



Northern Ireland Registry of Self-Harm Summary Regional Report 2019/20



Department of Health | An Roinn Sláinte

Foreword

In 2012 the Public Health Agency (PHA) introduced the Self-harm Registry to all acute hospitals in Northern Ireland as part of the action plan to address self-harm and suicide prevention under the Protect Life strategy.

The Self-harm Registry has been highlighted as a model of best practice by the World Health Organisation (WHO) in its 2014 publication titled '*Preventing Suicide: a global imperative*'. In addition to collecting data about self-harm, the Registry also uniquely collects data in relation to hospital attendances with ideation (thoughts of self-harm and suicide). This report outlines the regional findings of the Self-harm Registry for the period 2019-20.

This report highlights the scale of the issue and is intended to be of use to organisations involved in policy, planning and delivery of services for people who experience self-harm and suicidal behaviours. It should be viewed in the context of the wider Protect Life 2 Strategy and the Mental Health Action Plan (May 2020) which encourage help seeking behaviour regarding self-harm and suicide and the further development of services in the statutory and non-statutory sectors to address these issues.

Since the Registry was introduced in 2012, a range of new interventions and service improvements have been implemented aiming to address this issue. The Registry has also enabled local research to be undertaken. A number of peer reviewed papers have been published and conference presentations conducted based on data from the Registry and these are listed in the Appendix. Work is in progress with Queen's University, Belfast to link Registry findings with other datasets to further our understanding of self-harm and suicidal behaviour in Northern Ireland and explore the links with suicide to inform further suicide prevention efforts.

I would like to take this opportunity to acknowledge the partnership and support of the National Suicide Research Foundation in relation to data analysis, technical and scientific support; the five Health and Social Care Trusts and the staff team within the PHA for the management and production of the report. Much of the work in collecting the data for this report was conducted during the COVID-19 pandemic and for this reason I would like to acknowledge the on-going commitment and dedication of the Data Registration Officers and their continued high quality work on the Registry.

The findings of the report highlight the importance of addressing mental wellbeing across all sectors of our society. As we emerge from the COVID-19 pandemic there is a need for an enhanced focus on the area of mental wellbeing of the population. Future reports will explore hospital presentations during the COVID-19 period.

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Executive Summary

1.1 Introduction

This is the sixth regional report from the Northern Ireland Self-Harm Registry and provides an overview of the key findings for the period 1st April 2019 to 31st March 2020. The methodology used by the Registry is described in detail within the 2018/19 annual report. The format of this report is different from previous annual reports in that it does not contain Trust-specific data but rather a regional summary of the data collected across the twelve Emergency Departments (EDs).

The timeframe covered by the report includes the early weeks of the COVID-19 pandemic and the introduction of the first lockdown in Northern Ireland on 23rd March 2020. The report examines briefly how this impacted on the numbers of patients presenting to the EDs.

Section 2 of this report sets out the combined figures in relation to self-harm and ideation presentations to EDs. This highlights the demand presenting to EDs in relation to these issues and will be useful to commissioners and HSC Trusts to inform service planning.

Self-harm presentations and ideation presentations are considered separately in sections 3 and 4 respectively.

1.2 Key findings

1.2.1 Self-harm and ideation presentations combined

During 2019/20, acts of self-harm and thoughts of self-harm or suicide accounted for 14,641 attendances to the ED which represents 2% of all Type 1 and Type 2 ED attendances during 2019/20. Almost two thirds of these presentations were due to acts of self-harm (61%, n= 8,945). Considering self-harm and ideation presentations together, there has been a 28% rise in these presentations to ED since 2012/13.

The majority (88%) of these presentations were among adults aged 18-64 years. Young people under 18 years accounted for 9% and people aged over 65 years accounted for 3% of attendances. People who were homeless accounted for 5% of attendances.

Data in relation to self-harm and ideation will be presented separately below. The data focuses on presentations made during 2019/20 and highlights longer term trends where possible.

1.2.2 Self harm

Self-harm presentations

- For the period from 1st April 2019 to 31st March 2020, the Registry recorded 8,945 self-harm presentations to EDs in Northern Ireland, made by 6,176 individuals. This reflects a 3% decrease in the number of presentations since 2018/19 and an 8% increase since 2012/13.

- There were 4,670 (52%) female presentations and 4,275 (48%) male presentations. The gender balance of self-harm presentations has changed slightly over the eight year period compared to 50% male and 50% female in 2012/13.
- During 2019/20, an average of 24 presentations involving self-harm were recorded per day.
- During March 2020, which includes the weeks immediately preceding the introduction of the first 'lockdown' in Northern Ireland on 23rd March, there were 21% fewer self-harm presentations than in the same month in the previous two years (636 in March 2020 vs 807 in March 2019 and 806 in March 2018). Patients may have been fearful of attending the EDs due to the risk of contracting COVID infection. However lower numbers of self-harm presentations were also recorded during the period September to December 2019 than in the previous two years so it is not clear to what extent the fall in March 2020 was related to the COVID-19 pandemic.

