total	**17**	**25**	**278**	**399**	**133**	**167**	**327**	**278**	**127**	**189**	**163**	**286**

< Back to contents

TABLE A6: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE UL HOSPITAL GROUP, 2022

	ENNIS HOSPITAL		UNIVERSITY HOSPITAL LIMERICK	
Age Group	Male	Female	Male	Female
<16yrs	0	<5	17	63
16–17yrs	0	0	18	54
18–24yrs	0	15	94	162
25–34yrs	<5	14	66	106
35–44yrs	<5	<5	78	59
45–54yrs	0	0	49	48
55–64yrs	0	0	18	27
65yrs+	0	0	14	24
Total	**<5**	**31**	**354**	**543**

TABLE A7: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE SAOLTA HOSPITAL GROUP, 2022

	LETTERKENNY UNIVERSITY HOSPITAL		MAYO UNIVERSITY HOSPITAL		PORTIUNCULA UNIVERSITY HOSPITAL		SLIGO UNIVERSITY HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	<5	16	*	16	<5	21	5	26
16–17yrs	<5	18	12	*	<5	13	6	22
18–24yrs	18	35	17	31	33	39	20	69
25–34yrs	15	28	26	21	23	28	33	26
35–44yrs	9	21	23	19	23	16	16	26
45–54yrs	14	15	12	18	14	16	12	16
55–64yrs	8	<5	7	15	6	*	9	32
65yrs+	<5	<5	*	*	8	*	11	7
Total	**75**	**139**	**106**	**137**	**113**	**147**	**112**	**224**

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

TABLE A8: SELF-HARM PRESENTATIONS TO CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2022

	CHILDREN'S HEALTH IRELAND AT TEMPLE STREET		CHILDREN'S HEALTH IRELAND AT TALLAGHT		CHILDREN'S HEALTH IRELAND AT CRUMLIN	
Age Group	Male	Female	Male	Female	Male	Female
<16yrs	**50**	**203**	**37**	**151**	**16**	**77**

APPENDIX B: RECOMMENDATIONS FOR NEXT CARE FOLLOWING SELF-HARM PRESENTATION

TABLE B1: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE IRELAND EAST HOSPITAL GROUP, 2022

	MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
	(n=790)	(n=324)	(n=122)	(n=328)	(n=25)	(n=756)	(n=372)
Admitted (General, Psychiatric, ICU)	15.4%	24.1%	27.0%	61.3%	44.0%	28.0%	36.6%
Patient would not allow admission	0.9%	0.3%	0.0%	0.0%	0.0%	1.9%	0.0%
Left before recommendation	18.1%	10.5%	21.3%	8.2%	4.0%	10.3%	15.1%
Not admitted	60.9%	40.4%	26.2%	30.2%	28.0%	51.1%	35.2%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

TABLE B2: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2022

	TALLAGHT UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
	(n=696)	(n=298)	(n=210)	(n=415)	(n=731)
Admitted (General, Psychiatric, ICU)	34.6%	50.7%	23.8%	27.0%	27.5%
Patient would not allow admission	0.6%	0.0%	0.5%	1.0%	0.0%
Left before recommendation	12.8%	7.4%	14.3%	13.0%	19.0%
Not admitted	49.3%	41.3%	27.1%	56.9%	48.8%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

TABLE B3: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE RCSI HOSPITAL GROUP, 2022

	CAVAN GENERAL HOSPITAL	CONNOLLY HOSPITAL, BLANCHARDSTOWN	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
	(n=254)	(n=576)	(n=643)
Admitted (General, Psychiatric, ICU)	36.2%	37.5%	29.4%
Patient would not allow admission	0.0%	0.9%	0.2%
Left before recommendation	11.8%	12.0%	20.1%
Not admitted	49.2%	48.1%	29.1%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

< Back to contents

TABLE B4: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2022

	BANTRY GENERAL HOSPITAL	CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL KERRY	MERCY UNIVERSITY HOSPITAL, CORK	TIPPERARY UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL WATERFORD
	(n=42)	(n=677)	(n=300)	(n=605)	(n=316)	(n=449)
Admitted (General, Psychiatric, ICU)	47.6%	35.2%	27.3%	13.7%	36.1%	31.0%
Patient would not allow admission	0%	0%	1.0%	0%	0.3%	1.3%
Left before recommendation	19.0%	5.3%	15.7%	15.2%	8.5%	9.6%
Not admitted	26.2%	53.3%	55.7%	66.6%	49.4%	56.8%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

