Northern Ireland Registry of Self-harm

Annual Report 2012/13

Public Health Agency

Health and Social Care

Contents

Page

Foreword

The Self Harm Registry was introduced to Northern Ireland as a pilot in 2007 as part of the Protect Life – Suicide Prevention Strategy. Building on the success of this early experience, the initiative has been implemented across all Health and Social Care Trusts and the12 acute hospitals from April 2012.

The Registry is an example of partnership working. The Public Health Agency has taken a lead on key issues such as data collection, research, service re-design and is working with commissioners and service providers to interpret and develop understanding about the issues relating to self-harm and, importantly, the action required to meet this area of need.

The Registry data provides a unique opportunity for comparative analysis on the extent of the problem of self-harm in our society and relating this to our understanding of the issue in other communities. The Registry itself is unique and represents ground breaking work in the UK and indeed, most of Western Europe.

The data collection process serves a number of purposes, namely to:

- Improve understanding about the complexity of self-harm and related behaviours in Northern Ireland
- Provide critical information about needs assessment, in order to inform service re-design and development within each Health and Social Care Trust area
- Provide data which can be shared with other partners and help to build a better understanding of the extent of self-harm at a community level
- Ensure that the Department of Health, Social Services and Public Safety (DHSSPS) and Health & Social Care bodies have a more accurate understanding of the impact of self-harm on Emergency Departments (ED) and Trust services
- Allow for comparative analysis with other communities on the island of Ireland and those acute Trusts in England which also currently operate a self-harm Registry
- Contribute to Northern Ireland becoming a region of excellence both in terms of data collection and service provision to address self-harm and suicide prevention.

This publication is the first annual report and reflects the financial year 2012/13. The data presented is based on the quarterly returns submitted to the DHSSPS as part of the PHA's commissioning objectives. Given that this publication reports on a single year's data, it is difficult to draw any firm conclusions regarding trends. Rather, the findings should be seen as a 'snap shot' reflection and a first indication of local patterns.

The PHA is committed to undertaking further analysis of the data on self-harm. It is planned to produce a more comprehensive five year report that will reflect trends and which will provide a greater in-depth review of the emerging issues.

As Chair of the Self-Harm Registry Regional Steering Group, I would like to thank the National Suicide Research Foundation (NSRF) for the support in data processing and quality assurance. Particular thanks are also due to the data collectors and to the support provided by the Belfast Health & Social Care Trust in co-ordinating the data collection and interface with the PHA. I would

like to acknowledge the contribution of the other members of the Regional Steering Group for their support in ensuring that the initiative has been successfully implemented, and to colleagues in the PHA, in particular Brendan Bonner, Linda Cassidy, and Amanda O'Carroll, for their diligence in co-ordinating and monitoring the development of the Registry.

I commend this rich reserve of information which I believe will assist our collective understanding and of the action required to reduce the human cost of self-harm and suicide in our community.

Mary Black CBE

Assistant Director of Health and Social wellbeing Improvement

Chairperson Self-Harm Registry Regional Steering Group

Public Health Agency

1.0 Executive Summary

The National Registry of Self Harm has been operating in the Republic of Ireland since 2002. Under the Northern Ireland Suicide Strategy "Protect Life – A Shared Vision" the Registry was piloted in the Western Health & Social Care Trust area from 2007. Following the success of the pilot a decision was taken to implement the Registry across all five health and social care Trusts with effect from the 1 April 2012.

As part of the accountability process the Public Health Agency submit quarterly returns to the Department of Health and Social Services and Public Safety summarising anonymised data collated from the 12 emergency departments across the five trusts. Whereas the data presented in this report is for one financial year only, and therefore it is difficult to draw any tangible conclusions around trends, it does nonetheless highlight the challenges faced by health services in responding to the issue of self-harm and suicide ideation. In addition the report draws attention to behavioural issues which require consideration by wider society, in particular the impact of alcohol misuse.

The purpose of collecting this data for the Registry is to:

- Initiate a better understanding of the issues of self-harm and suicide ideation
- Assess the impact of self-harm and suicide ideation on health and social care services
- Inform service design and provision in respect of self-harm and ideation
- Inform policy development in terms of mental health promotion and suicide prevention
- Inform local communities and other key stakeholders of incidence levels

The key findings of this report are that between April 2012 and March 2013:

- 5,970 people presented to the emergency departments in Northern Ireland as a result of self-harm.
- The total number of presentations for self-harm was 8,279.
- 19% of people presented on more than one occasion during that period.
- 81% of people presented on just one occasion, 16.5% presented between 2-4 times in the year, 2% between 5 and 9 presentations while 0.5% (n=29) presented a total of 396 times between them.
- The Royal Victoria Hospital dealt with over 17% of self-harm presentations, followed by the Ulster Hospital with just over 14% and Altnagelvin with just under 13%.
- The Belfast Trust accounted for almost 29% of presentations, South Eastern Trust with 20%, Western Trust 18%, Northern and Southern Trusts with 17% each.
- Overall the gender balance was even however in Belfast Trust males accounted for 54% while in the West females were the larger grouping accounting for 56%.
- The rate for repetition of self-harming was slightly higher in males (20%) compared to females (18%).
- The 15 to 29 year age bracket accounted for 43% of all self-harm presentations; the highest age bracket being 20-24 year olds (17%) followed by 15-19 year olds (14%) and 25-29 year olds (12%).

- Under-18 year olds accounted for 9% of all presentations and the ratio of females to males was 2.5 to 1.
- Drug Overdose was the most common method of self-harm accounting for almost three quarters of presentations, followed by self-cutting at 23%.
- Alcohol was involved in over half of the total presentations, the rate varying from 45% in the South Eastern Trust area to 58% in the Western area. Due to the complex nature of recreational misuse of both illicit and prescription drugs it was not possible to determine if such drugs were taken as part of a self-harm act.
- Based on the European Age Standardised Rate (EASR) the rate of self-harm for Northern Ireland was 327 per 100,000; ranging from a rate of 477 per 100,000 in Belfast Trust to 258 per 100,000 in the Southern Trust area.
- The highest rate of presentations was in the 20-24 year old males with a rate of 948 per 100,000 and 15-19 year old females with a rate of 831 per 100,000
- Using the EASR in comparison to the data collected in the Republic of Ireland, the rate in Northern Ireland is over 50% higher than that for the Republic of Ireland. The rates for males is 71% higher in Northern Ireland than their counterparts in the Republic of Ireland
- In terms of comparing local geographies the only category with a higher incidence than Belfast Trust males (505 per 100,000) is for females in Limerick at 528 per 100,000.
- The incidence of hospital treated self-harm for those aged over 15 years old in Northern Ireland was compared to the Republic of Ireland and a number of study areas in England. Limerick had the highest incidence rate of 634 per 100,000, followed by the Belfast Trust (563), Western Trust (478), Cork (442) then Derby with a rate of 435 per 100,000. Derby had the highest incidence rate of the English cities studies.
- In addition to self-harm presentations data was also collated on suicide ideation, and there was 3,199 cases recorded in 2012/13.
- Two thirds of cases presenting with ideation were males.
- 5% of presentations for ideation involved young people under the age of 18 years old.
- The total numbers of presentations in Northern Ireland for self-harm and ideation for the financial year 2012/13 was 11,478.

This report highlights the extent of the incidence of self-harm and suicide ideation in Northern Ireland and challenges to wider society in terms of addressing the related issues. The pressures associated with self-harm impact on the individual patient, their family and/or carer and the health and social care system.

There is a specific challenge for Trust emergency departments in terms of the need for training and understanding of the issues related to self-harm and the need for interface and protocols between mental health services within the Trust and the wider community.

The Public Health Agency is committed to continuing to collect the data and report on the findings with the aim of working to develop a comprehensive analysis that will eventually examine a five year span and highlight some key trends that will develop an even deeper understanding of self-harm and the design of services to support them.

2.0 Method of data collection

2.1 Definition of self-harm

The term 'self-harm' was derived from the term 'parasuicide'. The definition of 'parasuicide' was developed by the World Health Organisation (WHO)/ Euro Multicentre Study Working Group as:

'An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.'

Internationally, the term 'self-harm' has superseded 'parasuicide'. In recognition of this, the term 'self-harm' (SH) has been used in this study.

2.2 Inclusion Criteria

The following are considered to be self-harm cases:

- All methods of self-harm i.e. drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, gunshot wounds, etc. where it is clear that the self-harm was intentionally inflicted.
- All individuals who are alive on presentation to hospital following an act of self-harm.

The Registry also collects data on cases of suicidal or self-harm ideation.

2.3 Exclusion Criteria

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

- Accidental overdoses e.g. an individual who takes additional medication in the case of illness, without any intention to self-harm.
- Alcohol overdoses alone where the intention was not to self-harm.
- Accidental overdoses of street drugs i.e. drugs used for recreational purposes, without the intention to self-harm.
- Acts of self-harm by individuals with learning disability. One of the reasons for exclusion is that self-harm is a behavioural outcome of some learning disabilities. Also it can be very hard to ascertain the level of intent in these situations (e.g. if the person is fully understanding that the act is causing harm).
- Individuals who are dead on arrival at hospital as a result of suicide.

2.4 Hospitals

This report is based on anonymised information collected from the 12 hospital emergency departments in Northern Ireland:

- Emergency Department, Royal Victoria Hospital
- Emergency Department, Mater Hospital
- Emergency Department, Royal Belfast Hospital for sick children
- Emergency Department, Ulster Hospital
- Emergency Department, Lagan Valley Hospital
- Emergency Department, Down Hospital
- Emergency Department, Antrim Hospital
- Emergency Department, Causeway Hospital
- Emergency Department, Craigavon Hospital
- Emergency Department, Daisy Hill Hospital
- Emergency Department, Altnagelvin Hospital
- Emergency Department, South West Acute Hospital

2.5 Data recording and case finding

A basic query is run on the Emergency Department computer systems using a key word search to identify all potential self-harm cases. The data collector then checks each of the potential cases and, using the inclusion / exclusion criteria, identifies the actual self-harm cases. Anonymised information on these cases is then entered onto a data entry system for analysis.

The identification of cases and the detail regarding each episode recorded by the Registry is dependent on the quality of clinical records kept.

A number of validation and verification checks are carried out on the datasets to ensure accurate and consistent case finding.

2.6 Data Items

A minimal dataset has been developed to determine the extent of self-harm, the circumstances relating to the act and to examine trends by area. Reference numbers and area codes are encrypted prior to data entry to ensure that it is impossible to identify an individual on the basis of the data recorded. For the purpose of this report the following datasets are used.

- **Reference Numbers**
  Two reference numbers are recorded. One number refers to the A&E episode which is automatically assigned by the A&E computer system. The second reference number refers to the patient's Health & Care number which is used to highlight repeat attendances. These numbers are encrypted.

- **Gender**

- **Age**

- **Date And Hour Of Attendance**

- **Brought By**
  The method of arrival is recorded to identify self-referrals and the use of the three emergency services.

- **Method(s) Of Self-Harm**
  The method(s) of self-harm are recorded according to the Tenth Revision of the WHO's International Classification of Diseases codes for intentional injury (ICD-10 X60-X84). The main methods included are overdose of drugs and medicaments (X60-X64), self-poisonings by alcohol (X65), poisonings which involve the ingestion of chemicals, noxious substances, gases and vapours (X66-X69) and self-harm by hanging (X70), by drowning (X71) and by sharp object (X78). Some individuals may use a combination of methods e.g. overdose of medications and laceration of wrists.

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

- **Area Code**
  The post / area code is recorded. Once entered, the postcode is replaced by a ward name so to remove the identity of the exact area. This is non-reversible.

- **Seen By**
  This identifies cases that were seen by a clinician and those who leave before receiving any treatment.

2.7 Study Period

Information for this report reflects quarterly performance returns submitted to the Department of Health, Social Services and Public Safety (DHSSPS) as part of the PHA's commissioning objectives and relates to the 12 month period from 1st April 2012 to 31st March 2013.

2.8 Confidentiality

Confidentiality is strictly maintained. The data collectors have completed data protection training and are legally required to follow standards of the Data Protection Act and any additional data security policies set out by the Belfast Health & Social Care Trust, the Health & Social Care Board and the Public Health Agency. No identifiable client information is recorded or used in reports. The data collectors were monitored by Belfast HSCT and the Public Health Agency.

2.9 Quality Assurance

A number of audits were carried out to check the accuracy of the data collection process. The outcome of the audits showed that the process used was both effective and efficient.

A quality assurance exercise involved the data collector applying the same case finding process to data from another hospital which is participating in the Registry. The cases identified were

compared with those identified by another data collector. The outcome of this provided assurance that both data collectors were working to the same level and applying the criteria correctly.

2.10 Registry Coverage

Self-harm information was collected from the 12 emergency departments in Northern Ireland.

2.11 Cautions

The identification of cases and the detail regarding each episode recorded by the Registry is dependent on the quality of clinical records kept.

Where differences between geographical areas are highlighted it is important to note that these are not necessarily statistically significant. This particularly applies to analyses by gender and age, where the numbers of cases may be relatively small. Therefore caution should be exercised in interpreting such findings.

It is recommended that findings are not used to determine trends as this report is for a period of one year only.

2.12 Calculation of rates

Self-harm rates were calculated based on the number of persons resident in the relevant HSCT area who presented to hospital as a result of self-harm.

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

2.13 Comparisons

Comparisons are made throughout this report with:

- 2012 data from the National Suicide Research Foundation, Republic of Ireland.
- Multicentre Study of Self-harm in England

3.0 Regional summary

This section provides an overview of the incidence of self-harm and suicidal or self-harm ideation in Northern Ireland for the financial year 2012/13.

In Northern Ireland data was collected on cases of suicidal or self-harm ideation. This data is not collected by the National Registry of Self-harm in the Republic of Ireland but was felt to be useful locally. Ideation cases involve presentations to emergency departments due to thoughts of self-harm and / or suicide where no act has taken place. Information on ideation cases was collected alongside actual self-harm cases but is reported separately, see section 3.11.

The appendices of this report present data by each of the five Health and Social Care Trust areas.

The report summarises the data for one year recording:

- Presentations at Emergency Departments
- Numbers of individuals presenting
- Summary of presentations by Trust
- Repetition levels
- Analysis by age
- Methods used
- Incident rates
- Presentations due to ideation

As the information is for one year only it is difficult to comment on specific trends and therefore the findings should be considered in this context.

