Irish Probable Suicide Deaths Study (IPSDS 2015-2020 cohort)

Briefing Paper
Regional Suicide Patterns and Profiles (IPSDS 2015-2020)



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The Irish Probable Suicide Deaths Study, 2015-2020

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative project involving the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB). It was established under *Connecting for Life*, Ireland's National Strategy to Reduce Suicide (2015–2025). The HSE NOSP funded the project and managed the study dataset. Using death investigation and administrative information collected as part of the coronial process, the IPSDS generated a detailed description of the characteristics of those who die by 'probable suicide' in Ireland. This includes both coroner determined and research determined suicides, i.e. deaths assessed to be more likely than not, based on the weight of available evidence, to have been suicide. Data were collected across all coroners' districts in Ireland using the established methodology and logistics of the HRB's National Drugs Related Death Index (NDRDI). Full detail of the IPSDS methodology are available here. This coronial data system is now maintained and managed by the HRB as the National Probable Suicide Monitoring System (NPRS).

Regional Health Authority Suicide Profiles (2015-2020)

The HSE Regional Health Areas (RHAs) are six population based regions established under the Sláintecare reform programme to organise Ireland's health services around local needs. Each RHA is responsible for planning, managing and delivering acute, community, and mental health services for the people living within its geographic boundary. By aligning service delivery with population need, RHAs aim to strengthen integration between hospital and community care, improve accountability, and support more equitable access to services. This regional structure provides an important framework for understanding variation in health outcomes, including suicide, and for designing tailored, evidence informed prevention actions that respond to the social, demographic and service use patterns unique to each area.

Presenting IPSDS suicide profile data at an RHA level provides a detailed understanding of the people who die by suicide in each region, including their demographic characteristics, living circumstances, clinical history, patterns of service contact, and methods of death. This regional lens is critical because suicide risk, service pathways, local stressors, and social determinants vary across areas. By identifying the specific features and needs of each RHA population, these profiles support more precise targeting of suicide prevention activity. This level of granularity enables RHAs to identify their own priorities, understand unique risk patterns, and tailor suicide prevention responses accordingly. It also supports more equitable resource allocation, enhances regional monitoring over time, and strengthens the development of targeted, evidence informed prevention measures that reflect each population's characteristics and challenges.

Data Analysis, Quality and Interpretation

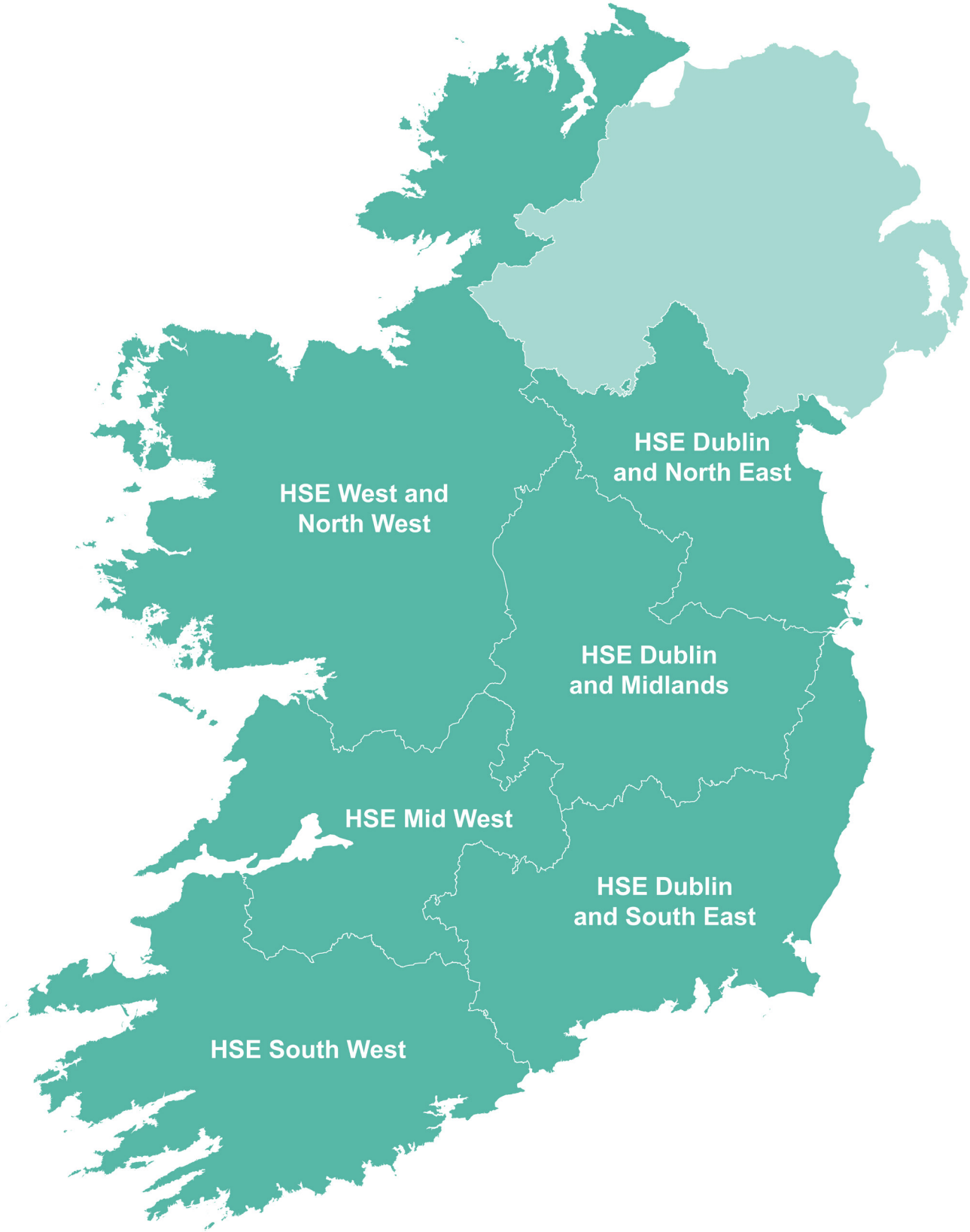
In this Regional Health Authority (RHA) briefing paper, descriptive analyses (cross-tabulations) were conducted for the IPSDS cohort (2015–2020) to examine socio-demographic characteristics, clinical factors, adverse life events, and death related details across RHA's.

Statistically significant findings ($p < 0.01$) are highlighted throughout, indicating a less than 1% probability that observed differences are due to chance and suggesting the presence of underlying associations. However, these results should be interpreted with caution. In large datasets, such as the present sample of 3,622 cases, even small differences between groups may reach statistical significance without necessarily being meaningful in practical or clinical terms. For example, while differences in sex distribution across RHAs may be statistically significant, variations of approximately 5–6 percentage points represent relatively modest differences in magnitude. Readers are therefore encouraged to consider both the size and practical relevance of observed differences, rather than relying on statistical significance alone. It is also important to note that some statistically significant regional differences may reflect underlying population structures rather than suicide-specific risk. Variations in age profiles, geography, and wider socioeconomic or occupational patterns can influence observed distributions. So the findings should be interpreted within this broader population context.

Every effort has been made to protect the anonymity of individuals included in the IPSDS cohort. Counts of fewer than 10 cases are not presented in the tables or text and are instead reported as "<10." Secondary suppression has also been applied where small cell values could be indirectly derived from other presented data.

Another important limitation of this work is related to data completeness. The analysis are based on secondary data drawn from coronial investigations and administrative records, which were not originally collected for research purposes but for investigative processes. As such, the level of detail and consistency varies across variables. Several key variable contain substantial proportions of missing or unknown data, including prior self-harm (up to 80% unknown in some regions), mental health medication (≈ 50% unknown) and parental status (45–50% unknown). Consequently, observed differences between regions, for example, in rates of prior self-harm, may reflect variation in recording practices rather than true underlying differences. To support interpretation, tables present overall percentage, including "Unknown/Not Recorded" categories.

Regional Health Authority (RHA) Map



Findings

Regional Distribution: Using the full IPSDS six-year dataset (n =3,622) 3,571 cases (99%) were successfully assigned to their corresponding HSE Regional Health Authority (RHA), based on the region in which the individual was residing at the time of death. The remaining 51 cases could not be assigned due to residence outside the jurisdiction or insufficient geolocation data.

- Analysis shows **statistically significant regional variation** in the distribution of suicide deaths across the country over the six year period ($\chi^2 = 222.6$, df = 5, $p < 0.001$).
- A higher proportion of deaths occurred in two Dublin regions, Dublin & North East (20.9%, n=748) and Dublin & Midlands (20.8%, n=741) compared with the Mid West region (9.9%, n=352).
- These regional patterns likely reflect differences in population size, demographic structures, socioeconomic factors, and service use profiles across areas.



Socio-demographic Characteristics

Table 1 presents the socio-demographic characteristics of the IPSDS cohort by RHA.

Sex Distribution: There **was a consistent male majority across all RHAs**, with males accounting for between 70 - 77% of suicide deaths, indicating a strong stable sex difference nationally.

- Dublin & Midlands had the lowest proportion of males (70.9%) and therefore the highest proportion of females (29.1%).
- The Mid West had the highest proportion of males (76.7%), slightly above other regions.
- But, overall, differences between RHAs were small (within 5 – 6 percentage points), **suggesting no region specific effect** on the sex distribution of suicide deaths.

Relationship status: Analysis showed **no significant regional variation** in relationship status. Across all RHA's approximately half of individuals were single, around one-third were married or cohabiting, with roughly one-in-ten separated, divorced, or widowed. Patterns are highly consistent nationally, with only small variation in the proportion of "unknown" responses.

Parental Status: The proportion of cases where it was known that the deceased was a parent ranged from 30% to 39%, with most regions falling between 36 and 39%; however, the West & North West had a lower proportion of parents (30%), indicating **a statistically significant regional difference** ($\chi^2 = 74.08$, df = 10, $p < 0.001$). However, due to the large proportion of unknown/not recorded cases, these findings should be interpreted with caution.

- The proportion known to have children under 18 showed moderate variation (14 - 20%), but no major outliers.

Age profile: The IPSDS cohort was predominantly middle aged, with only modest regional variation and a consistent distribution across Ireland.

- The mean age was similar across all RHAs (43 - 46 years), with a national mean of 44.26 years.
- Children and young people (<24 years) accounted for a stable 12-14% across all regions.
- Adults 25–34 years varied slightly by region (12–20%), overall representing approximately one-sixth of the cohort.
- The largest age groups were 35–44 years and 45–54 years, together comprising about 44% of all cases nationally.
- Older adults (55–64 and 65+ combined) represented 22–31%, with slightly higher proportions in the South West and the West & North West regions.
- A **statistically significant regional difference was observed** ($\chi^2 = 46.7$; df=25; $p < .005$), mainly reflecting the higher proportions of older adults in western/southern RHAs and the younger age profiles in eastern regions.

Living arrangement: The most common living arrangements nationally were living with family (i.e. parents/siblings) (approximately 29%) and living with a partner/spouse and/or children (approximately 29% combined), with proportions broadly consistent across regions. While most categories were relatively stable nationwide, a statistically significant regional variation was evident, driven primarily by differences in the proportions living alone and experiencing homelessness.

- **Living alone varied significantly across regions** ($\chi^2 = 105.06$; df = 30; $p < .001$), with notably higher levels in the Mid West, South West, and West & North West (up to 31%), compared with lower levels in the eastern regions (approximately 21–23%).
- **Homelessness[1] showed a significant regional difference** ($\chi^2 = 33.7$; df = 5; $p < .001$), with rates significantly higher in Dublin & North East (6.8%) nearly double the national average.

1 The IPSDS contains numerous variables related to the living situation of the deceased, including where they were living at the time of their death, whether in stable or insecure housing and free text variables where housing issues could be recorded. All relevant variables were searched including those reporting adverse events and a total of 141 individuals were recorded as being homeless. This includes those that were street homeless and statutory homeless (which includes those living in temporary homeless accommodation); the hidden homeless are not likely included.

Table 2 presents the labour market profile of the cohort by RHA.

Employment Status at Time of Death: Being in paid employment was the largest group nationally (35%), with the highest levels in the Mid West and West & North West (up to 41%). **Analysis indicates a statistically significant difference between regions** (χ^2 = 65.7 df=15; p <.001).

- **Unemployment** accounted for 24.5%, but showed marked regional variation being **significantly higher in Dublin regions** (31% in Dublin & North East) and much lower in western regions (~20%).
- Those not in the labour market (i.e. students, retirees, homemakers, unable to work) represented 25% of the IPSDS cohort, with significantly higher proportions in the South West (31%).

Occupational Status: Analysis showed **statistically significant regional variation** in occupational profiles (χ^2 = 249.5; df = 55; p < .001). Professional and non manual roles were consistently low across all RHAs (2–11%), while manual, semi-skilled, and agricultural occupations displayed marked regional differences, highlighting a distinct rural–urban divide.

- Manual skilled and semi-skilled roles were highest in the Mid West, South West, and West & North West (manual skilled up to 20%; semi-skilled up to 13%) and lowest in the Dublin regions.
- Unskilled occupations were low overall (3–7%) but appeared slightly more common in the Mid West and South West.
- **Agricultural occupations were strongly concentrated** in the Mid West, South West, and particularly the West & North West (up to 10.6%), and were rare in Dublin regions, reinforcing the rural–urban pattern.