Methods of self-harm

- In 2019/20 the most common method of self-harm was drug overdose, which was involved in almost two-thirds (64%) of all self-harm presentations. Self-cutting was also a common method of self-harm, present in 27% of all presentations.
- There have been some changes in methods of self-harm during the period 2012/13 to 2019/20. The proportion of cases involving drug overdose has reduced from 75% to 64% during this period while the proportion of cases involving self-cutting has increased from 23% to 27%. The proportion involving attempted hanging has increased from 4% to 6% and the proportion of attempted drowning cases has increased from 1% to 5%.
- The proportion of cases where alcohol was involved in the act of self-harm has fallen from 51% in 2012/13 to 42% in 2019/20.

Repetition of self-harm

- Of the 6,176 individuals, 1,253 (20%) made at least one repeat presentation to hospital with self-harm during the 12 months of 2019/20. Repetition rates have shown a slight reduction in 2019/20 but show a slight increase from the baseline of 19% documented in 2012/13.

Self-harm among under 18s

- Self-harm presentations by those under 18 years of age contributed to 11% (n=984) of all self-harm presentations during 2019/20. The majority of these presentations were female (75%).

Specialist mental health assessment for people who present with self-harm

- In 2019/20 there was documented evidence in ED notes regarding referral to mental health services for assessment in 82% of people presenting with self-harm. Almost one in three patients (32%) presenting with self-harm had a specialist psychosocial assessment carried

out while in the ED. In the remaining cases referred, the assessment may have taken place during the hospital admission or next day in the community depending on individual circumstances but the Registry does not collect that data. In 2019/20, for the first time, the Registry has recorded the number of cases who were offered a referral to mental health services but refused. The Registry recorded that 2% of patients refused a referral to mental health services for assessment following presentation to ED with self-harm in 2019/20.

- In 4% of self-harm presentations, patients leave the ED before seeing a clinician and therefore miss the opportunity to be referred by ED clinicians for this reason, although may be referred by other professionals at a later point.
- An additional 3% left the ED before their care was complete and therefore may leave without waiting for an assessment by a mental health professional.

Self-harm rates

- The overall age-standardised rate of self-harm in 2019/20 for Northern Ireland was 351 per 100,000. The male rate was 342 per 100,000 and 362 per 100,000 for females.
- The rate for Northern Ireland in 2019/20 was 5% higher than in 2012/13 (334 per 100,000). The male rate of self-harm increased by 2% during this period while the female rate increased by 8%.
- Between 2018/19 and 2019/20 the rate of self-harm decreased by 3% (-4% for males and -1% for females).
- The highest rate of self-harm was observed among 15-19 year-old females and 20-24 year-old males, with peak rates of 1,126 per 100,000 for females and 898 per 100,000 for males in these age groups.

1.2.3 Ideation

Acts of 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.

- There were 5,696 ideation presentations recorded during the 12 month period from 1st April 2019 to 31st March 2020. There has been a 78% increase in the number of ideation presentations between 2012/13 and 2019/20.
- In 2019/20, 63% of ideation presentations were made by males and 37% made by females.
- These 5,696 ideation presentations were made by 4,062 individuals.
- Young people under 18 years accounted for 7% of ideation presentations (n=381).
- Older people aged over 65 years accounted for 3% of ideation presentations (n=181).
- An average of 16 presentations involving ideation was recorded per day.
- Similar to self-harm there was a fall in the number of ideation presentations to the ED with ideation during March 2020 however there was a more marked reduction for ideation presentations during this early part of the COVID-19 pandemic. There were 57% fewer ideation presentations in March 2020 compared to March 2019 (319 vs 501 presentations).
- Repetition rates for ideation are slightly higher for males (20%) than females (19%).
- Overall there has been a slight decrease in repetition rates for ideation since the peak in 2016/17.

Ideation rates

- The overall age-standardised rate of ideation in 2019/20 for Northern Ireland was 229 per 100,000. The male rate was 285 per 100,000 and 173 per 100,000 for females.
- The ideation rate for Northern Ireland in 2019/20 was 79% higher than in 2012/13 (128 per 100,000). The male rate of ideation increased by 72% during this period while the female rate increased by 90%.
- Between 2018/19 and 2019/20 the rate of ideation increased by 5% (5% for males and 4% for females).
- The highest rate of ideation was observed among 20-24 year-old males with a peak rate of 662 per 100,000 in this age group.
- The highest female rate of ideation was in the 15 – 19 year age group at 432 per 100,000.

Specialist mental health assessment for people who present with ideation

- In 2019/20 there was documented evidence in ED notes regarding referral to mental health services for assessment in 86% of people presenting with ideation. In 41% of cases this assessment took place while the patient was in the ED. In the remaining cases referred, the assessment may have taken place during the hospital admission or next day in the community depending on individual circumstances but the Registry does not collect that data. In 2019/20, for the first time, the Registry has recorded the number of cases who were offered a referral to mental health services but refused. The Registry recorded that 1% of patents refused a referral to mental health services for assessment following presentation to ED with ideation in 2019/20.
- In 6% of ideation presentations, patients leave the ED before seeing a clinician and therefore miss the opportunity to be referred by ED clinicians for this reason, although may be referred by other professionals at a later point.
- An additional 3% left the ED before their care was complete and therefore may leave without waiting for an assessment by a mental health professional.