3.1 Number of self-harm presentations to emergency departments in Northern Ireland

For the period from 1 April 2012 to 31 March 2013, the Registry recorded 8,279 self-harm presentations to emergency care departments in Northern Ireland, summarised in table 1. These are referred to as episodes and it should be noted that one individual may have had multiple episodes.

Of the recorded episodes during the 12 month period there was an even gender balance in Northern Ireland with 4139 (50%) male and 4140 (50%) female presentations, there appeared to be no marked variance in this trend over the reporting period.

Table 1 Number of self-harm presentations to emergency departments in Northern Ireland, 2012/13

Northern Ireland All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**2032**	**2052**	**2047**	**2148**	**8279**
Male	1017	1013	1017	1092	4139
Female	1015	1039	1030	1056	4140

Given that one individual may have made multiple presentations it is worth nothing that the recorded 8,279 episodes were made by 5,970 individuals, summary in table 2. The even gender split between males and females is reflected in the number of individuals presenting.

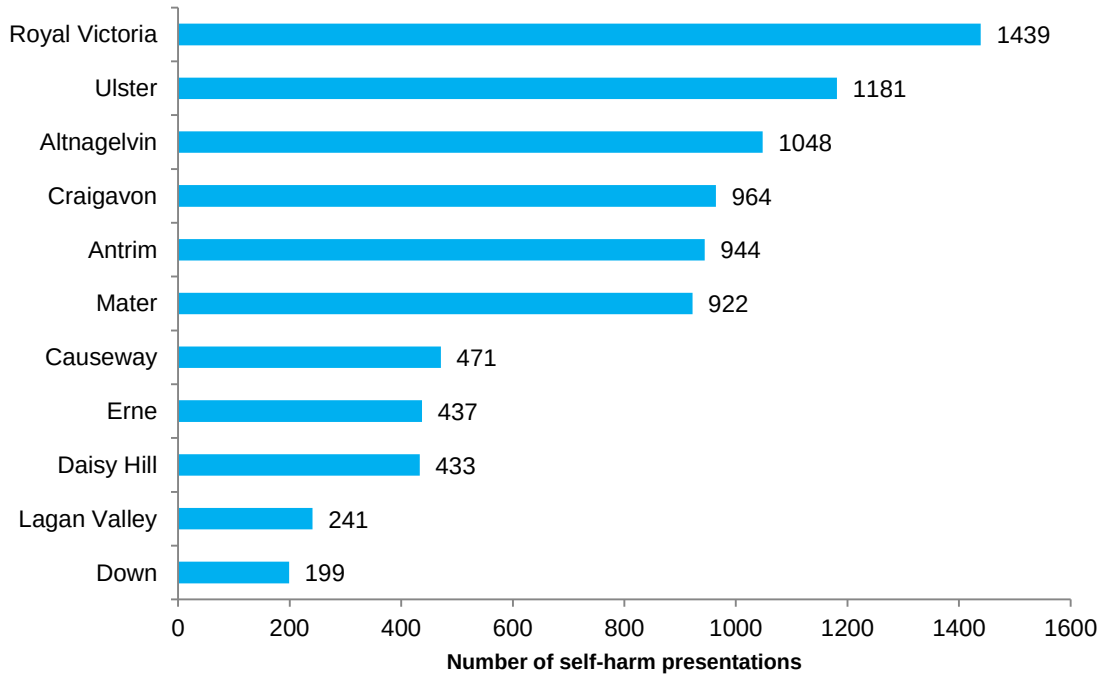
Table 2 Individual persons presenting with self-harm to emergency departments in Northern Ireland, 2012/13

Northern Ireland All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**1705**	**1717**	**1706**	**1817**	**5970**
Male	851	851	843	918	2976
Female	854	866	863	899	2994

3.2 Self-harm presentations by hospital emergency departments in Northern Ireland

The Self-harm Registry records data across all 12 emergency departments in Northern Ireland. The Royal Victoria Hospital (including Royal Belfast Hospital for Sick Children) in Belfast recorded the highest number of presentations, accounting for 17.4% (n=1439) of the total, followed by the Ulster Hospital with a 14.3% (n=1181) share and Altnagelvin with 12.7% (n=1048). The Down Hospital had the lowest share of presentations accounting for 2.4% (n=199). The distribution of 8,279 presentations between the 12 units is summarised in figure 1 below.

Figure 1 Breakdown of self-harm presentations by hospital emergency department, 2012/13



3.3 Summary of self-harm presentations by Health and Social Care Trust (HSCT) area in Northern Ireland

The highest number of self-harm presentations occurred in the Belfast HSCT area (n=2361) accounting for 29% all hospital treated self-harm episodes in Northern Ireland during the 12 month period, summary in figure 2. The proportion of presentation to population size was greater for the Belfast Trust area; while lower in the Northern Trust area, table 3.

Table 3 Proportion of Northern Ireland total population and self-harm presentations by HSCT area

% of Northern Ireland Total	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Population share*	**19.1%**	**19.2%**	**25.5%**	**19.9%**	**16.3%**
Hospital based presentations	28.5%	19.6%	17.1%	16.9%	17.9%

**NISRA 2012 Mid-Year Estimate Resident Population*

The majority of presentations to an emergency department following an act of self-harm occurred in the Trust where the person is a resident. Residents in Belfast, South Eastern and Northern HSCT areas were more likely to present to hospitals in another Trust area as summarised in table 4.

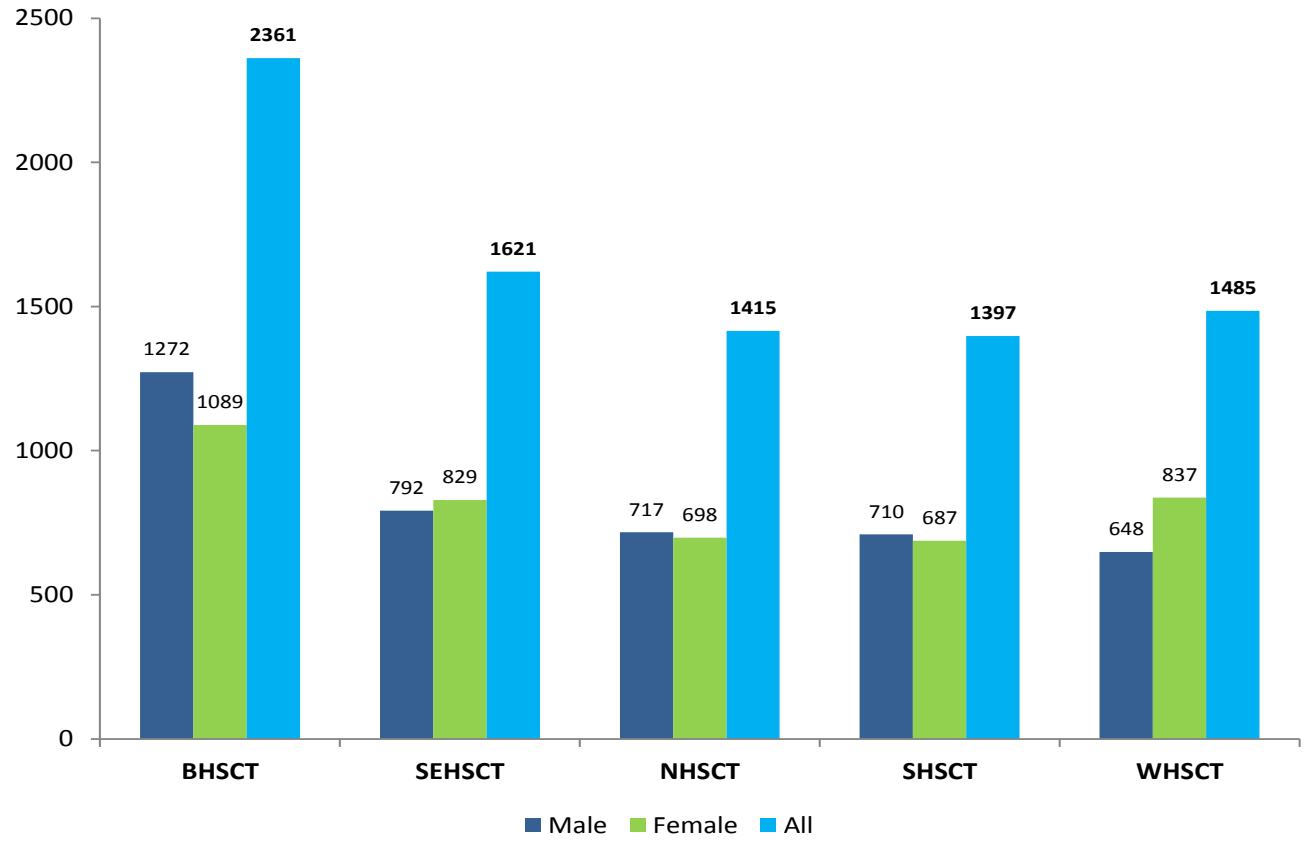
Table 4 Self-harm presentations by resident HSCT area and presenting hospital location, 2012/13

self-harm presentations		Resident area				
		BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Presenting hospital location	BHSCT Hospital	1824 (78.2%)	289 (19.3%)	222 (13.8%)	20 (1.5%)	<10 (<0.5%)
	SEHSCT Hospital	476 (20.4%)	1109 (74.1%)	10 (0.6%)	24 (1.8%)	<10 (<0.5%)
	NHSCT Hospital	22 (0.9%)	11 (0.7%)	1329 (82.5%)	<10 (<0.5%)	52 (3.4%)
	SHSCT Hospital	10 (0.4%)	86 (5.7%)	47 (2.9%)	1248 (95.4%)	<10 (<0.5%)
	WHSCT Hospital	<10 (<0.5%)	<10 (<0.5%)	<10 (<0.5%)	15 (1.1%)	1459 (95.8%)

During 2012/13 the Registry recorded that 78% of Belfast HSCT residents presented with self-harm to a hospital within that Trust, while 20% presented to the Ulster hospital in South Eastern HSCT. In the South Eastern HSCT area 74% of residents presented to a hospital within their Trust, while 19% presented to the Royal Victoria hospital in Belfast HSCT. In the Northern HSCT area 11% of residents presented to the Mater hospital in Belfast HSCT.

Almost 96% of residents in both Southern and Western HSCT areas presented to a hospital within their resident Trust.

Figure 2 Number of self-harm presentations by gender and HSCT area in Northern Ireland, 2012/13.



Whereas there was an even balance of self-harm presentations between the genders regionally there was some variance by Trust area with the most substantial variances being in the Western HSCT area which saw a higher number of female presentations account for 56.4% while male presentations were higher in Belfast HSCT area reported at 53.9%, see figure 2.

3.4 Repetition rates of self-harm in Northern Ireland

Of the 5,970 self-harm patients presenting to emergency departments in Northern Ireland, 19% (n= 1,132) made at least one repeat presentation to hospital during the 12 month period, table 5. The rate of repetition was slightly higher in men (20%) compared to women (18%).

Although 81% of individuals who presented with self-harm did so only once in 2012/13, their presentations accounted for 58.4% of all self-harm presentations in the 12 month period, table 5. This trend was similar across all HSCT areas.

While only 29 people presented at least 10 times which accounts for 0.5% of all self-harm patients, their presentations amounted to 396 which is 4.8% of the total number of self-harm presentations. In both Belfast and Western HSCT areas those patients presenting 10 or more times accounted for 5% of total self-harm presentations.

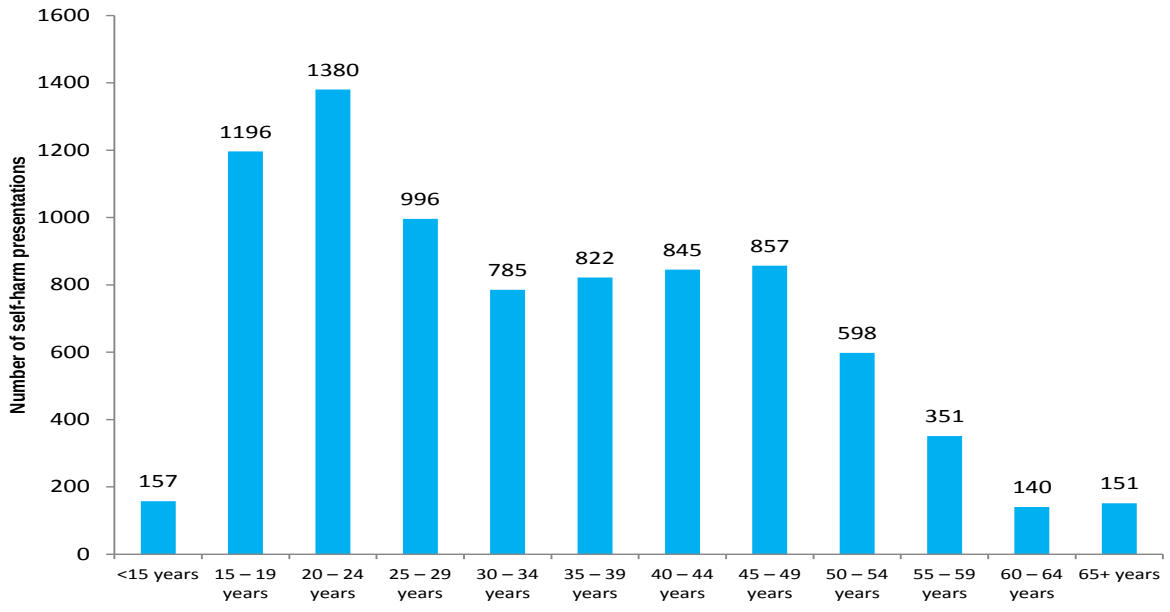
Table 5 **Repetition distribution of self-harm presentations in Northern Ireland during 12 months April 2012 to March 2013**

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	4838	81.0	4838	58.4
2	709	11.9	1418	17.1
3	194	3.2	582	7.0
4	82	1.4	328	4.0
5	48	0.8	240	3.0
6	35	0.6	210	2.5
7	18	0.3	126	1.5
8	12	0.2	96	1.2
9	<10	0.1	45	0.5
10+	29	0.5	396	4.8

3.5 Self-harm presentations by age in Northern Ireland

The highest number of self-harm presentations were among 20-24 year olds (n=1,380), accounting for almost 17% of all presentations, see figure 3. Self-harm episodes were also high in the 15-19 and 25-29 year age groups who accounted for 14% and 12% of all presentations respectively.

Figure 3 **Number of self-harm presentations by age group in Northern Ireland, 2012/13**



Nb: One presentation recorded as unknown age and not included in figure 3.