TABLE B5: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE UL HOSPITAL GROUP, 2022

	ENNIS HOSPITAL	UNIVERSITY HOSPITAL LIMERICK
	(n=34)	(n=897)
Admitted (General, Psychiatric, ICU)	2.9%	20.2%
Patient would not allow admission	0.0%	1.4%
Left before recommendation	0.0%	15.5%
Not admitted	64.7%	58.3%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

TABLE B6: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SAOLTA HOSPITAL GROUP, 2022

	LETTERKENNY UNIVERSITY HOSPITAL	MAYO UNIVERSITY HOSPITAL	PORTIUNCULA UNIVERSITY HOSPITAL	SLIGO UNIVERSITY HOSPITAL
	(n=214)	(n=243)	(n=260)	(n=336)
Admitted (General, Psychiatric, ICU)	54.2%	29.2%	29.6%	31.3%
Patient would not allow admission	0.9%	3.3%	1.2%	0.9%
Left before recommendation	13.1%	6.6%	14.2%	10.1%
Not admitted	31.8%	55.1%	40.4%	56.3%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1–B7 may be underestimates.

TABLE B7: RECOMMENDED NEXT CARE BY HOSPITAL IN CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2022

	CHILDREN'S HEALTH IRELAND AT TEMPLE STREET	CHILDREN'S HEALTH IRELAND AT TALLAGHT	CHILDREN'S HEALTH IRELAND AT CRUMLIN
	(n=253)	(n=188)	(n=93)
Admitted (General, Psychiatric, ICU)	60.5%	80.3%	82.8%
Patient would not allow admission	0.8%	0.5%	0.0%
Left before recommendation	0.0%	0.5%	0.0%
Not admitted	39.5%	19.1%	17.2%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables B1– B7 may be underestimates.

APPENDIX C: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITAL WITH SELF-HARM IN 2022

TABLE C1: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE IRELAND EAST HOSPITAL GROUP, 2022

		MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
Number of individuals who presented	Men	299	106	48	131	*	258	125
	Women	266	172	58	150	*	355	182
	All	565	278	106	281	23	613	307
Number who repeated	Men	66	19	5	21	*	42	18
	Women	63	22	15	18	*	63	37
	All	129	41	20	39	6	105	55
Percentage who repeated	Men	22.1%	17.9%	10.4%	16.0%	*	16.3%	14.4%
	Women	23.7%	12.8%	25.9%	12.0%	*	17.8%	20.3%
	All	22.8%	14.8%	18.9%	13.9%	26.1%	17.1%	17.9%

Note: Due to small numbers, the number of men and women who presented to St Michael's Hospital, Dún Laoghaire are masked to avoid risk of disclosure.

< Back to contents

TABLE C2: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2022

		TALLAGHT UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
Number of individuals who presented	Men	252	94	75	155	257
	Women	271	136	77	166	281
	All	523	230	152	321	538
Number who repeated	Men	41	10	7	23	49
	Women	52	23	13	20	58
	All	93	33	20	43	107
Percentage who repeated	Men	16.3%	10.6%	9.3%	14.8%	19.1%
	Women	19.2%	16.9%	16.9%	12.0%	20.6%
	All	17.8%	14.3%	13.2%	13.4%	19.9%

TABLE C3: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE RCSI HOSPITAL GROUP, 2022

		CAVAN GENERAL HOSPITAL	CONNOLLY HOSPITAL, BLANCHARDSTOWN	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
Number of individuals who presented	Men	92	224	183
	Women	112	262	308
	All	204	486	491
Number who repeated	Men	15	35	31
	Women	15	40	67
	All	30	75	98
Percentage who repeated	Men	16.3%	15.6%	16.9%
	Women	13.4%	15.3%	21.8%
	All	14.7%	15.4%	20.0%

TABLE C4: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2022

		CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL KERRY	MERCY UNIVERSITY HOSPITAL, CORK	TIPPERARY UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL WATERFORD
Number of individuals who presented	Men	238	118	276	106	146
	Women	326	150	230	140	243
	All	565	268	506	246	389
Number who repeated	Men	33	11	39	16	15
	Women	43	17	38	20	31
	All	76	28	77	36	46
Percentage who repeated	Men	13.9%	9.3%	14.1%	15.1%	10.3%
	Women	13.2%	11.3%	16.5%	14.3%	12.8%
	All	13.5%	10.5%	15.2%	14.6%	11.8%

Note: Due to small numbers, the number of patients who presented to Bantry Hospital are not included in this table to avoid risk of disclosure.

