



Public Health
Agency

Northern Ireland Registry of Self-Harm

Annual Report 2013/14



National Suicide
Research Foundation



Department of
Health, Social Services
and Public Safety

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AN ROINN
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

MANNYSTRE O
Poustie, Resydënter Heisin
an Fowk Siccar

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Foreword

This second annual report from the Northern Ireland Self-Harm Registry presents an analysis of the incidence of self-harm presentations to the 12 Emergency Departments across Northern Ireland.

The publication of the report is timely, with the forthcoming launch of the next suicide prevention strategy for Northern Ireland (2015-20) and the commissioning by the Public Health Agency (PHA) of the new self-harm community based support services. The feedback from last year's publication has been encouraging with the report receiving a great deal of attention by a range of health & social care bodies, the community and voluntary sector and the media. There has been concerted effort to increase our understanding of the issue represented in data, and perhaps more importantly, what can be done to raise greater awareness about the issue of self-harm, supporting carers and families and informing professionals working in this field in both the community and statutory sectors.

As chair of the Self-Harm Registry Steering Group, I have been impressed by the level of debate and investigation triggered by the data. The information has been used to inform the modelling of the new community based service specification, to inform Emergency Departments on key service issues associated with self-harm, to stimulate research proposals, inform families and carers and identify key areas for further investigation.

The Registry Steering Group complements the wider Self-Harm Regional Steering Group which is co-chaired by the Health and Social Care Board (HSCB) and the PHA. I would like to acknowledge the support of Eithne Darragh and Dr Denise O Hagan for their continued support to the Registry initiative. I would also like to recognise the contribution of other members of the Regional Steering Group: Gerard Collins (DHSSPS); Sholto Carnew (DHSSPS); John Mullan (WHSCT); Don Bradley (SEHSCT); Mary Burke (SHSCT); Peter Bohill (BHSCT); Christine Bateson (NHSCT); Sam Coates (PSNI); and Brendan Bonner (PHA) for their continued commitment during the past year.

The establishment and development of the Registry is in collaboration with the National Suicide Research Foundation (NSRF), as part of a unique cross border initiative commended by the World Health Organisation (WHO) in their recent publication Suicide Prevention – A Global Imperative. The WHO report stated that standardising the recording processes of incidents of self-harm within countries, and subsequently between countries, is one of the basic tasks needed in countries' efforts to understand and eventually reduce suicides. To this end, both jurisdictions on the island of Ireland have identified that the recording and reporting of self-harm incidents offers a unique insight on this issue locally, to other countries, as well as other regions of the United Kingdom. I would particularly like to thank the core NSRF team of Eileen Williamson, Prof Ella Aresnman, Dr Eve Griffin, Amanda Wall and Caroline Daly for their support in the data processing and interpretation. The knowledge, skills and expertise of the NSRF team has been a major added value to the project and the PHA are indebted to them for their support and guidance.

One of the most critical aspects of the Self-Harm Registry is the role of the front line data collectors, the Data Registration Officers (DROs). The DROs role in collecting the primary data from the 12 Emergency Departments is the first step in the process. The success of the Registry is in no small part due to their integrity and commitment and I would like to acknowledge Niall Duffin, Michelle Canning, Pat McKeever, Claire Bowman and Alice Rainey for their diligence in this process.

Finally, I would like to acknowledge the PHA staff team who have supported me in the implementation and management of the Registry project and who have worked closely with NSRF in the interpretation and reporting of the data, namely Linda Cassidy, Amanda O'Carroll and Brendan Bonner.

I trust you will find this publication both interesting and informative. I would encourage you to use the information to shape services to support those who self-harm and their family/carers so that we can deliver on the WHO aspiration of addressing the impact of suicide in our society. I commend this report for your consideration.

Mary Black CBE

Assistant Director of Public Health (Health Improvement)

Chair: NI Self-Harm Registry Steering Group

1.0 Executive Summary

This is the second annual regional report from the Self-Harm Registry in Northern Ireland. 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. Building upon the success of this pilot the Registry was then implemented across all five Health and Social Care Trusts with effect as of the 1st of April 2012.

The Public Health Agency (PHA) submits quarterly returns to the Department of Health and Social Services and Public Safety (DHSSPS) which collate Emergency Department (ED) data on self-harm in each trust area. This publication builds upon the previous 2012/13 annual report, allowing for preliminary comparisons to be drawn. This short period covered does not allow for the analysis of long-term trends at this point. The publication in February 2015 of the 6-Year Western Trust Area Report explores 6 years of cumulative data on self-harm in the Western Trust Area of Northern Ireland and provides an example of the level of analysis that can be presented in the future.

The purpose of collecting data for the Registry is to:

- Initiate a better understanding of the issues of self-harm and suicidal ideation
- Assess the impact of self-harm and suicidal ideation on health and social care services
- Inform service design and provision in respect of self-harm and suicidal 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 2013 and March 2014:

- There were 8,453 self-harm presentations to Emergency Departments (ED) in Northern Ireland, involving 5,983 persons.
- Almost a third of presentations occurred in the Belfast Trust (30%), 18% in the South Eastern and Northern Trusts, and 17% in the Western and Southern Trusts.
- The Royal Victoria Hospital dealt with 16% of self-harm presentations, followed by the Ulster Hospital with 14% and the Mater Hospital with 13%.
- Overall, there was an even balance of male and female presentations. However females were marginally overrepresented in the Northern (55%), Western (54%) and Southern Eastern (52%) Trust areas.
- The majority of people presented on just one occasion (80%).
- One fifth (20%) of people presented with self-harm on more than one occasion during the twelve month period, with 17% presenting between 2-4 times in the year, and 3% between 5 and 9 presentations. In total 127 people accounted for 1,160 presentations during 2013/14, each presenting 5 or more times.
- The rate of repetition of self-harm was 20% for males and 19% for females.
- Persons aged 15-29 accounted for almost half (44%) of all self-harm presentations, with 16% of presentations being made by 20-24 year olds, followed by 15-19 year olds (15%) and 25-29 year olds (13%).
- Those under 18 years of age accounted for 10% of all presentations. The ratio of females to males was 2.2 to 1 for this age group.
- Drug overdose was the most common method of self-harm accounting for almost three quarters of presentations (74%), followed by self-cutting which was involved in 24% of presentations.
- Although rare as a sole method of self-harm, alcohol was involved in almost half of the total presentations (49%), the proportion varying from 39% in the South Eastern Trust area to 57% in the Western Trust area.

- Based on the European Age Standardised Rate (EASR), the rate of self-harm for Northern Ireland was 327 per 100,000 (males: 333; females: 321). This rate ranged from 254 per 100,000 in the Southern Trust area to 502 per 100,000 in the Belfast Trust.
- The EASR of self-harm was highest among 20-24 year olds (789 per 100,000). In particular, the highest female rate was observed among 15-19 year olds (935 per 100,000) and the highest male rate occurred among 20-24 year olds (908 per 100,000).
- The EASR of self-harm in Northern Ireland was over two-thirds (64%) higher than that for the Republic of Ireland. However it should be noted that there are different health systems in operation in each country. Under the National Health Service, there is free access to healthcare for all residents of Northern Ireland, while there is a fee for each visit to the ED in the Republic of Ireland for non-medical card holders.
- Comparing the incidence of hospital treated self-harm for those aged over 15 years in Northern Ireland to the Republic of Ireland and a number of study areas in England, Belfast City had the highest incidence rate of 632 per 100,000, followed by Derry City (622), Limerick City (610) and Derby with a rate of 435 per 100,000.
- Just 4% (n=376) of self-harm presentations were made by persons who were homeless, many of these male (72%; n=271), aged between 15-24 years (46%) and residing in the Belfast Trust area (56%; n=212).
- Less than 2% (1.7%; n=147) self-harm presentations were made by persons in prison, the majority of whom were male (95%; n=139) and aged between 20-29 years (69%).
- In addition to self-harm, data was also collated on suicidal ideation. There was 3,623 cases recorded in 2013/14.
- Almost two thirds of cases presenting with suicidal ideation were males (65%; n=2,371).
- Approximately 5% (4.8%; n=173) of presentations of suicidal ideation involved people under 18 years of age, with persons under 16 years old accounted for 2% of these cases.
- Approximately 6% (228) of presentations involving suicidal ideation were made by persons who were homeless, the majority of which were male (81%; n=185) and residing within the Belfast Trust area (47%; n=106).
- The total numbers of presentations in Northern Ireland for self-harm and suicidal ideation for the financial year 2013/14 was 12,076.

Statistics on suicide and self-harm provide key indicators of the mental health status of any country. These statistics are determined by a broad spectrum of different factors which are individual to each country. Data on suicide and self-harm are widely used to inform research, planning and policy-making, enabling government agencies and support services to target their resources most effectively.

In 2013 the Northern Ireland Statistics and Research Agency (NISRA) reported 303 suicides, the second highest number on record in Northern Ireland. Just over three quarters (n=229) of these suicides were by males. The rate per 100,000 population for males was 27 per 100,000 and 8 per 100,000 for females. As a comparison, the suicide rate per 100,000 in the Republic of Ireland was 11.2 per 100,000 for males and 7.2 per 100,000 for females in 2012, based on most recent finalised figures (Central Statistics Office, 2014).

This report highlights the extent of the incidence of self-harm and suicidal ideation in Northern Ireland. In particular the findings highlight the challenges to wider society in terms of addressing the impact associated with self-harm on the individual patients, their family and/or carer and the health and social care system. It further highlights the need for interface protocols between mental health services, addiction services, emergency departments within the Trust areas and the development of appropriate management plans for those who present to Emergency Departments following self-harm and suicidal ideation across Northern Ireland.

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' 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 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 Suicidal ideation

Acts of suicidal ideation include presentations to the Emergency Department by persons who have experienced thoughts of self-harm and/or suicide, where no physical act has taken place. These include acts where no physical harm has taken place due to self-interruption and excludes cases where acts were interrupted by others. Acts interrupted by others are defined as self-harm.

2.5 Homelessness

This Registry collects information on homeless persons who are: sleeping on the streets or staying in a temporary hostel/B&B.

2.6 Hospitals

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

- Emergency Department, Royal Victoria Hospital
- Emergency Department, Mater Infirmorum Hospital
- Emergency Department, Royal Belfast Hospital for Sick Children
- Emergency Department, Ulster Hospital
- Emergency Department, Lagan Valley Hospital
- Emergency Department, Downe 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

Regarding ED type this report includes data obtained from Type 1 and Type 2 EDs, excluding Type 3 Minor Injury Units. Type 1 EDs are those which have major units with consultant-led services and accommodation for patients, in which emergency medicine and surgical services are provided on a 24-hour basis. Type 2 EDs are those which provide consultant-led service with accommodation for patients, where either emergency medicine or emergency surgical services may be provided. These services have restricted opening hours. All hospitals covered excluding Lagan Valley and Downe hospital are Type 1 EDs. Lagan Valley and Downe hospital are Type 2 EDs, with opening hours of 8am-8pm Monday-Friday.

2.7 Data recording and case finding

Data collectors check all entries of attendance at the hospital's ED department. All potential cases of self-harm and ideation that have presented to the A&E department should be identified by the data collector, using the inclusion criteria (see section 2.2-2.4). The emergency department number, date and time of attendance, along with other relevant details are recorded on the password protected data collection sheet. Anonymised information on these cases is then entered onto a data entry system for analysis.

2.8 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 prior to entry and can only be decrypted by the data recorder.
- **Gender**

- **Age**
- **Date and hour of attendance**
- **Brought by**
The method of arrival is recorded to identify self-referrals and the use of the 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.

2.9 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 2013 to 31st March 2014.

2.10 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 PHA. No identifiable client information is recorded or used in reports. The data collector is monitored by an appropriately qualified Regional Board Officer and has direct access to this Officer if queries arise in relation to patient level data or data security.

2.11 Quality assurance

Regular audits are carried out to check the accuracy of the data collection process, the most recent of which occurred in November 2014. 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.

2.12 Registry coverage

Self-harm information was collected from all the 12 EDs in Northern Ireland (for more detail see section 2.6).

2.13 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 only the second of its kind.

2.14 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 rates (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.

2.15 Comparisons

Comparisons are made throughout this report with:

- 2012/13 Northern Ireland Registry of Self-Harm Annual Report
- The National Registry of Deliberate Self Harm Report 2013, National Suicide Research Foundation, Republic of Ireland
- Multicenter Study of Self-harm in England

3.0 Regional Summary

This section provides an overview of the incidence of self-harm and suicidal ideation in Northern Ireland for the financial year 2013/14.

The report summarises the data for one year recording:

- Presentations of self-harm at EDs
- Number of individuals presenting to hospital
- Summary of presentations by Trust
- Repetition levels
- Analysis by age
- Methods used
- Incidence rates
- Presentations due to suicidal ideation at EDs
- Presentations among specific subgroups

In Northern Ireland data was collected on cases of 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. Information on ideation cases was collected alongside actual self-harm cases but is reported separately, see section 3.12. The appendices of this report present data by each of the five Health and Social Care Trust areas.

3.1 Number of self-harm presentations to EDs in Northern Ireland

For the period from 1st April 2013 to 31st March 2014, the Registry recorded 8,453 self-harm presentations to EDs 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 there was a relatively even gender balance with 4,200 male and 4,253 female self-harm presentations (49.7% and 50.3% respectively). There appeared to be no marked variance in this trend over the reporting period.

Table 1 Number of self-harm presentations to EDs in Northern Ireland, 2013/14

Northern Ireland All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	2095	2204	2021	2133	8453
Male	1010	1110	1036	1044	4200
Female	1085	1094	985	1089	4253

Given that one individual may have made multiple presentations, the recorded 8,453 episodes were made by 5,983 individuals, summarised in Table 2. The even gender split between males and females is reflected in the number of individuals presenting.

