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To ask the Minister for Health the number of persons who presented to emergency departments with self-harm and or intentional poisoning by CHO area in 2019, 2020, 2021 and to date in 2022; and if he will make a statement on the matter.

Dear Deputy,

The HSE National Office for Suicide Prevention (NOSP) has been requested to respond to your question above.

The main source of self-harm surveillance in the Republic of Ireland is the National Self-Harm Registry Ireland (NSHRI). The NSHRI is operated by the National Suicide Research Foundation (NSRF) and funded by the NOSP. It is the world's first national registry of cases of intentional self-harm presenting to hospital emergency departments. It is currently based on data collected from all 33 hospital emergency departments (EDs) including three paediatric hospitals and three local injury units, and information is published annually.

The NSHRI Annual Report 2020 is due for publication by the NSRF in July 2022. Data collection for 2021 self-harm presentations is ongoing. Publication of the NSHRI Annual Report 2021 is expected in Q4 2022. A series of four data briefings detailing provisional data were published in 2020 and 2021 in response to queries relating to the impact of the Covid-19 pandemic on self-harm. These briefings reported on monthly self-harm presentations to a sub-set of hospitals and compared daily rates of self-harm to rates preceding the pandemic (2018 and 2019). These

briefings, published in December 2020, April 2021, July 2021, and December 2021, can be accessed [here](#).

Presently, the Annual Report for 2019 is publicly available [here](#). In the report you can find:

- Person-based rates per 100,000 of self-harm presentations including variations by gender, age (pg.29, 30), CHO area of residence (pg.33) and allied CHO maps (pg.34).
- Information on self-harm and IDO repetition (pg.26) and the frequency with which the most common drug types were used in intentional drug overdose (IDO) (pg.20, 21).

In addition, the NSRF have supplied some additional summary information - Table 1 (next page) illustrates the number of persons who presented to EDs with self-harm and IDO by Community Healthcare Organisation (CHO) area of residence in 2019. The NSHRI recorded 12,465 presentations to hospital due to self-harm in 2019, made by 9,705 people; of which 55% were females (n=5,304). Intentional drug overdose was the most common method of self-harm, used by two-thirds of people who self-harmed (64%; 6,214). Females engaged in IDO more often than males (70% vs 57%).

The number of people who engaged in self-harm and IDO in 2019 varied by CHO, as shown in Table 1. The number of people who engaged in self-harm was highest in CHO area 7, with 16% of people who self-harmed residing in this area (1,478). The number of people who engaged in IDO was also highest within CHO 7 (17%; 980). The number of people who engaged in self-harm was lowest in CHO 6, with 6% of people who self-harmed residing in this area (580), and the number of people who engaged in IDO was lowest within CHO 1 and CHO 6 (7%; 405 and 7%; 408 respectively).

Table 1 further details the gender disparities in the number of people who presented to ED following self-harm and IDO within each CHO area.

Table 1: Number of people who engaged in self-harm and IDO in 2019 by gender and by HSE Community Healthcare Organisation (CHO) area of residence

	Self-harm			Intentional drug overdose		
	Male N (%)	Female N (%)	Total N (%)	Male N (%)	Female N (%)	Total N (%)
CHO area 1	315 (47%)	351 (53%)	666 (100%)	164 (40%)	241 (60%)	405 (100%)
CHO area 2	348 (43%)	455 (57%)	803 (100%)	173 (36%)	307 (64%)	480 (100%)
CHO area 3	303 (42%)	417 (58%)	720 (100%)	170 (37%)	285 (63%)	455 (100%)
CHO area 4	613 (47%)	681 (53%)	1294 (100%)	347 (43%)	460 (57%)	807 (100%)
CHO area 5	502 (45%)	617 (55%)	1119 (100%)	275 (38%)	444 (62%)	719 (100%)
CHO area 6	232 (40%)	348 (60%)	580 (100%)	146 (36%)	262 (64%)	408 (100%)
CHO area 7	691 (47%)	787 (53%)	1478 (100%)	407 (41%)	573 (58%)	980 (100%)
CHO area 8	486 (42%)	658 (58%)	1144 (100%)	304 (38%)	496 (62%)	800 (100%)
CHO area 9	531 (41%)	770 (59%)	1301 (100%)	320 (38%)	523 (62%)	843 (100%)
National	4021 (44%)	5084 (56%)	9105 (100%)	2306 (39%)	3591 (61%)	5897 (100%)

* CHO area of residence was unknown for 600 people. Source: National Suicide Research Foundation, 2021.

More information


You might find these additional publications from the NSRF on self-harm and IDO particularly useful in the context of your question:

- [Paracetamol-Related Intentional Drug Overdose Among Young People: A National Registry Study of Characteristics, Incidence and Trends, 2007–2018.](#) Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Ashcroft DM, Arensman E. *Social Psychiatry and Psychiatric Epidemiology* 2020, 56(5), 773-81.
- [Repeat Self-Harm Following Hospital-Presenting Intentional Drug Overdose among Young People—A National Registry Study.](#) Daly C, Griffin E, McMahon E, Corcoran P, Webb RT, Witt K, Ashcroft DM, Arensman E. *Int. J. Environ. Res. Public Health* 2020, 17(17), 6159.
- [Frequently Used Drug Types and Alcohol Involvement in Intentional Drug Overdoses in Ireland: A National Registry Study.](#) Daly C, Griffin E, Ashcroft DM, Webb RT, Perry IJ, Arensman E. *Eur. J. Public Health* 2018, 28(4), 681-6.
- [Characteristics of hospital-treated intentional drug overdose in Ireland and Northern Ireland.](#) Griffin E, Corcoran P, Cassidy L, O'Carroll A, Perry IJ, Bonner B. *BMJ Open* 2014, 4(7).

You would be very welcome to connect directly with the NSRF if you require clarification on any of these publications or data.

I trust this information is useful for you. Please do revert if you require anything further.

Yours sincerely,



Mr John Meehan

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& Head of National Office for Suicide Prevention (NOSP)

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