TABLE C5: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE UL HOSPITAL GROUP, 2022

		UNIVERSITY HOSPITAL LIMERICK
Number of individuals who presented	Men	294
	Women	455
	All	749
Number who repeated	Men	42
	Women	62
	All	104
Percentage who repeated	Men	14.3%
	Women	13.6%
	All	13.9%

Note: Due to small numbers, the number of patients who presented to Ennis Hospital are not included in this table to avoid risk of disclosure.

TABLE C6: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2022

		LETTERKENNY UNIVERSITY HOSPITAL	MAYO UNIVERSITY HOSPITAL	PORTIUNCULA UNIVERSITY HOSPITAL	SLIGO UNIVERSITY HOSPITAL
Number of individuals who presented	Men	67	90	90	89
	Women	110	110	123	166
	All	177	200	213	255
Number who repeated	Men	6	12	17	13
	Women	14	15	14	25
	All	20	27	31	38
Percentage who repeated	Men	9%	13.3%	18.9%	14.6%
	Women	12.7%	13.6%	11.4%	15.1%
	All	11.3%	13.5%	14.6%	14.9%

TABLE C7: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2022

		CHILDREN'S HEALTH IRELAND AT TEMPLE STREET	CHILDREN'S HEALTH IRELAND AT TALLAGHT	CHILDREN'S HEALTH IRELAND AT CRUMLIN
Number of individuals who presented	Boys	*	*	*
	Girls	*	*	*
	All	211	165	81
Number who repeated	Boys	*	*	*
	Girls	*	*	*
	All	29	26	12
Percentage who repeated	Boys	*	*	*
	Girls	*	*	*
	All	13.7%	15.8%	14.8%

Note: Due to small numbers, the number of boys and girls who had a repeat self-harm presentation in the Children's Health Ireland Hospital Group are masked to avoid risk of disclosure.

< Back to contents

APPENDIX D: NUMBER AND RATE OF PERSONS WITH HOSPITAL-PRESENTING SELF-HARM IN 2022

TABLE D1: ESTIMATED NUMBER AND RATE OF PERSONS WITH HOSPITAL-PRESENTING SELF-HARM IN THE REPUBLIC OF IRELAND IN 2022

Age group	MEN				WOMEN			
		SELF-HARM				SELF-HARM		
	Population	Persons	Rate	95% CI[1]	Population	Persons	Rate	95% CI[1]
0–4yrs	151,408	0	0	(±0)	144,007	0	0	(±0)
5–9yrs	175,470	10	6	(±4)	167,200	3	2	(±2)
10–14yrs	191,114	162	85	(±13)	183,088	617	337	(±27)
15–19yrs	172,342	559	324	(±27)	165,286	1,405	850	(±45)
20–24yrs	155,446	603	388	(±32)	151,697	775	511	(±37)
25–29yrs	147,398	513	348	(±31)	148,410	468	315	(±29)
30–34yrs	160,517	500	311	(±28)	171,706	432	252	(±24)
35–39yrs	183,212	427	233	(±23)	199,657	402	201	(±20)
40–44yrs	200,561	401	200	(±20)	210,963	369	175	(±18)
45–49yrs	185,174	281	152	(±18)	188,330	300	159	(±18)
50–54yrs	169,993	218	128	(±17)	170,010	301	177	(±20)
55–59yrs	151,899	153	101	(±16)	155,266	174	112	(±17)
60–64yrs	134,431	112	83	(±16)	138,239	143	103	(±17)
65–69yrs	117,382	78	66	(±15)	120,762	102	84	(±17)
70–74yrs	99,281	56	56	(±15)	103,603	53	51	(±14)
75–79yrs	73,726	31	42	(±15)	80,534	42	52	(±16)
80–84yrs	43,588	24	55	(±22)	52,998	16	30	(±15)
85yrs+	31,607	4	13	(±13)	52,834	14	26	(±14)
Total[2]	**2,544,549**	**4,132**	**168**	**(±5)**	**2,604,590**	**5,616**	**227**	**(±6)**

[1] 95% confidence interval.
[2] The total rates are age-standardised rates per 100,000.