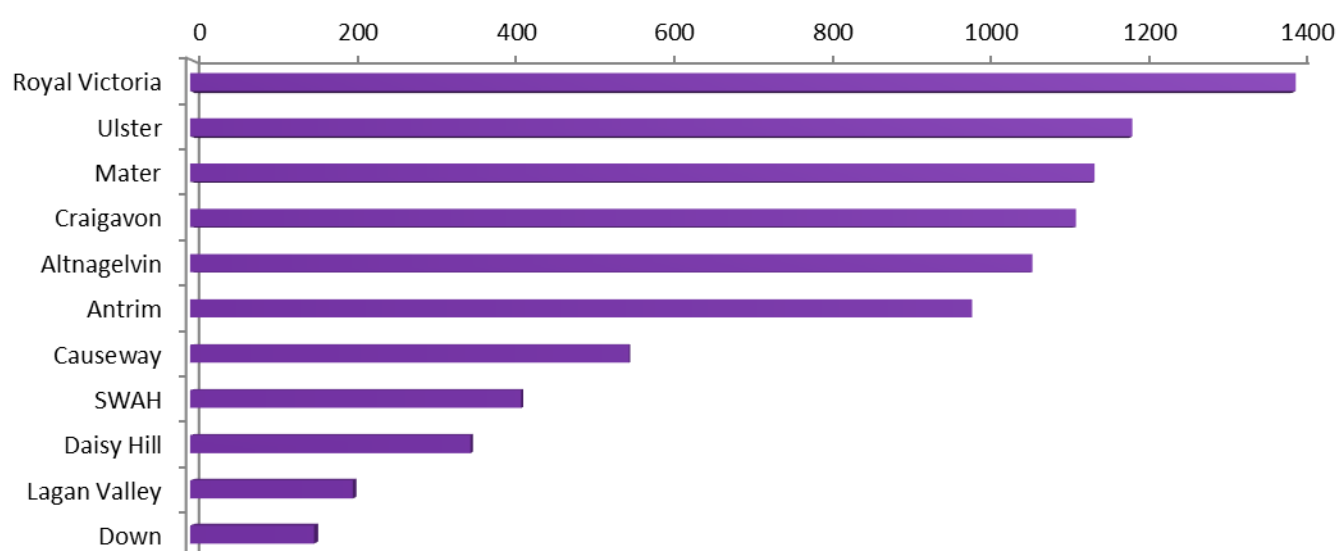
Table 2 Individual persons presenting with self-harm to EDs in Northern Ireland, 2013/14

Northern Ireland All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)*
Persons	1784	1808	1642	1758	5983
Male	864	908	838	863	2987
Female	920	900	804	895	2996

*Total 12 month figure does not sum to total of Trust figures as individuals can present in more than one Trust area

3.2 Self-harm presentations by hospital EDs in Northern Ireland

The Self-Harm Registry records data across all 12 EDs in Northern Ireland. The Royal Victoria Hospital in Belfast recorded the highest number of presentations, accounting for 16.2% (n=1,373) of total presentations, followed by the Ulster Hospital with a 13.8% share (n=1,170) and the Mater Hospital with 13.3% (n=1,123) of presentations. Excluding the Royal Hospital for Sick Children, the Down Hospital had the lowest share of presentations (1.8%; n=154). The distribution of 8,453 presentations between the 12 hospitals is summarised in Figure 1 below.

Figure 1 Breakdown of number of self-harm presentations by hospital ED, 2013/14

*This graph omits the Royal Hospital for Sick Children due to small identifiable numbers

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

The highest number of self-harm presentations occurred in the Belfast HSCT area (n=2,506), accounting for 29.6% all hospital treated self-harm episodes in Northern Ireland during the twelve month period, summarised in Figure 2. The proportion of presentations to population size was highest for the Northern Trust area (25.5%) and lowest in the Western Trust area at 16.2% (Table 3). Even though the Belfast Trust has a low population share (19.1%) it has the highest proportion of presentations (29.6%). The South Eastern Trust had the highest percentage of presentations made by non-residents at 38.2%.

Table 3 Proportion of Northern Ireland total population and self-harm presentations by HSCT area, 2013/14

% of Northern Ireland Total	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Population share*	19.1%	19.2%	25.5%	20.0%	16.2%
Hospital based presentations	29.6%	18.1%	17.9%	17.1%	17.2%
% presentations by non-residents	22.8%	38.2%	5.2%	9.6%	1.5%

*NISRA 2014 Mid-Year Estimate Resident Population

The majority of presentations to an ED following an act of self-harm occurred in the Trust where the person was 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.

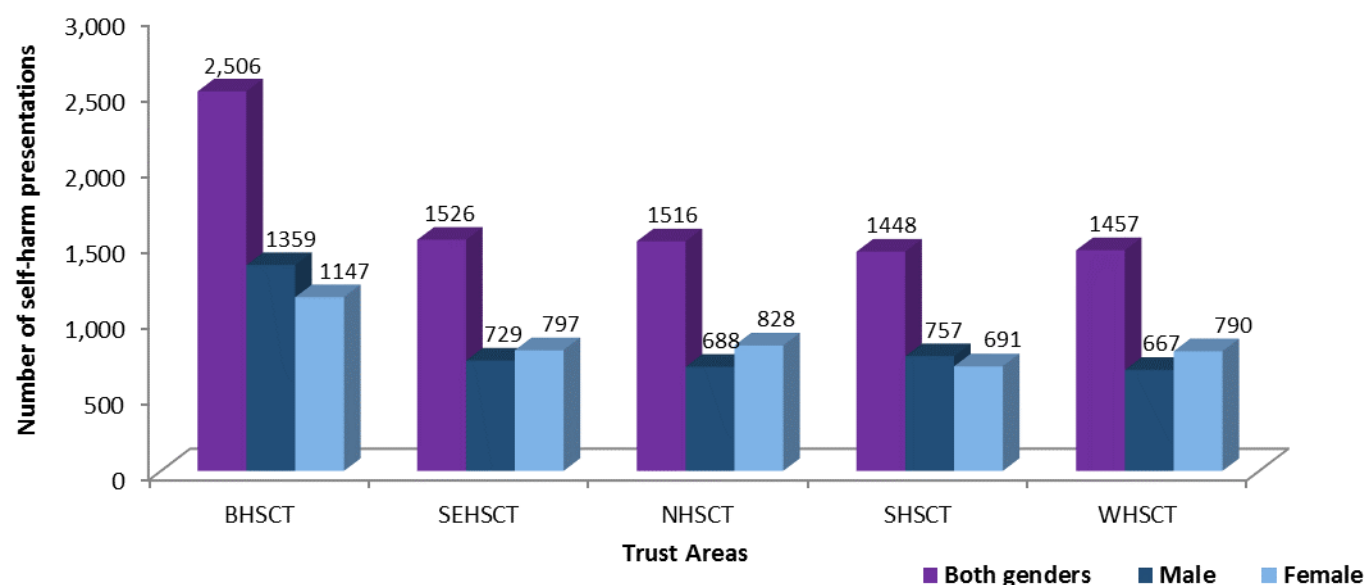
Table 4 Self-harm presentations by resident HSCT area and presenting hospital location, 2013/14

Self-harm presentations		Presenting hospital location				
		BHSCT Hospital	SEHSCT Hospital	NHSCT Hospital	SHSCT Hospital	WHSCT Hospital
Resident Trust area	BHSCT	1935 (77.2%)	550 (21.9%)	18 (0.7%)	<10 (<0.5%)	<10 (<0.5%)
	SEHSCT	290 (21.8%)	943 (70.8%)	<10 (<1.0%)	88 (6.6%)	<10 (<0.5%)
	NHSCT	255 (14.5%)	14 (0.8%)	1437 (81.8%)	46 (3.1%)	<10 (<0.5%)
	SHSCT	21 (1.5%)	15 (1.1%)	<10 (<0.5%)	1304 (95.9%)	14 (1.0%)
	WHSCT	<10 (<0.5%)	<10 (<0.5%)	46 (3.1%)	<10 (<0.5%)	1421 (96.2%)

During 2013/14, 77.2% of those who presented with self-harm to a hospital in the Belfast HSCT area were a resident of that Trust, while over a fifth (21.9%) of these residents presented to hospital in the South Eastern HSCT area. In the South Eastern HSCT area 70.8% of those who presented to hospital did so at a hospital within their own Trust area, while 21.8% presented to hospitals in Belfast HSCT. In the Northern HSCT area 14.5% of its residents who presented to a hospital with self-harm did so in a Belfast HSCT hospital.

Almost all presentations to hospitals in both Southern and Western HSCT areas were residents from within their respective Trust (95.9% and 96.2%, resp.).

Although there was an even balance of self-harm presentations between the genders regionally, there was some variance by Trust area. The Northern HSCT area had a higher number of female presentations (54.6%), while male presentations were higher in Belfast HSCT area, at 54.2% (Figure 2).

Figure 2 Number of self-harm presentations by gender and HSCT area in Northern Ireland, 2013/14

3.4 Repetition rates of self-harm in Northern Ireland

Of the 5,983 self-harm patients presenting to EDs in Northern Ireland, 19.7% (n= 1,180) made more than one presentation to hospital during the twelve month period (Table 5). Approximately 43% of all presentations in 2013/14 were repeat self-harm presentations (43.2%). Repetition was similar for males and females (20.4% and 19.0%, resp.).

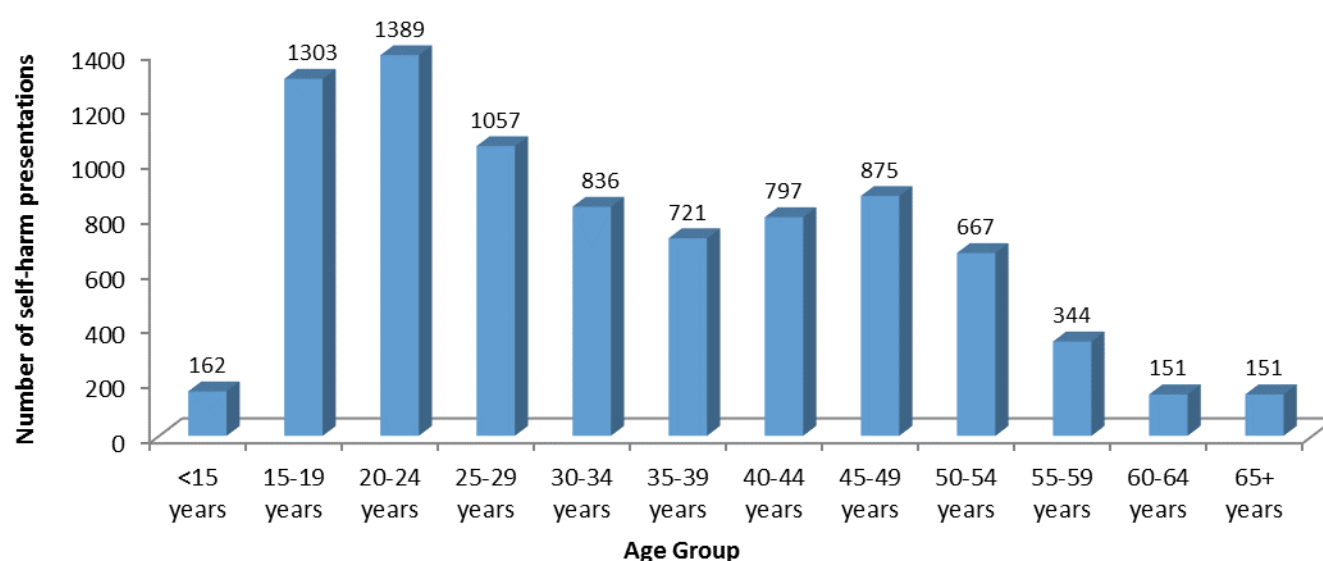
In total 127 people presented to the ED 5 or more times during 2013/14. This relatively small number of people accounted for 13.7% of all presentations (n=1,160) (Table 5).

Table 5 Repetition distributions of self-harm presentations in Northern Ireland, April 2013 to March 2014

Number of presentations	Persons	% of all persons	Total Presentations	% of total presentations
1	4803	80.3	4803	56.8
2	711	11.9	1422	16.8
3	216	3.6	648	7.7
4	105	1.8	420	5.0
5+	127	2.5	1160	13.7

3.5 Self-harm presentations by age in Northern Ireland

Persons aged 15-29 years old accounted for 44.4% of all self-harm presentations (n=3,749). The highest number of self-harm presentations was among 20-24 year olds (n=1,389; 16.4%), followed by those aged 15-19 and 25-29 years, who accounted for 15.4% and 12.5% of all presentations respectively (Figure 3).

Figure 3 Number of self-harm presentations by age group in Northern Ireland, 2013/14

A close examination of self-harm presentations by those under 18 years of age identified that they contributed to 10.2% (n=866) of all self-harm presentations in Northern Ireland during the twelve month period. The majority of these self-harm presentations were female (68.9%), Table 6.

Table 6 Number of self-harm presentations by those under 18 years by gender in Northern Ireland, 2013/14

Northern Ireland Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	220	197	193	256	866
Male	72	61	58	78	269
Female	148	136	135	178	597

The highest number of self-harm presentations by those under 18 years occurred during the quarter four period (January to March 2014) when almost a third of the annual episodes occurred (29.6%), and the lowest reported presentations were during the third quarter (October to December 2013), accounting for 22.3% of the total episodes. Under 16 year olds accounted for 4.6% (n=40) of the presenting population.

3.6 Methods of self-harm in Northern Ireland

Drug overdose was the most commonly reported method of self-harm in Northern Ireland, present in 73.7% of episodes (Table 7). Drug overdose was more commonly used as a method of self-harm by females than males (78.3% and 69.1%, resp.). The proportion of self-harm presentations involving drug overdose was highest (75.5%) during the quarter four period (January to March 2014).