Clinical Characteristics

Evidence of Mental Health History: Nationally, approximate two-thirds of the cohort had documented evidence of a history of a mental health condition (see **Table 3**).

- Rates were broadly consistent across most regions (63–68%), indicating minimal regional variation.

Prior Self-Harm[2]: Nationally, 23.6% of individuals had evidence of prior self-harm. There were **statistically significant regional differences** ($\chi^2 = 107.0$; df = 10; $p < .001$).

- The highest proportions were in two of the Dublin regions (Dublin & North East and Dublin & the Midlands, at 27–29%, respectively), and significantly lower proportions in the Mid West (15.9%) and South West (19.8%).
- However, interpretation must be made cautiously, as unknown or missing data were extremely high (59–80%), particularly in the Mid West, indicating substantial gaps in recording.

Evidence of Substance Misuse History: Nationally, 34.4% of the cohort had a recorded history of substance misuse. There was a **clear statistically significant regional pattern** ($\chi^2 = 102.5$; df=5; $p < .001$).

- **Substance misuse history was highest in all three Dublin regions**, particularly Dublin & North East (44.4%) and Dublin & Midlands (42.5%), compared with much lower levels in western and southern regions (25–28%). This can be broken down into the following;
  - A history of drug dependency, which showed a similar pattern, with significantly higher rates in Dublin & North East and Dublin & Midlands (≈34%), decreasing progressively across regions to just 16.5% in the West & North West.
  - A history of alcohol dependency, was more common in two of the Dublin regions (Dublin & North East and Dublin & Midlands at 15–17%, respectively), and significantly lower in the Mid West (7.7%) and parts of the South and West (10–11%).

2 In this study, “prior self-harm” refers specifically to previous suicide attempts, rather than non-suicidal self-harming behaviours.

Contact with Medical Services: Just over half the cohort had documented evidence of contact with medical services, with statistically significant regional differences ($\chi^2 = 62.7$; df=5; $p < .001$).

- Contact was highest in South West (68.5%) and lowest in West & North West (44.8%), while the three Dublin RHAs showed similar levels (54–56%).
- **GP/general medical services** were the most common type of contact (41–60%), particularly in the South West and Mid West.
- Mental health community/outpatient services contact varied, ranging from 15.6% (South West) to 28.9% (West & North West).
- Emergency and acute hospital care and mental health inpatient care accounted for a small proportion of contacts (≈5–10%).
- Addiction-related contacts were infrequent (0–3%), with the highest contact in the Dublin regions.

Together these patterns highlight **marked regional variation in pathways to care**, Dublin regions showed greater acute and addiction related service contact, West & North West, Midlands and South East regions showed strong mental health community engagement, and Western/Southern regions showed a strong GP/general medical service engagement. These differences should however be interpreted with caution, as they may reflect variation in service availability, access, and/or coroner recording practices.

Adverse Events

Nationally, **four-in-five individuals (80.3%) had evidence of at least one adverse life event** recorded in coroners' files prior to death. In 6.6% of cases, no such evidence was identified, and for 13.1% of cases, no data were available. All RHAs show similarly high levels of adverse events, though Dublin & Midlands (84.1%) and the South West (83.3%) were slightly above the national average, while the West & North West (76.1%) had the lowest (see Table 4).

Among those who experienced one or more adverse events (n = 2,909), several consistent patterns emerge across regions:

- **Current mental health issues** were the most frequently recorded adverse event in all RHAs, and representing 43.6% nationally. There were statistically significant regional differences in the presence of acute mental health symptoms prior to death (χ^2=39.1; df=5; p<0.001). Dublin & South East (51.1%), the South West (50%), and Mid West (48%) recorded the highest proportions of cases with current mental health symptoms, while the West & North West (35.5%) had the lowest.
- **Relationship difficulties** were the second most common issue, with regional figures between 17–26%, and 22.7% nationally. Relationship related difficulties also showed statistically significant differences (χ^2=18.0; df=5; p<0.01). Dublin & Midlands (26.3%) and Dublin & North East (25.6%) showed the highest levels of relationship strain, while in the South West (19.3%) and the West & North West (17.3%) regions reported lower proportions.
- **Death or grief related events** accounted for around 8–15% across RHAs, totalling 10.9% nationally. Dublin & Midlands (14.6%) reported the highest levels of death/grief related events, whereas Dublin & South East (8.3%) and the South West (8.9%) regions reported lower proportions (χ^2=14.0; df=5; p<0.016).
- **Employment issues** appeared in 5–10% of cases across RHAs (7.2% nationally), with the highest figures in Dublin & North East (10.1%) and Dublin & Midlands (8.3%) while the South West (5.6%) recorded the lowest levels (χ^2=14.0; df=5; p<0.015).
- Two adverse event categories showed no statistically significant regional variation:
  - **Financial concerns** were reported in 5–8% across RHAs, averaging 6.6% nationally.
  - **Conflict with family** was recorded in roughly 6–10%, with a national average of 8%.

Death Details

Method of deaths: Analysis showed **statistically significant regional differences** in the methods of suicide across Ireland ($\chi^2 = 65.03$ df=20; $p < .001$). While hanging was consistently the most common method in all regions (approximately 64% nationally), other methods vary notably by area (see Table 5).

- Drowning showed substantial regional variation, ranging from 7.6% in Dublin & North East to 14.6% in the West & North West (national average: 10.8%).
- Shooting was relatively uncommon overall (3.4% nationally) but more prevalent in the Mid West and West & North West regions (both 4.8%).
- Poisoning varied considerably, with the lowest levels in the Mid West (5.7%) and higher levels in Dublin & North East and Dublin & Midlands (15–13%).
- "Other" methods account for approximately 10% nationally, the West & North West showed the lowest proportion (6.5%).

Location of death: Across all regions, the majority of deaths occurred in private locations, consistently accounting for around 64%–70% of cases (67% nationally). Public locations represented a substantial minority, ranging from 28% to 34% across regions (30.4% nationally).

Coroners Verdict: Analysis showed **significant regional variation in coroners' verdicts** across Ireland ($\chi^2 = 183.95$; df=15; $p < .001$). While suicide was the most common verdict nationwide (74.2%), the large regional differences, particularly in undetermined and no formal verdict cases, suggests substantial variation in coronial practices, which may affect how suicide data are interpreted regionally and nationally.

- Suicide verdicts ranged from 56.8% in the Mid West to over 80% in the South West.
- Undetermined/open verdicts also varied widely, from 5% in the South West to 14.5% in the Mid West.
- Accident/misadventure verdicts remained consistently low across all areas (around 2–4%).
- Regions differed significantly in the proportion of cases with no formal verdict recorded, ranging from 5.5% to 27%.

Changes over time: Across all regions, the annual distribution of deaths was broadly stable, with each year representing roughly 16–18% of cases nationally. No major fluctuations or spikes are evident at regional level (see Table 6).

- The Mid West region showed slightly more variability, with a lower proportion in 2020 (11.9%) and higher levels in 2017–2018 (19–19.3%).
- Other regions followed a relatively uniform pattern, with minor annual shifts but no distinctive outlier year.
- Nationally, each year accounted for approximately one sixth of all deaths, confirming no statistically significant national increase or decrease across 2015–2020.

Despite some small regional differences, the overall pattern from 2015–2020 was stable and consistent, with no pronounced rises or falls across the six-year period.

Conclusion

In summary, the RHA level analysis reveals clear regional patterns in suicide that reflect differing social, demographic and service use contexts across the country.

The **Summary Table** presents the key regional variations. Dublin & North East is characterised by higher levels of homelessness, substance misuse, and acute care contact, alongside a younger profile, while Dublin & Midlands shows the highest female representation, elevated substance misuse, and strong engagement with mental health outpatient services.

Dublin & South East is marked by higher rates of poisoning and increased mental health service contact, with moderate substance use patterns. The South West demonstrates the highest overall service contact, an older age profile, and strong reliance on primary care. The Mid West is comparatively under represented, with the oldest age profile, low levels of self harm and substance misuse, and a predominantly rural occupational mix. The West & North West shows the lowest service contact, the highest proportion of drowning deaths, a rural occupational profile, and elevated levels of living alone.

Together, these findings highlight the value of regionalised data in identifying local needs and tailoring suicide prevention measures to the distinct characteristics of each RHA.

Summary Table: Key differences by RHA compared with the rest of the IPSDS cohort

Regional Health Authority	Key findings
Dublin & North East	• Larger share of suicide deaths within the IPSDS cohort • Highest recorded levels of homelessness (>2× national average) • Highest prevalence of substance misuse (any, drug, alcohol) • Relatively high prior self-harm history • Younger age profile • Greater use of emergency/acute services • Predominantly urban occupational profile, with minimal agricultural or manual work
Dublin & Midlands	• Larger share of suicide deaths within the IPSDS cohort • Highest proportion of female deaths • Greater prevalence of substance misuse and prior self-harm • Stronger engagement with community/outpatient mental health services • Greater use of poisoning as a method of death • Limited representation in rural and agricultural occupations
Dublin & South East	• Modestly higher share of deaths relative to the IPSDS cohort • Greater use of mental health inpatient and outpatient services • Marginally higher use of poisoning • Moderate substance misuse levels • Younger age profile compared with western regions
South West	• Highest overall contact with medical services (≈68%) • High primary care / GP-led service contact • High proportions of older adults • Lower recorded levels of prior self-harm and substance misuse • Lower proportion of undetermined coroner verdicts
Mid West	• Smaller share of suicide deaths within the IPSDS cohort • Oldest age profile nationally • Lowest recorded levels of prior self-harm • Greater proportion living alone • Lower prevalence of substance misuse • Rural occupational profile (manual, semi skilled, agricultural) • Greater use of drowning and firearms • Very high levels of missing clinical data
West & North West	• Lowest engagement with medical services (≈45%) • Greater use of community/outpatient mental health services • Among the highest proportions living alone • Strong rural occupational profile, highest agricultural roles • Greater use of drowning and firearms • Lower levels of drug dependency

Table 1. Socio-demographic characteristics by Regional Health Authority (IPSDS 2015-2020 cohort)

		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)[a]	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Sex	Male	565	**(75.5)**	525	**(70.9)**	483	**(74.3)**	404	**(74.8)**	270	**(76.7)**	407	**(75.4)**	2697	**(74.4)**
	Female	183	**(24.5)**	216	**(29.1)**	167	**(25.7)**	136	**(25.2)**	82	**(23.3)**	133	**(24.6)**	925	**(25.6)**
Relationship status	Married/Cohabiting	259	**(34.6)**	258	**(34.8)**	237	**(36.5)**	198	**(36.7)**	128	**(36.4)**	181	**(33.5)**	1277	**(35.2)**
	Single	387	**(51.7)**	370	**(49.9)**	332	**(51.1)**	276	**(51.1)**	186	**(52.8)**	268	**(49.6)**	1843	**(50.9)**
	Separated/Divorced/ Widowed	68	**(9.1)**	83	**(11.2)**	70	**(10.8)**	61	**(11.3)**	35	**(9.9)**	70	**(13)**	394	**(10.9)**
	Unknown/Not recorded	34	**(4.5)**	30	**(4)**	11	**(1.7)**	<10	**(0.9)**	<10	**(0.9)**	21	**(3.9)**	108	**(3)**
Parental status	Yes - parent	282	**(37.7)**	292	**(39.4)**	234	**(35.8)**	210	**(38.9)**	133	**(37.8)**	163	**(30.2)**	1332	**(36.8)**
	Yes has child < 18 years	135	**(18.1)**	147	**(19.8)**	97	**(14.9)**	89	**(16.5)**	50	**(14.2)**	80	**(14.8)**	608	**(16.8)**
	Yes has child age unknown	147	**(19.7)**	145	**(19.6)**	137	**(21.1)**	121	**(22.4)**	83	**(23.6)**	83	**(15.4)**	724	**(20)**
	No	124	**16.6**	125	**(16.9)**	78	**(12)**	74	**(13.7)**	24	**(6.8)**	134	**(24.8)**	565	**(15.6)**
	Unknown/Not recorded	342	**45.7**	324	**(43.7)**	338	**(52)**	540	**(47.4)**	195	**(55.4)**	243	**(45)**	1725	**(47.6)**
Age group	Mean Age (SD)	43.2 (15.2)		43.2 (15.5)		44.6 (16.1)		45.6 (15.9)		43.6 (16.5)		45.9 (16.5)		44.26 (15.8)	
	< 24 years	94	**(12.6)**	95	**(12.8)**	81	**(12.5)**	68	**(12.6)**	50	**(14.2)**	68	**(12.6)**	459	**(12.7)**
	25-34 years	136	**(18.2)**	149	**(20.1)**	100	**(15.4)**	66	**(12.2)**	67	**(19.0)**	71	**(13.1)**	603	**(16.6)**
	35-44 years	181	**(24.2)**	161	**(21.7)**	157	**(24.2)**	111	**(20.6)**	76	**(21.6)**	110	**(20.4)**	811	**(22.4)**
	45-54 years	172	**(23)**	149	**(20.1)**	132	**(20.3)**	136	**(25.2)**	61	**(17.3)**	121	**(22.4)**	778	**(21.5)**
	55-64 years	99	**(13.2)**	109	**(14.7)**	107	**(16.5)**	95	**(17.6)**	55	**(15.6)**	92	**(17.0)**	566	**(15.6)**
	65+ years	66	**(8.8)**	78	**(10.5)**	73	**(11.2)**	64	**(11.9)**	43	**(12.2)**	78	**(14.4)**	405	**(11.2)**
Living Arrangements at the time of death	Alone	158	**(21.1)**	168	**(22.7)**	152	**(23.4)**	136	**(25.2)**	98	**(27.8)**	167	**(30.9)**	886	**(24.5)**
	Family (parents, siblings)	220	**(29.4)**	216	**(29.1)**	187	**(28.8)**	161	**(29.8)**	116	**(33)**	146	**(27)**	1049	**(29)**
	Partner/Spouse/children	202	**(27)**	239	**(32.3)**	192	**(29.5)**	156	**(28.9)**	108	**(30.7)**	154	**(28.5)**	1061	**(29.3)**
	Partner/spouse	99	**(13.3)**	103	**(13.9)**	107	**(16.5)**	68	**(12.6)**	53	**(15.1)**	80	**(14.8)**	516	**(14.3)**
	Partner & child(ren)	87	**(11.6)**	114	**(15.4)**	72	**(11.1)**	79	**(14.6)**	53	**(15.1)**	65	**(12)**	474	**(13.2)**
	Child(ren) only	16	**(2.1)**	22	**(3)**	13	**(2)**	<10	**(1.7)**	<10	**(0.6)**	<10	**(1.7)**	71	**(2)**
	Other shared accommodation	47	**(6.3)**	28	**(3.8)**	20	**(3.1)**	16	**(3)**	10	**(2.8)**	14	**(2.6)**	139	**(3.8)**
	Rough sleeper/Hostel	37	**(4.9)**	16	**(2.2)**	<10	**(1.2)**	12	**(2.2)**	<10	**(1.4)**	<10	**(1.1)**	94	**(2.6)**
	Other	16	**(2.1)**	<10	**(1.1)**	10	**(1.5)**	15	**(2.8)**	<10	**(1.1)**	<10	**(0.4)**	57	**(1.6)**
	Unknown/Not recorded	68	**(9.1)**	66	**(8.9)**	81	**(12.5)**	44	**(8.1)**	11	**(3.1)**	51	**(9.4)**	336	**(9.3)**
Homeless[ii]	Yes	51	**(6.8)**	21	**(2.8)**	10	**(1.5)**	20	**(3.7)**	11	**(3.1)**	14	**(2.6)**	141	**(3.9)**