APPENDIX E: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE REPUBLIC OF IRELAND

TABLE E1: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE REPUBLIC OF IRELAND[1] BY HOSPITAL GROUP, 2023

HOSPITAL GROUP	IRELAND EAST		DUBLIN MIDLANDS		RCSI		SOUTH/ SOUTHWEST		UL		SAOLTA		CHILDREN'S HEALTH IRELAND		REPUBLIC OF IRELAND[2]		REPUBLIC OF IRELAND (Estimate)[3]	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10–14yrs	9	54	11	28	11	76	43	154	9	65	12	60	61	319	156	756	170	809
15–19yrs	114	234	90	264	41	136	105	338	28	109	31	113	27	146	436	1,340	507	1,618
20–24yrs	150	166	187	210	53	75	193	189	55	82	60	90	—	—	698	812	814	1,007
25–29yrs	130	130	149	135	33	36	161	169	35	66	53	48	—	—	561	584	690	684
30–34yrs	118	134	153	183	26	30	169	105	50	44	51	61	—	—	567	557	688	691
35–39yrs	91	91	118	97	41	58	142	111	33	37	60	47	—	—	485	441	574	562
40–44yrs	107	103	108	91	33	37	110	116	45	35	51	66	—	—	454	448	575	542
45–49yrs	64	85	100	76	22	24	81	101	34	17	40	45	—	—	341	348	402	411
50–54yrs	72	65	61	59	31	56	91	95	17	26	29	37	—	—	301	338	392	414
55–59yrs	33	49	47	51	12	26	40	48	9	9	22	34	—	—	163	217	183	258
60–64yrs	22	26	28	23	8	18	28	44	8	14	17	19	—	—	111	144	129	168
65–69yrs	20	23	15	19	6	<5	12	28	5	5	11	11	—	—	69	90	86	116
70–74yrs	11	9	10	10	5	6	20	21	7	6	6	10	—	—	59	62	76	80
75–79yrs	*	6	<5	7	5	<5	10	18	<5	<5	*	<5	—	—	31	38	40	44
80–84yrs	*	<5	<5	5	<5	0	<5	*	<5	<5	<5	<5	—	—	13	21	16	25
85yrs+	5	<5	0	0	<5	0	<5	*	0	0	*	0	—	—	9	3	9	6
Total	**954**	**1,177**	**1,080**	**1,258**	**329**	**585**	**1,213**	**1,548**	**339**	**520**	**453**	**648**	**88**	**467**	**4,456**	**6,203**	**5,353**	**7,439**

[1]Presentations of persons aged <10 years are not included in this table to avoid risk of disclosure.
[2]Number of self-harm presentations for all except two hospitals in the Republic of Ireland during 2023.
[3]Estimated number of self-harm presentations for all hospitals in the Republic of Ireland in 2023.
*At least one cell in this column has a value of <5. This is done to avoid showing disclosive data.

TABLE E2: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE IRELAND EAST HOSPITAL GROUP, 2023

	MATER MISERICORDIAE UNIVERSITY HOSPITAL		MIDLAND REGIONAL HOSPITAL, MULLINGAR		OUR LADY'S HOSPITAL, NAVAN		ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY		ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE		OTHER		WEXFORD GENERAL HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	*	0	15	30	0	<5	<5	22	0	<5	*	8	<5	27
16–17yrs	*	17	*	18	5	6	10	10	<5	0	*	50	<5	12
18–24yrs	32	48	17	17	10	13	43	49	<5	9	98	95	18	20
25–34yrs	57	65	36	31	6	10	48	39	0	<5	79	90	22	27
35–44yrs	50	39	17	19	6	6	46	34	0	<5	63	68	16	25
45–54yrs	41	22	16	18	5	12	22	23	<5	<5	40	64	11	*
55–64yrs	11	7	7	*	<5	<5	9	11	<5	<5	19	29	5	12
65yrs+	8	0	*	*	<5	<5	<5	6	0	0	22	25	5	*
Total	**201**	**198**	**116**	**146**	**37**	**57**	**184**	**194**	**5**	**18**	**331**	**429**	**80**	**135**