Self-cutting was the only other common method of self-harm recorded, involved in 23.8% of all self-harm episodes. Self-cutting was more common in males (26.5%) than females (21.1%). The proportion of self-harm presentations involving self-cutting was highest during the quarter three period (October to December 2013) at 24.7%.

Attempted hanging was involved in 3.6% of all self-harm presentations (males: 5.0%; females: 2.0%). The proportion of self-harm presentations involving attempted hangings was highest (4.6%) during quarter one (April to June 2013).

There were 91 episodes of attempted drowning recorded on the Registry for Northern Ireland during 2013/14. The highest number occurred in the Northern HSCT area (n=24), accounting for 26.4% of total attempted drowning episodes.

Table 7 Number and of self-harm presentations by method in Northern Ireland, 2013/14

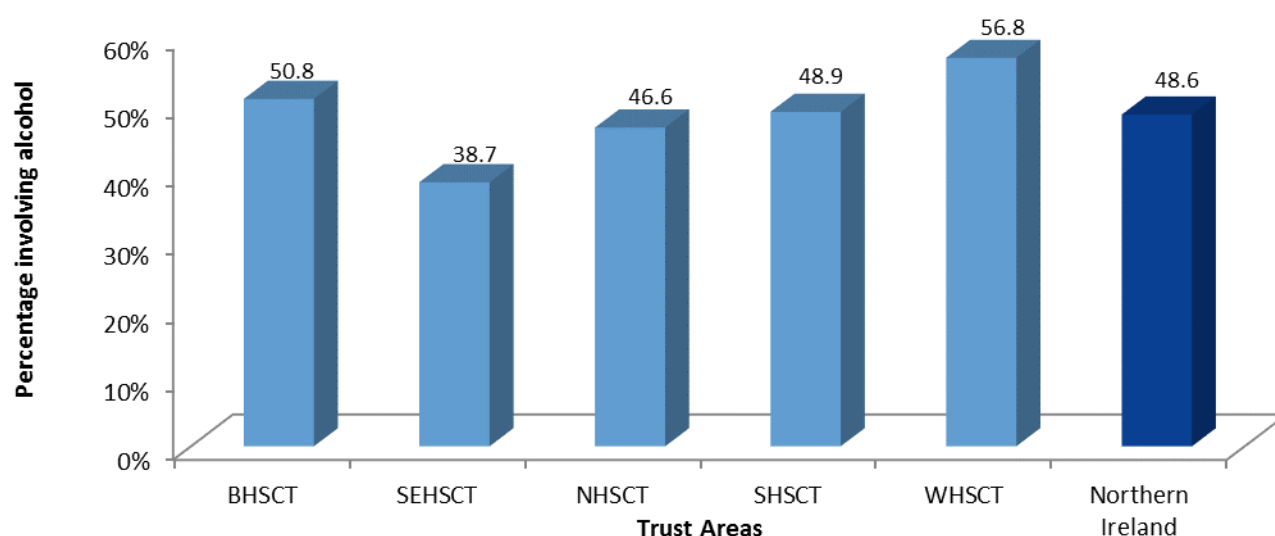
Northern Ireland Methods of self-harm	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	1522 (72.6%)	1627 (73.8%)	1473 (72.9%)	1610 (75.5%)	6232 (73.7%)
Self-cutting (%)	495 (23.6%)	517 (23.5%)	499 (24.7%)	500 (23.4%)	2011 (23.8%)
Attempted Hanging (%)	97 (4.6%)	75 (3.4%)	74 (3.7%)	57 (2.7%)	303 (3.6%)
Attempted Drowning (%)	31 (1.5%)	27 (1.2%)	17 (0.8%)	16 (0.8%)	91 (1.1%)
Self-poisoning (%)	26 (1.2%)	21 (1.0%)	28 (1.4%)	20 (0.9%)	95 (1.1%)

3.7 Involvement of alcohol in self-harm

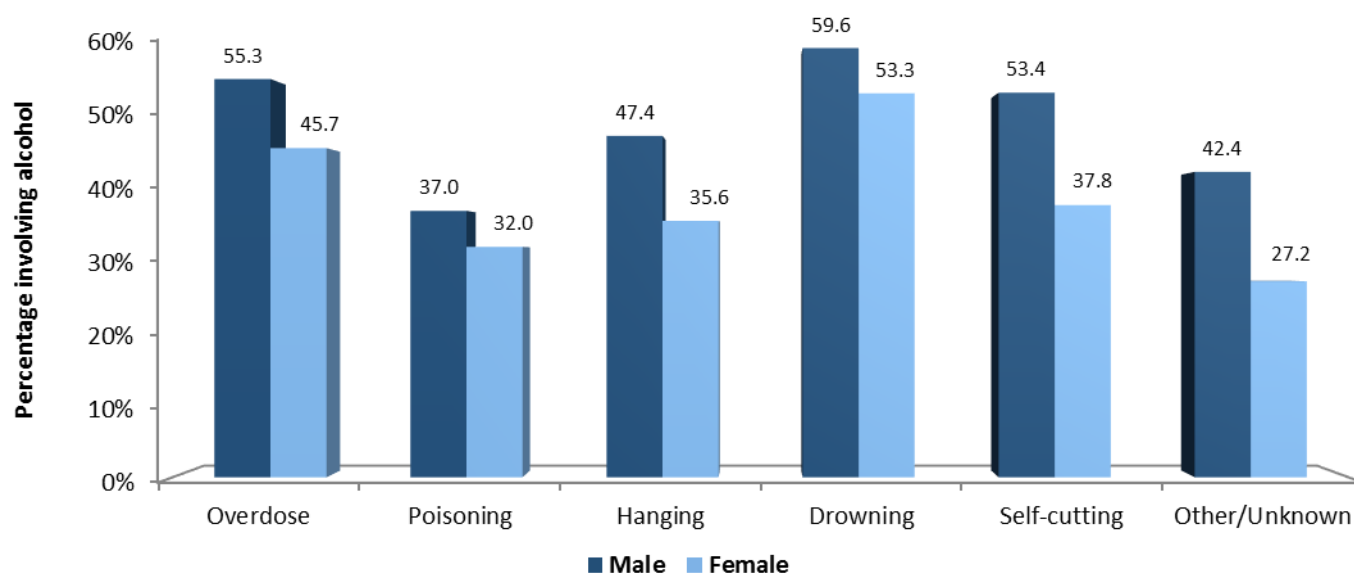
Alcohol, whilst rare as a main method of self-harm, was involved in 48.6% (n=4,104) of self-harm episodes. Alcohol was more often involved in male episodes of self-harm than female episodes (53.8% and 43.4% resp.). The proportion of self-harm presentations involving alcohol was highest during quarter three (October to December 2013), at 49.2% and lowest in the first quarter (April to June 2013) at 47.6% (Table 8). The percentage of alcohol involvement was highest in the Western HSCT at 56.8% and lowest in the South Eastern HSCT at 38.7% (Figure 4).

Table 8 Alcohol involvement in self-harm presentations in Northern Ireland, 2013/14

Northern Ireland	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	998 (47.6%)	1075 (48.8%)	995 (49.2%)	1036 (48.6%)	4104 (48.6%)

Figure 4 Alcohol involvement in self-harm episodes by Health and Social Care Trust Area, 2013/14

The frequency of alcohol involvement varied to some extent with method of self-harm. Alcohol involvement was more common when the self-harm act involved attempted drowning (57.3%), drug overdose (50.1%), self-cutting (46.4%) and attempted hanging (43.9%), and least common in acts involving self-poisoning (35.4%). Males had a higher percentage of alcohol involvement with all methods, see Figure 5.

Figure 5 Percentage of self-harm episodes involving alcohol by gender and method in Northern Ireland, 2013/14

3.8 Incidence rates of self-harm in Northern Ireland

As in the previous annual report 2012/13, European age standardised rates (EASR) of self-harm were calculated, to establish the incidence of self-harm in Northern Ireland, and to allow for comparison with other regions (for more detail see section 2.12).

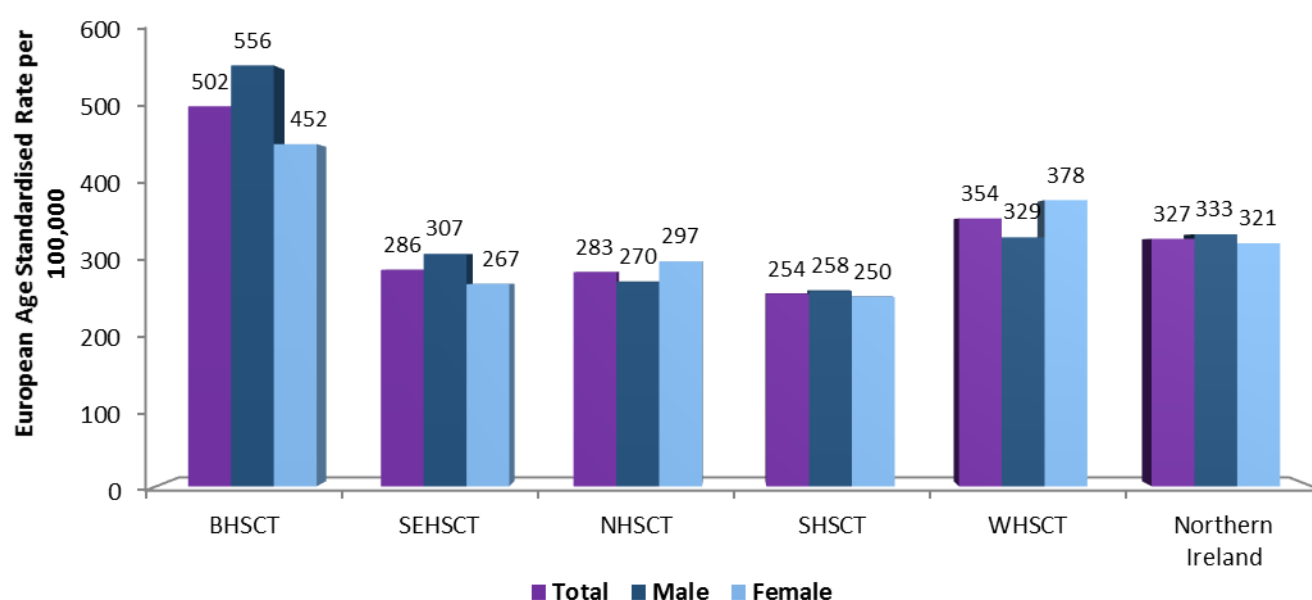
Based on the reported data, the age standardised rate of self-harm in 2013/14 for Northern Ireland was 327 per 100,000 – 333 per 100,000 for males and 321 per 100,000 for females (Table 9).

Table 9 European age standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm, 2013/14

Incidence Rate per 100,000	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	Northern Ireland
Total	502	286	283	254	354	327
Male	556	307	270	258	329	333
Female	452	267	297	250	378	321

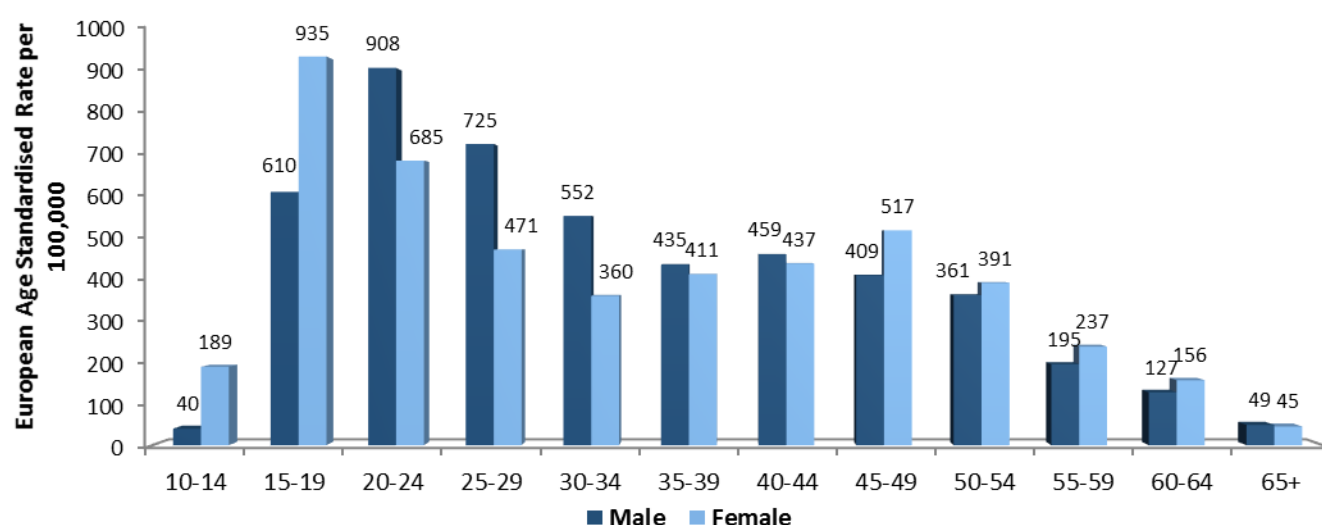
The male rate for Northern Ireland was 3.6% higher than the female rate (Figure 6). The highest rate was observed in the Belfast HSCT, at 502 per 100,000, and was 34.8% higher than the Northern Ireland rate. In contrast, the Northern HSCT was 13.5% lower than the regional average. The male rate in the Belfast HSCT was the highest recorded across the five Trusts – at 556 per 100,000.

Figure 6 Incidence rates of self-harm, all ages per 100,000 by gender and HSCT area, 2013/14



Overall the highest rate of hospital treated self-harm in Northern Ireland was among 20-24 year-olds, with a rate of 798 per 100,000. Specifically, the highest rate for females was among 15-19 year-olds (935 per 100,000) and for males was among 20-24 year-olds (908 per 100,000), (Figure 7).