Note: Percentages have been rounded and may not total to 100.

a The full dataset contains 3,622 cases. Of these, 51 could not be assigned to a Regional Health Area (RHA) due to residence outside the jurisdiction or insufficient geolocation information. The analysis presented in this column is based on the full dataset.

ii The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

Table 2: Labour Market Profile by Regional Health Authority (IPSDS 2015-2020 cohort)

		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)[a]	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Employment Status at time of death	In paid employment	244	**(32.6)**	234	**(31.6)**	229	**(35.2)**	195	**(36.1)**	143	**(40.6)**	201	**(37.2)**	1266	**(34.9)**
	Unemployed	233	**(31.1)**	198	**(26.7)**	151	**(23.2)**	116	**(21.5)**	71	**(20.2)**	108	**(20)**	886	**(24.5)**
	*Not in labour force	154	**(20.6)**	162	**(21.9)**	177	**(27.2)**	166	**(30.7)**	90	**(25.6)**	144	**(26.7)**	904	**(25)**
	Students	42	**(5.6)**	50	**(6.7)**	44	**(6.8)**	43	**(8)**	28	**(8)**	43	**(8)**	255	**(7)**
	Homemaker	25	**(3.3)**	29	**(3.9)**	25	**(3.8)**	29	**(5.4)**	10	**(2.8)**	13	**(2.4)**	133	**(3.6)**
	Retired/ Disability	87	**(11.6)**	78	**(10.5)**	103	**(15.8)**	91	**(16.9)**	49	**(13.9)**	85	**(15.7)**	497	**(13.7)**
	Unknown/Not recorded	117	**(15.6)**	147	**(19.8)**	93	**(14.3)**	63	**(11.7)**	48	**(13.6)**	87	**(16.1)**	566	**(15.6)**
Occupational Status	Employer/Manager	31	**(4.1)**	33	**(4.5)**	26	**(4.0)**	21	**(3.9)**	12	**(3.4)**	19	**(3.5)**	147	**(4)**
	Higher Professional	18	**(2.4)**	41	**(5.5)**	29	**(4.5)**	24	**(4.4)**	11	**(3.1)**	19	**(3.5)**	146	**(4)**
	Lower Professional	37	**(4.9)**	31	**(4.2)**	37	**(5.7)**	35	**(6.5)**	26	**(7.4)**	39	**(7.2)**	211	**(5.8)**
	Non-Manual	66	**(8.8)**	72	**(9.7)**	62	**(9.5)**	49	**(9.1)**	37	**(10.5)**	51	**(9.4)**	342	**(9.4)**
	Manual Skilled	78	**(10.4)**	106	**(14.3)**	94	**(14.5)**	104	**(19.3)**	70	**(19.9)**	75	**(13.9)**	536	**(14.8)**
	Semi-skilled	48	**(6.4)**	62	**(8.4)**	71	**(10.9)**	68	**(12.6)**	41	**(11.6)**	71	**(13.1)**	364	**(10)**
	Unskilled	26	**(3.5)**	28	**(3.8)**	23	**(3.5)**	35	**(6.5)**	23	**(6.5)**	16	**(3)**	151	**(4.2)**
	Own account worker	13	**(1.7)**	<10	**(1.2)**	16	**(2.5)**	14	**(2.6)**	<10	**(2.3)**	11	**(2)**	71	**(2)**
	Farmer/agricultural worker	26	**(3.5)**	21	**(2.8)**	41	**(6.3)**	47	**(8.7)**	30	**(8.5)**	57	**(10.6)**	223	**(6.2)**
	All other gainfully occupies	216	**(28.9)**	183	**(24.7)**	162	**(24.9)**	95	**(17.6)**	60	**(17.0)**	102	**(18.9)**	880	**(24.3)**
	Unknown/Not recorded	189	**(25.3)**	155	**(20.9)**	89	**(14.3)**	48	**(8.9)**	34	**(9.7)**	80	**(14.8)**	551	**(15.2)**

Note: Percentages have been rounded and may not total to 100.

a The full dataset contains 3,622 cases. Of these, 51 could not be assigned to a Regional Health Area (RHA) due to residence outside the jurisdiction or insufficient geolocation information. The analysis presented in this column is based on the full dataset.

* As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

Table 3. Clinical characteristics by Regional Health Authority (IPSDS Cohort 2015-2020)

Evidence in Coroners files of		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)[a]	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
[¤]History of mental health (MH) condition	Yes evidence of a MH condition	500	(66.8)	503	(67.9)	435	(66.9)	365	(67.6)	222	(63.1)	328	(60.7)	2379	(65.7)
	Unknown/Not recorded	248	(33.2)	238	(32.1)	215	(33.1)	175	(32.4)	130	(36.9)	212	(39.2)	1243	(34.3)
[Φ]Prior Self-Harm	Yes - prior self-harm	204	(27.3)	213	(28.7)	151	(23.3)	107	(19.8)	56	(15.9)	116	(21.5)	855	(23.6)
	No - prior self-harm	90	(12.0)	79	(10.7)	52	(8)	52	(9.8)	14	(4)	105	(19.4)	397	(11)
	Unknown/Not recorded	454	(60.7)	449	(60.6)	447	(68.8)	381	(70.6)	282	(80.1)	319	(59.1)	2370	(65.5)
Prescribed Mental Health Medication	Yes - in receipt of prescription	288	(38.5)	292	(39.4)	236	(36.3)	220	(40.7)	135	(38.4)	190	(35.2)	1373	(37.9)
	No - not in receipt of prescription	76	(10.2)	75	(10.1)	64	(9.8)	65	(12)	37	(10.5)	68	(12.6)	389	(10.7)
	Unknown/Not recorded	384	(51.3)	374	(50.5)	350	(53.8)	255	(47.2)	180	(51.1)	282	(52.2)	1860	(51.4)
History of Substance Misuse	Yes - evidence of a substance misuse	332	(44.4)	315	(42.5)	210	(32.3)	138	(25.6)	98	(27.8)	135	(25)	1243	(34.3)
	Drug Dependency	257	(34.4)	258	(34.8)	165	(25.4)	98	(18.1)	80	(22.7)	89	(16.5)	961	(26.5)
	Alcohol Dependency	128	(17.1)	116	(15.7)	78	(12)	56	(10.4)	27	(7.7)	61	(11.3)	470	(13)
	Unknown/Not recorded	416	(55.6)	426	(57.5)	440	(67.7)	402	(74.4)	254	(72.2)	405	(75)	2379	(65.7)
Contact with medical Services	No/Unknown	326	(43.6)	328	(44.3)	297	(45.7)	170	(31.5)	160	(45.5)	298	(55.1)	1611	(44.5)
	Yes – contact with medical services	422	(56.4)	413	(55.7)	353	(54.3)	370	(68.5)	192	(54.5)	242	(44.8)	2011	(55.5)
Type of service	[i]GP/general medical	205	(48.6)	196	(47.5)	147	(41.6)	222	(60)	106	(55.2)	100	(41.3)	983	(48.9)
	[b]Emergency & Acute Hospital A&E	40	(9.5)	33	(8)	26	(7.4)	26	(7)	<10	(4.6)	18	(7.4)	156	(7.8)
	[c]Mental Health Community Outpatient	96	(22.7)	103	(25)	94	(26.6)	58	(15.6)	46	(23.9)	70	(28.9)	471	(23.4)
	[d]Mental Health - Inpatient	21	(5.0)	24	(5.8)	35	(9.9)	27	(7.3)	10	(5.2)	20	(8.2)	137	(6.8)
	Addiction Services	13	(3.1)	10	(2.4)	<10	(0.8)	<10	(0.5)	<10	(0.5)	-	-	29	(1.4)
	Other/Unspecified	47	(11.1)	47	(11.3)	48	(13.5)	35	(9.4)	20	(10.4)	34	(14)	235	(11.7)

Note: Percentages have been rounded and may not total to 100.

a The full dataset contains 3,622 cases. Of these, 51 could not be assigned to a Regional Health Area (RHA) due to residence outside the jurisdiction or insufficient geolocation information. The analysis presented in this column is based on the full dataset.

¤ This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

Φ In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

i GP/general medical = G.P.; On-call doctor and Tele/Virtual health;

b Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

c Mental Health Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

d Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 4. Adverse events by Regional Health Authority (IPSDS 2015-2020 Cohort)

		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Adverse events	Evidence of adverse event (s)	602	**(80.5)**	623	**(84.1)**	503	**(77.4)**	450	**(83.3)**	285	**(81)**	411	**(76.1)**	2909	**(80.3)**
	No evidence	44	**(5.9)**	44	**(5.9)**	38	**(5.8)**	40	**(7.4)**	19	**(5.4)**	48	**(8.9)**	238	**(6.6)**
	Unknown/Not recorded	102	**(13.6)**	74	**(9.9)**	109	**(16.8)**	50	**(9.3)**	48	**(13.6)**	81	**(15)**	475	**(13.1)**
Among those who experienced 1 or more adverse events		**(n=602)**		**(n=623)**		**(n=503)**		**(n=450)**		**(n=285)**		**(n=411)**		**(n=2909)**	
Main types of adverse events	Current mental health issues	247	**(41)**	243	**(39)**	257	**(51.1)**	225	**(50)**	137	**(48.1)**	146	**(35.5)**	1269	**(43.6)**
	Relationship difficulties	154	**(25.6)**	164	**(26.3)**	115	**(22.9)**	87	**(19.3)**	59	**(20.7)**	71	**(17.3)**	660	**(22.7)**
	Death/grief	66	**(11)**	91	**(14.6)**	42	**(8.3)**	40	**(8.9)**	32	**(11.2)**	45	**(10.9)**	317	**(10.9)**
	Employment issues	61	**(10.1)**	52	**(8.3)**	29	**(5.8)**	25	**(5.6)**	17	**(6)**	24	**(5.8)**	210	**(7.2)**
	Conflict with family	60	**(10)**	50	**(8)**	36	**(7.2)**	41	**(9.1)**	18	**(6.3)**	29	**(7.1)**	235	**(8)**
	Financial concerns	45	**(7.5)**	44	**(7.1)**	28	**(5.6)**	32	**(7.1)**	14	**(4.9)**	27	**(6.6)**	191	**(6.6)**

Table 5: Death details by Regional Health Authority (IPSDS 2015-2020 cohort)