2.0 Overview of Self-harm and Ideation presentations

2.1 Number of presentations and trends

In total there were 14,641 presentations to EDs in Northern Ireland with acts of self-harm or ideation (thoughts of self-harm/suicide). This represents 2% of all attendances to Type 1 and Type 2 EDs in Northern Ireland.

Figure 1 overleaf shows the trend in the numbers of both self-harm and ideation presentations since the Registry was established regionally in 2012/13. A steady upward trend in ideation presentations can be seen, in contrast to a more stable trend in relation to self-harm presentations in recent years.

There were 3% fewer self-harm presentations in 2019/20 than in the previous year but a 5% rise in ideation presentations was evident. Ideation presentations have increased by 78% since 2012/13, compared to an 8% increase in self harm presentations.

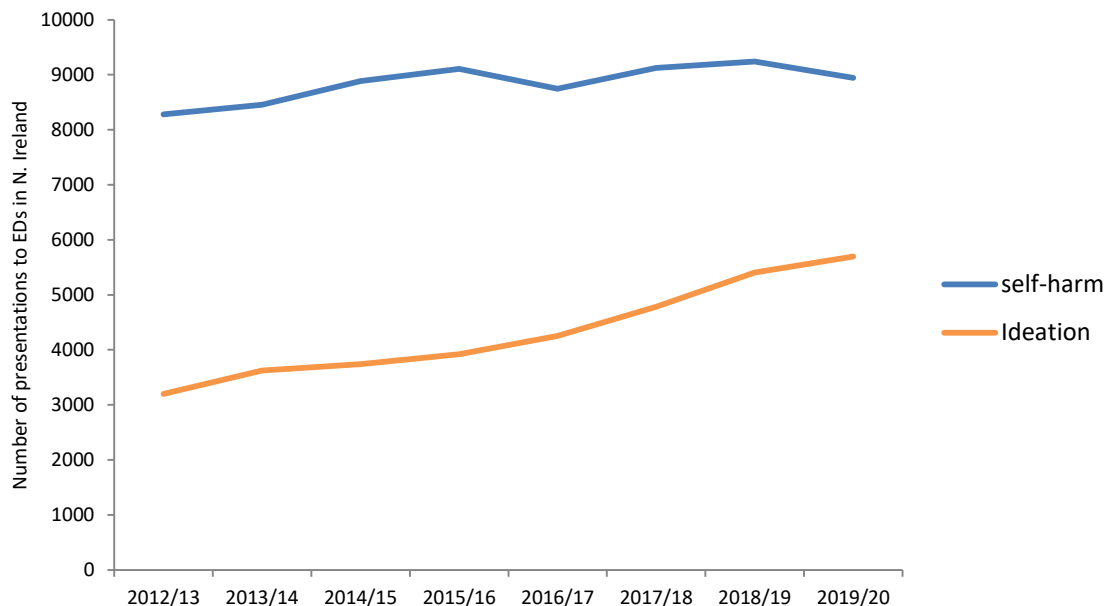


Figure 1: Number of self-harm and ideation presentations to EDs in Northern Ireland, 2012/13 to 2019/20.

2.2 Demographic profile of people presenting with self-harm and ideation

The majority (88%) of these presentations were among adults aged 18-64 years. Young people aged under 18 years accounted for 9% and people aged over 65 years accounted for 3% of attendances. People who were homeless accounted for 5% of attendances.

2.3 Next care following ED attendance with self-harm and ideation

Admission to the general hospital occurred in 39% of attendances and admission to a psychiatric hospital in 7%. However 5% of people attending the ED with self-harm/ ideation left the ED before they could be seen and assessed by an ED clinician. In the majority of these cases (n=651, 91%) the patient left ED after they had seen the triage nurse with only a small proportion leaving prior to triage (n=64, 9%). A further 3% left after seeing an ED clinician but before their care was complete.

In 42% of self-harm cases and 42% of ideation cases, the patient had consumed alcohol around the time of the attendance which influences their subsequent care.

A more detailed analysis of self-harm and ideation presentations are provided separately in the following sections of this report.

3.0 Self-harm presentations

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

For the period from 1st April 2019 to 31st March 2020, the Registry recorded 8,945 self-harm attendances to EDs in Northern Ireland. Overall there was a 3% reduction in the number of self-harm presentations in 2019/20 compared to the previous year as detailed in Table 1.

Of the recorded 8,945 self-harm attendances in 2019/20, there were 4,275 male and 4,670 female self-harm presentations over the 12 month period (Table 1).

Table 1 Number of self-harm presentations to EDs in Northern Ireland, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All Presentations	
	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year
2012/13	4,139	-	4,140	-	8,279	-
2013/14	4,202	+1.5%	4,254	+2.8%	8,456	+2.1%
2014/15	4,459	+6.1%	4,426	+4.0%	8,885	+5.1%
2015/16	4,424	<1%	4,686	+5.9%	9,110	+2.5%
2016/17	4,316	+2.4%	4,429	-5.5%	8,745	-4.0%
2017/18	4,333	<1%	4,794	+8.2%	9,127	+4.4%
2018/19	4,479	+3.4%	4,763	<1%	9,242	+1.3%
2019/20	4,275	-4.5%	4,670	-1.9%	8,945	-3.2%

Given that one individual may have made multiple presentations, the recorded 8,945 episodes in 2019/20 were made by 6,176 individuals, summarised in Table 2.