Females had a higher self-harm rate among those aged less than 20 years and those aged 45-64 years. Male rates were higher in the 20–39 year age group and among those aged over 65 years, as illustrated in Figure 7).

Figure 7 EASR per 100,000 of self-harm in Northern Ireland by age and gender, 2013/14

3.9 Rates of self-harm – comparison with other localities

As stated previously, the Northern Ireland Registry of Self-Harm is based on the National Registry of Deliberate Self Harm developed and operated by the National Suicide Research Foundation in the Republic of Ireland. In using a similar model of data collection and reporting it provides the opportunity to compare incidence rates of self-harm across these 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 with publications of relevance to this report.

In terms of the island of Ireland, the Northern Ireland EASR rate was 64.3% higher at 327 per 100,000 than that in the Republic of Ireland (199 per 100,000).² The most striking difference in rates was observed among men, with the Northern Ireland rate being 82.9% higher than the comparative rate for males in the Republic of Ireland (Table 10).

Table 10 EASR per 100,000 of persons presenting to hospital following self-harm in Northern Ireland and Republic of Ireland, 2013/14

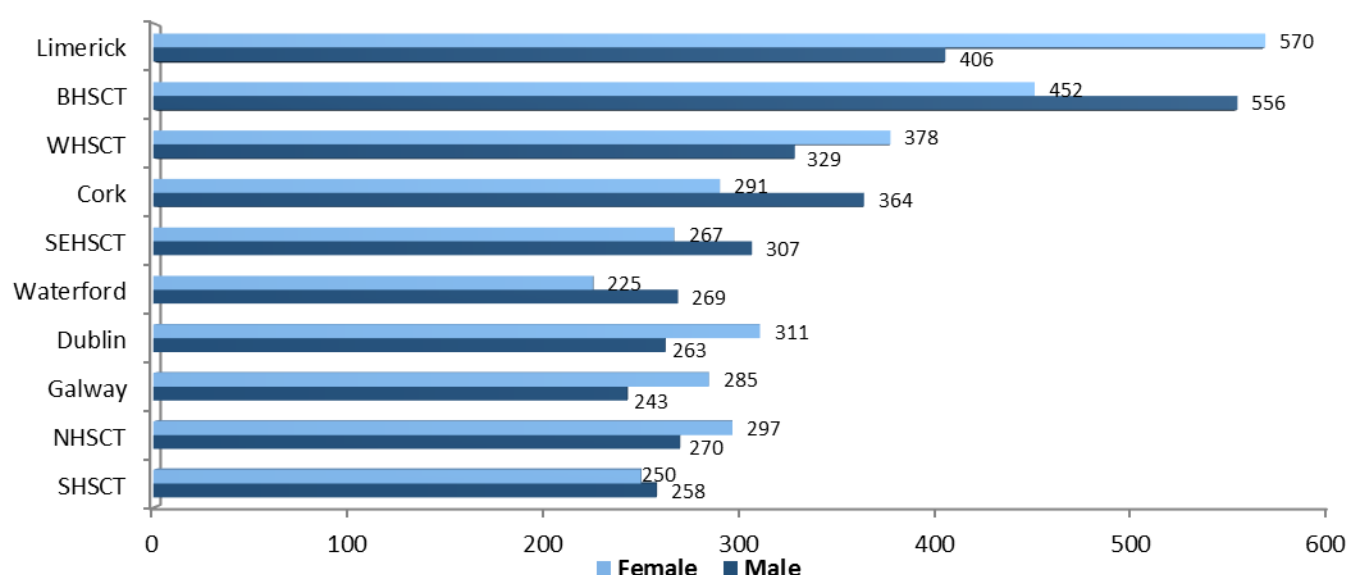
Incidence Rate per 100,000	Northern Ireland*	Republic of Ireland*
Total	327	199
Male	333	182
Female	321	217

*Regarding comparison RoI data is based on the calendar year 2013, NI data is based on the business year 2013/14

When rates were explored by region, the highest rates were among females in Limerick (570 per 100,000) and males in Belfast Trust (556 per 100,000) (Figure 8).

¹ Multicentre Study of Self-harm in England, www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/MaSH/

² Griffin, E, Arensman, E, Corcoran, P, Wall, A, Williamson, E, Perry, IJ (2014). National Registry of Deliberate Self Harm Annual Report 2013. Cork: National Suicide Research Foundation

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

3.10 Rates of self-harm for those over 15 years in Northern Ireland compared with Republic of Ireland and England

The incidence of hospital treated self-harm in Northern Ireland Trust areas was also 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.

Belfast City reported the highest 15+ EASR rate at 632 per 100,000 of population, followed by Derry City at a rate of 622 per 100,000 and the Limerick City at 610 per 100,000. In the female category Derry was ranked 2nd after Limerick. Males presenting to hospitals in Belfast City reported the highest rates followed by those presenting in Derry (Table 11).

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
Belfast	661	602	632
Derry	577	664	622
Limerick	515	705	610
Derby	322	552	435
Northern Ireland Average	430	413	421
Cork	467	351	411
Manchester	355	446	398
Dublin	332	375	354
Galway	391	378	353
Waterford	345	269	307
Oxford	248	358	301
Republic of Ireland Average	230	265	247

3.11 Self-harm in Northern Ireland, sub-group analysis

Of all self-harm presentations in 2013/14, 93.6% (n=7,910) lived in private residence. Almost 5% (4.4%; n=376) of cases involved persons who were homeless at the time of the self-harm presentation. The majority of these were male (72.1%; n=271) and residing within the Belfast Trust (56.4%; n=212). Over three quarters (75.8%) of those who were homeless and presented to the ED following self-harm were under the age of 35 years (46.3% aged 15-24 years; 29.5% aged 25-34 years).

A further 1.7% (n=147) of cases involve persons who were in prison at the time of their presentation. Almost all of these cases (95%; n=139) were male and the majority had residence within the South Eastern Trust (46.3%; n=68). Half of presenting persons from prison were aged 20-24 years old, with a further 19.1% aged 25-29 and 16.2% aged 15-19 years. Twenty presentations were made by persons residing in acute or psychiatric hospitals (0.2%).

3.12 Suicidal ideation presentations to EDs in Northern Ireland

Data was also collected on cases that reported suicidal ideation. Suicidal ideation cases involve presentations to the ED due to thoughts of self-harm and / or suicide where no act has taken place (for more details see section 2.4).

There were 3,623 suicidal ideation cases recorded during 2013/14 accounting for 30.0% of all episodes (self-harm and suicidal ideation). Almost two thirds (65.4%) of suicidal ideation cases were male in contrast to the even gender balance among self-harm cases (Table 12).

Table 12 Number of suicidal ideation presentations to EDs, all ages, Northern Ireland, 2013/14

Northern Ireland Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	909	893	861	960	3623
Male	599	594	564	614	2371
Female	310	299	297	346	1252

Suicidal ideation presentations by those under 18 years of age contributed 4.8% (n=173) of all suicidal ideation presentations to EDs in Northern Ireland during the 12 month period. These episodes of suicidal ideation were evenly distributed between both genders (Table 13).

Seventy six suicidal ideation presentations were made by persons under 16 years of age (2.1%). Again these episodes of suicidal ideation were relatively evenly distributed between both genders.

Table 13 Number of suicidal ideation presentations to EDs in Northern Ireland by those aged under 18 years, 2013/14

Northern Ireland Suicidal ideation – Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	38	30	45	60	173
Male	18	14	24	30	86
Female	20	16	21	30	87

The majority of presentations to an ED following an act of suicidal ideation occurred in the Belfast HSCT area which accounted for 25.9% of all suicidal ideation cases, compared to the Northern HSCT which experienced 15.1% of such presentations (Table 14).

Almost a quarter (22.6%) of those who presented with suicidal ideation to hospitals in South Eastern HSCT were residents of the Belfast HSCT area, while 17.5% of those who presented to hospitals in the Belfast HSCT were from the South Eastern HSCT area. Over one tenth (11.2%) of presentations with suicidal ideation to hospitals in Belfast HSCT were residents of the Northern HSCT area.

Table 14 Suicidal ideation presentations by resident HSCT area and presenting hospital location, 2013/14

Suicidal ideation presentations		Presenting hospital location				
		BHSCT Hospital	SEHSCT Hospital	NHSCT Hospital	SHSCT Hospital	WHSCT Hospital
Resident Trust area	BHSCT	752 (75.6%)	225 (22.6%)	12 (1.2%)	<10 (<1.0%)	<10 (<1.0%)
	SEHSCT	107 (17.5%)	485 (79.2%)	<10 (<1.0%)	18 (2.9%)	<10 (<1.0%)
	NHSCT	69 (11.2%)	<10 (<1.5%)	519 (84.0%)	20 (3.2%)	<10 (<1.5%)
	SHSCT	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.0%)	703 (97.2%)	<10 (<1.5%)
	WHSCT	<10 (<1.0%)	0 (0.0%)	11 (1.6%)	<10 (<1.0%)	651 (97.6%)

*There are 8 missing addresses not accounted for in this table

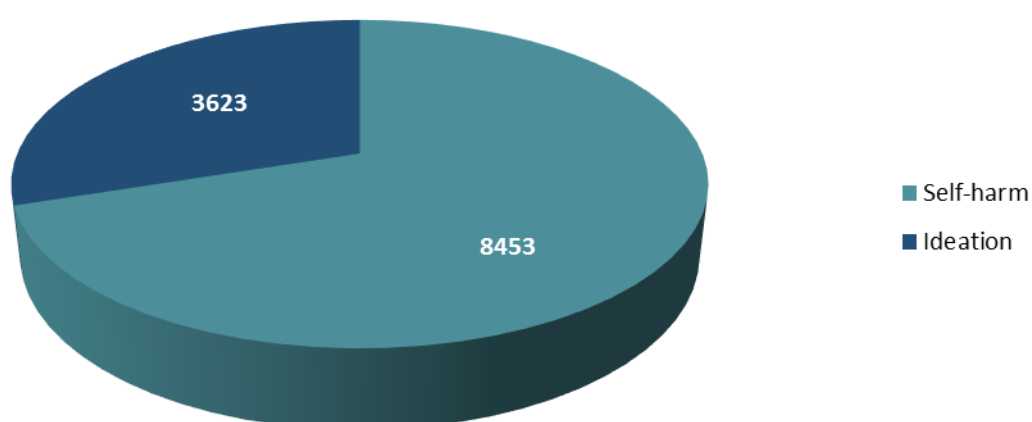
3.13 Suicidal ideation in Northern Ireland, sub-group analysis

Of all suicidal ideation presentations in 2013/14, 93.6% (n=3,390) involved persons living in private residence. 6.3% (n=228) of these suicidal ideation presentations were made by people who were homeless at the time of presentation. The majority of these involved males (81.1%;n=185). Similar to self-harm presentations by the same sub-group, the highest number of presentations made by homeless persons came from within the Belfast Trust (46.5%, n=106). Almost a third (31.6%) of homeless persons were aged between 15-24 and 27.2% were between 25-34 years of age at the time of presenting.

3.14 Total self-harm and suicidal ideation presentations to EDs in Northern Ireland

In conclusion, the total number of self-harm and suicidal ideation episodes in Northern Ireland during the financial year 2013/14 was 12,076. The majority (70.0%) of presentations were due to self-harm (Figure 9).

Figure 9 Self-harm and suicidal ideation presentations to hospital EDs recorded in Northern Ireland, 2013/14



Just over 28% (n=938) of total self-harm and suicidal ideation presentations were to hospitals in the Belfast HSCT area with hospitals in the Northern HSCT area accounting for 17.1% of all presentations (Table 15).

Just over a quarter (27.2%) of presentations to EDs in the Belfast HSCT area was due to suicidal ideation, compared to over a third of presentations in the Southern HSCT area (34.2%).

Table 15 Number and percentage of self-harm and suicidal ideation episodes recorded in Northern Ireland EDs by HSCT area, 2013/14

Trust Area	Self-harm	Suicidal ideation	Total	Percentage of Northern Ireland Total
BHSCT	2506 (72.8%)	938 (27.2%)	3444 (100%)	28.5%
SEHSCT	1,526 (68.0%)	719 (32.0%)	2,245 (100%)	18.6%
NHSCT	1,516 (73.4%)	548 (26.6%)	2064 (100%)	17.1%
SHSCT	1448 (65.9%)	750 (34.1%)	2198 (100%)	18.2%
WHSCT	1,457 (68.6%)	668 (31.4%)	2125 (100%)	17.6%
Northern Ireland	8,453 (70.0%)	3623 (30.0%)	12076 (100%)	100%

The majority of both self-harm and suicidal ideation presentations occurred at hospitals in Trust areas where the patient was a resident. In the Belfast and the South Eastern HSCT areas approximately one in five residents presented to a hospital outside their Trust while less than 4% of residents in Southern and Western HSCT areas presented elsewhere (Table 16).

Table 16 Total self-harm and suicidal ideation presentations by resident HSCT area and presenting hospital location, 2013/14

Total self-harm and suicidal ideation presentations		Presenting hospital location				
		BHSCT Hospital	SEHSCT Hospital	NHSCT Hospital	SHSCT Hospital	WHSCCT Hospital
Resident Trust area	BHSCT Hospital	2687 (76.7%)	775 (22.1%)	30 (0.9%)	<10 (<1.0%)	<10 (<1.0%)
	SEHSCT Hospital	397 (20.4%)	1428 (73.5%)	<15 (<1.0%)	106 (5.5%)	<10 (<1.0%)
	NHSCT Hospital	324 (13.6%)	20 (0.8%)	1956 (82.4%)	66 (2.8%)	<10 (<1.0%)
	SHSCT Hospital	28 (1.3%)	18 (0.9%)	10 (0.5%)	2007 (96.4%)	20 (1.0%)
	WHSCCT Hospital	<10 (<1.0%)	<10 (<1.0%)	57 (2.7%)	<10 (<1.0%)	2072 (96.6%)

*There are 6 missing resident areas not accounted for in this table

4.0 Changes since the 2012/13 Annual Report and emerging trends

This publication of 2013/14 Northern Ireland Self-Harm data builds upon the previous 2012/13 annual report. While the short time frame covered does not allow for the exploration of long-term trends it does allow for preliminary comparisons to be drawn between the two years of data and it can highlight short-term changes in the characteristics of self-harm presentations in Northern Ireland.