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

< Back to contents

TABLE E3: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2023

	TALLAGHT UNIVERSITY HOSPITAL		MIDLAND REGIONAL HOSPITAL, PORTLAOISE		MIDLAND REGIONAL HOSPITAL, TULLAMORE		NAAS GENERAL HOSPITAL		ST. JAMES'S HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	11	38	<5	11	*	0	*	0
16–17yrs	13	55	*	15	<5	9	6	29	*	11
18–24yrs	70	83	24	29	14	17	59	94	74	111
25–34yrs	105	87	27	69	21	28	55	49	94	85
35–44yrs	66	65	18	19	20	11	42	36	80	57
45–54yrs	59	42	16	17	7	9	27	23	52	44
55–64yrs	18	24	6	*	8	5	16	24	27	17
65yrs+	12	13	*	*	<5	5	*	6	9	12
Total	**343**	**369**	**108**	**196**	**82**	**95**	**207**	**261**	**340**	**337**

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

TABLE E4: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE RCSI HOSPITAL GROUP, 2023

	CAVAN GENERAL HOSPITAL		OUR LADY OF LOURDES HOSPITAL, DROGHEDA	
Age Group	Male	Female	Male	Female
<16yrs	*	35	9	89
16–17yrs	10	16	10	39
18–24yrs	13	31	57	77
25–34yrs	16	16	43	50
35–44yrs	29	27	45	68
45–54yrs	14	30	39	50
55–64yrs	*	*	16	28
65yrs+	7	*	11	10
Total	**99**	**174**	**230**	**411**

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

TABLE E5: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2023

	BANTRY GENERAL HOSPITAL		CORK UNIVERSITY HOSPITAL		UNIVERSITY HOSPITAL KERRY		MERCY UNIVERSITY HOSPITAL, CORK		TIPPERARY UNIVERSITY HOSPITAL		UNIVERSITY HOSPITAL WATERFORD	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	0	0	22	65	11	33	12	26	*	16	16	79
16–17yrs	0	<5	11	42	*	17	5	20	*	12	5	34
18–24yrs	0	<5	83	116	27	45	61	87	37	29	41	57
25–34yrs	0	5	71	74	42	26	122	59	41	36	54	74
35–44yrs	<5	5	65	63	26	27	96	57	24	20	40	55
45–54yrs	<5	5	52	37	19	16	39	66	20	29	39	43
55–64yrs	<5	<5	17	28	7	14	21	31	10	7	12	10
65yrs+	0	5	15	26	*	19	11	12	7	10	10	5
Total	**5**	**26**	**336**	**451**	**142**	**197**	**367**	**358**	**146**	**159**	**217**	**357**

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

TABLE E6: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE UL HOSPITAL GROUP, 2023

	ENNIS HOSPITAL		UNIVERSITY HOSPITAL LIMERICK	
Age Group	Male	Female	Male	Female
<16yrs	0	<5	10	91
16–17yrs	0	0	11	39
18–24yrs	0	<5	71	120
25–34yrs	0	20	85	90
35–44yrs	<5	0	76	72
45–54yrs	<5	<5	50	39
55–64yrs	0	0	17	23
65yrs+	0	0	16	16
Total	**<5**	**30**	**336**	**490**

TABLE E7: SELF-HARM PRESENTATIONS TO HOSPITALS IN THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2023

	LETTERKENNY UNIVERSITY HOSPITAL		MAYO UNIVERSITY HOSPITAL		PORTIUNCULA UNIVERSITY HOSPITAL		SLIGO UNIVERSITY HOSPITAL	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female
<16yrs	<5	13	5	27	6	34	<5	17
16–17yrs	<5	6	6	20	<5	10	<5	5
18–24yrs	24	34	15	23	12	34	24	41
25–34yrs	24	25	18	17	29	31	33	36
35–44yrs	17	46	31	23	40	21	23	23
45–54yrs	19	36	23	22	15	16	12	8
55–64yrs	12	12	7	13	9	*	11	22
65yrs+	9	5	5	9	<5	*	9	9
Total	**108**	**177**	**110**	**154**	**117**	**156**	**118**	**161**

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

TABLE E8: SELF-HARM PRESENTATIONS TO CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2023