Table 2 Individual persons presenting with self-harm to EDs in Northern Ireland, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All Persons	
	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year
2012/13	2,976	-	3,001	-	5,977	-
2013/14	2,987	<1%	2,997	<1%	5,984	<1%
2014/15	3,021	+1.1%	3,005	<1%	6,026	<1%
2015/16	2,982	-1.3%	3,155	+5.0%	6,137	+1.8%
2016/17	2,914	-2.3%	3,025	-4.1%	5,939	-3.2%
2017/18	2,968	+1.8%	3,139	+3.7%	6,107	+2.8%
2018/19	3,142	+5.9%	3,193	+1.7%	6,335	+3.7%
2019/20	3,015	-4.0%	3,161	-1.0%	6,176	-2.5%

Note: Total individual persons does not equal sum of individual years

3.2 Variation in self-harm presentations to ED by month

The number of self-harm presentations by month over the past three years is set out in Figure 2. There is usually variation from month to month in any given year as outlined in previous Registry reports. During March 2020, which includes the weeks immediately preceding the introduction of 'lockdown' on 23rd March, there were 21% fewer self-harm presentations than in the same month in the previous two years (636 in March 2019/20 vs 807 in March 2018/19 and 806 in March 2017/18). Patients may have been fearful of attending the EDs due to the risk of contracting COVID infection. However it can also be seen that there were lower numbers of self-harm presentations during the period September to December 2019 than in the previous two years so it is not clear to what extent the fall in March 2020 was related to COVID-19.

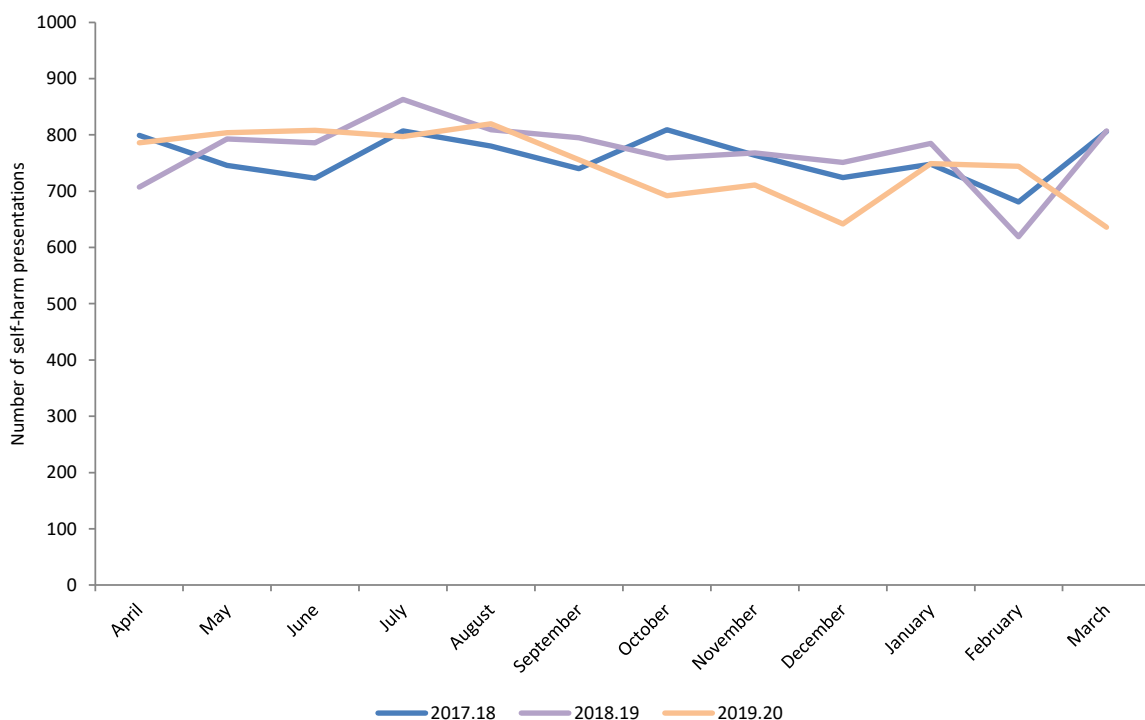


Figure 2: Self harm presentations to EDs by month (2017/18 to 2019/20).

3.3 Methods of self-harm

Table 3 details the methods involved in self-harm presentations in Northern Ireland. The most common method of self-harm in 2019/20 was drug overdose, which was involved in almost two-thirds (64%) of all self-harm presentations. Self-cutting was the only other common method of self-harm, present in 27% of all presentations.

Over the eight-year period from 2012/13, the proportion of self-harm attendances to ED involving drug overdose decreased by 11% while increases were observed in the proportion of cases involving attempted drowning (+4%), self-cutting (+4%), and attempted hanging (+2%). Although this is a regional report where data is not presented by geographical area, it is worth pointing out that the concerning rise in attempted drowning presentations in the Western area reported in 2018/19 has notably reduced between 2018/19 (n=423) and 2019/20 (n=323). The Registry is reviewing the

categorisation of attempted drowning and attempted hanging cases in an attempt to better understand the nature of these presentations.