Self-harm demographics and rates

- The total number of presentations for self-harm at 8,453 represents a 2% increase on the number of presentations in 2012/13. Overall the geographical dispersion and gender distribution of presentations remains similar to the previous year.
- The EASR remained the same in 2013/14 as in 2012/13. Minor increases were seen in the Belfast (477 to 502 per 100,000) and Northern Trusts (267 to 283) with decreases in the remaining South Eastern (316 to 286), Southern (258 to 254) and Western Trust (377 to 354).
- The peak rates in 2013/14 occurred among females aged 15-19 years which differs from 2012/13 where the highest rates occurs among males aged 20-24 years.
- The 2013/14 rates of self-harm in Northern Ireland remain higher than those in the Republic of Ireland, a further 14.3% higher since 2012/13. In 2013 there was a third subsequent decrease in the rate of self-harm in the Republic of Ireland, representing a reduction of 11% since 2010.
- Comparing rates of self-harm for those aged 15 years and over, Belfast City reported the highest EASRs at 632 per 100,000 in 2013/14, followed by Derry City at a rate of 622 per 100,000. This contrasts to the 2012/13 rates where Limerick City had the highest rates.

Self-harm and repetition

- In 2013/14 almost one fifth (19.7%) of people presented on more than one occasion during that period, representing a 3.7% increase on the 2012/13 figures.
- The largest increases were observed in the Northern Trust (+19.6%) followed by the Southern Trust (+5.6%), the Belfast Trust (+5.6%) and the Western Trust (+2.8%). The only area to observe a decrease was the South Eastern Trust (-12.3%).
- In line with the findings in 2012/13 the rate for repetition of self-harming was slightly higher in males (20.4%) compared to females (19.0%).

Self-harm and age

- Self-harm presentations in 2013/14 continued to peak in the age band 20-24 followed by the 15-19 year age group.
- Representing an increase of 1.2% since 2012/13, under 18 year-olds accounted for 10.2% of all presentations and the ratio of females to males was 2.2 to 1.
- For those under 16 years old there was a 14.4% increase in presentations in 2013/14 compared to the rates of 2012/13.

Self-harm and method

- The methods of self-harm remained largely similar in 2013/14 compared to 2012/13. There was an observed increase in the number of presentations involving attempted drowning, from 72 in 2012/13 to 91 in 2013/14, representing a 26% increase in 2013/14.
- Alcohol involvement increased by 1.6% in 2013/14, with peak times for involvement moving from quarter two (July to September) in 2012/13 to quarter three (October to December) in 2013/14.

Suicidal ideation

- There was an increase of 424 cases of suicidal ideation recorded in 2013/14.
- Suicidal ideation accounted for 30% of all episodes compared to 28% in 2012/13. Similar to 2012/13, the numbers peaked in quarter 4 (April to March 2014) in both those over and under 18 years of age.

Suicidal ideation and self-harm

- The total number of episodes increased from 11,500 in 2012/13 to 12,076 in 2013/14.
- Similar to 2012/13 the majority of presentations continue to occur in hospitals where the patient was a resident.

Appendices

Appendix 1

Belfast Health & Social Care Trust

Three emergency departments are covered by the Belfast Health & Social Care Trust. These include:

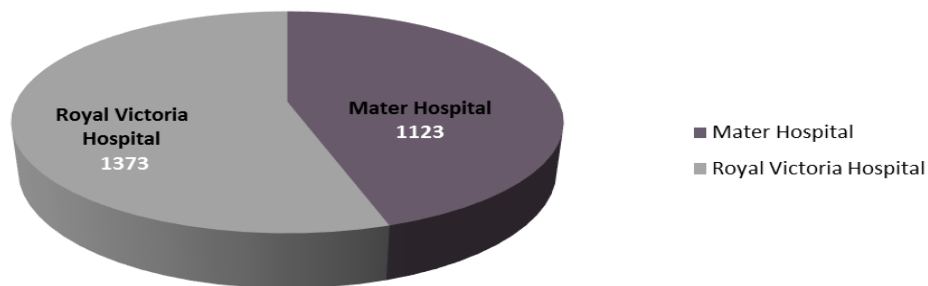
- Mater Infirmary Hospital: Type 1 ED (for more details see section 2.6). Open 24-hours a day, to patients of all ages.
- Royal Victoria Hospital: Type 1 ED. Open 24-hours a day, to patients aged 13 years and over.
- Royal Belfast Hospital for Sick Children: Type 1 paediatric ED. Open 24-hours a day.

Appendix 1.1: Number of self-harm presentations to EDs in Belfast HSCT, 2013/14

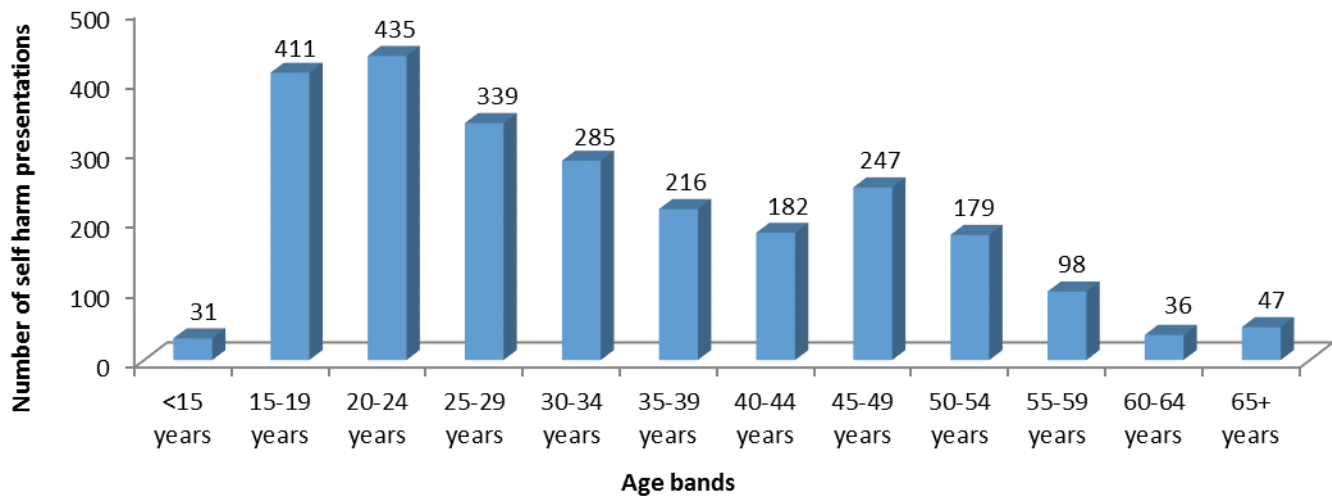
BHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	606	591	641	668	2506
Male	300	342	346	371	1359
Female	306	249	295	297	1147

Appendix 1.2: Individual persons presenting with self-harm to EDs in Belfast HSCT, 2013/14

BHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Persons	537	498	538	568	1861
Male	257	280	290	312	990
Female	280	218	248	256	871

Appendix 1.3: Breakdown of self-harm presentations by hospital ED in Belfast HSCT, 2013/14**Appendix 1.4: Repetition distribution of self-harm presentations in Belfast HSCT during 12 months April 2013 to March 2014**

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	1510	81.1	1510	60.3
2	216	11.6	432	17.2
3	68	3.7	204	8.1
4	26	1.4	104	4.2
5	19	1.0	95	3.8
6	<10	<1.0	48	1.9
7	<10	<1.0	56	2.2
8	<10	<1.0	24	1.0
9	<10	<1.0	<10	<1.0
10+	<10	<1.0	<25	<2.0

Appendix 1.5: Number of self-harm presentations by age group in Belfast HSCT, 2013/14**Appendix 1.6: Number of self-harm presentations by young people under 18 years in Belfast HSCT, 2013/14**

BHSCT Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	58	56	66	76	256
Male	17	24	20	29	90
Female	41	32	46	47	166

Appendix 1.7: Self-harm presentations by method in Belfast HSCT, 2013/14

BHSCT Methods of self-harm	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	439 (72.4%)	414 (70.1%)	480 (74.9%)	506 (75.7%)	1839 (73.4%)
Self-cutting (%)	148 (24.4%)	155 (26.2%)	169 (26.4%)	159 (23.8%)	631 (25.2%)
Attempted Hanging (%)	31 (5.1%)	21 (3.6%)	20 (3.1%)	17 (2.5%)	89 (3.6%)
Attempted Drowning (%)	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	<10 (<1.5%)	21 (0.8%)
Self-poisoning (%)	<10 (<1.5%)	<10 (<0.5%)	<10 (<1.5%)	<10 (<1.5%)	24 (1.0%)

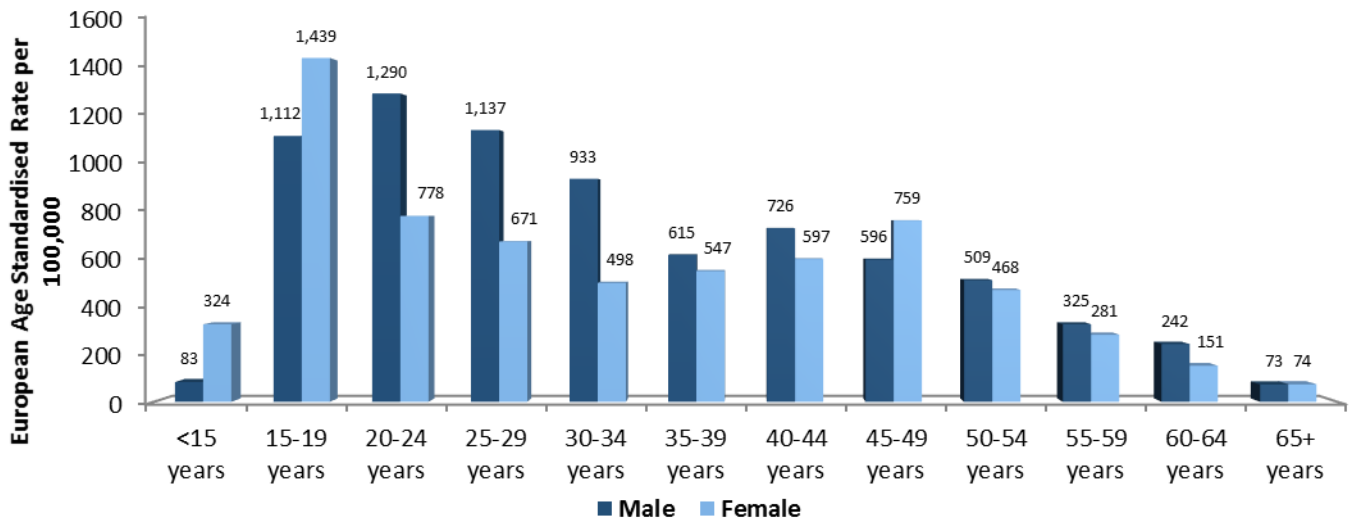
Appendix 1.8: Alcohol involvement in self-harm presentations, Belfast HSCT, 2013/14

BHSCT	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	302 (49.8%)	309 (52.3%)	319 (49.8%)	342 (51.2%)	1272 (50.8%)

Appendix 1.9: European age standardised rate (EASR) of persons presenting to hospital in BHSCT following self-harm compared to NI average, 2013/14

Incidence Rate per 100,000	Northern Ireland	BHSCT	% Change
Presentations	327	502	+53.5%
Male	333	556	+67.0%
Female	321	452	+40.8%

Appendix 1.10: EASR per 100,000 of self-harm in BHSCT by age and gender, 2013/14



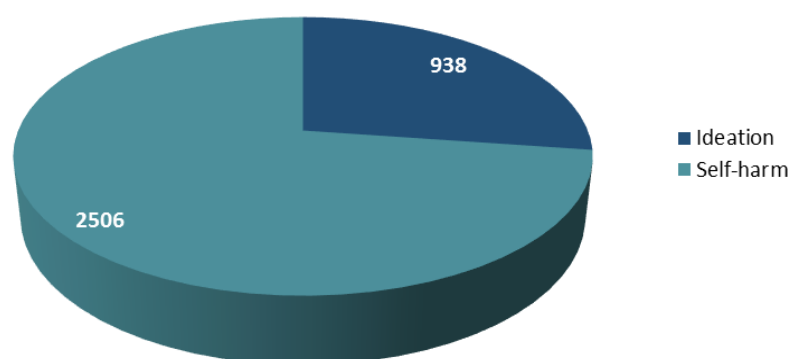
Appendix 1.11: Number of suicidal ideation presentations to EDs in BHSCT, all ages, 2013/14

BHSCT Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	244	213	214	267	938
Male	170	142	134	180	626
Female	74	71	80	87	312

Appendix 1.12: Number of suicidal ideation presentations to EDs in BHSCT, under 18 years, 2013/14

BHSCT Suicidal ideation – Under 18 years	12 Months (Apr 2013 to Mar 2014)
Presentations	47
Male	16
Female	31

Appendix 1.13: Self-harm and suicidal ideation presentations to hospital EDs recorded in Belfast HSCT, 2013/14



Appendix 1.14: Number and percentage of self-harm and suicidal ideation episodes recorded in EDs in Belfast HSCT, 2013/14

All Ages	Self-harm	Suicidal ideation	Total
Mater Hospital	1123 (68.2%)	524 (31.8%)	1647 (100%)
Royal Victoria Hospital	1383 (77.0%)	414 (23.0%)	1797 (100%)
BHSCT	2506 (72.8%)	938 (27.2%)	3444 (100%)

Appendix 2

South Eastern

Health & Social

Care Trust

Three emergency departments are covered by the South Eastern Health & Social Care Trust. These include:

- Lagan Valley Hospital: Type 2 ED (for more details see section 2.6). Open 8am -8pm Monday – Friday, to patients of all ages.
- Downe Hospital: Type 2 ED. Open 8am -8pm Monday – Friday, to patients of all ages.
- Ulster Hospital: Type 1 ED. Open 24-hours a day, to patients of all ages.