	CHILDREN'S HEALTH IRELAND AT TEMPLE STREET		CHILDREN'S HEALTH IRELAND AT TALLAGHT		CHILDREN'S HEALTH IRELAND AT CRUMLIN	
Age Group	Male	Female	Male	Female	Male	Female
<17yrs	**49**	**178**	**27**	**187**	**12**	**102**

< Back to contents

APPENDIX F: RECOMMENDATIONS FOR NEXT CARE FOLLOWING SELF-HARM PRESENTATION

TABLE F1: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE IRELAND EAST HOSPITAL GROUP, 2023

	MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
	(n=399)	(n=262)	(n=94)	(n=378)	(n=23)	(n=760)	(n=215)
Admitted (General, Psychiatric, ICU)	19.8%	29.4%	22.3%	47.4%	39.1%	24.3%	32.6%
Patient would not allow admission	0.5%	0%	1.1%	0.8%	0%	3.2%	0.9%
Left before recommendation	16.8%	11.5%	29.8%	11.1%	4.3%	12.0%	7.4%
Not admitted	57.4%	40.1%	22.3%	38.4%	39.1%	50.7%	42.8%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

TABLE F2: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2023

	TALLAGHT UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
	(n=712)	(n=304)	(n=177)	(n=468)	(n=677)
Admitted (General, Psychiatric, ICU)	31.6%	54.3%	35.6%	40.6%	21.6%
Patient would not allow admission	0.7%	0%	0%	0.2%	0.1%
Left before recommendation	13.9%	16.8%	6.8%	11.5%	21.1%
Not admitted	52.0%	28.9%	31.1%	45.7%	51.8%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

TABLE F3: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE RCSI HOSPITAL GROUP, 2023

	CAVAN GENERAL HOSPITAL	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
	(n=273)	(n=641)
Admitted (General, Psychiatric, ICU)	45.1%	30.6%
Patient would not allow admission	0%	0.3%
Left before recommendation	13.6%	20.7%
Not admitted	39.9%	29.0%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

TABLE F4: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2023

	BANTRY GENERAL HOSPITAL	CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL KERRY	MERCY UNIVERSITY HOSPITAL, CORK	TIPPERARY UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL WATERFORD
	(n=31)	(n=787)	(n=339)	(n=725)	(n=305)	(n=574)
Admitted (General, Psychiatric, ICU)	54.8%	42.8%	29.5%	8.1%	28.2%	30.3%
Patient would not allow admission	0%	0%	1.2%	0.1%	1.3%	1.9%
Left before recommendation	9.7%	5.2%	13.9%	15.7%	21.0%	9.1%
Not admitted	29.0%	46.0%	54.6%	72.4%	39.0%	58.2%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

TABLE F5: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE UL HOSPITAL GROUP, 2023

	ENNIS HOSPITAL	UNIVERSITY HOSPITAL LIMERICK
	(n=33)	(n=826)
Admitted (General, Psychiatric, ICU)	48.5%	21.7%
Patient would not allow admission	0%	1.0%
Left before recommendation	0%	14.9%
Not admitted	48.5%	56.8%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

TABLE F6: RECOMMENDED NEXT CARE BY HOSPITAL IN THE HSE SAOLTA HOSPITAL GROUP, 2023

	LETTERKENNY UNIVERSITY HOSPITAL	MAYO UNIVERSITY HOSPITAL	PORTIUNCULA UNIVERSITY HOSPITAL	SLIGO UNIVERSITY HOSPITAL
	(n=285)	(n=264)	(n=273)	(n=279)
Admitted (General, Psychiatric, ICU)	45.6%	40.2%	30.4%	34.4%
Patient would not allow admission	4.9%	1.9%	1.5%	3.9%
Left before recommendation	17.2%	7.2%	12.5%	11.8%
Not admitted	32.3%	46.6%	41.4%	47.3%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

< Back to contents

TABLE F7: RECOMMENDED NEXT CARE BY HOSPITAL IN CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2023

	CHILDREN'S HEALTH IRELAND AT TEMPLE STREET	CHILDREN'S HEALTH IRELAND AT TALLAGHT	CHILDREN'S HEALTH IRELAND AT CRUMLIN
	(n=227)	(n=214)	(n=114)
Admitted (General, Psychiatric, ICU)	55.1%	75.2%	63.2%
Patient would not allow admission	0%	0.5%	0%
Left before recommendation	0%	0.9%	0%
Not admitted	44.9%	23.8%	35.1%

Note: It may not always be recorded in the Emergency Department that a patient has been directly admitted to psychiatric inpatient care. Therefore, the figures for direct psychiatric admission detailed in Tables F1–F7 may be underestimates.