		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)[a]	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Method of death	Drowning	57	**(7.6)**	61	**(8.2)**	80	**(12.3)**	59	**(10.9)**	51	**(14.3)**	79	**(14.6)**	396	**(10.9)**
	Hanging	482	**(64.4)**	488	**(65.9)**	401	**(61.7)**	350	**(64.8)**	232	**(65.9)**	331	**(61.3)**	2304	**(63.6)**
	Shooting	14	**(1.9)**	23	**(3.1)**	28	**(4.3)**	14	**2.6**	17	**(4.8)**	26	**(4.8)**	123	**(3.4)**
	Poisoning	109	**(14.6)**	96	**(13)**	81	**(12.5)**	61	**11.3**	20	**(5.7)**	69	**(12.8)**	442	**(12.2)**
	**Other	86	**(11.5)**	73	**(9.9)**	60	**(9.2)**	56	**10.4**	32	**(9.1)**	35	**(6.5)**	357	**(9.9)**
Coroners Verdict	Suicide or equivalent	576	**(77)**	590	**(79.6)**	499	**(76.8)**	437	**(80.9)**	200	**(56.8)**	349	**(64.6)**	2689	**(74.2)**
	Undetermined/open verdict	86	**(11.5)**	82	**(11.1)**	49	**(7.5)**	27	**(5)**	51	**(14.5)**	60	**(11.1)**	363	**(10)**
	Accident/Misadventure	18	**(2.4)**	28	**(3.8)**	13	**(2)**	16	**(3)**	<10	**(1.7)**	18	**(3.3)**	99	**(2.7)**
	No formal verdict recorded	68	**(9.1)**	41	**(5.5)**	89	**(13.7)**	60	**(11.1)**	95	**(27)**	113	**(20.9)**	471	**(13)**
Location of death	≠Private location	521	**(69.7)**	518	**(69.9)**	432	**(66.5)**	351	**(65)**	224	**(63.6)**	371	**(68.7)**	2425	**(67)**
	○Public location	213	**(28.5)**	211	**(28.5)**	202	**(31.1)**	171	**(31.7)**	119	**(33.8)**	152	**(28.1)**	1101	**(30.4)**
	Unknown/Not recorded	14	**(1.9)**	12	**(1.6)**	16	**(2.5)**	18	**(3.3)**	<10	**(2.6)**	17	**(3.1)**	96	**(2.6)**

Note: Percentages have been rounded and may not total to 100.

a The full dataset contains 3,622 cases. Of these, 51 could not be assigned to a Regional Health Area (RHA) due to residence outside the jurisdiction or insufficient geolocation information. The analysis presented in this column is based on the full dataset.

** 'other' includes falling/jumping (n=98); stabbing/cutting (n=33); rail incident (n=32); burns/fire (n=20); suffocation (n=40); RCT (n=36);

≠ Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). ○Public location includes public buildings, places of employment, education institutions, and hospitals.

Table 6: Year of death by Regional Health Authority (IPSDS 2015-2020 cohort)

		HSE Dublin & North East		HSE Dublin & Midlands		HSE Dublin & South East		HSE South West		HSE Mid West		HSE West & North West		Ireland	
		(n=748; 20.9%)		(n=741; 20.8%)		(n=650; 18.2%)		(n=540; 15.1%)		(n=352; 9.9%)		(n=540; 15.1%)		(n=3,622)[a]	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Calendar Year	2015	126	**(16.8)**	120	**(16.2)**	108	**(16.6)**	88	**(16.3)**	64	**(18.2)**	96	**(17.8)**	610	**(16.8)**
	2016	118	**(15.8)**	125	**(16.9)**	113	**(17.4)**	105	**(19.4)**	52	**(14.8)**	92	**(17)**	616	**(17.0)**
	2017	121	**(16.2)**	115	**(15.5)**	113	**(17.4)**	78	**(14.4)**	68	**(19.3)**	82	**(15.2)**	584	**(16.1)**
	2018	141	**(18.9)**	127	**(17.1)**	114	**(17.5)**	90	**(16.7)**	67	**(19)**	93	**(17.2)**	639	**(17.6)**
	2019	114	**(15.2)**	134	**(18.1)**	98	**(15.1)**	103	**(19.1)**	59	**(16.8)**	81	**(15.0)**	600	**(16.6)**
	2020*	128	**(17.1)**	120	**(16.2)**	104	**(16)**	76	**(14.1)**	42	**(11.9)**	96	**(17.8)**	573	**(15.8)**

Note: Percentages have been rounded and may not total to 100.

a The full dataset contains 3,622 cases. Of these, 51 could not be assigned to a Regional Health Area (RHA) due to residence outside the jurisdiction or insufficient geolocation information. The analysis presented in this column is based on the full dataset.

* **The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore, the COVID 19 pandemic may have affected both the identification and reporting of cases.**

Appendix: Regional Suicide Profiles (IPSDS 2015-2020)

- Dublin & North East
- Dublin & Midlands
- Dublin & South East
- South West
- Mid West
- West & North West

HSE Dublin & North East
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 565: 76%)	Female (n = 183: 24%)
Family status	**52% single** **36% married/cohabiting** **7% separated/divorced/widowed** **35% parents (15% with children <18)**	**51% single** **31% married/cohabiting** **15% separated/divorced/widowed** *(2 x male rate)* **47% parents (26% with children < 18)**
Age	**Mean age: 43.4 years** **Largest age groups:** 35–44 years (26%) 45–54 years (22%)	**Mean age: 43 years** **Largest age groups:** 25–34 years (21%) 45–54 years (27%)
Living situation	**56% living with partner/family** **20% living alone** **7% experiencing homelessness**	**57% living with partner/family** **24% living alone** **7% experiencing homelessness**
Economic activity	**37% in paid employment** Concentrated in manual occupations (skilled & semi-skilled): 21% **17% not in the labour force**	**20% in paid employment** Concentrated in non-manual (14%) and lower professional roles (9%) **33% not in the labour force** *(2 x male rate)* Homemaker/carer: 13%
Clinical & behavioural	**62% mental health history** **22% prior self-harm** **45% substance misuse history** Drug dependency: 35% Alcohol dependency: 17%	**83% mental health history** **44% prior self-harm (2 x male rate)** **43% substance misuse history** Drug dependency: 32% Alcohol dependency: 19%
Service contact	**52% had health service contact** GP/general medical: 49% Mental health outpatient/ community: 23% **31% prescribed medications**	**69% health service contact** GP/general medical: 50% Mental health outpatient/ community: 21% **61% prescribed medication** *(≈2 x male rate)*
Death Details	**Hanging: 67%** **Poisoning: 12%** **Drowning: 7%** **Firearm: 3%** *(male only)* **79% suicide verdict** **10% undetermined/open verdict**	**Hanging: 55%** **Poisoning: 24%** *(2 x male rate)* **Drowning: 9%** **70% suicide verdict** **17% undetermined/open verdict**

HSE Dublin & North East
IPSDS (2015-2020) Suicide Profile by Sex

1. Marked sex differences in suicide patterns and clinical vulnerability

- Similar to the national profile, males accounted for the majority of suicide deaths (76%) while females accounted for 24%.
- Females demonstrated substantially higher clinical vulnerability than males, including:
  - History of a mental health condition (83% vs. 62%)
  - Prior self-harm (44% vs. 22%)
  - Prescribed mental health medication (61% vs. 31%)
- Substance misuse was common, with marginally higher levels of drug dependency among males (35% versus 32%).

Implication: Sex specific suicide prevention strategies are required, to address the higher prevalence among males and the greater clinical complexity, prior self harm, and treatment exposure observed among females.

2. Suicide risk reflects a life course pattern shaped by family and social context

- Mean age at death was similar for males and females (≈43 years), but risk clustered differently:
  - Nearly half of male deaths occurred among middle aged men (35–54 years).
  - Females showed higher representation in younger adulthood (25–34 years) and midlife (45–54 years).
- Females were more likely to be parents and to have dependent children, while males were more likely to be married/cohabiting.

Implication: A life course approach to suicide prevention is required, recognising differing age related vulnerabilities and the added complexity of parenting, relationship breakdown, isolation, and housing instability.

3. Health services represent a critical opportunity for prevention

- Half of the males (52%) and over two-thirds of females (69%) had contact with medical services prior to death.
- GP/general medical services were the most common contact point for both sexes.
- A substantial proportion were in receipt of prescribed mental health medication, indicating repeated engagement with prescribers and pharmacists.

Implication: Embed suicide prevention across all healthcare settings, by strengthening routine practice with particular emphasis on primary care, prescribing and medication management, and transition points in care.

4. Method and context of death differ by sex

- Hanging was the dominant method for both sexes but more common among males.
- Poisoning was significantly more frequent among females.
- Firearm deaths occurred only among males.
- Undetermined or open verdicts were more common among females.

Implication: Prevention strategies must be method and context informed, incorporating means safety, medication management, and gender specific patterns of lethality, planning, and intent.

HSE Dublin & North East
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n=565; 76%)		Female (n=183; 24%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	203	**(35.9)**	56	**(30.6)**
	Single	293	**(51.8)**	94	**(51.3)**
	Separated/Divorced/Widowed	41	**(7.3)**	27	**(14.7)**
	Unknown/Not recorded	28	**(4.9)**	<10	**(3.3)**
Parental status	Yes - parent	196	**(34.7)**	86	**(47)**
	Has child < 18 years	87	**(15.4)**	48	**(26.2)**
	Has child age unknown	109	**(19.3)**	38	**(20.8)**
	No	82	**(14.5)**	42	**(23)**
	Unknown/Not recorded	287	**(50.8)**	55	**(30.1)**
Age group	Mean Age (SD)	43.4 (15.2)		43.04 (14.8)	
	< 24 years	72	**(12.7)**	22	**(12)**
	25-34 years	98	**(17.3)**	38	**(20.8)**
	35-44 years	145	**(25.7)**	36	**(19.7)**
	45-54 years	123	**(21.8)**	49	**(26.8)**
	55-64 years	75	**(13.3)**	24	**(13.1)**
	65+ years	52	**(9.2)**	14	**(7.7)**
Living Arrangements at the time of death	Alone	115	**(20.4)**	43	**(23.5)**
	Parents/Siblings	168	**(29.7)**	52	**(28.4)**
	Partner/Spouse/children	149	**(26.4)**	53	**(28.9)**
	Partner/spouse	79	**(14)**	20	**(10.9)**
	Partner & child(ren)	68	**(12)**	19	**(10.4)**
	Child(ren) only	<10	**(0.4)**	14	**(7.7)**
	Other shared accommodation	37	**(6.5)**	10	**(5.5)**
	Rough sleeper/Hostel	25	**(4.4)**	12	**(6.6)**
	Other	11	**(1.9)**	<10	**(2.7)**
	Unknown/Not recorded	60	**(10.6)**	<10	**(4.4)**
Homeless[ii]	Yes	39	**(6.7)**	12	**(6.6)**
Employment Status at time of death	In paid employment	207	**(36.6)**	37	**(20.2)**
	Unemployed	172	**(30.4)**	61	**(33.3)**
	[b]Not in labour force/economically inactive	94	**(16.6)**	60	**(32.8)**
	Students	28	**(5%)**	14	**(7.7%)**
	Homemaker/carer	<10	**(0.2)**	24	**(13.1%)**
	Retired/Disability	65	**(11.5)**	22	**(12%)**
	Unknown/Not recorded	92	**(16.3)**	25	**(13.7)**
Occupational Status	Employer/Manager	28	**(5)**	<10	**(1.6)**
	Higher Professional	15	**(2.7)**	<10	**(1.6)**
	Lower Professional	20	**(3.5)**	17	**(9.3)**
	Non-Manual	40	**(7.1)**	26	**(14.3)**
	Manual Skilled	77	**(13.6)**	<10	**(0.5)**
	Semi-skilled	41	**(7.3)**	<10	**(3.8)**
	Unskilled	26	**(4.6)**	-	**-**
	Own account worker	10	**(1.8)**	<10	**(1.6)**
	Farmer/agricultural worker	26	**(4.6)**	-	**-**
	All other gainfully occupied	153	**(27.1)**	63	**(34.4)**
	Unknown/Not recorded	129	**(22.8)**	60	**(32.8)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE Dublin & North East
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n=565; 76%)		Female (n=183; 24%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	348	(61.5)	152	(83%)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	123	(21.7)	81	(44.2)
Prescribed mental health medication	Yes - in receipt of prescription	177	(31.3)	111	(60.6)
Substance misuse history	Yes - substance misuse history	254	(45)	78	(42.6)
	Drug Dependency	199	(35.2)	58	(31.7)
	Alcohol Dependency	94	(16.6)	34	(18.6)
Service Contact*	Yes – contact with medical services	295	(52.2)	127	(69.4)
Type of contact	[e]GP/ General Medical	143	(48.5)	62	(49.6)
	[f]Emergency & Acute Hospital A&E	28	(9.5)	12	(9.4)
	[g]Mental Health Community/Outpatient Service	69	(23.4)	27	(21.3)
	[h]Mental Health - Inpatient	15	(5.1)	<10	(4.7)
	Addiction Services	<10	(3.1)	<10	(3.1)
	Other/Unspecified	31	(10.5)	16	(12.6)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. For the majority (n = 304/422; 72%), such contact occurred within one year prior to death, with a mean interval of 41 days between last recorded contact and death

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n=565; 76%)		Female (n=183; 24%)	
		N	(%)	N	(%)
Method of death	Drowning	40	(7.1)	17	(9.3)
	Hanging	381	(67.4)	101	(55.2)
	Shooting	14	(2.5)	-	-
	Poisoning	66	(11.7)	43	(23.5)
	[i]Other	64	(11.3)	22	(12)
Coroners Verdict	Suicide or equivalent	447	(79.1)	129	(70.5)
	Undetermined/open verdict	55	(9.7)	31	(16.9)
	Accident/Misadventure	11	(1.9)	<10	(3.8)
	No formal verdict	52	(9.2)	16	(8.7)
Location of death[j]	Private location	374	(66.2)	147	(80.3)
	Public location	179	(31.6)	34	(18.6)
	Unknown/Not recorded	12	(2.1)	<10	(1.1)

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE Dublin & North East
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n=565; 76%)		Female (n=183; 24%)	
		N	(%)	N	(%)
Calendar Year	2015	98	**(17.3)**	28	**(15.3)**
	2016	93	**(16.5)**	25	**(13.7)**
	2017	95	**(16.8)**	26	**(14.2)**
	2018	105	**(18.6)**	36	**(19.7)**
	2019	82	**(14.5)**	32	**(17.5)**
	[a]2020	92	**(16.3)**	36	**(19.7)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.