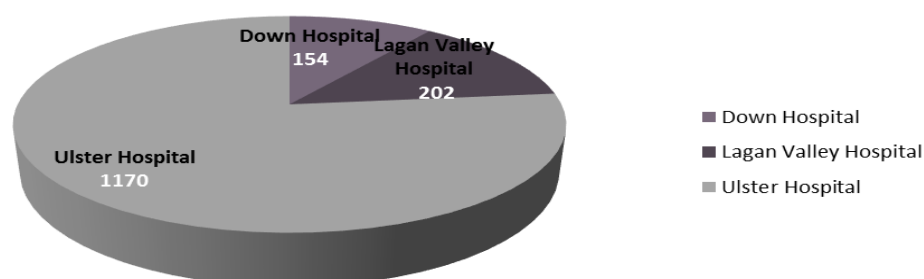
Appendix 2.1: Number of self-harm presentations to EDs in South Eastern HSCT, 2013/14

SEHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	429	410	348	339	1526
Male	210	205	164	150	729
Female	219	205	184	189	797

Appendix 2.2: Individual persons presenting with self-harm to EDs in South Eastern HSCT, 2013/14

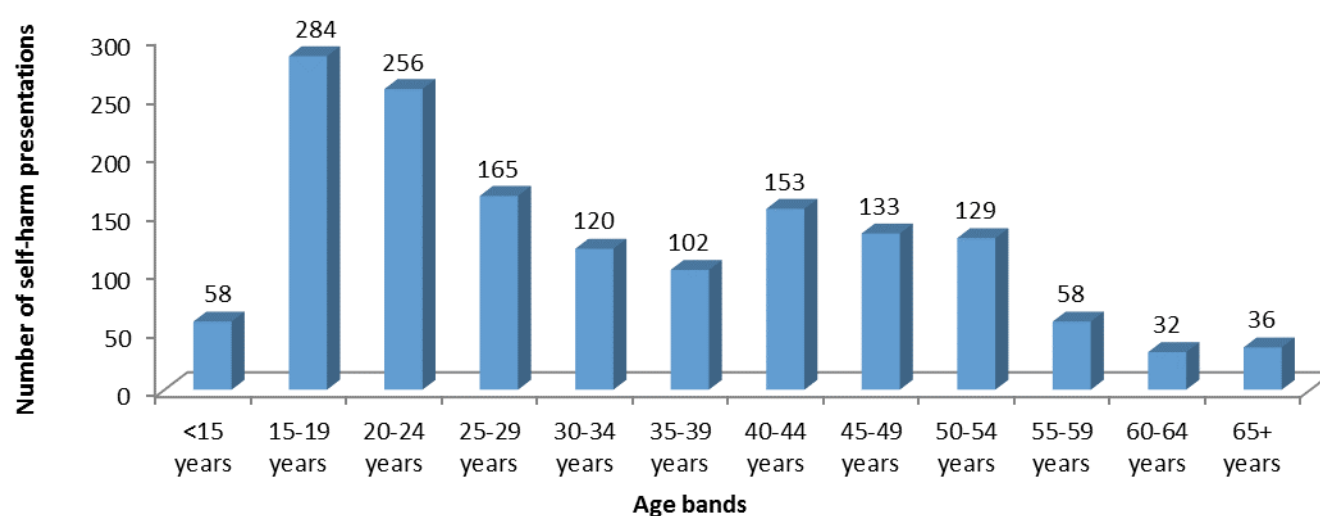
SEHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Persons	377	361	293	292	1167
Male	188	187	141	128	581
Female	189	174	152	164	586

Appendix 2.3: Breakdown of self-harm presentations by hospital ED in South Eastern HSCT, 2013/14



Appendix 2.4: Repetition distribution of self-harm presentations in South Eastern HSCT, April 2013 to March 2014

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	984	84.3	984	64.5
2	110	9.4	220	14.4
3	37	3.2	111	7.3
4	16	1.4	64	4.2
5	<10	<1.0	30	2.0
6	<10	<1.0	30	2.0
7	<10	<1.0	14	0.9
8	0	0.0	0	0.0
9	<10	<1.0	27	1.8
10+	<10	<1.0	46	3.0

Appendix 2.5: Number of self-harm presentations by age group in South Eastern HSCT, 2013/14**Appendix 2.6: Number of self-harm presentations by young people under 18 years in South Eastern HSCT, 2013/14**

SEHSCT Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	66	46	45	58	215
Male	19	12	11	20	62
Female	47	34	34	38	153

Appendix 2.7: Self-harm presentations by method in South Eastern HSCT, 2013/14

SEHSCT Methods of DSH	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	306 (71.3%)	307 (74.9%)	245 (70.4%)	249 (73.5%)	1107 (72.5%)
Self-cutting (%)	106 (24.7%)	83 (20.2%)	93 (26.7%)	96 (28.3%)	378 (24.8%)
Attempted Hanging (%)	20 (4.7%)	17 (4.1%)	<15 (<5.0%)	<10 (<2.5%)	58 (3.8%)
Attempted Drowning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	11 (0.7%)
Self-poisoning (%)	<10 (<2.5%)	<10 (<2.5%)	<10 (<2.5%)	0 (0.0%)	12 (0.8%)

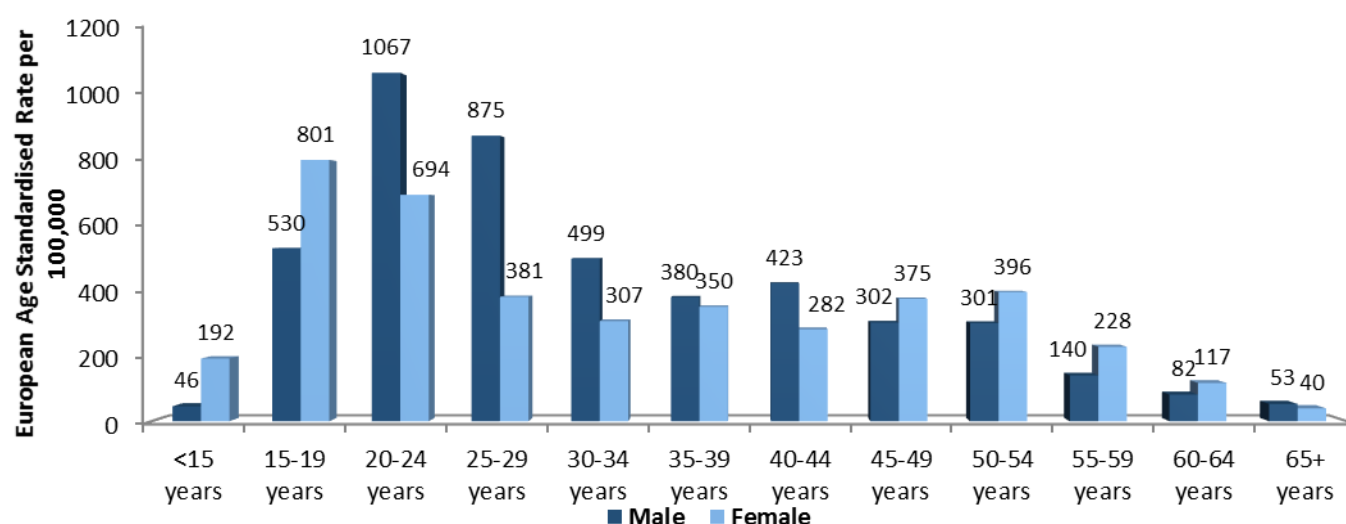
Appendix 2.8: Alcohol involvement in self-harm presentations, South Eastern HSCT, 2013/14

SEHSCT	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	142 (33.1%)	156 (38.0%)	151 (43.4%)	141 (41.6%)	590 (38.7%)

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, 2013/14

Incidence Rate per 100,000	Northern Ireland	SEHSCT	% Change
Presentations	327	286	-12.5%
Male	333	307	-7.8%
Female	321	267	-16.8%

Appendix 2.10: EASR per 100,000 of self-harm in South Eastern HSCT by age and gender, 2013/14



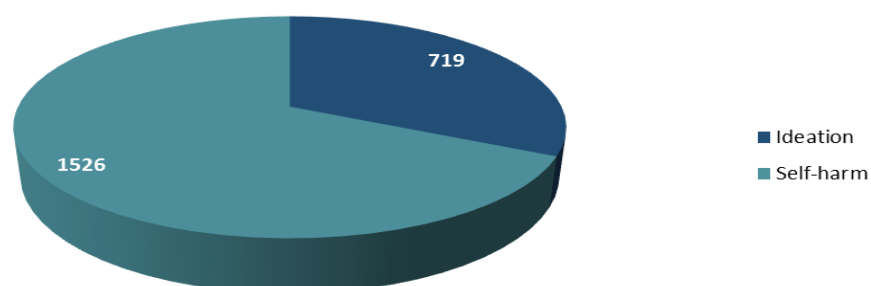
Appendix 2.11: Number of suicidal ideation presentations to EDs in South Eastern HSCT, all ages, 2013/14

SEHSCT Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	182	176	182	179	719
Male	115	115	112	101	443
Female	67	61	70	78	276

Appendix 2.12: Number of suicidal ideation presentations to EDs in South Eastern HSCT, under 18 years, 2013/14

SEHSCT Suicidal ideation – Under 18 years	12 Months (Apr 2013 to Mar 2014)
Presentations	39
Male	21
Female	18

Appendix 2.13: Self-harm and suicidal ideation presentations to hospital EDs recorded in South Eastern HSCT, 2013/14



Appendix 2.14: Number and percentage of self-harm and suicidal ideation episodes recorded in EDs in South Eastern HSCT, 2013/14

All Ages	Self-harm	Suicidal ideation	Total
Ulster Hospital	1170 (68.5%)	537 (31.5%)	1707 (100%)
Lagan Valley Hospital	202 (65.0%)	109 (35.0%)	311 (100%)
Downe Hospital	154 (67.8%)	73 (32.2%)	227 (100%)
SEHSCT	1526 (68.0%)	719 (32.0%)	2245 (100%)

Appendix 3

Northern Health & Social Care Trust

Two emergency departments are covered by the Northern Health & Social Care Trust. These include:

- Antrim Hospital: Type 1 ED (for more details see section 2.6). Open 24-hours a day, to patients of all ages.
- Causeway Hospital: Type 1 ED. Open 24-hours a day, to patients of all ages.

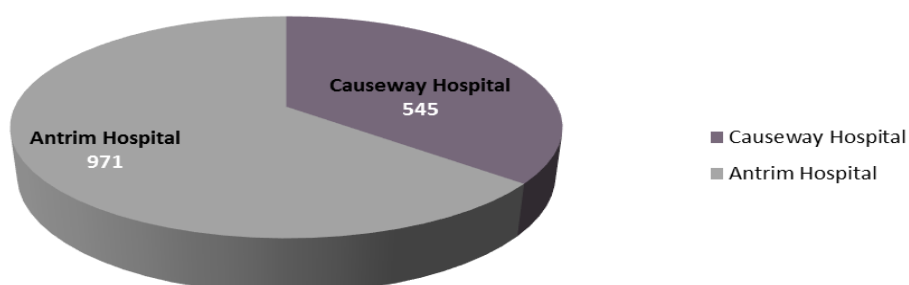
Appendix 3.1: Number of self-harm presentations to EDs in Northern HSCT, 2013/14

NHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	377	401	325	413	1516
Male	170	180	155	183	688
Female	207	221	170	230	828

Appendix 3.2: Individual persons presenting with self-harm to EDs in Northern HSCT, 2013/14

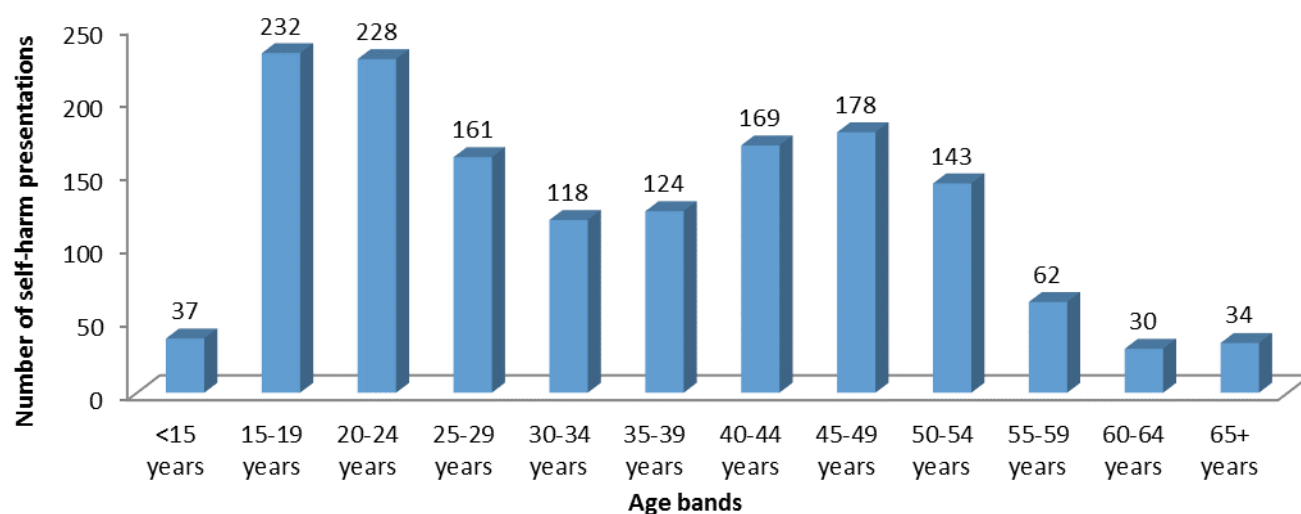
NHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Persons	323	346	287	360	1145
Male	149	156	136	160	542
Female	174	190	151	200	603