A close examination of self-harm presentations by those under 18 years of age identified that they contributed to 9% (n=782) of all self-harm presentations in Northern Ireland during the 12 month period. The majority of these self-harm presentations were female (72%) see table 6.

Table 6 Number of self-harm presentations by young people under 18 years by gender in Northern Ireland, 2012/13

Northern Ireland Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**208**	**147**	**181**	**246**	**782**
Male	57	40	47	72	216
Female	151	107	134	174	566

The highest number of self-harm presentations by those under 18 years occurred during the quarter four period (January to March 2013) when almost a third of the annual episodes occurred, with the lowest reported presentations being during the summer quarter, (n=147) accounting for less that 19% of the total episodes .

3.6 Methods of self-harm in Northern Ireland

Drug overdose was the most commonly reported method of self-harm in Northern Ireland during the 12 month period, used in 74.9% of episodes, table 7. Drug overdose was more commonly used as a method of self-harm by women than men. It was involved in 71% of male and 79% of female episodes. Percentage of overdose episodes was highest (77%) during the quarter four period (January to March 2013).

Self-cutting was the second most commonly used method involved in 23.1% of all self-harm episodes. Self-cutting was more common in men (25%) than women (22%). Percentage self-cutting episodes were highest (25%) during the quarter three period (October to December 2012).

Attempted hanging was involved in 4% of all self-harm presentations (5% for men and 2% for women). Percentage attempted hangings were highest (5%) during quarter two (July to September 2012).

There were 72 episodes of attempted drowning recorded on the Registry for Northern Ireland during 2012/13. The highest number occurred in the Western HSCT area (n=19) accounting for 26% of total attempted drowning episodes. The attempted drowning numbers only referred to individuals who were taken from the actual water, individuals who were taken from bridges, river banks and walkways were recorded under suicide ideation which is reported on separately.

Table 7 Number of self-harm presentations by method in Northern Ireland

Northern Ireland Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	1489 (73.3%)	1534 (74.8%)	1513 (73.9%)	1663 (77.4%)	6199 (74.9%)
Self-cutting (%)	496 (24.4%)	463 (22.6%)	507 (24.8%)	447 (20.8%)	1913 (23.1%)
Attempted Hanging (%)	77 (3.8%)	99 (4.8%)	64 (3.1%)	71 (3.3%)	311 (3.8%)
Attempted Drowning (%)	21 (1.0%)	17 (0.8%)	14 (0.7%)	20 (0.9%)	72 (0.9%)
Self-poisoning (%)	24 (1.2%)	15 (0.7%)	27 (1.3%)	24 (1.1%)	90 (1.1%)

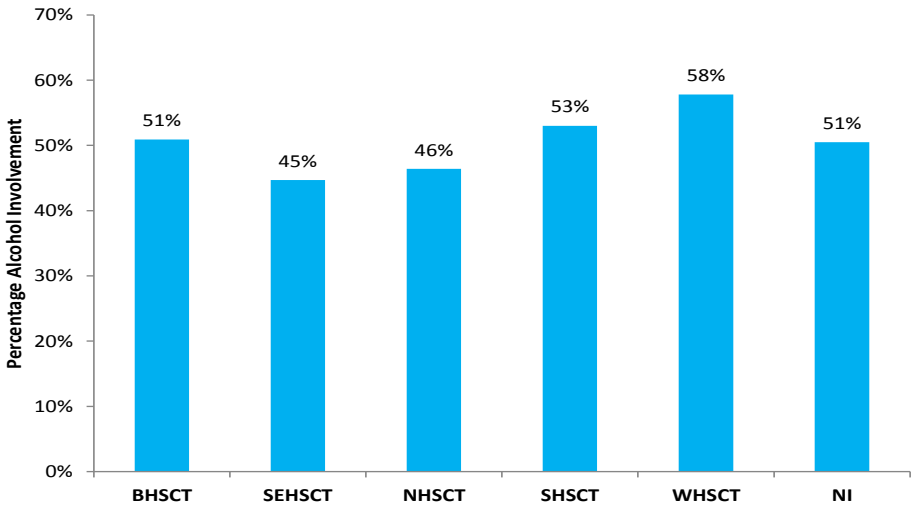
3.7 Alcohol Involvement

Alcohol, whilst rare as a main method, was involved in 51% (n=4,179) of self-harm episodes. Alcohol was more often involved in male episodes of self-harm than female episodes (54% and 47% respectively). Percentage of alcohol involvement was highest (52%) during quarter two (July to September 2012) whilst lowest in the final quarter at 48%. The percentage of alcohol involvement was highest in the Western HSCT at 58% compared to the lowest rate in South Eastern HSCT at 45%, figure 4.

Table 8: Alcohol involvement in self-harm presentations in Northern Ireland, 2012/13

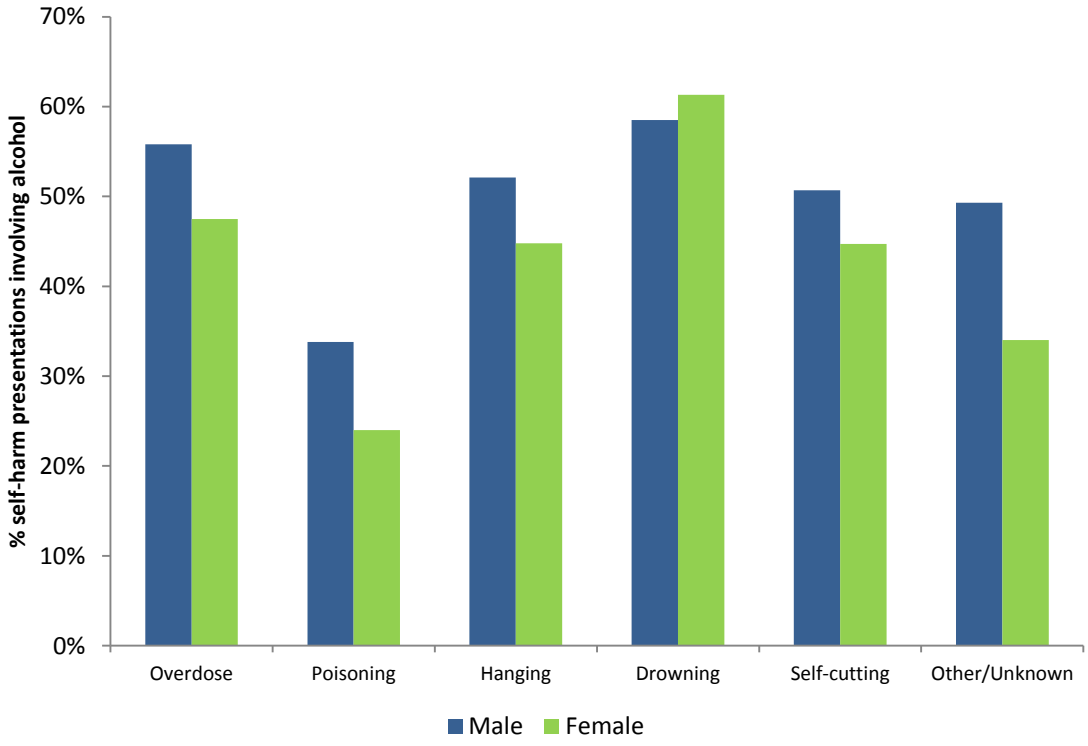
Northern Ireland	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	1042 (51.3%)	1071 (52.2%)	1037 (50.7%)	1029 (47.9%)	4179 (50.5%)

Figure 4 Alcohol involvement in self-harm episodes by Health and Social Care Trust Area, 2012/13



The frequency of alcohol involvement varied to some extent with method of self-harm. Alcohol involvement was more common if the self-harm act involved attempted drowning (60%), drug overdose (52%), attempted hanging (50%) and self-cutting (48%) but less common in acts involving self-poisoning (31%). Males had a higher percentage of alcohol involvement with all methods except attempted drowning, see figure 5.

Figure 5 Percentage of self-harm episodes involving alcohol by gender and method in Northern Ireland, 2012/13



Similar to alcohol, it is recognised that recreational misuse of both illicit and prescription drugs is likely to play a role in relation to self-harm. However it is often difficult to determine whether these drugs were taken as part of the act of self-harm, i.e. drug over-dose, or as a precipitating factor. This is particularly the case for prescription drugs which are also misused recreationally such as diazepam.

3.8 Incidence rates of self-harm in Northern Ireland

For the purpose of a better understanding of the incidence of self-harm the report translates the raw data into European age-standardised (EASR) rates for ease of comparison.

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

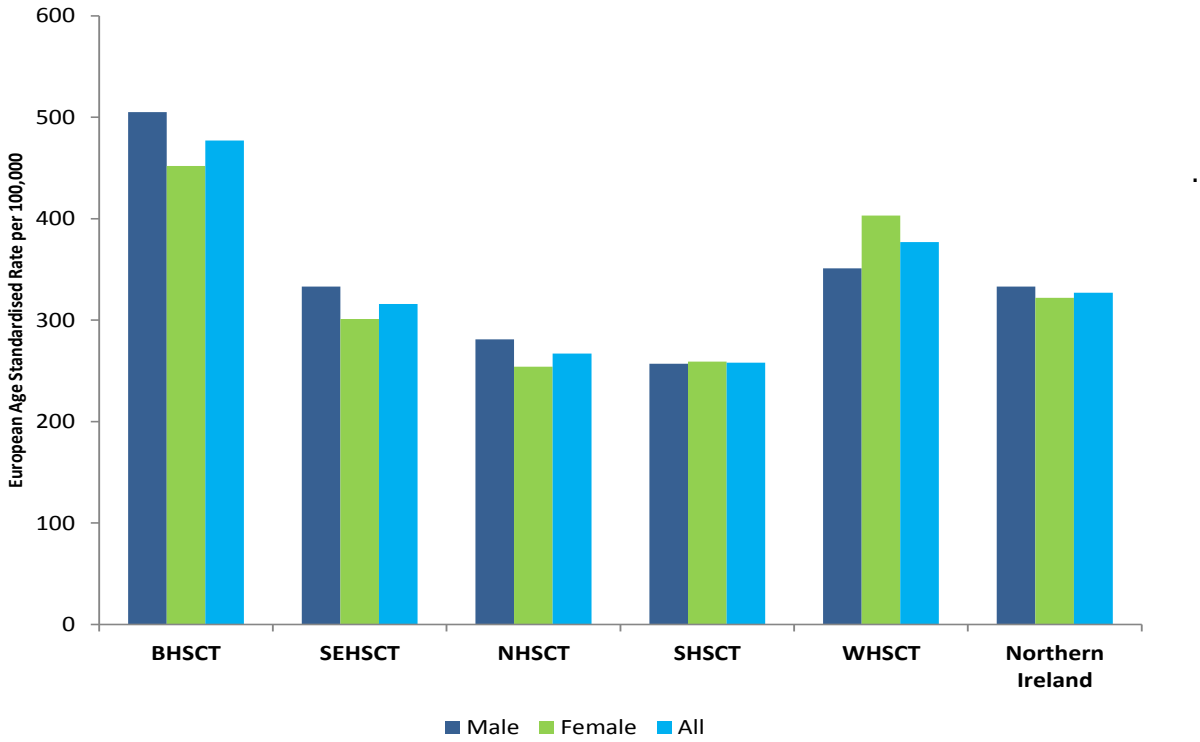
Based on the reported data, the age standardised rate of self-harm in 2012/13 for Northern Ireland was 327 per 100,000, table 9.

Table 9 European age standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm, 2012/13.

Incidence Rate per 100,000	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	Northern Ireland
Total	**477**	**316**	**267**	**258**	**377**	**327**
Male	505	333	281	257	351	333
Female	452	301	254	259	403	322

The male rate for Northern Ireland was 3% higher (333) than that for the females (322), figure 6. In terms of analysis by Trust area the Belfast HSCT at 477 per 100,000 was 46% higher than the Northern Ireland rate, whilst the Northern HSCT was 18% lower than the regional average. The rate for male presentations in Belfast HSCT at 505 per 100,000 was the highest recorded across the five Trusts by gender.

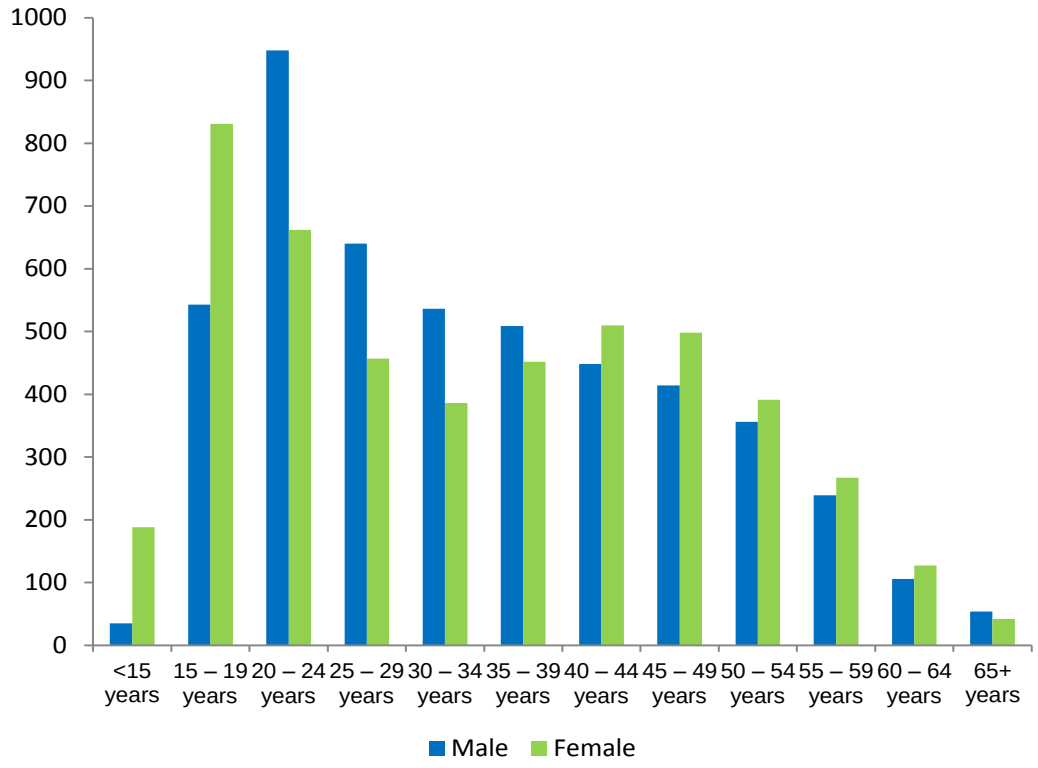
Figure 6 Incidence rates of self-harm, all ages per 100,000 by gender and HSCT area, 2012/13



The highest rate of hospital treated self-harm in Northern Ireland was among 20-24 year old males with a rate of 948 per 100,000 and 15-19 year old females with a rate of 831 per 100,000, figure 7.