HSE Dublin & Midlands
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 525: 71%)	Female (n = 216: 29%)
Family status	**50% single** **36% married/cohabiting** **10% separated/divorced/widowed** **39% parents (19% with children <18)**	**49% single** **33% married/cohabiting** **15% separated/divorced/widowed** **42% parents (23% with children < 18)**
Age	**Mean age: 43.3 years** **Largest age groups:** 25–34 years (21%) 35–44 years (21%)	**Mean age: 42.9 years** **Largest age groups:** 35–44 years (25%) 45–54 years (23%)
Living situation	**61% living with partner/family** **22% living alone** **3% experiencing homelessness** *(3 x female rate)*	**63% living with partner/family** **25% living alone** **1% experiencing homelessness**
Economic activity	**35% in paid employment** Concentrated in the manual (skilled & semi-skilled) roles: 28% **19% not in the labour force**	**25% in paid employment** Concentrated in non-manual (13%) and professional roles (13%) **29% not in the labour force** *(1.5 x male rate)*
Clinical & behavioural	**63% mental health history** **26% prior self-harm** **43% substance misuse history** Drug dependency: 36% Alcohol dependency: 16%	**80% mental health history** **36% prior self-harm** **42% substance misuse history** Drug dependency: 32% Alcohol dependency: 15%
Service contact	**51% had health service contact** GP/general medical: 45% Mental health outpatient/ community: 25% **33% prescribed medications**	**67% health service contact** GP/general medical: 52% Mental health outpatient/ community: 25% **56% prescribed medication**
Death Details	**Hanging: 68%** **Poisoning: 10%** **Firearm: 4%** *(almost exclusively male)* **79% suicide verdict** **11% undetermined/open verdict** **7% no formal verdict**	**Hanging: 62%** **Poisoning: 21%** *(2 x male rate)* **Drowning: 11%** **81% suicide verdict** **13% undetermined/open verdict** **1% no formal verdict**

HSE Dublin & Midlands
IPSDS (2015-2020) Suicide Profile by Sex

1. Pronounced sex differences in suicide prevalence and clinical vulnerability

- Men accounted for most deaths (71%; n=525), while women accounted for 29% (n=216) the highest proportion of female deaths across HSE regions.
- Statistically significant sex differences were evident:
  - Women were more likely to have a recorded mental health history (80% vs. 63%), and a prior self harm history (36% vs. 26%)

Implication: Sex specific suicide prevention strategies are required, addressing higher prevalence among men alongside the comparatively high proportion of female deaths and greater clinical complexity among women.

2. Substance misuse is a major risk factor

- Substance misuse was common among both sexes (men 43%; women 42%) with relatively high proportions having evidence of drug and/or alcohol dependency.

Implication: Suicide prevention needs to be integrated with addiction services, harm reduction approaches, and dual diagnosis care pathways, for both men and women.

3. Suicide risk varies by life course stage and family context

- Mean age at death was similar for men and women (≈43 years), but age distribution differed significantly:
  - Men were spread across early and mid adulthood (25–54 years).
  - Women were more concentrated in midlife (35–54 years).
- Women more likely to be parents, have dependent children, and live in child only households.

Implication: Explore a life course and family informed approach, recognising midlife stressors and parenting responsibilities among women, alongside isolation and socio economic pressures affecting men.

4. Health service contact highlight clear prevention opportunities

- Women were significantly more likely than men to have had healthcare contact prior to death (67% vs. 51%).
  - GP/general medical service was the most common point of contact for both sexes, alongside outpatient mental health services.
  - Women more likely to be receipt of prescribed mental health medication (56% vs 33%).

Implication: Suicide prevention should be embedded across healthcare settings, with emphasis on primary care, medication management, and follow up at high risk transition points such as treatment changes and discharge. Explore the role of community pharmacists and pharmacy staff in suicide prevention.

HSE Dublin & Midlands
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n = 525: 71%)		Female (n = 216: 29%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	187	**(35.6)**	71	**(32.8)**
	Single	265	**(50.4)**	105	**(48.6)**
	Separated/Divorced/Widowed	51	**(9.7)**	32	**(14.8)**
	Unknown/Not recorded	22	**(4.2)**	<10	**(3.7)**
Parental status	Yes - parent	202	**(38.5)**	90	**(41.7)**
	Has child < 18 years	97	**(18.5)**	50	**(23.1)**
	Has child age unknown	105	**(20)**	40	**(18.5)**
	No	76	**(14.5)**	49	**(22.7)**
	Unknown/Not recorded	247	**(47)**	77	**(35.6)**
Age group	Mean Age (SD)	43.3 (15.7)		42.9 (14.9)	
	< 24 years	68	**(13)**	27	**(12.5)**
	25-34 years	110	**(21)**	39	**(18.1)**
	35-44 years	108	**(20.6)**	53	**(24.5)**
	45-54 years	99	**(18.9)**	50	**(23.1)**
	55-64 years	83	**(15.8)**	26	**(12)**
	65+ years	57	**(10.9)**	21	**(9.7)**
Living Arrangements at the time of death	Alone	115	**(21.9)**	53	**(24.5)**
	Parents/Siblings	157	**(29.9)**	59	**(27.3)**
	Partner/Spouse/children	162	**(30.9)**	77	**(35.6)**
	Partner/spouse	71	**(13.5)**	32	**(14.8)**
	Partner & child(ren)	87	**(16.6)**	27	**(12.5)**
	Child(ren) only	<10	**(0.8)**	18	**(8.3)**
	Other shared accommodation	21	**(4)**	<10	**(3.2)**
	Rough sleeper/Hostel	15	**(2.9)**	<10	**(0.5)**
	Other	<10	**(1.3)**	<10	**(0.5)**
	Unknown/Not recorded	48	**(9.1)**	18	**(8.3)**
Homeless[ii]	Yes	18	**(3.4)**	<10	**(1.4)**
Employment Status at time of death	In paid employment	181	**(34.5)**	53	**(24.5)**
	Unemployed	150	**(28.6)**	48	**(22.2)**
	[b]Not in labour force/economically inactive	99	**(18.9)**	63	**(29.2)**
	Students	32	**(6)**	18	**(8.3)**
	Homemaker/carer	<10	**(0.2)**	28	**(12.9)**
	Retired/Disability	61	**(12)**	17	**(7.8)**
	Unknown/Not recorded	95	**(18.1)**	52	**(24.1)**
Occupational Status	Employer/Manager	25	**(4.8)**	<10	**(3.7)**
	Higher Professional	33	**(6.3)**	<10	**(3.7)**
	Lower Professional	11	**(2.1)**	20	**(9.3)**
	Non-Manual	45	**(8.6)**	27	**(12.5)**
	Manual Skilled	98	**(18.7)**	<10	**(3.7)**
	Semi-skilled	47	**(9)**	15	**(6.9)**
	Unskilled	22	**(4.2)**	<10	**(2.8)**
	Own account worker	<10	**(1.3)**	<10	**(0.9)**
	Farmer/agricultural worker	21	**(4)**	-	**-**
	All other gainfully occupied	117	**(22.3)**	66	**(30.6)**
	Unknown/Not recorded	99	**(18.9)**	56	**(25.9)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE Dublin & Midlands
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n = 525: 71%)		Female (n = 216: 29%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	330	(62.9)	173	(80.1)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	135	(25.7)	78	(36.1)
Prescribed mental health medication	Yes - in receipt of prescription	172	(32.8)	120	(55.6)
Substance misuse history	Yes - substance misuse history	225	(42.9)	90	(41.7)
	Drug Dependency	189	(36)	69	(31.9)
	Alcohol Dependency	83	(15.8)	33	(15.3)
Service Contact*	Yes – contact with medical services	269	(51.2)	144	(66.7)
Type of contact	[e]GP/ General Medical	121	(45)	75	(52.1)
	[f]Emergency & Acute Hospital A&E	22	(8.2)	11	(7.6)
	[g]Mental Health Community/Outpatient Service	67	(24.9)	36	(25)
	[h]Mental Health - Inpatient	18	(6.7)	<10	(4.2)
	Addiction Services	<10	(1.9)	<10	(3.5)
	Other/Unspecified	36	(13.4)	11	(7.6)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. For the majority (n=288/413; 70%), such contact occurred within one year prior to death, with a mean interval of 64.6 days between last recorded contact and death

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n = 525: 71%)		Female (n = 216: 29%)	
		N	(%)	N	(%)
Method of death	Drowning	37	(7)	24	(11.1)
	Hanging	355	(67.6)	133	(61.6)
	Shooting	22	(4.2)	<10	(0.5)
	Poisoning	51	(9.7)	45	(20.8)
	[i]Other	60	(11.4)	13	(6)
Coroners Verdict	Suicide or equivalent	415	(79)	175	(81)
	Undetermined/open verdict	55	(10.5)	27	(12.5)
	Accident/Misadventure	17	(3.2)	11	(5.1)
	No formal verdict	38	(7.2)	<10	(1.4)
Location of death[j]	Private location	354	(67.4)	164	(75.9)
	Public location	161	(30.7)	50	(23.1)
	Unknown/Not recorded	10	(1.9)	<10	(0.9)

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE Dublin & Midlands
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n = 525: 71%)		Female (n = 216: 29%)	
		N	(%)	N	(%)
Calendar Year	2015	91	**(17.3)**	29	**(13.4)**
	2016	93	**(17.7)**	32	**(14.8)**
	2017	77	**(14.7)**	38	**(17.6)**
	2018	88	**(16.8)**	39	**(18.1)**
	2019	93	**(17.7)**	41	**(19)**
	[a]2020	83	**(15.8)**	37	**(17.1)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.

HSE Dublin & South East
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 483: 74%)	Female (n = 167: 26%)
Family status	**52% single** **37% married/cohabiting** **10% separated/divorced/widowed** **35% parents (14% with children <18)**	**50% single** **36% married/cohabiting** **13% separated/divorced/widowed** **39% parents (17% with children < 18)**
Age	**Mean age: 44.7 years** **Largest age groups:** 35–44 years (26%) 45–54 years (20%)	**Mean age: 44.1 years** **Largest age groups:** 35–44 years (20%) 45–54 years (22%)
Living situation	**58% living with partner/family** **24% living alone**	**59% living with partner/family** **22% living alone**
Economic activity	**40% in paid employment** *(≈2 x female rate)* Concentrated in skilled and semi-skilled (30%) and agricultural roles (8%) **23% not in the labour force**	**21% in paid employment** Concentrated in non-manual (15%) and lower professional roles (11%) **41% not in the labour force** Homemaker/carer: 14%
Clinical & behavioural	**64% mental health history** **19% prior self-harm** **33% substance misuse history** Drug dependency: 26% Alcohol dependency: 10%	**76% mental health history** **36% prior self-harm** *(≈ 2 x male rate)* **31% substance misuse history** Drug dependency: 23% Alcohol dependency: 17%
Service contact	**53% had health service contact** GP/general medical: 44% Mental health outpatient/ community: 26% **33% prescribed medications**	**58% health service contact** GP/general medical: 35% Mental health outpatient/ community: 29% **61% prescribed medication**
Death Details	**Hanging: 66%** **Poisoning: 8%** **Drowning: 11%** **Firearm: 6%** *(male only)* **79% suicide verdict** **6% undetermined/open verdict** **14% no formal verdict**	**Hanging: 50%** **Poisoning: 26%** *(3 x male rate)* **Drowning: 17%** **72% suicide verdict** **11% undetermined/open verdict** **13% no formal verdict**

HSE Dublin & South East
IPSDS (2015-2020) Suicide Profile by Sex

1. Clear sex differences in suicide prevalence, clinical vulnerability, and service engagement

- Men accounted for the majority of suicide deaths (74%), while women accounted for one-quarter (26%).
- Women demonstrated greater clinical vulnerability across multiple indicators:
  - History of a mental health condition (76% vs. 64% of men)
  - Prior self-harm (36% vs. 19% of men)
  - Prescribed mental health medication (46% vs. 33% of men)
- Substance misuse was common in both sexes, with:
  - Higher history of alcohol dependency among women (17% vs. 10%)

Implication: Suicide prevention must be sex-specific, addressing the higher mortality burden among men alongside the greater psychiatric morbidity, prior self-harm, and treatment exposure evident among women.