APPENDIX G: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITAL WITH SELF-HARM IN 2023

TABLE G1: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE IRELAND EAST HOSPITAL GROUP, 2023

		MATER MISERICORDIAE UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, MULLINGAR	OUR LADY'S HOSPITAL, NAVAN	ST. LUKE'S GENERAL HOSPITAL, CARLOW/ KILKENNY	ST. MICHAEL'S HOSPITAL, DUN LAOGHAIRE	OTHER	WEXFORD GENERAL HOSPITAL
Number of individuals who presented	Men	164	96	35	140	*	279	74
	Women	156	124	52	156	*	345	111
	All	320	220	87	296	22	624	185
Number who repeated	Men	38	15	6	22	*	44	9
	Women	35	18	7	23	*	57	21
	All	73	33	13	45	<5	101	30
Percentage who repeated	Men	23.2%	15.6%	17.1%	15.7%	*	15.8%	12.2%
	Women	22.4%	14.5%	13.5%	14.7%	*	16.5%	18.9%
	All	22.8%	15.0%	14.9%	15.2%	<20%	16.2%	16.2%

Note: Due to small numbers, the number of men and women who presented to St Michael's Hospital, Dún Laoghaire are masked to avoid risk of disclosure.

TABLE G2: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE DUBLIN MIDLANDS HOSPITAL GROUP, 2023

		TALLAGHT UNIVERSITY HOSPITAL	MIDLAND REGIONAL HOSPITAL, PORTLAOISE	MIDLAND REGIONAL HOSPITAL, TULLAMORE	NAAS GENERAL HOSPITAL	ST. JAMES'S HOSPITAL
Number of individuals who presented	Men	288	99	70	168	271
	Women	305	132	78	183	255
	All	593	231	148	351	526
Number who repeated	Men	41	14	12	24	49
	Women	44	23	10	30	51
	All	85	37	22	54	100
Percentage who repeated	Men	14.2%	14.1%	17.1%	14.3%	18.1%
	Women	14.4%	17.4%	12.8%	16.4%	20.0%
	All	14.3%	16.0%	14.9%	15.4%	19.0%

TABLE G3: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE RCSI HOSPITAL GROUP, 2023

		CAVAN GENERAL HOSPITAL	OUR LADY OF LOURDES HOSPITAL, DROGHEDA
Number of individuals who presented	Men	84	201
	Women	131	331
	All	215	532
Number who repeated	Men	12	25
	Women	23	45
	All	35	70
Percentage who repeated	Men	14.3%	12.4%
	Women	17.6%	13.6%
	All	16.3%	13.2%

TABLE G4: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE SOUTH/SOUTHWEST HOSPITAL GROUP, 2023

		CORK UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL KERRY	MERCY UNIVERSITY HOSPITAL, CORK	TIPPERARY UNIVERSITY HOSPITAL	UNIVERSITY HOSPITAL WATERFORD
Number of individuals who presented	Men	294	130	284	116	180
	Women	343	156	262	114	260
	All	637	286	546	230	440
Number who repeated	Men	37	12	68	26	31
	Women	51	27	47	24	45
	All	88	39	115	50	76
Percentage who repeated	Men	12.6%	9.2%	23.9%	22.4%	17.2%
	Women	14.9%	17.3%	17.9%	21.1%	17.3%
	All	13.8%	13.6%	21.1%	21.7%	17.3%

Note: Due to small numbers, the number of patients who presented to Bantry Hospital are not included in this table to avoid risk of disclosure.

< Back to contents

TABLE G5: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE UL HOSPITAL GROUP, 2023

		UNIVERSITY HOSPITAL LIMERICK
Number of individuals who presented	Men	282
	Women	418
	All	700
Number who repeated	Men	45
	Women	56
	All	101
Percentage who repeated	Men	16.0%
	Women	13.4%
	All	14.4%

Note: Due to small numbers, the number of patients who presented to Ennis Hospital are not included in this table to avoid risk of disclosure.