Females had a higher self-harm rate among those aged under 20 years and the 40-64 year age group. Male rates were higher in the 20 – 39 year age group and among those aged over 65 years. The age profile of those presenting with self-harm is broadly similar to that of those being admitted to hospital for self-harm with higher numbers and rates amongst younger people.

Figure 7 EASR per 100,000 of self-harm in Northern Ireland by age and gender, 2012/13



3.9 Rates of self-harm – comparison with other localities

As stated earlier the Northern Ireland Registry of Self Harm is based on the model that was developed by the National Suicide Research Foundation in the Republic of Ireland. In using a similar model of data collection and reporting it provides an opportunity to compare incidence rates across two jurisdictions.

In respect of the rest of the United Kingdom there have been a number of studies undertaken most notably the Multicentre Study of Self-Harm[1]. This study focused on the cities of Derby, Manchester and Oxford and only reported on the population aged 15 years and over.

In terms of the island of Ireland the Northern Ireland EASR rate is over 50% higher at 327 per 100,000, to that in the Republic of Ireland which was 211[2]. The largest variance was in the difference between males with the Northern Ireland rate being 71% higher than the comparative rate for men in the Republic of Ireland, table 10.

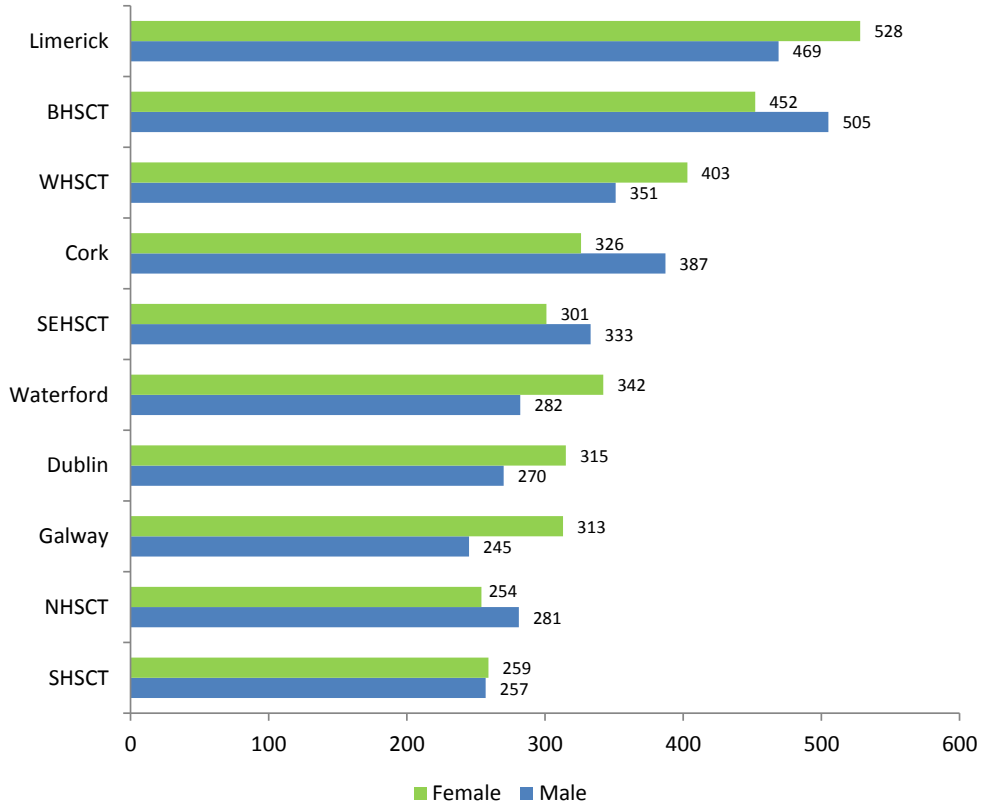
[1] Multicentre Study of Self-harm in England, http://cebmh.warne.ox.ac.uk/csr/mcm/
[2] 2012 Report on Deliberate Self-harm, National Suicide Research Foundation, Republic of Ireland

Table 10 EASR per 100,000 of persons presenting to hospital following self-harm in Northern Ireland and Republic of Ireland

Incidence Rate per 100,000	Northern Ireland	Republic of Ireland
Total	**327**	**211**
Male	333	195
Female	322	228

When the data is further analysed by Trust and Health Services Executive hospital area it highlights that females in Limerick have the highest EASR rate at 528 per 100,000. This is followed by Belfast Trust males at 505 per 100,000, figure 8.

Figure 8 EASR of self-harm in Northern Ireland Trust areas compared to RoI cities



3.10 Rates of self-harm over 15 years in Northern Ireland compared with Republic of Ireland and United Kingdom

The incidence of hospital treated self-harm in Northern Ireland Trust areas was then compared to that of five major cities in the Republic of Ireland and three cities in England reported in the Multicentre Study of Self-harm in England, table 11. The rates available for comparison were age standardised rates per 100,000 population aged over 15 years only, therefore these rates do not include data from under 15 year olds and as a result are higher than the results presented in other

sections of the report. Nonetheless, it does provide the opportunity for a wider comparative analysis.

Limerick reported the highest EASR rate at 634 per 100,000 population then followed by Belfast Trust on a rate of 563 per 100,000 and the Western Trust on 478 per 100,000. Of the 13 localities reported, Belfast were second 2nd, West 4th, Southern Eastern 5th, Northern 6th and Southern 11th in respect of the male incidence ranking. In the female category the Belfast Trust was ranked 3rd, Western 4th, and Southern Eastern 8th while the Southern and Northern trusts had the lowest EASR rate respectively of the localities reviewed.

Table 11 European age standardised rate (EASR) of persons aged over 15 years presenting to hospital following self-harm in Northern Ireland, the Republic of Ireland and UK cities

Incidence Rate per 100,000	Males	Females	All Persons
Limerick**	596	671	634
Belfast HSCT	584	545	563
Western HSCT	450	508	478
Cork**	484	399	442
Derby*	322	552	435
South Eastern HSCT	429	390	409
Manchester*	355	446	398
Waterford**	350	406	377
Dublin**	338	378	358
Galway**	358	381	344
Northern HSCT	364	324	344
Southern HSCT	329	330	329
Oxford*	248	358	301

3.11 Ideation presentations to emergency departments in Northern Ireland

Data was also collected on cases that reported suicidal and/or self-harm ideation. Ideation cases involve presentations to the emergency department due to thoughts of self-harm and / or suicide where no act has taken place.

There were 3,199 ideation cases recorded during 2012/13 accounting for 28% of all episodes (self-harm and ideation). Two thirds (67%) of ideation cases were male in contrast to the even gender balance among self-harm cases, table 12.

Table 12 Number of ideation presentations to emergency departments, all ages, Northern Ireland, 2012/13

Northern Ireland Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**773**	**837**	**757**	**832**	**3199**
Male	492	554	511	574	2131
Female	281	283	246	258	1068

Ideation presentations by those under 18 years of age contributed 5% (n=143) of all ideation presentations to emergency departments in Northern Ireland during the 12 month period. Episodes of ideation by under 18-year olds were higher in males (56%) compared to females (44%), table 13.

Table 13 Number of ideation presentations to emergency departments in Northern Ireland by those aged under 18 years, 2012/13

Northern Ireland Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**37**	**26**	**34**	**46**	**143**
Male	19	13	18	30	80
Female	18	13	16	16	63

Similar to self-harm presentations, the majority of presentations to an emergency department following an act of ideation occurred in the Trust where the person is a resident with the highest majorities occurring in Western and Southern HSCT areas at 98% and 95% respectively, table 14.

In Belfast HSCT 16% of residents presented with ideation to the Ulster hospital and 3% to Lagan Valley hospital in South Eastern HSCT while 14% of South Eastern HSCT residents presented to hospitals in the Belfast HSCT (11% to Royal Victoria and 3% to the Mater hospital). The Northern HSCT had a total of 13% residents present with ideation to hospitals in Belfast HSCT (10.7% to the Mater hospital and 2.6% to the Royal Victoria hospital).

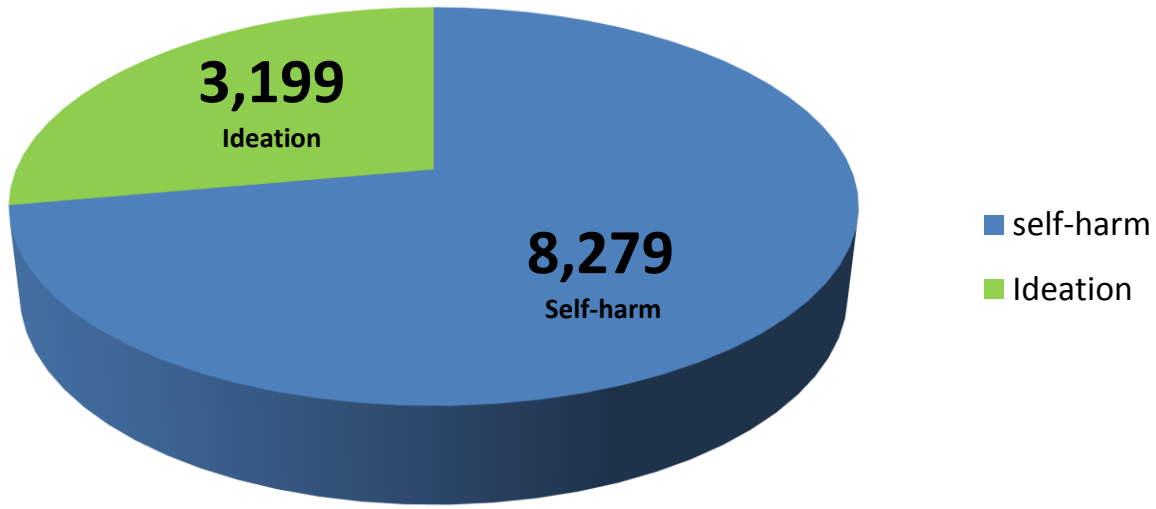
Table 14 **Ideation presentations by resident HSCT area and presenting hospital location, 2012/13**

Ideation presentations		Resident area				
		BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Presenting hospital location	**BHSCT** Hospital	746 (80.0%)	79 (14.1%)	57 (13.3%)	8 (1.2%)	4 (0.7%)
	SEHSCT Hospital	178 (19.1%)	465 (82.9%)	7 (1.6%)	14 (2.1%)	2 (0.3%)
	NHSCT Hospital	<10 (<1.5%)	<10 (<1.5%)	344 (80.4%)	<10 (<1.5%)	<10 (<1.5%)
	SHSCT Hospital	<10 (<1.5%)	14 (2.5%)	14 (3.3%)	634 (95.1%)	<10 (<1.5%)
	WHSCT Hospital	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	592 (97.7%)

3.11 Total self-harm and ideation presentations to emergency departments in Northern Ireland

In conclusion, the total number of self-harm and ideation episodes in Northern Ireland during the financial year 2012/13 was just under 11,500. Almost three quarters of presentations (72%) were due to self-harm, see figure 9.

Figure 9 **Self-harm and ideation presentations to hospital emergency departments recorded in Northern Ireland, 2012/13**



Just over 28% (n=3255) of total self-harm and ideation presentations were to hospitals in the Belfast HSCT area with hospitals in the Northern HSCT area accounting for just over 15% of all presentations, table 15.

Only one in five presentations to emergency departments in the Northern HSCT area was due to ideation compared to almost a third of presentations in the Southern HSCT area.

Table 15 Number and percentage of self-harm and ideation episodes recorded in Northern Ireland emergency departments by HSCT area, 2012/13

Trust Area	Self-harm	Ideation	Total	Percentage of Northern Ireland Total
BHSCT	2,361 (73%)	894 (27%)	3,255 (100%)	**28.4%**
SEHSCT	1,621 (71%)	666 (29%)	2,287 (100%)	**19.9%**
NHSCT	1,415 (80%)	360 (20%)	1,775 (100%)	**15.5%**
SHSCT	1,397 (68%)	669 (32%)	2,066 (100%)	**18.0%**
WHSCT	1,485 (71%)	610 (29%)	2,095 (100%)	**18.3%**
Northern Ireland	8,279 (72%)	3199 (28%)	11,478 (100%)	**100%**

The majority of both self-harm and ideation presentations occurred at hospitals in Trust areas where the patient was a resident. In Belfast, South Eastern and Northern HSCT areas approximately one in five residents presented to a hospital outside their Trust while less than 5% of residents in Southern and Western HSCT areas presented elsewhere, table 16.