2. Suicide risk reflects distinct life course and social roles by sex

- Mean age at death was similar for men and women (≈45 years), but age patterns differed
  - Male deaths clustered in mid life, particularly among those aged 35–54 years.
  - Female deaths showed broader dispersion, with higher representation at younger (<24 years) and older (65+ years) ages.
- Women were more likely to be parents and to have dependent children, and were over represented in: Child only households and Homemaker and caring roles.
- Men were more likely to be in paid employment and concentrated in manual, semi skilled, and agricultural occupations.

Implication: A life course approach to suicide prevention is required, recognising gendered social roles, caring responsibilities, employment patterns, and age specific vulnerabilities.

3. Health services represent a critical but under utilised prevention opportunity

- Over half of men (53%) and 58% of females had contact with medical services prior to death.
- GP/general medical services were the most common point of contact for both sexes.
- Women were more likely to have contact with specialist mental health services, including:
  - Community/outpatient mental health care
  - Inpatient mental health services
- A substantial proportion of both sexes were in receipt of prescribed mental health medication, indicating repeated contact with prescribers and pharmacists.

Implication: Suicide prevention must be embedded across all healthcare settings, with particular emphasis on primary care, prescribing and medication management, continuity of care, and recognition of cumulative risk among people with repeated service contact.

4. Methods and circumstances of death highlight the importance of means and context-informed prevention

- Hanging was the most frequent method overall, while poisoning and drowning accounted for a substantial minority of deaths.
- Firearm-related deaths, though less common, were present and require specific control and safety responses.
- Most deaths occurred in private locations, underscoring the hidden nature of suicide risk.

Implication: Prevention strategies must be method- and context-informed, incorporating means safety, medication management, environmental risk reduction, and improved recognition of intent and circumstance.

HSE Dublin & South East
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n = 483: 74%)		Female (n = 167: 26%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	177	**(36.6)**	60	**(35.9)**
	Single	249	**(51.5)**	83	**(49.7)**
	Separated/Divorced/Widowed	49	**(10.1)**	21	**(12.6)**
	Unknown/Not recorded	<10	**(1.6)**	<10	**(1.7)**
Parental status	Yes - parent	169	**(35.1)**	65	**(38.9)**
	Has child < 18 years	69	**(14.3)**	28	**(16.8)**
	Has child age unknown	100	**(20.7)**	37	**(22.2)**
	No	48	**(9.9)**	30	**(18.0)**
	Unknown/Not recorded	266	**(55.1)**	72	**(43.1)**
Age group	Mean Age (SD)	44.7 (15.8)		44.07 (16.6)	
	< 24 years	55	**(11.4)**	26	**(15.6)**
	25-34 years	75	**(15.5)**	25	**(15)**
	35-44 years	123	**(25.5)**	34	**(20.4)**
	45-54 years	96	**(19.9)**	36	**(21.6)**
	55-64 years	84	**(17.4)**	23	**(13.8)**
	65+ years	50	**(10.4)**	23	**(13.8)**
Living Arrangements at the time of death	Alone	116	**(24)**	36	**(21.6)**
	Parents/Siblings	147	**(30.4)**	40	**(24)**
	Partner/Spouse/children	133	**(27.5)**	59	**(35.3)**
	Partner/spouse	73	**(15.1)**	34	**(20.4)**
	Partner & child(ren)	57	**(11.8)**	15	**(9)**
	Child(ren) only	<10	**(0.6)**	10	**(6)**
	Other shared accommodation	16	**(3.3)**	<10	**(2.4)**
	Rough sleeper/Hostel	<10	**(1.2)**	<10	**(1.2)**
	Other	<10	**(1.4)**	<10	**(1.8)**
	Unknown/Not recorded	58	**(12)**	23	**(13.8)**
Homeless[ii]	Yes	<10	**(1.7)**	<10	**(1.2)**
Employment Status at time of death	In paid employment	194	**(40.2)**	35	**(21)**
	Unemployed	114	**(23.6)**	37	**(22.2)**
	[b]Not in labour force/economically inactive	109	**(22.6)**	68	**(40.7)**
	Students	27	**(5.6)**	17	**(10.2)**
	Homemaker/carer	<10	**(0.2)**	24	**(14.4)**
	Retired/Disability	77	**(15.9)**	26	**(15.6)**
	Unknown/Not recorded	66	**(13.7)**	27	**(16.2)**
Occupational Status	Employer/Manager	19	**(3.9)**	<10	**(4.2)**
	Higher Professional	25	**(5.2)**	<10	**(2.4)**
	Lower Professional	19	**(3.9)**	18	**(10.8)**
	Non-Manual	37	**(7.7)**	25	**(15)**
	Manual Skilled	86	**(17.8)**	<10	**(4.8)**
	Semi-skilled	59	**(12.2)**	12	**(7.2)**
	Unskilled	20	**(4.1)**	<10	**(1.8)**
	Own account worker	14	**(2.9)**	<10	**(1.2)**
	Farmer/agricultural worker	40	**(8.2)**	<10	**(0.59)**
	All other gainfully occupied	108	**(22.4)**	54	**(32.3)**
	Unknown/Not recorded	56	**(11.6)**	33	**(19.8)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE Dublin & South East
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n = 483: 74%)		Female (n = 167: 26%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	308	(63.8)	127	(76)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	91	(18.8)	60	(35.9)
Prescribed mental health medication	Yes - in receipt of prescription	159	(32.9)	77	(46.1)
Substance misuse history	Yes - substance misuse history	159	(32.9)	51	(30.5)
	Drug Dependency	127	(26.3)	38	(22.8)
	Alcohol Dependency	50	(10.4)	28	(16.8)
Service Contact*	Yes – contact with medical services	256	(53)	97	(58)
Type of contact	[e]GP/ General Medical	113	(44.1)	34	(35)
	[f]Emergency & Acute Hospital A&E	21	(8.2)	<10	(5.15)
	[g]Mental Health Community/Outpatient Service	66	(25.7)	28	(28.8)
	[h]Mental Health - Inpatient	22	(8.6)	13	(14.4)
	Addiction Services	<10	(0.78)	<10	(1.03)
	Other/Unspecified	32	(12.5)	16	(16.5)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. For the majority (211/353; 60%), such contact occurred within one year prior to death, with a mean interval of 20 days between last recorded contact and death.

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n = 483: 74%)		Female (n = 167: 26%)	
		N	(%)	N	(%)
Method of death	Drowning	51	(10.6)	29	(17.4)
	Hanging	318	(65.8)	83	(49.7)
	Shooting	28	(5.8)	-	-
	Poisoning	38	(7.9)	43	(25.7)
	[i]Other	48	(9.9)	12	(7.2)
Coroners Verdict	Suicide or equivalent	379	(78.5)	120	(71.9)
	Undetermined/open verdict	30	(6.2)	19	(11.4)
	Accident/Misadventure	<10	(1.2)	<10	(4.2)
	No formal verdict	68	(14.1)	21	(12.6)
Location of death[j]	Private location	315	(65.2)	117	(70.05)
	Public location	153	(31.6)	49	(29.3)
	Unknown/Not recorded	15	(3.2)	<10	(0.5)

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE Dublin & South East
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n = 483: 74%)		Female (n = 167: 26%)	
		N	(%)	N	(%)
Calendar Year	2015	78	**(16.5)**	30	**(17.9)**
	2016	92	**(19)**	21	**(12.6)**
	2017	86	**(17.8)**	27	**(16.1)**
	2018	80	**(16.5)**	34	**(20.4)**
	2019	75	**(15.5)**	23	**(13.8)**
	[a]2020	72	**(14.9)**	32	**(19.2)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.

HSE South West
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 404: 75%)	Female (n = 136: 25%)
Family status	**51% single** **38% married/cohabiting** **9% separated/divorced/widowed** **40% parents (18% with children <18)**	**49% single** **32% married/cohabiting** **18% separated/divorced/widowed** *(2 x male rate)* **35% parents (12% with children < 18)**
Age	**Mean age: 46.2 years** **Largest age groups:** 45–54 years (26%) 35-44 years (21%)	**Mean age: 43.7 years** **Largest age groups:** 45–54 years (23%) 35–44 years (19%)
Living situation	**60% living with partner/family** **24% living alone** **4% experiencing homelessness**	**56% living with partner/family** **29% living alone** **4% experiencing homelessness**
Economic activity	**38% in paid employment** Concentrated in manual (24%), semi-skilled (15%) and agricultural (11%) roles **27% not in the labour force**	**29% in paid employment** Concentrated in non-manual (18%) and professional roles (20%) **43% not in the labour force** *(≈1.5 x male rate)* Homemaker/carer: 21% *(exclusively female)*
Clinical & behavioural	**64% mental health history** **16% prior self-harm** **26% substance misuse history** Drug dependency: 19% Alcohol dependency: 10%	**77% mental health history** **32% prior self-harm** *(2 x male rate)* **24% substance misuse history** Drug dependency: 15% Alcohol dependency: 10%
Service contact	**66% had health service contact** GP/general medical: 60% Mental health outpatient/ community: 15% **37% prescribed medications**	**77% health service contact** GP/general medical: 61% Mental health outpatient/ community: 17% **52% prescribed medication**
Death Details	**Hanging: 69%** **Drowning: 9%** **Poisoning: 8%** **Firearm: 4%** *(male only)* **85% suicide verdict** **9% no formal verdict recorded**	**Hanging: 52%** **Poisoning: 20%** *(2 x male rate)* **Drowning: 17%** *(≈ 2 x male rate)* **70% suicide verdict** **18% no formal verdict recorded** *(2 x male rate)*

HSE South West
IPSDS (2015-2020) Suicide Profile by Sex

1. Suicide deaths in the South West are strongly shaped by mid life and later life vulnerability

Deaths were heavily concentrated in mid life; one-quarter of cases were in the 45–54 years age band.

- A substantial proportion of deaths also occurred among individuals aged 55 years and over (30%), indicating sustained risk into later adulthood.
- Younger age groups were present but accounted for a smaller share of deaths overall.

Implication: Suicide prevention in the South West should prioritise mid life and older adults, addressing cumulative stressors related to employment uncertainty, health decline, isolation, and life transitions.

2. Social roles, caring responsibilities, and isolation are prominent features of risk

Over half of individuals were single or previously partnered, with separation, divorce, or bereavement particularly common among women (18%)

- Many individuals were parents, including a meaningful proportion with dependent children, indicating significant family and community impact.
- Living alone was common, particularly among women (29%), while small but persistent levels of homelessness were recorded across both sexes (4%).
- Women were strongly represented in homemaker and carer roles (21%), while men were more likely to experience employment instability - 24% were unemployed.

Implication: Prevention strategies must account for social isolation, caregiving burden, and relationship disruption, embedding family and community based supports, especially in areas with dispersed populations and limited informal networks.

3. Employment and rural occupational patterns are a defining contextual risk factor

Over one third of deaths occurred among individuals in paid employment, with men heavily concentrated in manual, semi skilled, and agricultural work, including farming.

- These roles are often associated with: Irregular income and economic volatility, physical strain and injury, and social isolation and limited help seeking

Implication: Suicide prevention in the South West must be workplace and occupation sensitive, with targeted approaches for farming, rural manual work, and unpaid carers, including outreach beyond traditional service settings.

4. High healthcare contact and method patterns highlight specific prevention opportunities

Two thirds of men had contact with medical services prior to death, rising to over three quarters of women.

- GP/general medical services were the most consistent point of contact, with notable engagement across mental health and inpatient services.

Implication: Suicide prevention should strengthening GP and primary care capacity, medication management, and proactive follow up where healthcare contact is already established.