Alcohol was involved in 42% of self-harm presentations. This has reduced from 51% in 2012/13.

Table 3 Percentage method involved in self-harm presentations, 2012/13 to 2019/20.

Year	Drug overdose	Self-cutting	Self-poisoning	Attempted hanging	Attempted drowning
2012/13	74.9%	23.1%	1.1%	3.8%	1.0%
2013/14	73.7%	23.8%	1.1%	3.6%	1.3%
2014/15	71.9%	26.4%	1.7%	3.9%	1.4%
2015/16	70.5%	25.8%	1.2%	4.9%	3.0%
2016/17	68.2%	26.6%	1.5%	5.2%	3.2%
2017/18	64.3%	29.6%	1.4%	4.8%	4.2%
2018/19	63.1%	27.3%	1.0%	5.8%	6.2%
2019/20	64.4%	26.8%	0.9%	6.2%	5.2%

3.4 Repetition of self-harm

There were 6,176 individuals treated for 8,945 self-harm episodes over the 12-month period from April 2019 to March 2020. This implies that almost one-third (31%) of the presentations were due to repeat acts.

Of the 6,176 individuals, 1,253 (20%) made at least one repeat presentation to hospital with self-harm in 2019/20. Repetition rates in 2019/20 are slightly higher for males than females. Repetition rates continued to show a small reduction in 2019/20 to 20.3%, from a peak of 21.5% in 2016/17 (Table 4).

Table 4 Repetition rate within the 12 months studied, 2012/13 to 2019/20.

Northern Year	Male		Female		All Presentations	
	Repetition Rate	% change from previous year	Repetition Rate	% change from previous year	Repetition Rate	% change from previous year
2012/13	19.8%	-	18.0%	-	18.9%	-
2013/14	20.5%	+0.7%	19.1%	+1.1%	19.8%	+0.9%
2014/15	21.9%	+1.4%	19.7%	+0.6%	20.8%	+1.0%
2015/16	21.4%	-0.5%	21.2%	+1.5%	21.3%	+0.5%
2016/17	21.8%	+0.4%	21.3%	+0.1%	21.5%	+0.2%
2017/18	21.9%	+0.1%	20.9%	-0.4%	21.4%	-0.1%
2018/19	20.7%	-1.2%	20.7%	-0.2%	20.7%	-0.7%
2019/20	20.9%	+0.2%	19.6%	-1.1%	20.3%	-0.4%

3.5 Self-harm behaviour in young people (under 18 years)

Self-harm presentations by those under 18 years of age contributed to 11% (n=984) of all self-harm presentations during 2019/20. This is a slight increase from 10% of all presentations in 2018/19. The majority of these self-harm presentations were female (75%) (Table 5).

Table 5 Number of self-harm presentations by young people under 18 years, 2012/13 to 2019/20.

Northern Ireland	Male <18 yrs		Female < 18 yrs		All Presentations <18 yrs	
	Number	% difference from previous year	Number	% difference from previous year	Number	% difference from previous year
2012/13	216	-	566	-	782	-
2013/14	269	+25%	597	+5%	866	+11%
2014/15	296	+10%	698	+17%	994	+15%
2015/16	262	-11%	788	+13%	1050	+6%
2016/17	268	+2%	687	-13%	955	-9%
2017/18	257	-4%	839	+22%	1096	+15%
2018/19	276	+7%	692	-18%	968	-12%
2019/20	242	-12%	742	+7%	984	+2%

3.6 Referral for specialist mental health assessment following self-harm

In 2019/20 there was documented evidence in ED notes regarding referral/the need for referral to mental health services for assessment in 82% of people presenting with self-harm (Table 6). The subsequent assessment may take place while in the ED, next day in the community or during the hospital admission depending on individual circumstances.

The Registry can confirm that of those referred for assessment, 32% had the assessment carried out while in the ED. The Registry does not collect data about whether patients referred for assessments in the wards or community have the assessment carried out. In 2019/20, for the first time, the Registry has recorded the numbers of cases who were offered a referral to mental health services but refused (2%).

The Registry team is working with Trusts to further examine the data in relation to those individuals who appear not to be referred for specialist assessment according to Registry records. In 4% of self-harm presentations, patients leave the ED before seeing a clinician and therefore miss the opportunity to be referred by ED clinicians for this reason, although may be referred by other professionals at a later point. An additional 3% left the ED before their care was complete and therefore may leave without waiting for an assessment by a mental health professional.

Table 6 Referral for specialist mental health assessment following self-harm.

	Number (%)
Numbers of self-harm presentations	8,945
Number of presentations where referral /need for referral for specialist psychosocial assessment was documented. (% of all self harm presentations)	7,301 (82%)
Number of presentations where referral for specialist assessment was offered but declined by the patient (% of all self harm presentations)	180 (2%)
Number of presentations where specialist psychosocial assessment was carried out while in the ED (% of all self harm presentations)	2,857 (32%)

3.7 Incidence rates of self-harm in Northern Ireland

European age-standardised rates (EASR) of self-harm were calculated to establish the incidence of self-harm in Northern Ireland. Based on the reported data, the age standardised rate of self-harm in 2019/20 for Northern Ireland was 351 per 100,000. The male rate was 342 per 100,000 and 362 per 100,000 for females (Table 7).