Table 16 Total self-harm and ideation presentations by resident HSCT area and presenting hospital location

Total self-harm and ideation presentations		Resident area				
		BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Presenting hospital location	**BHSCT** Hospital	2570 (78.7%)	368 (17.9%)	279 (13.7%)	28 (1.4%)	10 (0.5%)
	SEHSCT Hospital	654 (20.0%)	1574 (76.5%)	17 (0.8%)	38 (1.9%)	<10 (<1%)
	NHSCT Hospital	28 (0.9%)	12 (0.6%)	1673 (82.1%)	<10 (<1%)	58 (2.7%)
	SHSCT Hospital	11 (<1%)	100 (4.9%)	61 (3.0%)	1882 (95.3%)	<10 (<1%)
	WHSCT Hospital	<10 (<1%)	<10 (<1%)	<10 (<1%)	23 (1.2%)	2051 (96.3%)

Appendices

Appendix 1
Belfast Health & Social Care Trust

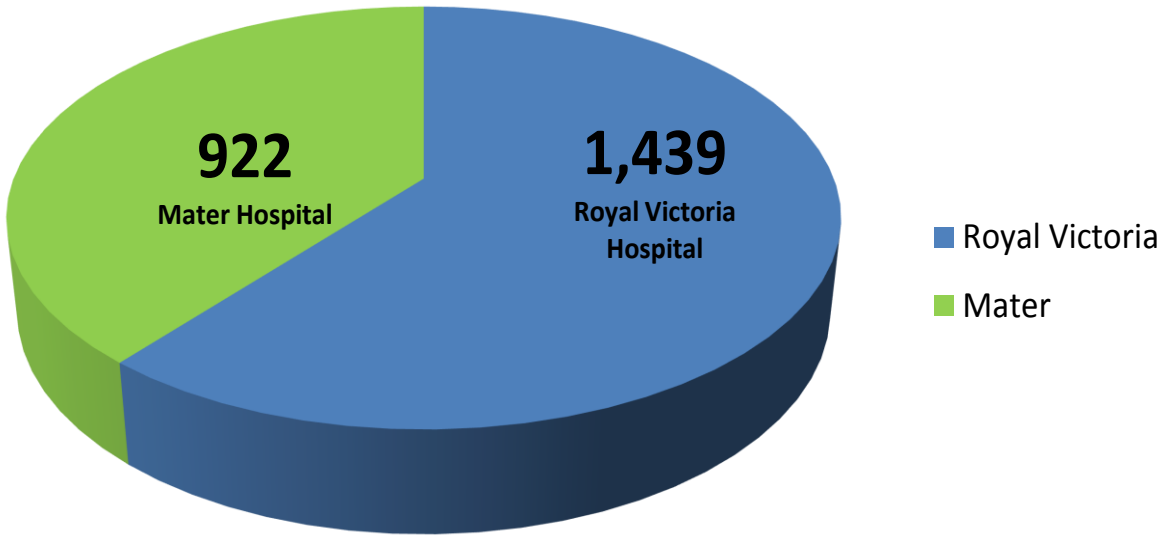
Appendix 1.1: **Number of self-harm presentations to emergency departments in Belfast HSCT, 2012/13**

BHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to/ Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**578**	**634**	**581**	**568**	**2361**
Male	306	335	316	315	1272
Female	272	299	265	253	1089

Appendix 1.2: **Individual persons presenting with self-harm to emergency departments in Belfast HSCT, 2012/13**

BHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**492**	**530**	**487**	**480**	**1751**
Male	254	271	259	260	911
Female	238	259	228	220	840

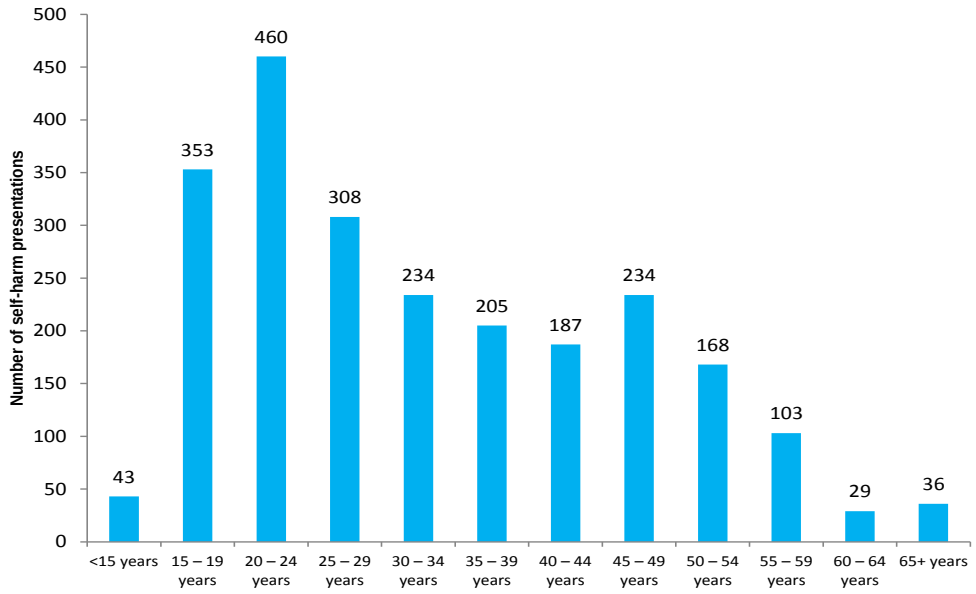
Appendix 1.3: **Breakdown of self-harm presentations by hospital emergency department in Belfast HSCT, 2012/13**



Appendix 1.4: Repetition distribution of self-harm presentations in Belfast HSCT during 12 months April 2012 to March 2013

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	1438	82.1	1438	60.9
2	199	11.4	398	16.9
3	66	3.8	198	8.4
4	13	0.7	52	2.2
5	13	0.7	65	2.8
6	<10	<1	30	1.3
7	<10	<1	14	0.6
8	<10	<1	24	1.0
9	<10	<1	18	0.8
10+	10	0.6	124	5.3

Appendix 1.5: Number of self-harm presentations by age group in Belfast HSCT, 2012/13



Nb: One presentation recorded as unknown age and not included in appendix 1.5

Appendix 1.6: Number of self-harm presentations by young people under 18 years in Belfast HSCT, 2012/13

BHSCT Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**68**	**41**	**46**	**68**	**223**
Male	20	13	12	26	71
Female	48	28	34	42	152

Appendix 1.7: Number of self-harm presentations by method in Belfast HSCT, 2012/13

BHSCT Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	425 (73.5%)	479 (75.6%)	425 (73.1%)	448 (78.9%)	1777 (75.3%)
Self-cutting (%)	152 (26.3%)	146 (23.0%)	138 (23.8%)	114 (20.1%)	550 (23.3%)
Attempted Hanging (%)	12 (2.1%)	33 (5.2%)	22 (3.8%)	19 (3.3%)	86 (3.6%)
Attempted Drowning (%)	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	11 (0.5%)
Self-poisoning (%)	<10 (<1.5%)	<10 (<0.5%)	<10 (<1.5%)	<10 (<1.5%)	18 (0.8%)

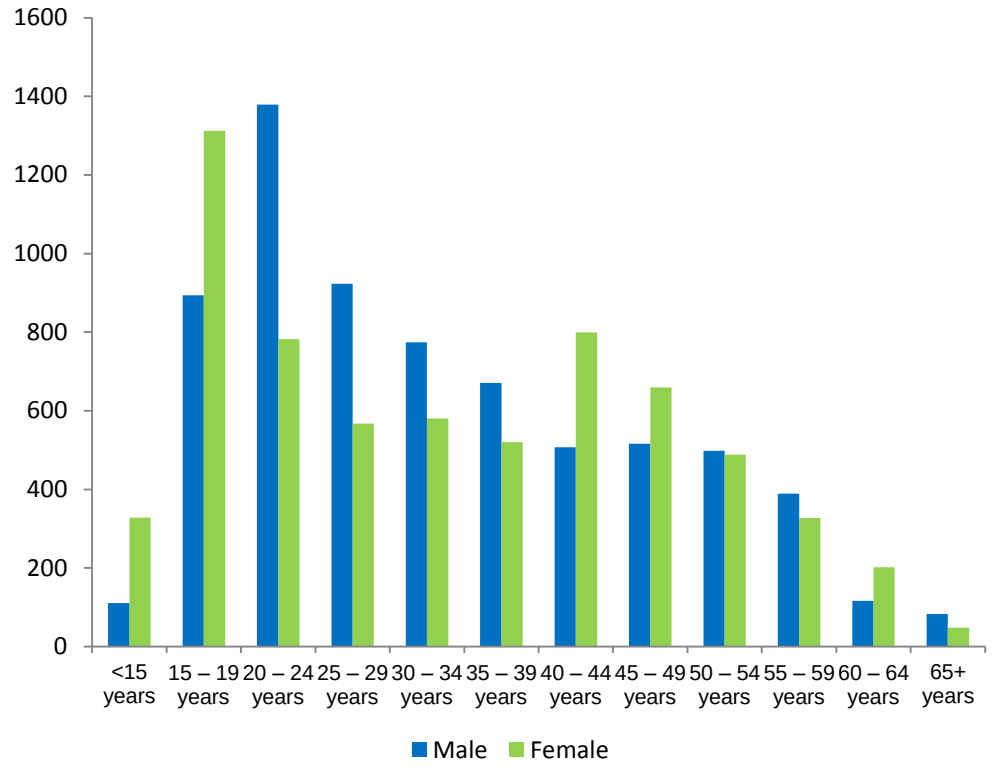
Appendix 1.8: Alcohol involvement in self-harm presentations, Belfast HSCT, 2012/13

BHSCT	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	293 (50.7%)	328 (51.7%)	296 (50.9%)	284 (50.0%)	1201 (50.9%)

Appendix 1.9: European age standardised rate (EASR) of persons presenting to hospital in BHSCT following self-harm compared to NI average, 2012/13.

Incidence Rate per 100,000	Northern Ireland	BHSCT	% Variance
Presentations	**327**	**477**	**+46%**
Male	333	505	+52%
Female	322	452	+40%

Appendix 1.10: EASR per 100,000 of self-harm in BHSCT by age and gender, 2012/13



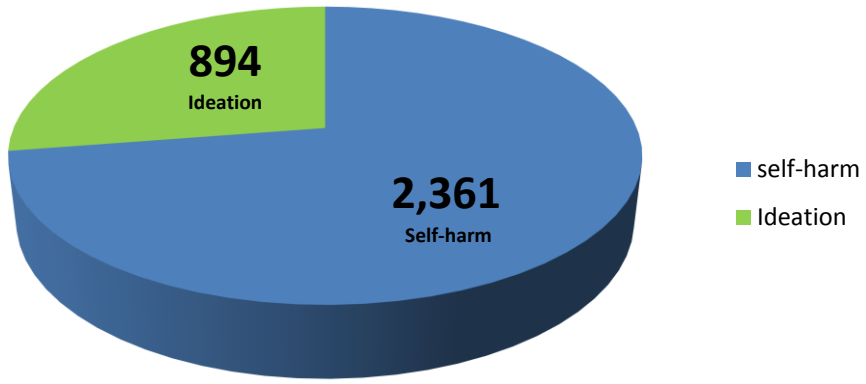
Appendix 1.11: Number of ideation presentations to emergency departments in BHSCT, all ages, 2012/13

BHSCT Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**212**	**225**	**200**	**257**	**894**
Male	144	167	148	175	634
Female	68	58	52	82	260

Appendix 1.12: Number of ideation presentations to emergency departments in BHSCT, under 18 years, 2012/13

BHSCT Ideation – Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**12**	**<10**	**<10**	**12**	**40**
Male	<10	<10	<10	<10	25
Female	<10	<10	<10	<10	15

Appendix 1.13 **Self-harm and ideation presentations to hospital emergency departments recorded in Belfast HSCT, 2012/13**



Appendix 1.14: **Number and percentage of self-harm and ideation episodes recorded in emergency departments in Belfast HSCT, 2012/13.**

All Ages	Self-harm	Ideation	Total
Mater Hospital	922 (65%)	490 (35%)	1412 (100%)
Royal Victoria Hospital	1439 (78%)	404 (22%)	1843 (100%)
BHSCT	2361 (73%)	894 (27%)	3255 (100%)

Appendix 2
South Eastern Health & Social Care Trust

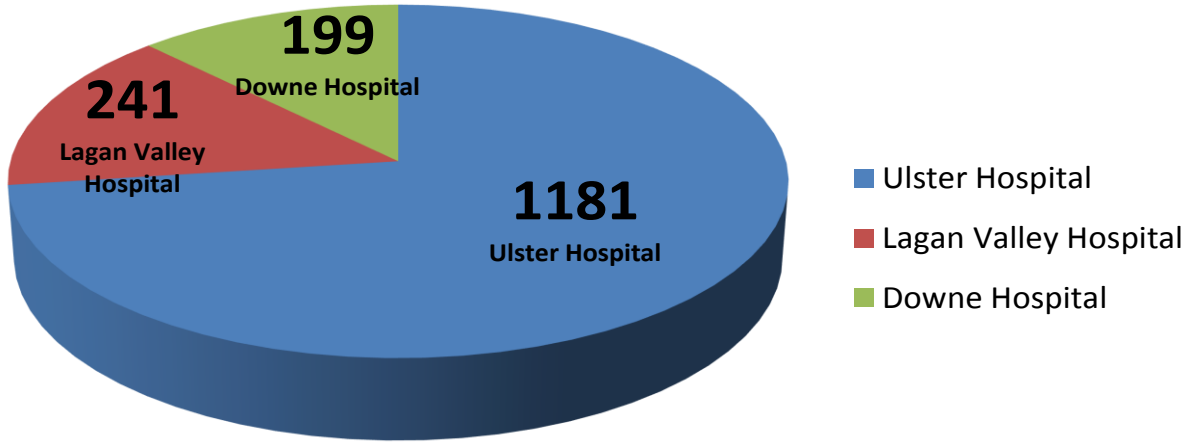
Appendix 2.1: **Number of self-harm presentations to emergency departments in South Eastern HSCT, 2012/13**

SEHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**374**	**384**	**409**	**454**	**1621**
Male	193	179	186	234	792
Female	181	205	223	220	829

Appendix 2.2: **Individual persons presenting with self-harm to emergency departments in South Eastern HSCT, 2012/13**

SEHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**324**	**337**	**352**	**399**	**1230**
Male	160	162	162	207	598
Female	164	175	190	192	632

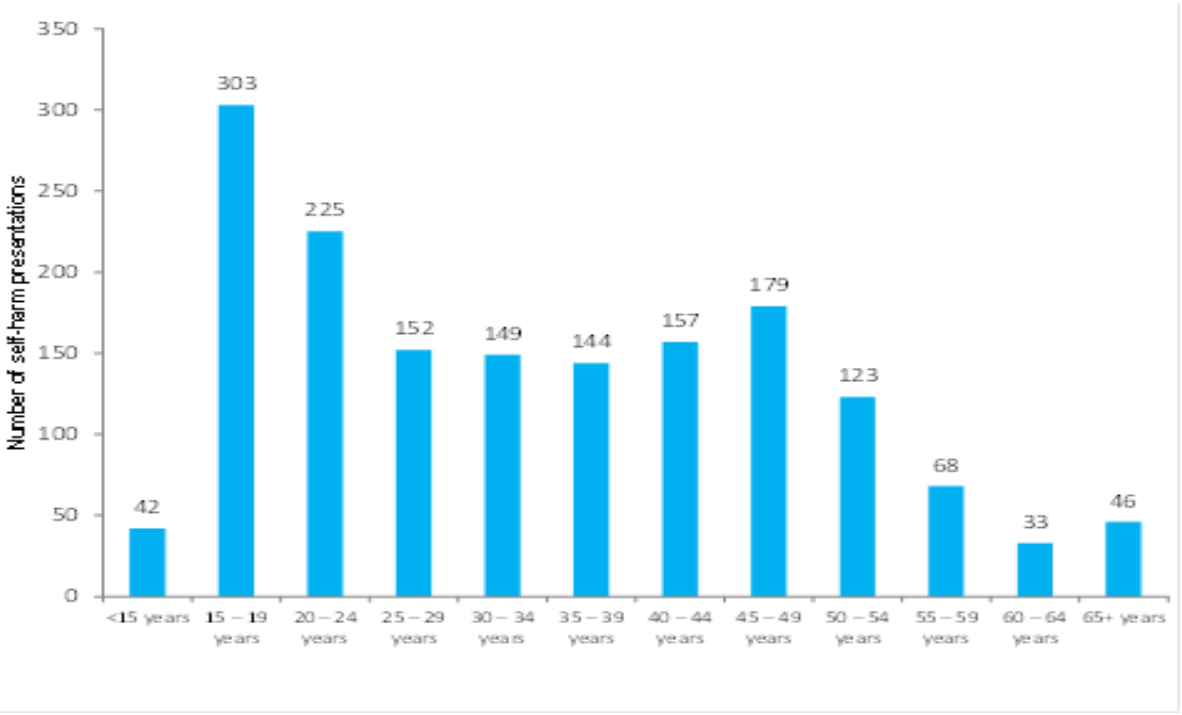
Appendix 2.3: **Breakdown of self-harm presentations by hospital emergency department in South Eastern HSCT, 2013**