HSE South West
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n = 404: 75%)		Female (n = 136: 25%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	155	**(38.4)**	43	**(31.6)**
	Single	210	**(51)**	66	**(48.5)**
	Separated/Divorced/Widowed	37	**(9.15)**	24	**(17.6)**
	Unknown/Not recorded	<10	**(0.5)**	<10	**(2.2)**
Parental status	Yes - parent	162	**(40.1)**	48	**(35.3)**
	Has child < 18 years	73	**(18.1)**	16	**(11.8)**
	Has child age unknown	89	**(22)**	32	**(23.5)**
	No	47	**(11.6)**	27	**(19.9)**
	Unknown/Not recorded	195	**(48.3)**	61	**(44.9)**
Age group	Mean Age (SD)	46.2 (15.8)		43.7 (16.2)	
	< 24 years	48	**(11.9)**	20	**(14.7)**
	25-34 years	45	**(11.1)**	21	**(15.4)**
	35-44 years	85	**(21)**	26	**(19.1)**
	45-54 years	105	**(26)**	31	**(22.8)**
	55-64 years	71	**(17.6)**	24	**(17.6)**
	65+ years	50	**(12.4)**	14	**(10.3)**
Living Arrangements at the time of death	Alone	96	**(23.8)**	40	**(29.4)**
	Parents/Siblings	125	**(30.9)**	36	**(26.5)**
	Partner/Spouse/children	116	**(28.7)**	40	**(29.4)**
	Partner/spouse	48	**(11.9)**	20	**(14.7)**
	Partner & child(ren)	64	**(15.8)**	15	**(11)**
	Child(ren) only	<10	**(1)**	<10	**(3.7)**
	Other shared accommodation	13	**(3.2)**	<10	**(2.2)**
	Rough sleeper/Hostel	<10	**(2.2)**	<10	**(2.2)**
	Other	12	**(3)**	<10	**(2.2)**
	Unknown/Not recorded	33	**(8.2)**	11	**(8.1)**
Homeless[ii]	Yes	15	**(3.7)**	5	**(3.7)**
Employment Status at time of death	In paid employment	155	**(38.4)**	40	**(29.4)**
	Unemployed	96	**(23.8)**	20	**(14.7)**
	[b]Not in labour force/economically inactive	107	**(26.5)**	59	**(43.4)**
	Students	28	**(6.9)**	15	**(11)**
	Homemaker/carer	-	**-**	29	**(21.3)**
	Retired/Disability	76	**(18.8)**	15	**(11)**
	Unknown/Not recorded	46	**(11.4)**	17	**(12.5)**
Occupational Status	Employer/Manager	15	**(3.7)**	<10	**(4.4)**
	Higher Professional	14	**(3.5)**	10	**(7.4)**
	Lower Professional	18	**(4.5)**	17	**(12.5)**
	Non-Manual	24	**(5.9)**	25	**(18.4)**
	Manual Skilled	97	**(24)**	<10	**(5.1)**
	Semi-skilled	60	**(14.9)**	<10	**(5.9)**
	Unskilled	31	**(7.7)**	<10	**(2.9)**
	Own account worker	12	**(3)**	<10	**(1.5)**
	Farmer/agricultural worker	44	**(10.8)**	<10	**(2.2)**
	All other gainfully occupied	59	**(14.6)**	36	**(26.5)**
	Unknown/Not recorded	30	**(7.4)**	18	**(13.2)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE South West
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n = 404: 75%)		Female (n = 136: 25%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	260	(64.4)	105	(77.2)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	64	(15.8)	43	(31.6)
Prescribed mental health medication	Yes - in receipt of prescription	149	(36.9)	71	(52.2)
Substance misuse history	Yes - substance misuse history	106	(26.2)	32	(23.5)
	Drug Dependency	77	(19.1)	21	(15.4)
	Alcohol Dependency	42	(10.4)	14	(10.3)
Service Contact*	Yes – contact with medical services	265	(65.6)	105	(77.2)
Type of contact	[e]GP/ General Medical	158	(59.6)	64	(60.9)
	[f]Emergency & Acute Hospital A&E	20	(7.5)	<10	(5.7)
	[g]Mental Health Community/Outpatient Service	40	(15.1)	18	(17.1)
	[h]Mental Health - Inpatient	16	(6.03)	11	(10.4)
	Addiction Services	<10	(0.7)	-	-
	Other/Unspecified	29	(10.9)	<10	(5.7)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. For 49% (181/370)), such contact occurred within one year prior to death, with a mean interval of 49 days between last recorded contact and death.

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n = 404: 75%)		Female (n = 136: 25%)	
		N	(%)	N	(%)
Method of death	Drowning	36	(8.9)	23	(16.9)
	Hanging	280	(69.3)	70	(51.5)
	Shooting	14	(3.5)	-	-
	Poisoning	34	(8.4)	27	(19.9)
	[i]Other	40	(9.9)	16	(11.8)
Coroners Verdict	Suicide or equivalent	342	(84.7)	95	(69.9)
	Undetermined/open verdict	19	(4.7)	<10	(5.9)
	Accident/Misadventure	<10	(2)	<10	(5.9)
	No formal verdict	35	(8.7)	25	(18.4)
Location of death[j]	Private location	258	(63.8)	93	(68.4)
	Public location	132	(32.6)	39	(28.6)
	Unknown/Not recorded	14	(3.4)	<10	(2.9)

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE South West
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n = 404: 75%)		Female (n = 136: 25%)	
		N	(%)	N	(%)
Calendar Year	2015	67	**(16.5)**	21	**(15.4)**
	2016	78	**(19)**	27	**(19.8)**
	2017	54	**(13.3)**	24	**(17.7)**
	2018	69	**(17.1)**	21	**(15.4)**
	2019	84	**(20.8)**	19	**(14)**
	[a]2020	52	**(12.9)**	24	**(17.6)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.

HSE Mid West
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 270: 77%)	Female (n = 82: 23%)
Family status	**55% single** **36% married/cohabiting** **8% separated/divorced/widowed** **36% parents (15% with children <18)**	**45% single** **37% married/cohabiting** **16% separated/widowed** *(2 x male rate)* **43% parents (12% with children < 18)**
Age	**Mean age: 43.5 years** **Largest age groups:** 25–34 years (22%) 35–44 years (22%)	**Mean age: 43.9 years** **Largest age groups:** 55–64 years (22%) ≤ 24 years (21%)
Living situation	**63% living with partner/family** **28% living alone** **3% experiencing homelessness**	**66% living with partner/family** **27% living alone** **2% experiencing homelessness**
Economic activity	**44% in paid employment** Concentrated in skilled (24%), semi-skilled (11%) and agricultural (11%) roles **19% not in the labour force**	**31% in paid employment** Concentrated in non-manual (16%) and professional roles (15%) **46% not in the labour force** *(> 2 x male rate)* Homemaker/carer: 12%
Clinical & behavioural	**61% mental health history** **12% prior self-harm** **30% substance misuse history** Drug dependency: 26% *(2 x female rate)* Alcohol dependency: 8%	**71% mental health history** **28% prior self-harm** *(2 x male rate)* **21% substance misuse history** Drug Dependency: 13% Alcohol dependency: 7%
Service contact	**51% had health service contact** GP/general medical: 57% Mental health outpatient/ community: 23% **34% prescribed medications**	**64% health service contact** GP/general medical: 51% Mental health outpatient/ community: 28% **51% prescribed medication** *(1.5 x male rate)*
Death Details	**Hanging: 69%** **Drowning: 12%** **Firearm: 6%** *(male only)* **58% suicide verdict** **12% undetermined/open verdict** **28% no formal verdict**	**Hanging: 57%** **Drowning: 23%** *(≈ 2 x male rate)* **52% suicide verdict** **22% undetermined/open verdict** **24% no formal verdict**

HSE Mid West
IPSDS (2015-2020) Suicide Profile by Sex

1. Sex specific suicide prevention approaches required

- Men account for the majority of deaths (77%; n=270) by suicide in the Mid West, while women accounted for 23% (n=82). However, women showed higher levels of clinical vulnerability, including: :
  - Evidence of a mental health history (71% vs 61%)
  - Prior self harm (28% vs 12%)
  - Prescribed mental health medication (51% vs 34%)

Implication: Sex-specific prevention strategies required to address high prevalence among men and higher clinical complexity among women.

2. Health services represent a major prevention opportunity — especially primary care

- Over half of individuals had contact with medical services prior to death (51% of men; 64% of women).
- GP/general medical services were the most common point of contact for both sexes.
- Women were more likely to have community/outpatient mental health contact;
- Men more likely to have inpatient contact.

Implication: Embed suicide prevention across all healthcare settings, by strengthening routine practice with particular emphasis on primary care, prescribing and medication management, and transition points in care.

3. A history of substance misuse was not uncommon

- A history of substance misuse was recorded in 30% of male and 21% of female cases.
- Drug dependency was especially prominent among men, affecting one in four men (26%), compared with 13% of women.

Implication: Integrate suicide prevention efforts with addiction services, harm reduction approaches, and dual diagnosis care pathways.

4. Address Social, Economic, and Occupational Risk Contexts

- Distinct employment and occupational patterns were observed.
  - Men were significantly more likely to be: In paid employment (44%) or unemployed (24%) and employed in manual, skilled, and agricultural roles (e.g. 24% manual skilled; 11% agricultural)
  - Women were more likely to be: Not in the labour market (46%), students, or homemakers and employed in non manual and lower professional roles

Implication: Extend suicide prevention beyond health services to include workplace based, rural, and employment linked interventions, particularly for men in manual and agricultural sectors.

HSE Mid West
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n = 270: 77%)		Female (n = 82: 23%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	98	**(36.2)**	30	**(36.5)**
	Single	149	**(55.4)**	37	**(45.1)**
	Separated/Divorced/Widowed	22	**(8.2)**	13	**(15.8)**
	Unknown/Not recorded	<10	**(0.3)**	<10	**(2.4)**
Parental status	Yes - parent	98	**(36.3)**	35	**(42.7)**
	Has child < 18 years	40	**(14.8)**	10	**(12.2)**
	Has child age unknown	58	**(21.5)**	25	**(30.5)**
	No	13	**(4.8)**	11	**(14.4)**
	Unknown/Not recorded	159	**(58.9)**	36	**(43.9)**
Age group	Mean Age (SD)	43.5 (16.08)		43.9 (17.9)	
	< 24 years	33	**(12.2)**	17	**(20.7)**
	25-34 years	59	**(21.9)**	<10	**(9.8)**
	35-44 years	60	**(22.2)**	16	**(19.5)**
	45-54 years	48	**(17.8)**	13	**(15.9)**
	55-64 years	37	**(13.7)**	18	**(22)**
	65+ years	33	**(12.2)**	10	**(12.2)**
Living Arrangements at the time of death	Alone	76	**(28.1)**	22	**(26.8)**
	Parents/Siblings	87	**(32.2)**	29	**(35.4)**
	Partner/Spouse/children	83	**(30.7)**	25	**(30.5)**
	Partner/spouse	39	**(14.4)**	14	**(17.1)**
	Partner & child(ren)	43	**(15.9)**	10	**(12.2)**
	Child(ren) only	<10	**(0.4)**	<10	**(1.2)**
	Other shared accommodation	<10	**(3)**	<10	**(2.4)**
	Rough sleeper/Hostel	<10	**(1.5)**	<10	**(1.2)**
	Other	<10	**(1.1)**	<10	**(1.2)**
	Unknown/Not recorded	<10	**(3.3)**	<10	**(2.4)**
Homeless[ii]	Yes	<10	**(3.3)**	<10	**(2.4)**
Employment Status at time of death	In paid employment	118	**(43.7)**	25	**(30.5)**
	Unemployed	64	**(23.7)**	<10	**(8.5)**
	[b]Not in labour force/economically inactive	52	**(19.3)**	38	**(46.3)**
	Students	15	**(5.6)**	13	**(15.9)**
	Homemaker/carer	-	**0**	10	**(12.2)**
	Retired/Disability	34	**(12.6)**	15	**(18.3)**
	Unknown/Not recorded	36	**(13.3)**	12	**(14.6)**
Occupational Status	Employer/Manager	<10	**(3)**	<10	**(4.9)**
	Higher Professional	<10	**(3.3)**	<10	**(2.4)**
	Lower Professional	16	**(5.9)**	10	**(12.2)**
	Non-Manual	24	**(8.9)**	13	**(15.9)**
	Manual Skilled	66	**(24.4)**	<10	**(4.9)**
	Semi-skilled	29	**(10.7)**	12	**(14.6)**
	Unskilled	21	**(7.8)**	<10	**(2.4)**
	Own account worker	<10	**(2.6)**	<10	**(1.2)**
	Farmer/agricultural worker	29	**(11)**	<10	**(1.2)**
	All other gainfully occupied	40	**(14.8)**	20	**(24.4)**
	Unknown/Not recorded	21	**(7.8)**	13	**(15.9)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE Mid West
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n = 270: 77%)		Female (n = 82: 23%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	164	(60.7)	58	(70.7)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	33	(12.2)	23	(28)
Prescribed mental health medication	Yes - in receipt of prescription	93	(34.3)	42	(51.2)
Substance misuse history	Yes - substance misuse history	81	(30)	17	(20.7)
	Drug Dependency	69	(25.6)	11	(13.4)
	Alcohol Dependency	21	(7.8)	<10	(7.3)
Service Contact*	Yes – contact with medical services	139	(51.4)	53	(64.2)
Type of contact	[e]GP/ General Medical	79	(56.8)	27	(50.9)
	[f]Emergency & Acute Hospital A&E	<10	(5.1)	<10	(3.8)
	[g]Mental Health Community/Outpatient Service	31	(22.6)	15	(28.3)
	[h]Mental Health - Inpatient	<10	(6.6)	<10	(1.8)
	Addiction Services	-	-	<10	(1.8)
	Other/Unspecified	13	(9.5)	<10	(13)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. Evidence of such contact within one year prior to death was identified in 36% of cases (n = 69/192), although no information was available for 64% of cases in the region. Among those with recorded contact, the mean interval between last contact and death was 30.1 days.

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n = 270: 77%)		Female (n = 82: 23%)	
		N	(%)	N	(%)
Method of death	Drowning	32	(11.9)	19	(23.2)
	Hanging	185	(68.5)	47	(57.3)
	Shooting	17	(6.3)	-	-
	Poisoning	15	(5.6)	<10	(6.1)
	[i]Other	21	(7.8)	11	(13.4)
Coroners Verdict	Suicide or equivalent	157	(58.1)	43	(52.4)
	Undetermined/open verdict	33	(12.2)	18	(22)
	Accident/Misadventure	<10	(1.9)	<10	(1.2)
	No formal verdict	75	(27.8)	20	(24.4)
Location of death[j]	Private location	168	(62.2)	56	(68.3)
	Public location	93	(34.4)	26	(31.7)
	Unknown/Not recorded	<10	(3.3)	-	-

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE Mid West
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n = 270: 77%)		Female (n = 82: 23%)	
		N	(%)	N	(%)
Calendar Year	2015	47	**(17.4)**	17	**(20.7)**
	2016	41	**(15.2)**	11	**(13.4)**
	2017	57	**(21.1)**	11	**(13.4)**
	2018	51	**(18.9)**	16	**(19.5)**
	2019	44	**(16.3)**	15	**(18.3)**
	[a]2020	30	**(11.1)**	12	**(14.6)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.