The rate of self-harm in 2019/20 decreased by 3% compared to the previous year (4% decrease in males and 1% decrease in females).

The rate in 2019/20 was 5% higher than in 2012/13 (334 per 100,000). The male rate of self-harm increased by 2% over this period, while the female rate of self-harm increased by 8%.

Table 7 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All	
	Rate	% change from previous year	Rate	% change from previous year	Rate	% change from previous year
2012/13	336	-	334	-	334	-
2013/14	339	+1%	335	+<1%	336	+1%
2014/15	343	+1%	337	+1%	340	+1%
2015/16	338	-1%	356	-6%	346	+2%
2016/17	330	-2%	341	-4%	335	-3%
2017/18	337	+2%	356	+4%	346	+3%
2018/19	357	+6%	365	+3%	361	+4%
2019/20	342	-4%	362	-1%	351	-3%

In 2019/20 the highest rate of self-harm in Northern Ireland was observed among 15 – 19 year old females and 20 – 24 year old males, with peak rates of 1,126 per 100,000 for females and 898 per 100,000 for males in these age groups (figure 3).

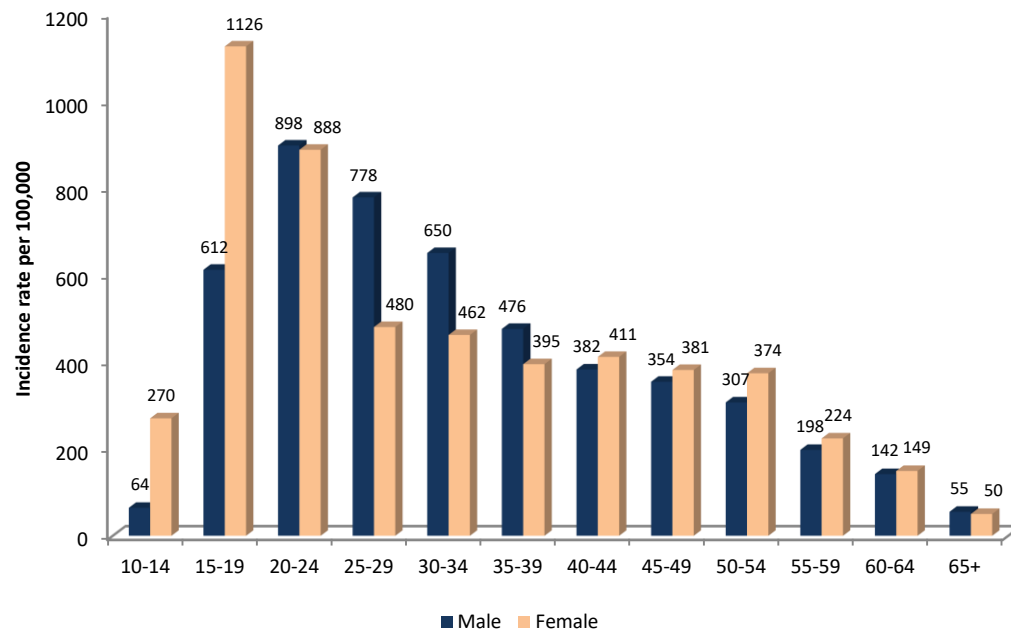


Figure 3: Incidence rate of self-harm per 100,000 in Northern Ireland by age and gender, 2019/20.

4.0 Ideation presentations

4.1 Number of ideation presentations to EDs in Northern Ireland

In total there were 5,696 ideation presentations recorded during 2019/20. The number of ideation presentations has increased by 78% between 2012/13 and 2019/20 (69% for males and 96% for females).

A larger proportion of ideation presentations were attributable to males (63%), in contrast to the more even gender balance among self-harm presentations.

Table 8 Number of ideation presentations to EDs in Northern Ireland, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All	
Year	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year
2012/13	2,131	-	1,068	-	3,199	-
2013/14	2,371	+11%	1,253	+17%	3,624	+13%
2014/15	2,449	+3%	1,291	+3%	3,740	+3%
2015/16	2,575	+5%	1,345	+4%	3,920	+5%
2016/17	2,699	+5%	1,556	+16%	4,255	+9%
2017/18	3,102	+15%	1,682	+8%	4,784	+12%
2018/19	3,418	+10%	1,985	+18%	5,403	+13%
2019/20	3,605	+5%	2,091	+5%	5,696	+5%

These 5,696 ideation presentations were made by 4,062 individuals (2,528 males and 1,534 females), Table 9.