Appendix 2.4: **Repetition distribution of self-harm presentations in South Eastern HSCT during 12 months April 2012 to March 2013**

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	1010	82.1	1010	62.3
2	150	12.2	300	18.5
3	32	2.6	96	5.9
4	17	1.4	68	4.2
5	<10	<1	40	2.5
6	<10	<1	18	1.1
7	<10	<1	35	2.2
8	<10	<1	<10	<1
9	<10	<1	<10	<1
10+	<10	<1	37	2.3

Appendix 2.5: **Number of self-harm presentations by age group in South Eastern HSCT, 2012/13**



Appendix 2.6: **Number of self-harm presentations by young people under 18 years in South Eastern HSCT, 2012/13**

SEHSCT Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**50**	**41**	**56**	**74**	**221**
Male	18	11	12	25	66
Female	32	30	44	49	155

Appendix 2.7: Number of self-harm presentations by method in South Eastern HSCT, 2012/13

SEHSCT Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	278 (74.3%)	277 (72.1%)	298 (72.9%)	328 (72.2%)	1181 (72.9%)
Self-cutting (%)	93 (24.9%)	86 (22.4%)	115 (28.1%)	107 (23.6%)	401 (24.7%)
Attempted Hanging (%)	13 (3.5%)	24 (6.3%)	14 (3.4%)	29 (6.4%)	80 (4.9%)
Attempted Drowning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	16 (1.0%)
Self-poisoning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	26 (1.6%)

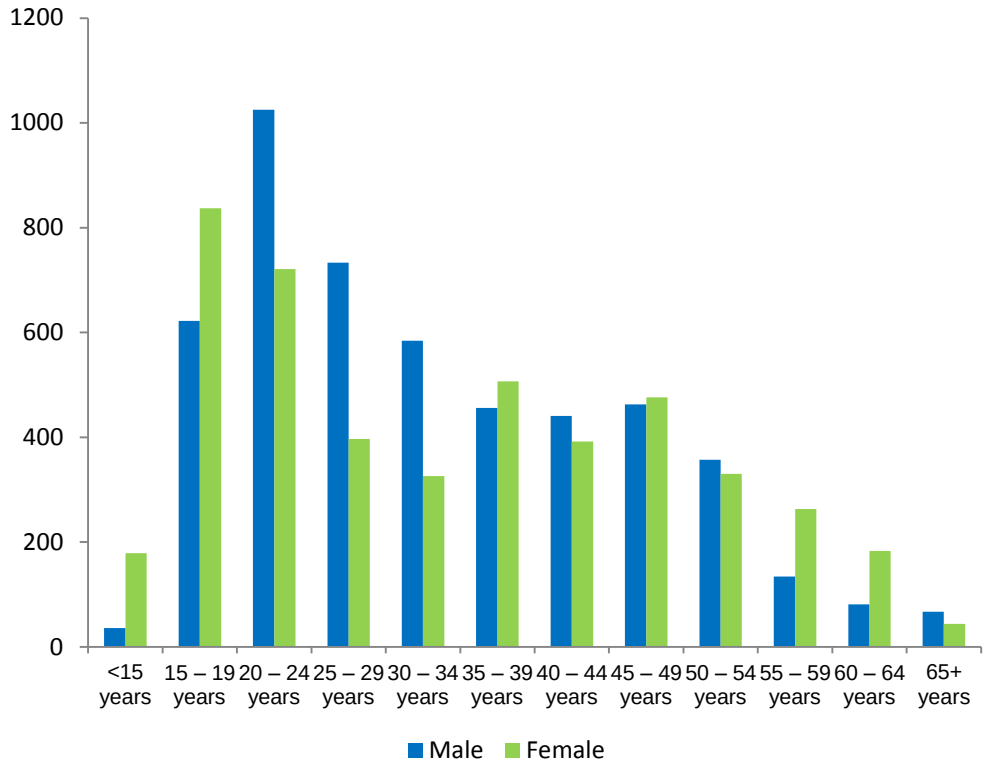
Appendix 2.8: Alcohol involvement in self-harm presentations, South Eastern HSCT, 2012/13

SEHSCT	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	172 (46.0%)	181 (47.1%)	173 (42.3%)	198 (43.6%)	724 (44.7%)

Appendix 2.9: European age standardised rate (EASR) of persons presenting to hospital in South Eastern HSCT following self-harm compared to Northern Ireland average, 2012/13.

Incidence Rate per 100,000	Northern Ireland	SEHSCT	% Variance
Presentations	**327**	**316**	**-3%**
Male	333	333	0%
Female	322	301	-7%

Appendix 2.10: EASR per 100,000 of self-harm in South Eastern HSCT by age and gender, 2012/13



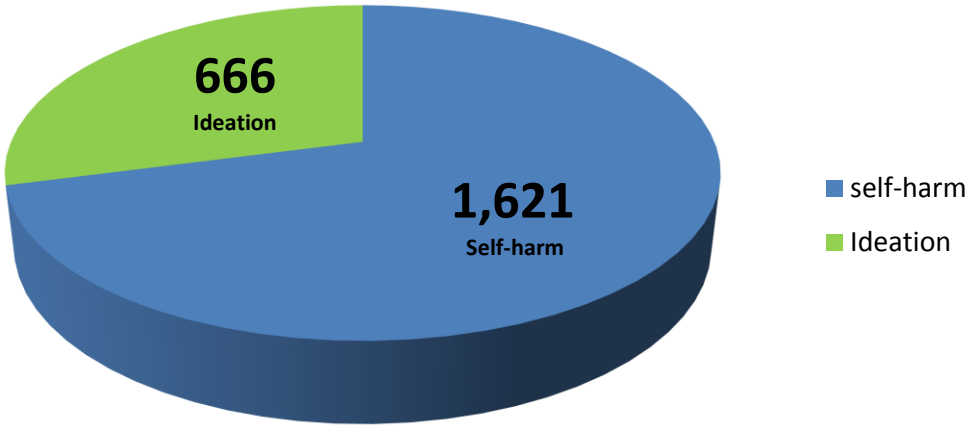
Appendix 2.11: Number of ideation presentations to emergency departments in South Eastern HSCT, all ages, 2012/13

SEHSCT Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**177**	**152**	**158**	**179**	**666**
Male	115	96	98	117	426
Female	62	56	60	62	240

Appendix 2.12: Number of ideation presentations to emergency departments in South Eastern HSCT, under 18 years, 2012/13

SEHSCT Ideation – Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**<10**	**<10**	**<10**	**14**	**40**
Male	<10	<10	<10	11	26
Female	<10	<10	<10	<10	14

Appendix 2.13 **Self-harm and ideation presentations to hospital emergency departments recorded in South Eastern HSCT, 2012/13**



Appendix 2.14: **Number and percentage of self-harm and ideation episodes recorded in emergency departments in South Eastern HSCT, 2012/13.**

All Ages	Self-harm	Ideation	Total
Ulster Hospital	1181 (74%)	412 (26%)	1593 (100%)
Lagan Valley Hospital	241 (60%)	159 (40%)	400 (100%)
Downe Hospital	199 (68%)	95 (32%)	294 (100%)
SEHSCT	1621 (71%)	666 (29%)	2287 (100%)

Appendix 3 Northern Health & Social Care Trust

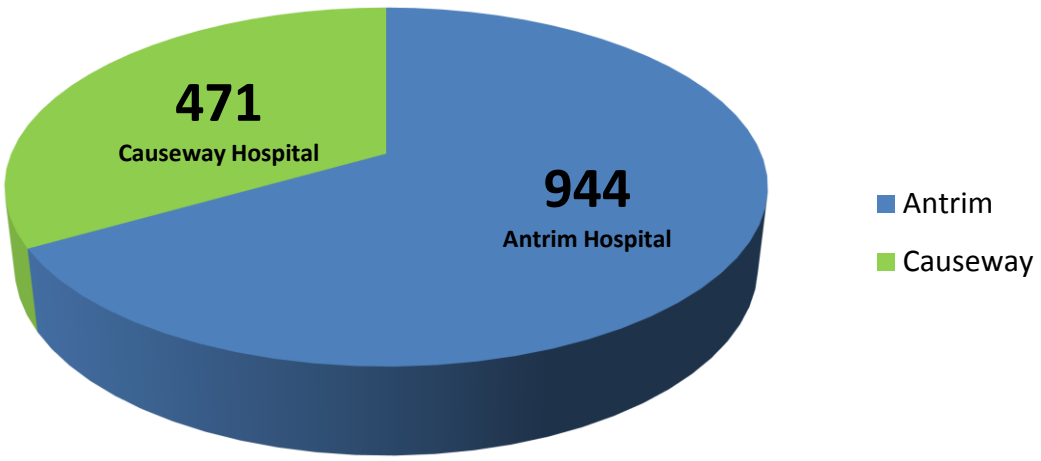
Appendix 3.1: **Number of self-harm presentations to emergency departments in Northern HSCT, 2012/13**

NHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**351**	**327**	**334**	**403**	**1415**
Male	180	163	172	202	717
Female	171	164	162	201	698

Appendix 3.2: **Individual persons presenting with self-harm to emergency departments in Northern HSCT, 2012/13**

NHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**309**	**291**	**312**	**356**	**1125**
Male	161	145	160	182	585
Female	148	146	152	174	540

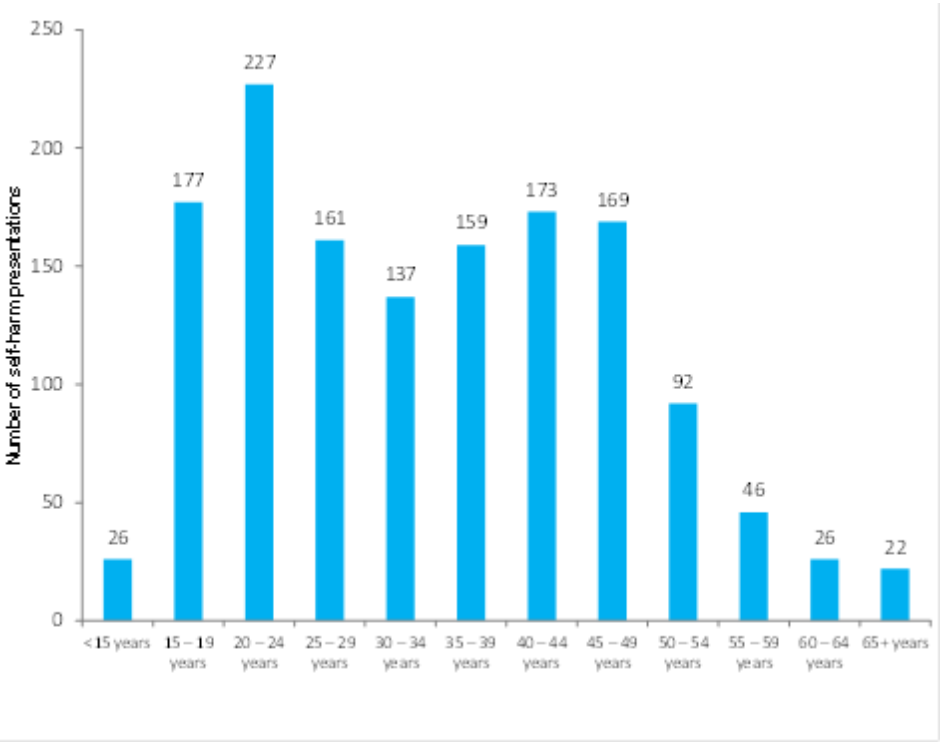
Appendix 3.3: **Breakdown of self-harm presentations by hospital emergency department in Northern HSCT, 2012/13**



Appendix 3.4: **Repetition distribution of self-harm presentations in Northern HSCT during 12 months April 2012 to March 2013**

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	953	84.7	953	67.3
2	116	10.3	232	16.4
3	26	2.3	78	5.5
4	12	1.1	48	3.4
5	<10	<1	40	2.8
6	<10	<1	36	2.5
7	<10	<1	28	2.0

Appendix 3.5: **Number of self-harm presentations by age group in Northern HSCT, 2012/13**



Appendix 3.6: **Number of self-harm presentations by young people under 18 years in Northern HSCT, 2012/13**

NHSCT Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**32**	**17**	**31**	**37**	**117**
Male	<10	<10	<10	<10	25
Female	27	13	22	30	92

Appendix 3.7: Number of self-harm presentations by method in Northern HSCT, 2012/13

NHSCT Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	263 (74.9%)	266 (81.3%)	250 (74.9%)	322 (79.9%)	1101 (77.8%)
Self-cutting (%)	67 (19.1%)	57 (17.4%)	76 (22.8%)	78 (19.4%)	278 (19.6%)
Attempted Hanging (%)	15 (4.3%)	<10 (<3%)	<10 (<3%)	13 (3.2%)	44 (3.1%)
Attempted Drowning (%)	<10 (<3%)	<10 (<3%)	<10 (<3%)	<10 (<3%)	11 (0.8%)
Self-poisoning (%)	<10 (<3%)	<10 (<3%)	<10 (<3%)	<10 (<3%)	22 (1.6%)