TABLE G6: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO HOSPITALS IN THE HSE SAOLTA UNIVERSITY HEALTH CARE GROUP, 2023

		LETTERKENNY UNIVERSITY HOSPITAL	MAYO UNIVERSITY HOSPITAL	PORTIUNCULA UNIVERSITY HOSPITAL	SLIGO UNIVERSITY HOSPITAL
Number of individuals who presented	Men	84	91	91	95
	Women	112	125	115	129
	All	196	216	206	224
Number who repeated	Men	15	14	18	20
	Women	27	18	25	22
	All	42	32	43	42
Percentage who repeated	Men	17.9%	15.4%	19.8%	21.1%
	Women	24.1%	14.4%	21.7%	17.1%
	All	21.4%	14.8%	20.9%	18.8%

TABLE G7: SELF-HARM REPETITION FOR INDIVIDUALS WHO PRESENTED TO CHILDREN'S HEALTH IRELAND HOSPITAL GROUP, 2023

		CHILDREN'S HEALTH IRELAND AT TEMPLE STREET	CHILDREN'S HEALTH IRELAND AT TALLAGHT	CHILDREN'S HEALTH IRELAND AT CRUMLIN
Number of individuals who presented	Boys	*	*	*
	Girls	*	*	*
	All	196	164	96
Number who repeated	Boys	*	*	*
	Girls	*	*	*
	All	22	30	<10
Percentage who repeated	Boys	*	*	*
	Girls	*	*	*
	All	11.2%	18.3%	<10%

Note: Due to small numbers, the number of boys and girls who had a repeat self-harm presentation in the Children's Health Ireland Hospital Group are masked to avoid risk of disclosure.

APPENDIX H: NUMBER AND RATE OF PERSONS WITH HOSPITAL-PRESENTING SELF-HARM IN 2023

TABLE H1: ESTIMATED NUMBER AND RATE OF PERSONS WITH HOSPITAL-PRESENTING SELF-HARM IN THE REPUBLIC OF IRELAND IN 2023

Age group	MEN				WOMEN			
		SELF-HARM				SELF-HARM		
	Population	Persons	Rate	95% CI[1]	Population	Persons	Rate	95% CI[1]
0–4yrs	149,200	0	0	(±0)	144,600	0	0	(±0)
5–9yrs	173,400	2	1	(±2)	165,200	4	2	(±2)
10–14yrs	193,900	151	78	(±13)	185,300	644	348	(±27)
15–19yrs	178,700	413	231	(±23)	170,700	1,238	725	(±41)
20–24yrs	161,300	630	391	(±31)	156,500	714	456	(±34)
25–29yrs	154,700	547	354	(±30)	153,800	471	306	(±28)
30–34yrs	163,400	526	322	(±28)	173,600	427	246	(±24)
35–39yrs	183,300	431	235	(±23)	201,200	445	221	(±21)
40–44yrs	206,700	431	209	(±20)	221,000	414	187	(±18)
45–49yrs	188,700	323	171	(±19)	194,000	320	165	(±18)
50–54yrs	176,400	286	162	(±19)	178,000	296	166	(±19)
55–59yrs	156,100	167	107	(±17)	160,200	218	136	(±18)
60–64yrs	140,300	116	83	(±15)	145,000	144	99	(±17)
65–69yrs	120,200	72	60	(±14)	124,600	99	79	(±16)
70–74yrs	102,600	69	67	(±16)	107,900	63	58	(±15)
75–79yrs	77,800	32	41	(±15)	84,300	42	50	(±15)
80–84yrs	46,100	16	35	(±17)	55,600	21	38	(±16)
85yrs+	33,100	8	24	(±17)	53,900	6	11	(±9)
Total[2]	**2,606,200**	**4,220**	**167**	**(±5)**	**2,675,400**	**5,566**	**217**	**(±6)**

[1] 95% confidence interval.
[2] The total rates are age-standardised rates per 100,000.

< Back to contents

Mary Joyce
Shelly Chakraborty
James Camien McGuiggan
Pawel Hursztyn
Sarah Nicholson
Ella Arensman
Eve Griffin
Paul Corcoran

4th Floor
Western Gateway Building
University College Cork
Ireland

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

NSRF
National Suicide
Research Foundation