Table 9 Individual persons presenting with ideation to EDs in Northern Ireland, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All persons	
Year	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year
2012/13	1,476	-	823	-	2,299	-
2013/14	1,657	+12%	959	+17%	2,616	+14%
2014/15	1,673	+1%	945	-1%	2,618	+<1%
2015/16	1,745	+4%	984	+4%	2,729	+4%
2016/17	1,804	+3%	1,112	+13%	2,916	+7%
2017/18	2,076	+15%	1,234	+11%	3,310	+14%
2018/19	2,408	+16%	1,484	+20%	3,892	+18%
2019/20	2,528	+5%	1,534	+3%	4,062	+4%

4.2 Variation in ideation presentations to ED by month

Similarly to self-harm there was a fall in the number of presentations to the ED with ideation during March 2020, however there was a more marked reduction for ideation presentations than for self-harm presentations during this early part of the COVID-19 pandemic. There were 57% fewer ideation presentations in March 2020 compared to March 2019 (319 vs 501 presentations).

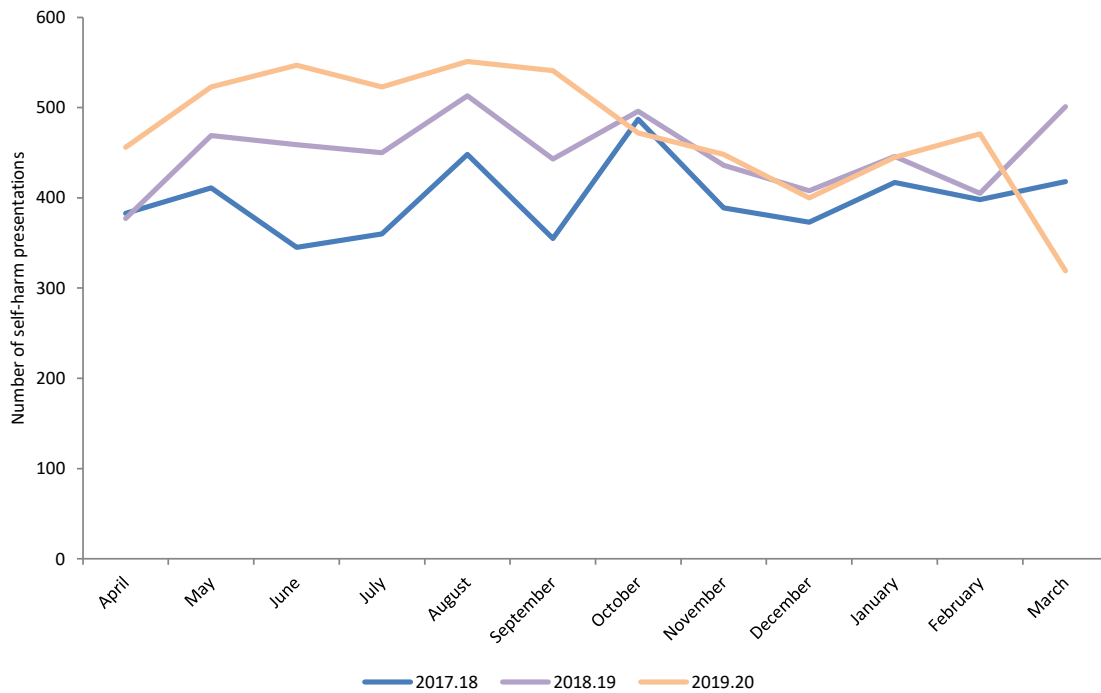


Figure 4: Ideation presentations by month (2017/18 to 2019/20).

4.3 Ideation repetition

The repetition rates for ideation are slightly higher for males than females as detailed in Table 10. During 2019/20, 20% of males made at least one repeat act of ideation within the 12 months compared to 19% of females. Overall, there has been a slight decrease in repetition rates for ideation since the peak in 2016/17.

Table 10 Ideation repetition rate within 12 months, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All Presentations	
	Repetition Rate	% change from previous year	Repetition Rate	% change from previous year	Repetition Rate	% change from previous year
2012/13	19.7%	-	17.5%	-	18.9%	-
2013/14	20.2%	+0.5%	18.0%	+0.5%	19.4%	+0.5%
2014/15	20.6%	+0.4%	17.2%	-0.8%	19.4%	-
2015/16	21.0%	+0.4%	18.5%	+1.3%	20.1%	+0.7%
2016/17	21.4%	+0.4%	18.8%	+0.3%	20.4%	+0.3%
2017/18	20.7%	-0.7%	17.9%	-0.9%	19.6%	-0.8%
2018/19	19.6%	-1.1%	17.7%	-0.2%	18.9%	-0.7%
2019/20	20.3%	+0.7%	18.8%	+1.1%	19.8%	+0.9%

4.4 Ideation presentations in young people (under 18 years)

There were 381 Ideation presentations made by those under 18 years of age which continues the upward trend in this group and is a 2% increase on the previous year as outlined in Table 11. Ideation presentations in under 18 year olds represent 7% of all ideation presentations made during 2019/20. This is similar to the previous year.

Table 11 Number of ideation presentations by young people under 18 years, 2012/13 to 2019/20.

