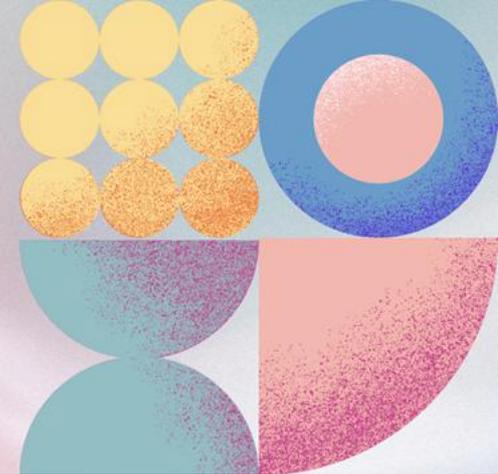


Policy Brief: Trends in age of onset of self-harm in young people in Ireland (2015-2019)

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Executive Summary

- Research has not yet been conducted to establish the age of onset of self-harm at a national level
- This study found a **peak age of onset for self-harm hospital presentations at 17 years**, shifting upward to **19 years** by 2019, with an overall **7% increase** in first-time presentations
- Rates of onset self-harm **increased by 23% in 10–14-year-olds**, especially in males (53%)
- **Self-cutting** doubled in young males, and **attempted drowning** doubled among 15–19-year-olds—signalling **rising severity at younger ages**
- First presentations are highest near a **key transitional time** for young people

Background

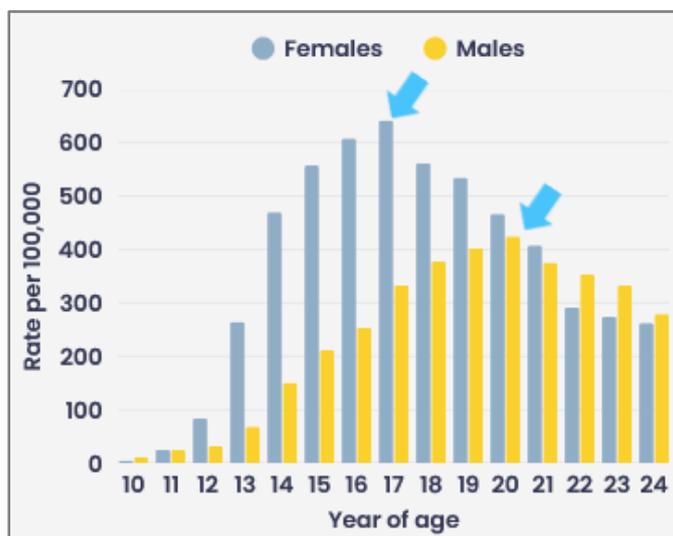
The onset of self-harm in young people mostly occurs between the ages of 12-14 years. This age range is produced by studies mostly using retrospective reporting, which is not a robust research method. No known studies to date have reported an estimate based on national-level data. A reliable estimate is required for providing timely self-harm and suicide prevention and early intervention strategies.

Aim: (1) to present the age of first hospital presentation of self-harm in 10-24 year olds; and (2) describe changes in the rates of first hospital presentations for self-harm among 10-24 year olds

Evidence

Information on age, gender, calendar year, and self-harm methods used were extracted from first presentations made by 10–24-year-olds between 1st January 2015 – 31st December 2019, as collected by the National Self-Harm Registry Ireland. This registry records self-harm presentations to all hospitals in Ireland. 13,614 first presentations were included, 60% were by females. The age of onset of self-harm for 10-24 year olds during this period was 17 years (17 years for females and 19 years for males).

First presentations involving self-cutting increased by 252% in males aged 10-14 years and by 31% in females of the same age. Methods of attempted drowning as a first presentation increased by 260% among 15-19 year olds.



Recommendations

1. **Extend and align services across adolescence into emerging adulthood**, matching the shift in peak onset from 17 to 19 and Ireland's move towards raising mental health service transitions up to age 25.
2. **Introduce early prevention in schools and communities**, with particular focus on **10-14-year-olds**, addressing emerging trends in self-harm and increasing severity among this group.
3. **Ensure method-specific safety and lethality planning**, especially given the rise in **self-cutting** and **attempted drowning** as onset methods.
4. More research needed using **prospective longitudinal designs** to capture onset as it occurs will provide a more reliable age of onset of self-harm.

Conclusion

The upward shift in onset age and sharp increases among younger adolescents underline the urgency for **early, targeted, and age-appropriate interventions**. Integrating preventative strategies in schools and ensuring seamless care across adolescence to adulthood are crucial to reducing self-harm and suicide risks.

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