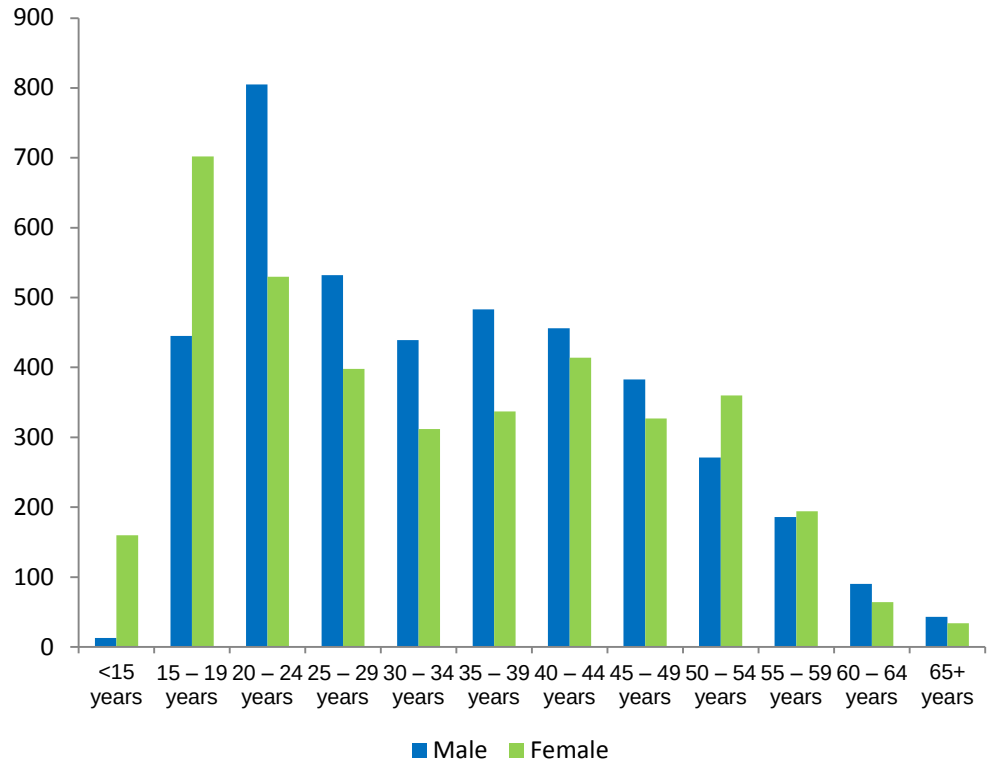
Appendix 3.8: Alcohol involvement in self-harm presentations, Northern HSCT, 2012/13

NHSCT	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	168 (47.9%)	160 (48.9%)	154 (46.1%)	174 (43.2%)	656 (46.4%)

Appendix 3.9: European age standardised rate (EASR) of persons presenting to hospital in Northern HSCT following self-harm compared to Northern Ireland average, 2012/13.

Incidence Rate per 100,000	Northern Ireland	NHSCT	% Variance
Presentations	**327**	**267**	**-18%**
Male	333	281	-16%
Female	322	254	-21%

Appendix 3.10: EASR per 100,000 of self-harm in Northern HSCT by age and gender, 2012/13



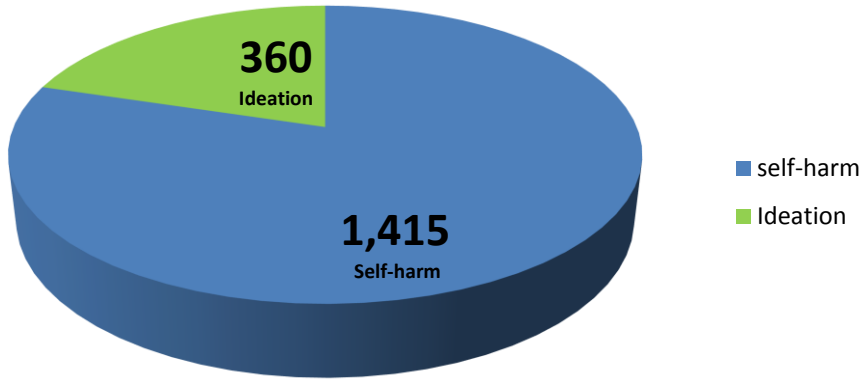
Appendix 3.11: Number of ideation presentations to emergency departments in Northern HSCT, all ages, 2012/13

NHSCT Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**72**	**89**	**92**	**107**	**360**
Male	46	53	66	77	242
Female	26	36	26	30	118

Appendix 3.12: Number of ideation presentations to emergency departments in Northern HSCT, under 18 years, 2012/13

NHSCT Ideation – Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**<10**	**<10**	**<10**	**<10**	**11**
Male	<10	<10	<10	<10	<10
Female	<10	<10	<10	<10	<10

Appendix 3.13 **Self-harm and ideation presentations to hospital emergency departments recorded in Northern HSCT, 2012/13**



Appendix 3.14: **Number and percentage of self-harm and ideation episodes recorded in emergency departments in Northern HSCT, 2012/13.**

All Ages	Self-harm	Ideation	Total
Antrim Hospital	944 (81%)	228 (19%)	1172 (100%)
Causeway Hospital	471 (78%)	132 (22%)	603 (100%)
NHSCT	1415 (80%)	360 (20%)	1775 (100%)

Appendix 4 Southern Health & Social Care Trust

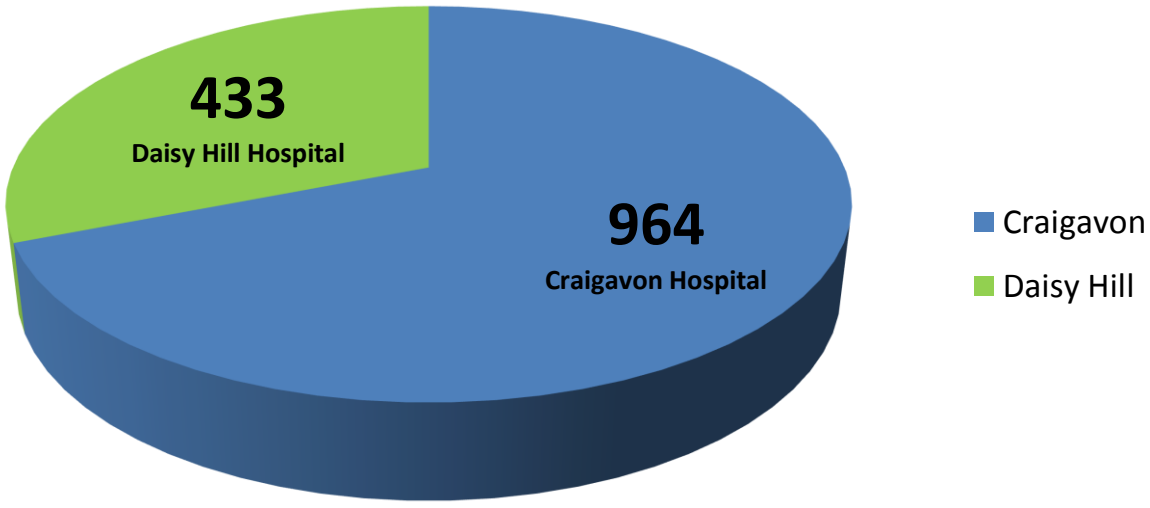
Appendix 4.1: **Number of self-harm presentations to emergency departments in Southern HSCT, 2012/13**

SHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**362**	**341**	**345**	**349**	**1397**
Male	179	177	172	182	710
Female	183	164	173	167	687

Appendix 4.2: **Individual persons presenting with self-harm to emergency departments in Southern HSCT, 2012/13**

SHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**309**	**294**	**277**	**303**	**1029**
Male	154	150	133	159	522
Female	155	144	144	144	507

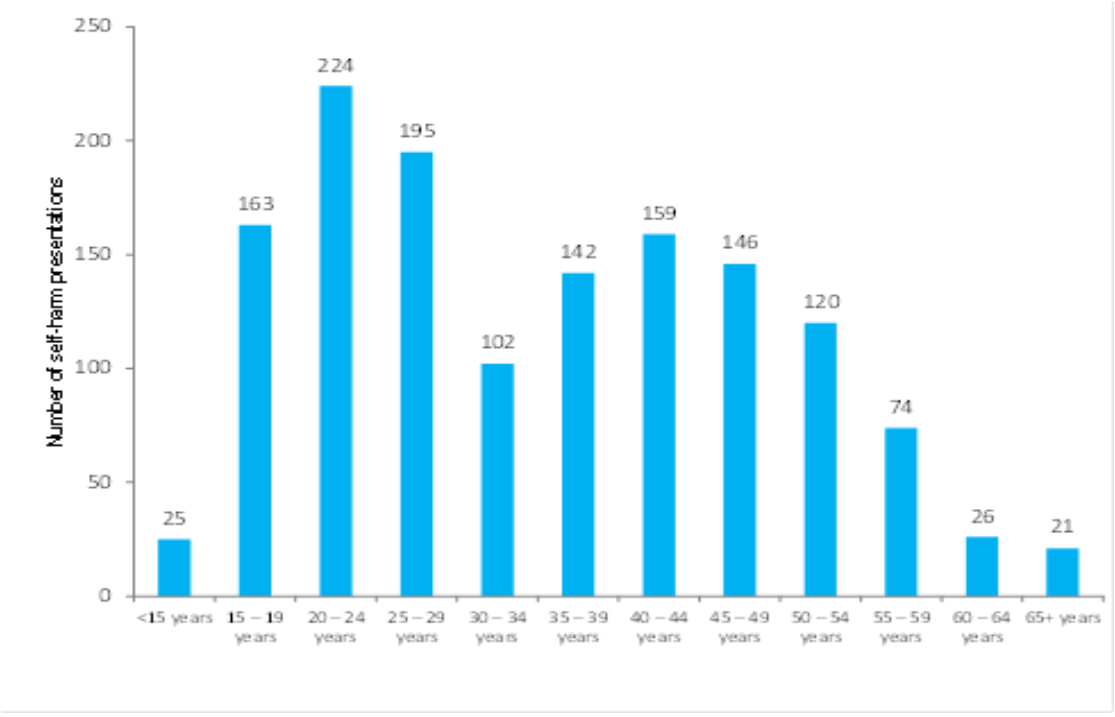
Appendix 4.3: **Breakdown of self-harm presentations by hospital emergency department in Southern HSCT, 2013**



Appendix 4.4: Repetition distribution of self-harm presentations in Southern HSCT during 12 months April 2012 to March 2013

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	856	83.2	856	61.3
2	107	10.4	214	15.3
3	26	2.5	78	5.6
4	12	1.2	48	3.4
5	<10	<1	40	2.9
6	<10	<1	48	3.4
7	<10	<1	35	2.5
8	<10	<1	<10	<1
9	<10	<1	<10	<1
10+	<10	<1	61	4.4

Appendix 4.5: Number of self-harm presentations by age group in Southern HSCT, 2012/13



Appendix 4.6: Number of self-harm presentations by young people under 18 years in Southern HSCT, 2012/13

SHSCT Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**29**	**22**	**26**	**31**	**108**
Male	<10	<10	<10	<10	21
Female	23	17	21	26	87

Appendix 4.7: Number of self-harm presentations by method in Southern HSCT, 2012/13

SHSCT Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	254 (70.2%)	248 (72.7%)	254 (73.6%)	274 (78.5%)	1030 (73.7%)
Self-cutting (%)	98 (27.1%)	73 (21.4%)	83 (24.1%)	63 (18.1%)	317 (22.7%)
Attempted Hanging (%)	20 (5.5%)	23 (6.7%)	13 (3.8%)	<10 (<2.5%)	63 (4.5%)
Attempted Drowning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	15 (<2.5%)
Self-poisoning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	12 (<2.5%)

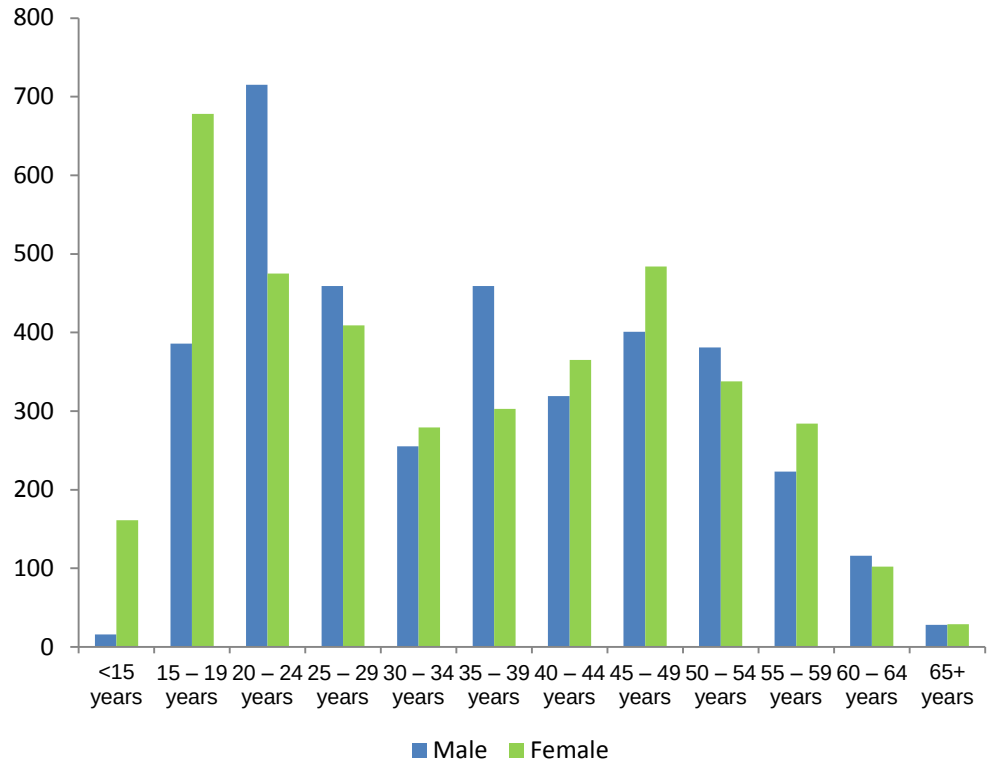
Appendix 4.8: Alcohol involvement in self-harm presentations, Southern HSCT, 2012/13

SHSCT	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	195 (53.9%)	188 (55.1%)	176 (51.0%)	181 (51.9%)	740 (53.0%)

Appendix 4.9: European age standardised rate (EASR) of persons presenting to hospital in Southern HSCT following self-harm compared to Northern Ireland average, 2012/13.