Appendix 3.3: Breakdown of self-harm presentations by hospital ED in Northern HSCT, 2013/14



Appendix 3.4: Repetition distribution of self-harm presentations in Northern HSCT, April 2013 to March 2014

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	935	81.7	935	61.7
2	132	11.5	264	17.4
3	42	3.7	126	8.3
4	18	1.6	72	4.7
5	<10	<1.0	25	1.6
6	<10	<1.0	36	2.4
7	<10	<1.0	14	0.9
8	<10	<1.0	24	1.6
9	<10	<1.0	<10	<1.0
10+	<10	<1.0	<15	<1.0

Appendix 3.5: Number of self-harm presentations by age group in Northern HSCT, 2013/14**Appendix 3.6: Number of self-harm presentations by young people under 18 years in Northern HSCT, 2013/14**

NHSCT Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	46	45	25	56	172
Male	19	11	<10	16	<60
Female	27	34	<25	40	<125

Appendix 3.7: Self-harm presentations by method in Northern HSCT, 2013/14

NHSCT Methods of DSH	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	279 (74.0%)	295 (73.6%)	247 (76.0%)	325 (78.7%)	1146 (75.6%)
Self-cutting (%)	78 (20.7%)	93 (23.2%)	60 (18.5%)	63 (15.3%)	294 (19.4%)
Attempted Hanging (%)	13 (3.4%)	14 (3.5%)	16 (4.9%)	15 (3.6%)	58 (3.8%)
Attempted Drowning (%)	<10 (<3%)	<15 (<3%)	<10 (<2%)	<10 (<2%)	24 (1.6%)
Self-poisoning (%)	<10 (<2%)	<10 (<2%)	<10 (<3%)	<10 (<2%)	24 (1.6%)

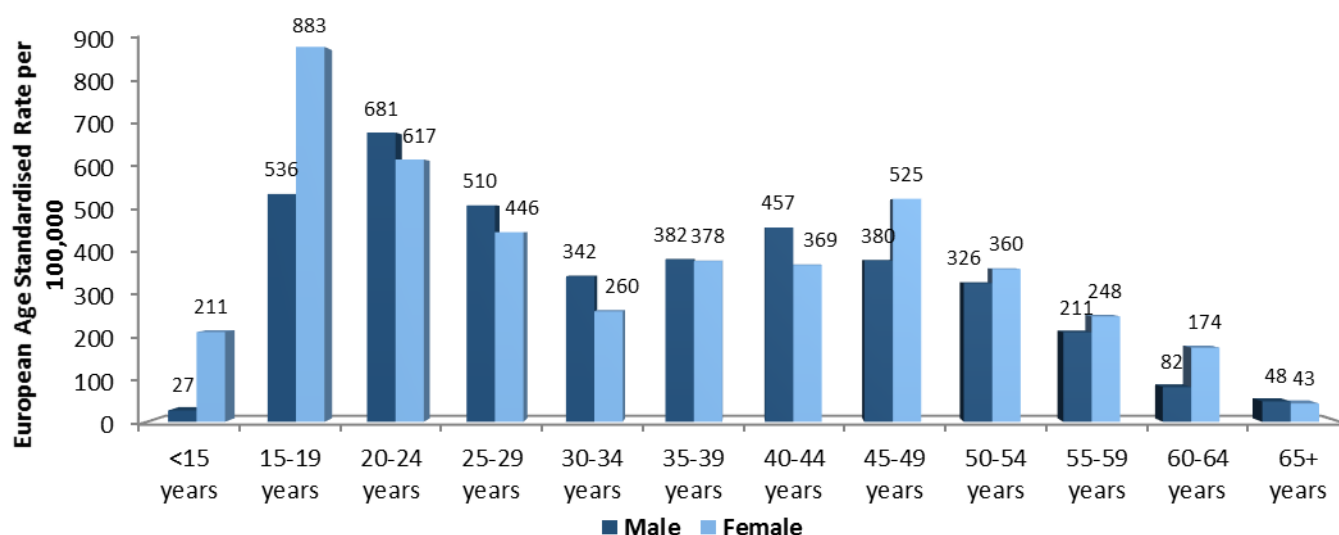
Appendix 3.8: Alcohol involvement in self-harm presentations, Northern HSCT, 2013/14

NHSCT	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	175 (46.4%)	190 (47.4%)	148 (45.5%)	194 (47.0%)	707 (46.6%)

Appendix 3.9: European age standardised rate (EASR) of persons presenting to hospital in Northern HSCT following self-harm compared to Northern Ireland average, 2013/14

Incidence Rate per 100,000	Northern Ireland	NHSCT	% Change
Presentations	327	283	-13.5%
Male	333	270	-18.9%
Female	321	297	-7.4%

Appendix 3.10: EASR per 100,000 of self-harm in Northern HSCT by age and gender, 2013/14



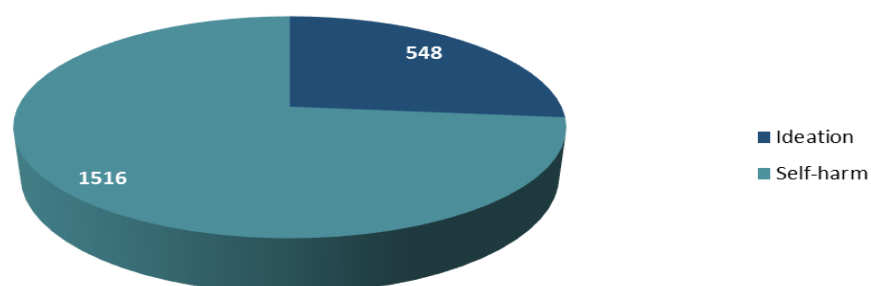
Appendix 3.11: Number of suicidal ideation presentations to EDs in Northern HSCT, all ages, 2013/14

NHSCT Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	130	138	124	156	548
Male	71	89	84	98	342
Female	59	49	40	58	206

Appendix 3.12: Number of suicidal ideation presentations to EDs in Northern HSCT, under 18 years, 2013/14

NHSCT Suicidal ideation – Under 18 years	12 Months (Apr 2013 to Mar 2014)
Presentations	22
Male	11
Female	11

Appendix 3.13: Self-harm and suicidal ideation presentations to hospital EDs recorded in Northern HSCT, 2013/14



Appendix 3.14: Number and percentage of self-harm and suicidal ideation episodes recorded in EDs in Northern HSCT, 2013/14

All Ages	Self-harm	Suicidal ideation	Total
Antrim Hospital	971 (72.5%)	369 (27.5%)	1340 (100%)
Causeway Hospital	545 (75.3%)	179 (24.7%)	724 (100%)
NHSCT	1516 (73.4%)	548 (26.6%)	2064 (100%)

Appendix 4

Southern

Health & Social

Care Trust

Two emergency departments are covered by the Southern Health & Social Care Trust. These include:

- Craigavon Hospital: Type 1 ED (for more details see section 2.6). Open 24-hours a day, to patients of all ages.
- Daisy Hill Hospital: Type 1 ED. Open 24-hours a day, to patients of all ages.

Appendix 4.1: Number of self-harm presentations to EDs in Southern HSCT, 2013/14

SHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	310	400	368	370	1448
Male	167	200	202	188	757
Female	143	200	166	182	691

Appendix 4.2: Individual persons presenting with self-harm to EDs in Southern HSCT, 2013/14

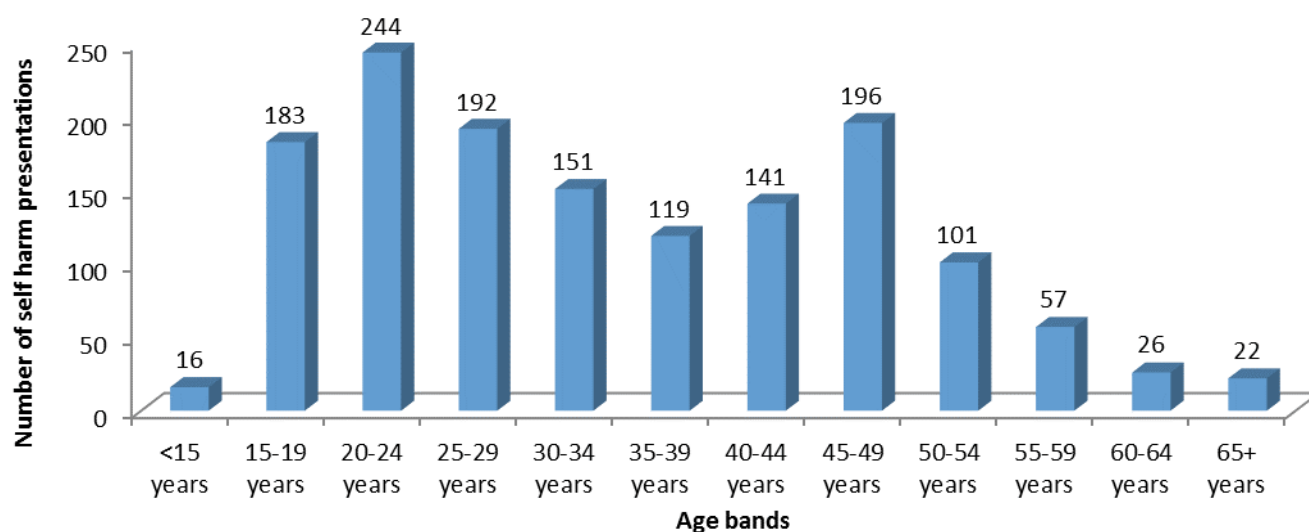
SHSCT All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Persons	265	316	280	297	1006
Male	142	161	151	159	525
Female	123	155	129	138	481

Appendix 4.3: Breakdown of self-harm presentations by hospital ED in Southern HSCT, 2013/14



Appendix 4.4: Repetition distribution of self-harm presentations in Southern HSCT, April 2013 to March 2014

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	827	82.2	827	57.1
2	103	10.2	206	14.2
3	39	3.9	117	8.1
4	14	1.4	56	3.9
5	<10	<1.0	25	1.7
6	<10	<1.0	36	2.5
7	<10	<1.0	<15	<1.5
8	<10	<1.0	16	1.1
9	<10	<1.0	<10	<1.0
10+	<10	<1.0	142	9.8

Appendix 4.5: Number of self-harm presentations by age group in Southern HSCT, 2013/14**Appendix 4.6: Number of self-harm presentations by young people under 18 years in Southern HSCT, 2013/14**

SHSCT Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	14	23	27	38	102
Male	<10	<10	11	<10	32
Female	<10	<20	16	<35	70

Appendix 4.7: Self-harm presentations by method in Southern HSCT, 2013/14

SHSCT Methods of DSH	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	221 (71.3%)	296 (74.0%)	260 (70.7%)	269 (77.2%)	1046 (72.2%)
Self-cutting (%)	79 (25.5%)	100 (25.0%)	102 (27.7%)	90 (24.3%)	371 (25.6%)
Attempted Hanging (%)	16 (5.2%)	<10 (<3.0%)	13 (3.5%)	<10 (<2.5%)	47 (3.2%)
Attempted Drowning (%)	<10 (<2.0%)	<10 (<1.0%)	<10 (<2%)	<10 (<2.0%)	13 (0.9%)
Self-poisoning (%)	<10 (<2.5%)	0 (0.0%)	<10 (<1.0%)	<10 (<1.0%)	<10 (<1.0%)

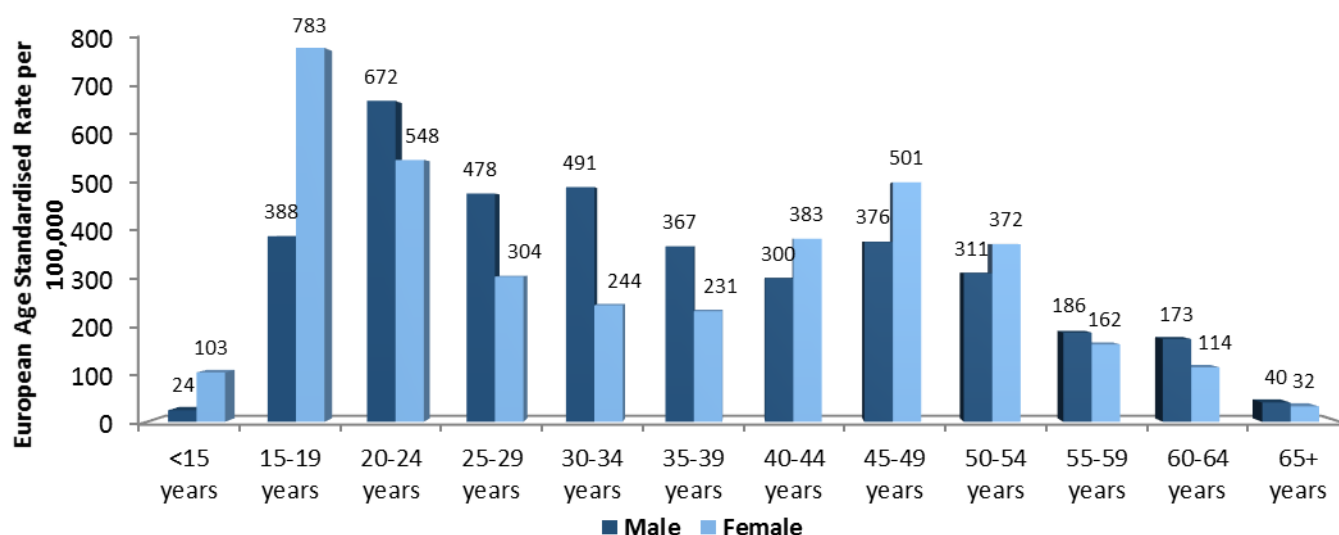
Appendix 4.8: Alcohol involvement in self-harm presentations, Southern HSCT, 2013/14