HSE West & North West
IPSDS (2015-2020) Suicide Profile by Sex

The Irish Probable Suicide Deaths Study (IPSDS) was a collaborative initiative between the HSE National Office for Suicide Prevention (NOSP), Irish coroners, and the Health Research Board (HRB), established under *Connecting for Life* (2015–2025) to analyse deaths classified as probable suicide using coronial data. The dataset, funded by NOSP and collected using the HRB's National Drug-Related Death Index methodology, is now maintained by the HRB as the National Probable Suicide Monitoring System (NPSMS).

	Male (n = 407: 75%)	Female (n = 133: 25%)
Family status	**54% single** **32% married/cohabiting** **11% separated/divorced/widowed** **30% parents (15% with children <18)**	**38% single** **38% married/cohabiting** **18% separated/widowed** **32% parents (13% with children < 18)**
Age	**Mean age: 45.7 years** **Largest age groups:** 35–44 years (21%) 45–54 years (23%)	**Mean age: 46.4 years** **Largest age groups:** 45–54 years (21%) 55–64 years (22%)
Living situation	**54% living with partner/family** **31% living alone** **3% experiencing homelessness**	**59% living with partner/family** **29% living alone** **3% experiencing homelessness**
Economic activity	**40% in paid employment** Concentrated in manual (18%), semi-skilled (12%) and agricultural (14%) roles **23% not in the labour force**	**29% in paid employment** Concentrated in professional (19%) and non-manual (15%) roles **38% not in the labour force** Homemaker/carer: 9%
Clinical & behavioural	**54% mental health history** **19% prior self-harm** **25% substance misuse history** Drug dependency: 16% Alcohol dependency: 12%	**80% mental health history** *(≈1.5 x male rate)* **30% prior self-harm** **25% substance misuse history** Drug dependency: 20% Alcohol dependency: 11%
Service contact	**41% had health service contact** GP/general medical: 46% Mental health outpatient/ community: 26% **30% prescribed medications**	**56% health service contact** GP/general medical: 31% Mental health outpatient/ community: 36% **51% prescribed medication**
Death Details	**Hanging: 67%** *(≈1.5 x female rate)* **Drowning: 12%** **Poisoning: 9%** **66% suicide verdict** **10% undetermined/open verdict**	**Hanging: 44%** **Poisoning: 24%** *(> 2.5 x male rate)* **Drowning: 24%** *(2 x male rate)* **59% suicide verdict** **15% undetermined/open verdict**

HSE West & North West
IPSDS (2015-2020) Suicide Profile by Sex

1. Suicide in the West & North West reflects both social isolation and family complexity

- Men were more likely to be single and living alone, while women were more often married/cohabiting. Approximately one-third of both sexes were known to be parent
- Deaths were most common in mid adulthood, with subtle differences in age distribution—men more evenly spread across working ages, and women showing relatively higher representation in later midlife

Implication: Suicide prevention in this region must address both social isolation and family related stressors, recognising the risks associated with living alone among men and the pressures of caregiving, parenting, and relationship complexity among women.

2. Distinct gendered employment and occupational patterns shape risk

- Men were more likely to be in paid employment or unemployed and were strongly concentrated in manual, semi skilled, and agricultural work, reflecting rural and occupational risk contexts.
- Women were more likely to be outside the labour market, including homemaker or caring roles, and more often employed in non manual or lower professional occupations.

Implication: Suicide prevention should extend beyond health services to include sector specific and rural interventions, particularly for men in agriculture and manual trades, alongside supports addressing economic dependency, caregiving burden, and employment insecurity among women.

3. Women showed greater recorded clinical vulnerability and higher service contact

- Women were more likely to have evidence of a mental health condition, prior self harm, and prescribed mental health medication recorded in coronial files.
- Women were also more likely to have had contact with medical services prior to death, particularly community mental health services.

Implication: Prevention efforts should prioritise strengthening continuity and follow up in GP/general medical services and community mental health services, particularly for women with complex clinical histories.

4. Method and context of death vary by sex, with implications for access to means safety

- Hanging was the most common method overall, particularly among men.
- Women more frequently died by poisoning or drowning, while firearm deaths were almost exclusively amongst men.
- Most deaths occurred in private locations, regardless of sex.

Implication: Suicide prevention in this region must be method and context informed, incorporating means safety in rural and domestic settings, medication access and safety for those at risk of poisoning, and gender sensitive approaches to reducing access to highly lethal methods.

HSE West & North West
IPSDS (2015-2020) Suicide Profile by Sex

Table 1: Socio-demographic characteristics by sex (IPSDS 2015-2020 cohort)

		Male (n = 407: 75%)		Female (n = 133: 25%)	
		N	(%)	N	(%)
Relationship status	Married/Cohabiting	130	**(31.9)**	51	**(38.3)**
	Single	218	**(53.6)**	50	**(37.6)**
	Separated/Divorced/Widowed	46	**(11.3)**	24	**(18.04)**
	Unknown/Not recorded	13	**(3.2)**	<10	**(6)**
Parental status	Yes - parent	121	**(29.7)**	42	**(31.6)**
	Has child < 18 years	63	**(15.4)**	17	**(12.8)**
	Has child age unknown	58	**(14.3)**	25	**(18.7)**
	No	95	**(23.3)**	39	**(29.3)**
	Unknown/Not recorded	191	**(46.9)**	52	**(39.1)**
Age group	Mean Age (SD)	45.7 (16.6)		46.4 (16.3)	
	< 24 years	52	**(12.8)**	16	**(12)**
	25-34 years	54	**(13.3)**	17	**(12.8)**
	35-44 years	85	**(20.9)**	25	**(18.8)**
	45-54 years	93	**(22.9)**	28	**(21.1)**
	55-64 years	63	**(15.5)**	29	**(21.8)**
	65+ years	60	**(14.7)**	18	**(13.5)**
Living Arrangements at the time of death	Alone	128	**(31.4)**	39	**(29.3)**
	Parents/Siblings	108	**(26.5)**	38	**(28.6)**
	Partner/Spouse/children	113	**(27.8)**	41	**(30.8)**
	Partner/spouse	57	**(14)**	23	**(17.3)**
	Partner & child(ren)	52	**(12.8)**	13	**(9.8)**
	Child(ren) only	<10	**(1)**	<10	**(3.8)**
	Other shared accommodation	10	**(2.5)**	<10	**(3)**
	Rough sleeper/Hostel	<10	**(4)**	<10	**(1.5)**
	Other	<10	**(1)**	<10	**(0.8)**
	Unknown/Not recorded	43	**(10.6)**	<10	**(6)**
Homeless[ii]	Yes	10	**(2.5)**	<10	**(3)**
Employment Status at time of death	In paid employment	162	**(39.8)**	39	**(29.3)**
	Unemployed	87	**(21.4)**	21	**(15.8)**
	[b]Not in labour force/economically inactive	93	**(22.9)**	51	**(38.3)**
	Students	32	**(7.9)**	11	**(8.3)**
	Homemaker/carer	<10	**(0.2)**	12	**(9)**
	Retired/Disability	58	**(14.3)**	27	**(20.3)**
	Unknown/Not recorded	65	**(16)**	22	**(16.5)**
Occupational Status	Employer/Manager	15	**(3.7)**	<10	**(3)**
	Higher Professional	16	**(3.9)**	<10	**(2.3)**
	Lower Professional	17	**(4.2)**	22	**(16.5)**
	Non-Manual	31	**(7.6)**	20	**(15)**
	Manual Skilled	72	**(17.7)**	<10	**(2.3)**
	Semi-skilled	50	**(12.3)**	21	**(15.8)**
	Unskilled	14	**(3.4)**	<10	**(1.5)**
	Own account worker	<10	**(2.2)**	<10	**(1.5)**
	Farmer/agricultural worker	56	**(13.7)**	<10	**(0.8)**
	All other gainfully occupied	74	**(18)**	28	**(21.1)**
	Unknown/Not recorded	53	**(13)**	27	**(20.3)**

Note: Percentages have been rounded and may not total to 100.

a The homelessness variable was derived by conducting a comprehensive review of the dataset. Cases were classified as homeless when any relevant reference was identified. This classification encompasses individuals who were rough sleeping, residing in hostels or temporary homeless accommodation at the time of death, and those experiencing precarious or unstable housing.

b As per the CSO - not in the labour force is not in employment and not actively seeking or available for work.

HSE West & North West
IPSDS (2015-2020) Suicide Profile by Sex

Table 2: Clinical characteristics by sex (IPSDS 2015-2020 cohort)

Evidence in the Coroners files of		Male (n = 407: 75%)		Female (n = 133: 25%)	
		N	(%)	N	(%)
[c]History of mental health (MH) condition	Yes evidence of a MH condition	222	(54.4)	106	(79.7)
[d]Prior Self-Harm	Yes - evidence of prior self-harm	76	(18.7)	40	(30.1)
Prescribed mental health medication	Yes - in receipt of prescription	122	(30)	68	(51.1)
Substance misuse history	Yes - substance misuse history	102	(25.1)	33	(24.8)
	Drug Dependency	63	(15.5)	26	(19.5)
	Alcohol Dependency	47	(11.5)	14	(10.5)
Service Contact*	Yes – contact with medical services	167	(41.0)	75	(56.4)
Type of contact	[e]GP/ General Medical	77	(46.1)	23	(30.7)
	[f]Emergency & Acute Hospital A&E	13	(7.8)	<10	(6.7)
	[g]Mental Health Community/Outpatient Service	43	(25.7)	27	(36)
	[h]Mental Health - Inpatient	13	(7.8)	<10	(9.3)
	Addiction Services	-	-	-	-
	Other/Unspecified	21	(12.6)	13	(17.3)

c This variable captures information recorded in the coroner's file, based on multiple sources (e.g. medical records and witness depositions). It does not necessarily indicate a formally diagnosed medical condition.

d In this study prior self-harm refers specifically to previous suicide attempts, rather than non-suicidal self-harm behaviours.

* The IPSDS records the date of the deceased's most recent contact with medical services of any type. For this analysis, a binary indicator variable denoting evidence of prior contact with medical services was derived. For the majority (n = 143/242; 59%), such contact occurred within one year prior to death, with a mean interval of 30.1 days between last recorded contact and death.

e GP/General Medical =G.P.; On-call doctor and Tele/Virtual health;

f Emergency/Acute medical care = ED; Acute hospital inpatient, out-patient department

g Mental Health -Community/Outpatient=Community mental health; Psychiatric outpatients; counselling, psychological services, psychiatrist, other mental health services, Crisis centers;

h Mental health inpatient = psychiatric inpatient and psychiatric inpatient on temporary leave.

Table 3: Death details by sex (IPSDS 2015-2020 cohort)

		Male (n = 407: 75%)		Female (n = 133: 25%)	
		N	(%)	N	(%)
Method of death	Drowning	47	(11.5)	32	(24)
	Hanging	272	(66.8)	59	(44.4)
	Shooting	25	(6)	<10	(1)
	Poisoning	37	(9)	32	(24.1)
	[i]Other	26	(6.4)	<10	(6.8)
Coroners Verdict	Suicide or equivalent	270	(66.3)	79	(59.4)
	Undetermined/open verdict	40	(9.8)	20	(15)
	Accident/Misadventure	<10	(2.2)	<10	(6.8)
	No formal verdict	88	(21.6)	25	(18.8)
Location of death[j]	Private location	281	(69)	90	(67.6)
	Public location	111	(27.3)	41	(30.8)
	Unknown/Not recorded	15	(3.6)	<10	(1.5)

i Other includes falling/jumping; stabbing/cutting; rail incident; RCT.

j Private location includes outbuilding (and derelict buildings, farm sheds) and institutional/residential accommodation (prions and accommodation for the homeless). Public location includes public buildings, places of employment, education institutions, and hospitals.

HSE West & North West
IPSDS (2015-2020) Suicide Profile by Sex

Table 4: Year of death by sex (IPSDS 2015-2020 cohort)

		Male (n = 407: 75%)		Female (n = 133: 25%)	
		N	(%)	N	(%)
Calendar Year	2015	77	**(18.9)**	19	**(14.2)**
	2016	74	**(18.2)**	18	**(13.5)**
	2017	71	**(17.4)**	11	**(8.3)**
	2018	62	**(15.2)**	31	**(23.3)**
	2019	61	**(14.9)**	20	**(15)**
	[a]2020	62	**(15.2)**	34	**(25.6)**

Note: Percentages have been rounded and may not total to 100.

a The 2020 dataset is likely incomplete, as the project concluded that year and the final registered cases were not included. Furthermore the COVID 19 pandemic may have affected both the identification and reporting of cases.





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