Incidence Rate per 100,000	Northern Ireland	SHSCT	% Variance
Presentations	**327**	**258**	**-21%**
Male	333	257	-23%
Female	322	259	-20%

Appendix 4.10: EASR per 100,000 of self-harm in Southern HSCT by age and gender, 2012/13



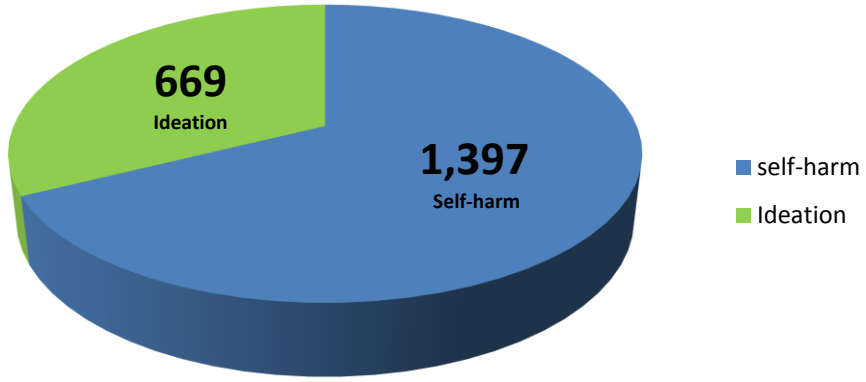
Appendix 4.11: Number of ideation presentations to emergency departments in Southern HSCT, all ages, 2012/13

SHSCT Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**177**	**182**	**148**	**162**	**669**
Male	112	115	103	116	446
Female	65	67	45	46	223

Appendix 4.12: Number of ideation presentations to emergency departments in Southern HSCT, under 18 years, 2012/13

SHSCT Ideation – Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**12**	**<10**	**<10**	**14**	**40**
Male	<10	<10	<10	<10	20
Female	<10	<10	<10	<10	20

Appendix 4.13 Self-harm and ideation presentations to hospital emergency departments recorded in Southern HSCT, 2012/13



Appendix 4.14: Number and percentage of self-harm and ideation episodes recorded in emergency departments in Southern HSCT, 2012/13.

All Ages	Self-harm	Ideation	Total
Craigavon Hospital	964 (65%)	518 (35%)	1482 (100%)
Daisy Hill Hospital	433 (74%)	151 (26%)	584 (100%)
SHSCT	1397 (68%)	669 (32%)	2066 (100%)

Appendix 5
Western
Health & Social
Care Trust

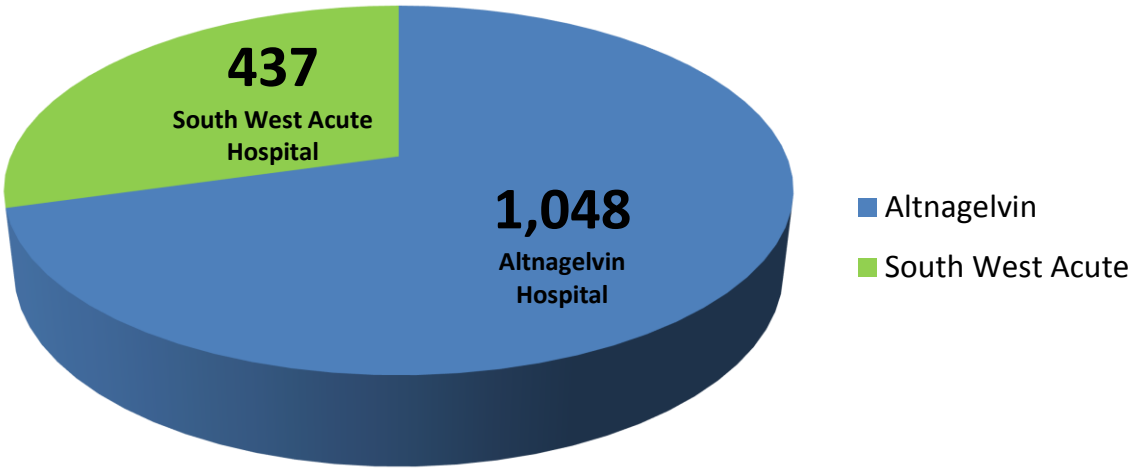
Appendix 5.1: **Number of self-harm presentations to emergency departments in Western HSCT, 2012/13**

WHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**367**	**366**	**378**	**374**	**1485**
Male	159	159	171	159	648
Female	208	207	207	215	837

Appendix 5.2: **Individual persons presenting with self-harm to emergency departments in Western HSCT, 2012/13**

WHSCT All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Persons	**310**	**298**	**321**	**323**	**1090**
Male	139	136	150	140	495
Female	171	162	171	183	595

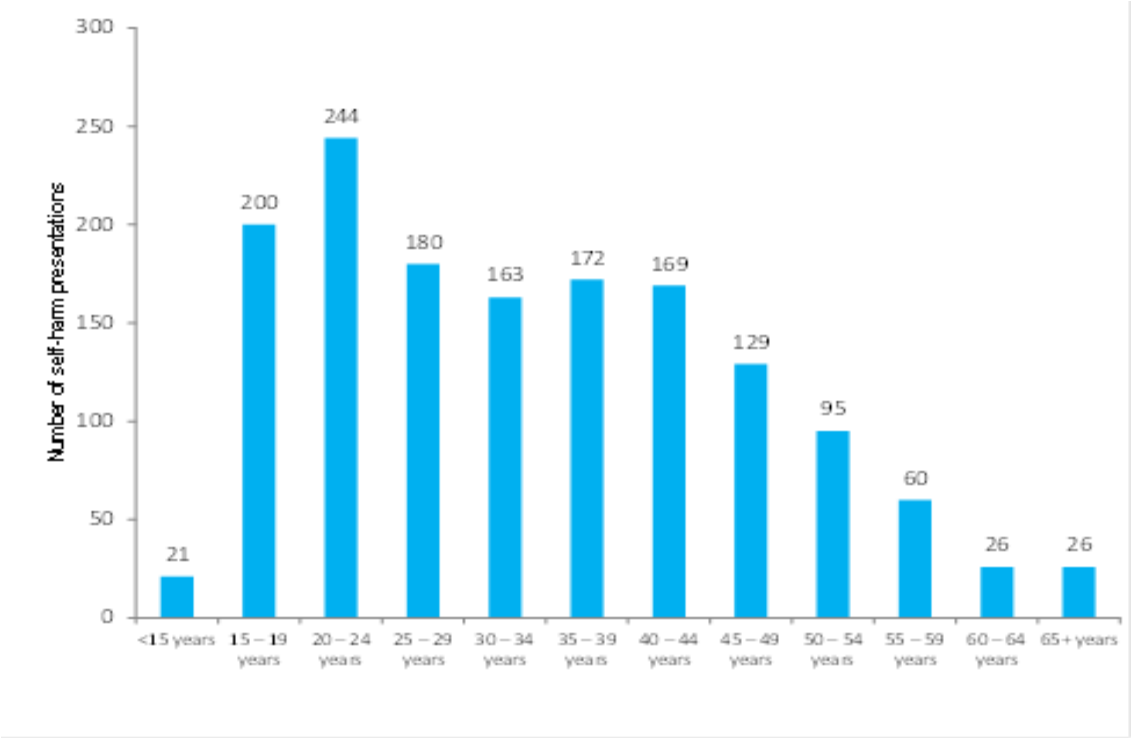
Appendix 5.3: **Breakdown of self-harm presentations by hospital emergency department in Western HSCT, 2013**



Appendix 5.4: Repetition distribution of self-harm presentations in Western HSCT during 12 months April 2012 to March 2013

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	895	82.1	895	60.3
2	136	12.5	272	18.3
3	21	1.9	63	4.2
4	15	1.4	60	4.0
5	<10	<1	30	2.0
6	<10	<1	18	1.2
7	<10	<1	35	2.4
8	<10	<1	32	2.2
9	<10	<1	<10	<1
10+	<10	<1	71	4.8

Appendix 5.5: Number of self-harm presentations by age group in Western HSCT, 2012/13



Appendix 5.6: Number of self-harm presentations by young people under 18 years in Western HSCT, 2012/13

WHSCT Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**29**	**26**	**22**	**36**	**113**
Male	<10	<10	<10	<10	33
Female	21	19	13	27	80

Appendix 5.7: Number of self-harm presentations by method in Western HSCT, 2012/13

WHSCT Methods of DSH	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Drug Overdose (%)	269 (73.3%)	264 (72.1%)	286 (75.7%)	291 (77.8%)	1110 (74.7%)
Self-cutting (%)	86 (23.4%)	101 (27.6%)	95 (25.1%)	85 (22.7%)	367 (24.7%)
Attempted Hanging (%)	17 (4.6%)	10 (2.7%)	<10 (<2.5%)	<10 (<2.5%)	38 (2.6%)
Attempted Drowning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	19 (1.3%)
Self-poisoning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	12 (0.8%)

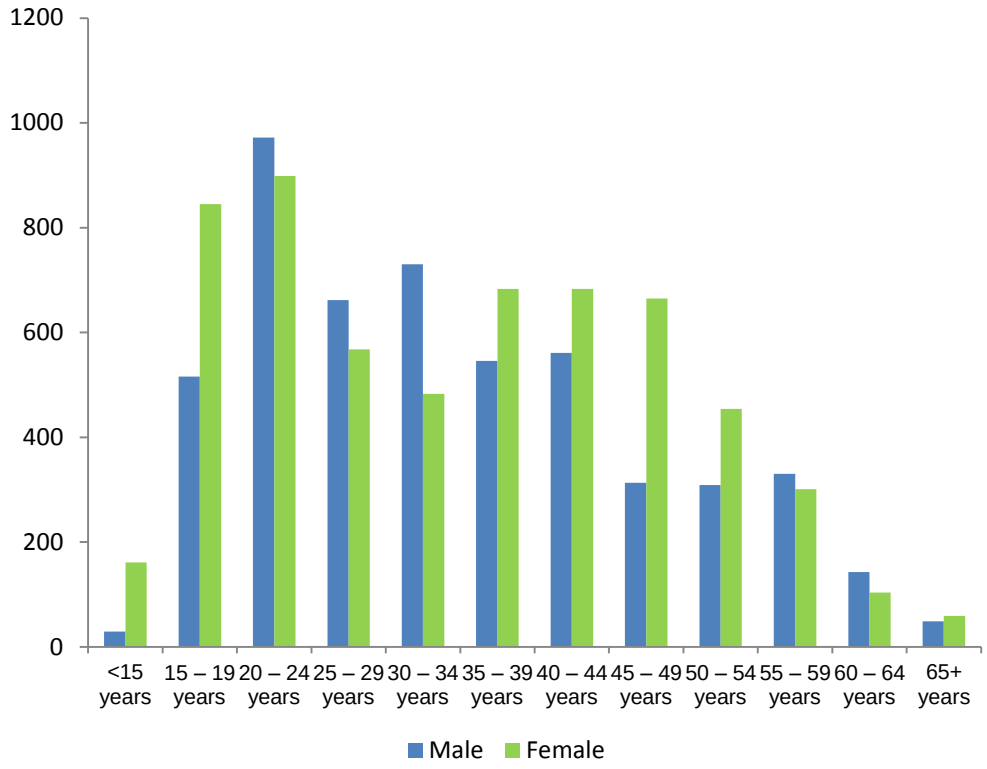
Appendix 5.8: Alcohol involvement in self-harm presentations, Western HSCT, 2012/13

WHSCT	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Alcohol Involvement (%)	214 (58.3%)	214 (58.5%)	238 (63.0%)	192 (51.3%)	858 (57.8%)

Appendix 5.9: European age standardised rate (EASR) of persons presenting to hospital in Western HSCT following self-harm compared to Northern Ireland average, 2012/13.

Incidence Rate per 100,000	Northern Ireland	WHSCT	% Variance
Presentations	**327**	**377**	**+15%**
Male	333	351	+5%
Female	322	403	+25%

Appendix 5.10: EASR per 100,000 of self-harm in Western HSCT by age and gender, 2012/13



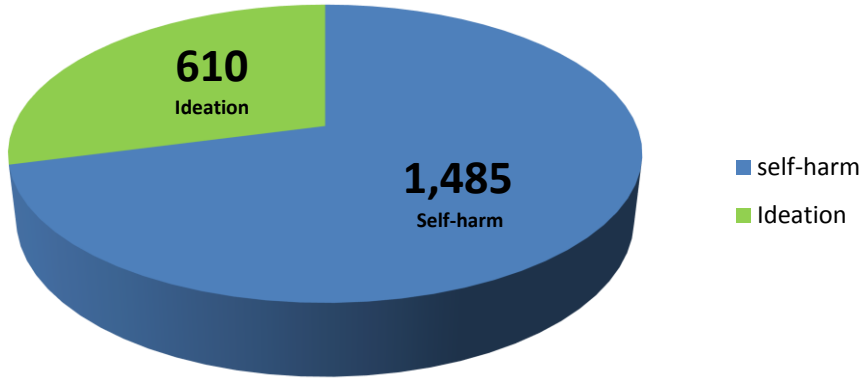
Appendix 5.11: Number of ideation presentations to emergency departments in Western HSCT, all ages, 2012/13

WHSCT Ideation – All Ages	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**135**	**189**	**159**	**127**	**610**
Male	75	123	96	89	383
Female	60	66	63	38	227

Appendix 5.12: Number of ideation presentations to emergency departments in Western HSCT, under 18 years, 2012/13

WHSCT Ideation – Under 18 years	Q1 (April to June 2012)	Q2 (July to Sept 2012)	Q3 (Oct to Dec 2012)	Q4 (Jan to March 2013)	12 Months April 2012 to March 2013
Presentations	**<10**	**<10**	**<10**	**<10**	**12**
Male	<10	<10	<10	<10	<10
Female	<10	<10	<10	<10	<10

Appendix 5.13 **Self-harm and ideation presentations to hospital emergency departments recorded in Western HSCT, 2012/13**



Appendix 5.14: **Number and percentage of self-harm and ideation episodes recorded in emergency departments in Western HSCT, 2012/13.**

All Ages	Self-harm	Ideation	Total
Altnagelvin Hospital	1048 (73%)	386 (27%)	1434 (100%)
South West Acute Hospital	437 (66%)	224 (34%)	661 (100%)
WHSCT	1485 (71%)	610 (29%)	2095 (100%)

Public Health Agency

Health and Social Care

National Suicide Research Foundation

Public Health Agency, 12–22 Linenhall Street, Belfast BT2 8BS. Tel: 028 9032 1313.
www.publichealth.hscni.net

01/14