SHSCT	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	169 (54.5%)	196 (49.0%)	187 (50.8%)	156 (42.2%)	708 (48.9%)

Appendix 4.9: European age standardised rate (EASR) of persons presenting to hospital in Southern HSCT following self-harm compared to Northern Ireland average, 2013/14

Incidence Rate per 100,000	Northern Ireland	SHSCT	% Change
Presentations	327	254	-22.3%
Male	333	258	-22.5%
Female	321	250	-22.1%

Appendix 4.10: EASR per 100,000 of self-harm in Southern HSCT by age and gender, 2013/14



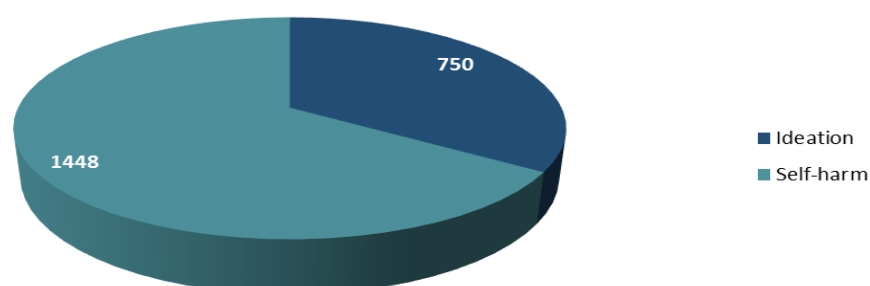
Appendix 4.11: Number of suicidal ideation presentations to EDs in Southern HSCT, all ages, 2013/14

SHSCT Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	160	200	201	189	750
Male	118	148	141	128	535
Female	42	52	60	61	215

Appendix 4.12: Number of suicidal ideation presentations to EDs in Southern HSCT, under 18 years, 2013/14

SHSCT Suicidal ideation – Under 18 years	12 Months (Apr 2013 to Mar 2014)
Presentations	31
Male	11
Female	20

Appendix 4.13: Self-harm and suicidal ideation presentations to hospital EDs recorded in Southern HSCT, 2013/14



Appendix 4.14: Number and percentage of self-harm and suicidal ideation episodes recorded in EDs in Southern HSCT, 2013/14

All Ages	Self-harm	Suicidal ideation	Total
Craigavon Hospital	1100 (64.9%)	596 (35.1%)	1696 (100%)
Daisy Hill Hospital	348 (69.3%)	154 (30.7%)	502 (100%)
SHSCT	1448 (65.9%)	750 (34.1%)	2198 (100%)

Appendix 5

Western

Health & Social

Care Trust

Two emergency departments are covered by the Western Health & Social Care Trust. These include:

- Altnagelvin Hospital: Type 1 ED (for more details see section 2.6). Open 24-hours a day, to patients of all ages.
- South West Acute Hospital: Type 1 ED. Open 24-hours a day, to patients of all ages.

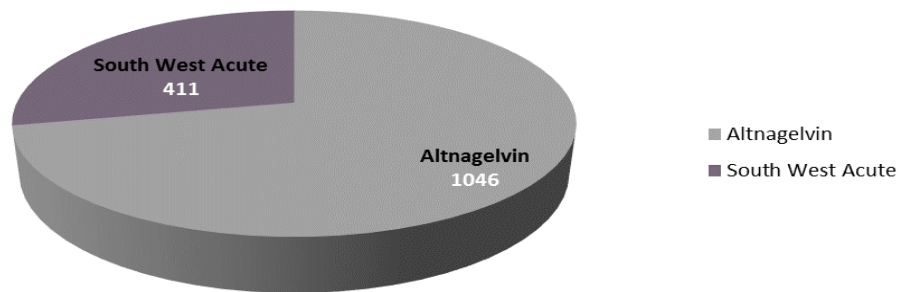
Appendix 5.1: Number of self-harm presentations to EDs in Western HSCT, 2013/14

WHSC All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	373	402	339	343	1457
Male	163	183	169	152	667
Female	210	219	170	191	790

Appendix 5.2: Individual persons presenting with self-harm to EDs in Western HSCT, 2013/14

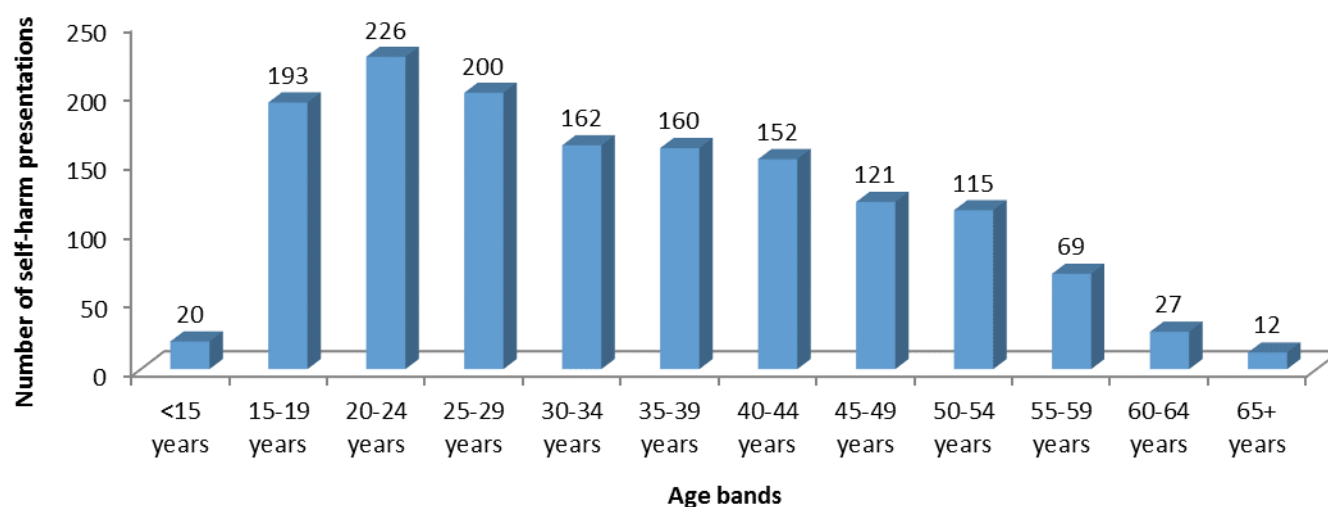
WHSC All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Persons	323	334	279	279	1042
Male	150	148	140	128	480
Female	173	186	139	151	562

Appendix 5.3: Breakdown of self-harm presentations by hospital ED's in Western HSCT, 2013/14



Appendix 5.4: Repetition distribution of self-harm presentations in Western HSCT, April 2013 to March 2014

Number of presentations	Persons	% of All persons	Presentations	% of Total presentations
1	850	81.6	850	58.3
2	119	11.4	238	16.3
3	35	3.4	105	7.2
4	18	1.7	72	4.9
5	<10	<1.0	40	2.7
6	<10	<1.0	18	1.2
7	<10	<1.0	<10	<1.0
8	<10	<1.0	<10	<1.0
9	<10	<1.0	<10	<1.0
10+	<10	<1.0	110	7.5

Appendix 5.5: Number of self-harm presentations by age group in Western HSCT, 2013/14**Appendix 5.6: Number of self-harm presentations by young people under 18 years in Western HSCT, 2013/14**

WHSCOT Under 18 years	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	36	27	30	28	121
Male	10	<10	12	<10	35
Female	26	<25	18	<25	86

Appendix 5.7: Self-harm presentations by method in Western HSCT, 2013/14

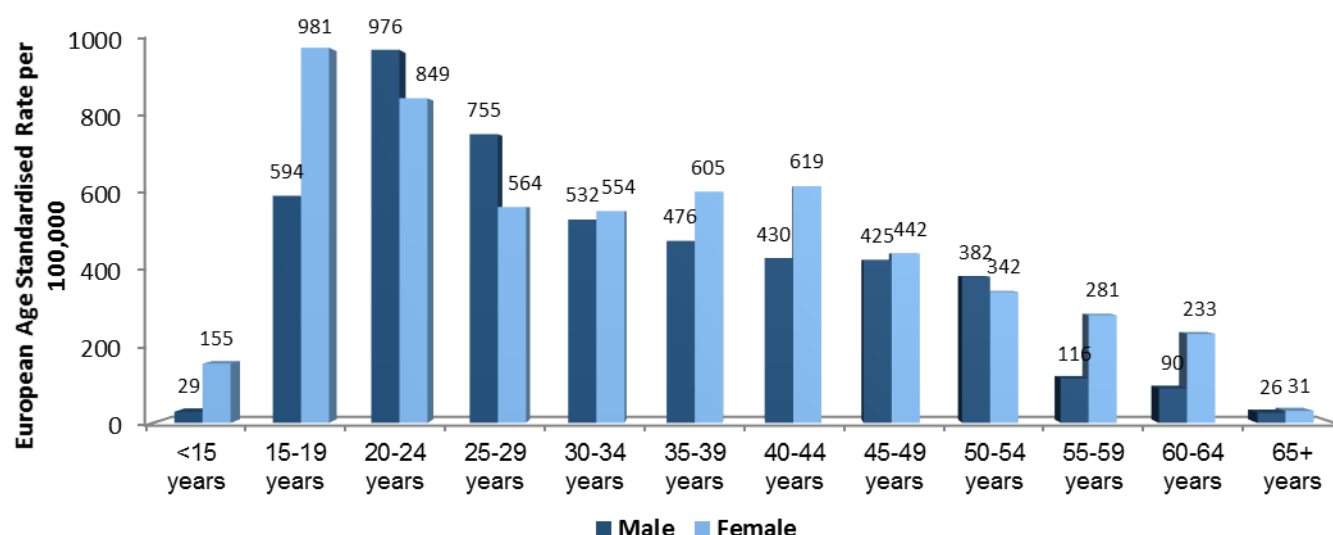
WHSCOT Methods of DSH	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Drug Overdose (%)	277 (74.3%)	315 (78.4%)	241 (71.1%)	261 (76.1%)	1094 (75.1%)
Self-cutting (%)	84 (22.5%)	86 (21.4%)	75 (22.1%)	92 (26.8%)	337 (23.1%)
Attempted Hanging (%)	17 (4.6%)	14 (3.5%)	11 (3.2%)	<10 (<3%)	51 (3.5%)
Attempted Drowning (%)	<10 (<3%)	<10 (<2%)	<10 (<1%)	<10 (<2%)	22 (1.5%)
Self-poisoning (%)	<10 (<2%)	<10 (<2%)	12 (<4%)	<10 (<2%)	26 (1.8%)

Appendix 5.8: Alcohol involvement in self-harm presentations, Western HSCT, 2013/14

WHSCCT	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Alcohol Involvement (%)	210 (56.3%)	224 (55.7%)	190 (56.0%)	203 (59.2%)	827 (56.8%)

Appendix 5.9: European age standardised rate (EASR) of persons presenting to hospital in Western HSCT following self-harm compared to Northern Ireland average, 2013/14

Incidence Rate per 100,000	Northern Ireland	WHSCCT	% Change
Presentations	327	354	+8.3%
Male	333	329	-1.2%
Female	321	378	+17.8%

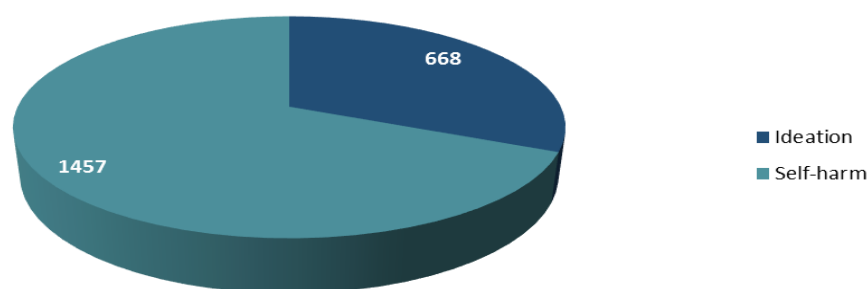
Appendix 5.10: EASR per 100,000 of self-harm in Western HSCT by age and gender, 2013/14**Appendix 5.11: Number of suicidal ideation presentations to EDs in Western HSCT, all ages, 2013/14**

WHSCCT Suicidal ideation – All Ages	Q1 (Apr to Jun 2013)	Q2 (Jul to Sep 2013)	Q3 (Oct to Dec 2013)	Q4 (Jan to Mar 2014)	12 Months (Apr 2013 to Mar 2014)
Presentations	193	166	140	169	668
Male	125	100	93	107	425
Female	68	66	47	62	243

Appendix 5.12: Number of suicidal ideation presentations to EDs in Western HSCT, under 18 years, 2013/14

WHSCCT Suicidal ideation – Under 18 years	12 Months (Apr 2013 to Mar 2014)
Presentations	34
Male	27
Female	7

Appendix 5.13: Self-harm and suicidal ideation presentations to hospital EDs recorded in Western HSCT, 2013/14



Appendix 5.14: Number and percentage of self-harm and suicidal ideation episodes recorded in EDs in Western HSCT, 2013/14

All Ages	Self-harm	Suicidal ideation	Total
Altnagelvin Hospital	1046 (69.4%)	461 (30.6%)	1507 (100%)
South West Acute Hospital	411 (66.5%)	207 (33.5%)	618 (100%)
WHSCCT	1457 (68.6%)	668 (31.4%)	2125 (100%)