Northern Ireland	Male <18 yrs		Female < 18 yrs		All Presentations <18 yrs	
	Number	% difference from previous year	Number	% difference from previous year	Number	% difference from previous year
2012/13	80	-	63	-	143	-
2013/14	86	+8%	87	+38%	173	+21%
2014/15	89	+4%	81	-7%	170	-2%
2015/16	103	+16%	115	+42%	218	+28%
2016/17	126	+22%	162	+41%	288	+32%
2017/18	123	-2%	148	-9%	271	-6%
2018/19	165	+34%	208	+41%	373	+38%
2019/20	156	-5%	225	+8%	381	+2%

4.5 Referral for specialist mental health assessment following ideation

In 2019/20 there was documented evidence in ED notes regarding referral to mental health services for assessment in 86% of people presenting with ideation (Table 12). The subsequent assessment may take place while in the ED, next day in the community or during the hospital admission

depending on individual circumstances. The Registry can confirm that of those referred for assessment, 41% had the assessment carried out while in the ED. The Registry does not collect data about whether patient referred for assessments in the wards or community have the assessment carried out. In 2019/20, for the first time, the Registry has recorded the numbers of cases who were offered a referral to mental health services but refused (1%).

The Registry team is currently working with Trusts to further examine the data in relation to those individuals who appear not to be referred for specialist assessment according to Registry records. In 6% of ideation presentations, patients leave the ED before seeing a clinician and therefore miss the opportunity to be referred by ED clinicians for this reason, although may be referred by other professionals at a later point. An additional 3% left ED before their care was complete and may not have waited for assessment by a mental health professional.

Table 12 Referral for specialist mental health assessment following ideation.

	Number (%)
Numbers of ideation presentations	5696
Number of presentations where referral /need for referral for specialist psychosocial assessment was documented. (% of all ideation presentations)	4922 (86%)
Number of presentations where referral for specialist assessment was offered but declined by the patient (% of all ideation presentations)	80 (1%)
Number of presentations where specialist psychosocial assessment was carried out while in the ED (% of all ideation presentations)	2340 (41%)

4.6 Incidence rates of ideation in Northern Ireland

The age standardised rate of ideation in 2019/20 for Northern Ireland was 229 per 100,000. The male rate was 285 per 100,000 and 173 per 100,000 for females (Table 13). The rate of ideation in 2019/20 increased by 5% compared to the previous year (5% increase in males and 4% increase in females).

The rate in 2019/20 was 79% higher than in 2012/13 (128 per 100,000). The male rate of ideation increased by 72% during this period, while the female rate of ideation increased by 90%.

Table 13 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following ideation, 2012/13 to 2019/20.

Northern Ireland	Male		Female		All	
Year	Rate	% change from previous year	Rate	% change from previous year	Rate	% change from previous year
2012/13	166	-	91	-	128	-
2013/14	188	+13%	106	+16%	147	+15%
2014/15	189	+1%	105	-1%	147	0%
2015/16	198	+5%	110	+5%	153	+4%
2016/17	204	+3%	123	+12%	163	+7%
2017/18	234	+15%	138	+12%	186	+14%
2018/19	272	+16%	167	+21%	219	+18%
2019/20	285	+5%	173	+4%	229	+5%

In 2019/20 the highest rate of ideation in Northern Ireland was observed among 20 - 24 year old males with a peak rate of 622 per 100,000 in this age group. The highest female rate of ideation was in the 15 – 19 year age group at 432 per 100,000 (figure 5). The rate of ideation was higher for males in all age groups with the exception of the younger age group 10 – 14 years.

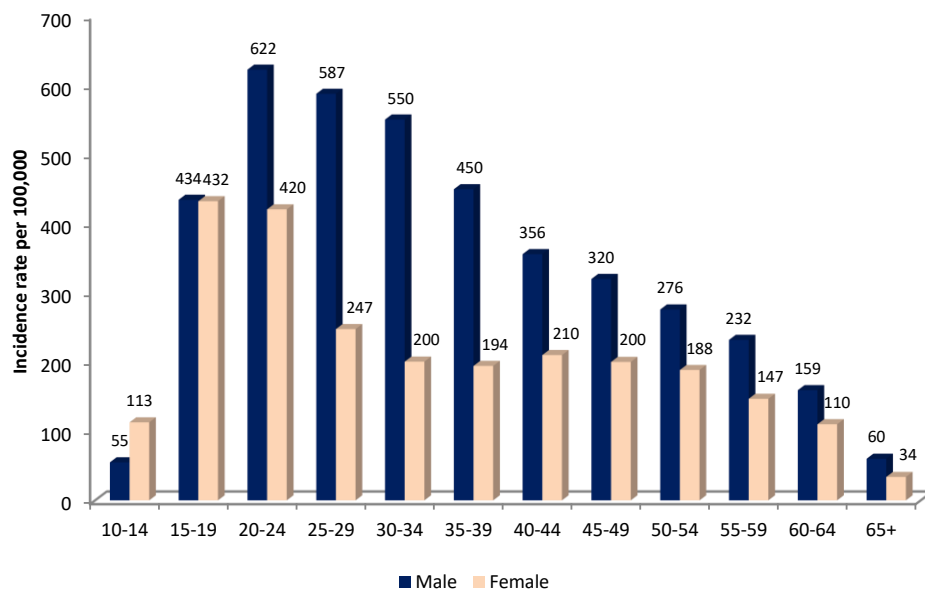


Figure 5: Incidence rate of ideation per 100,000 in Northern Ireland by age and gender, 2019/20.

Appendix 1:

Peer reviewed publications using data from the Northern Ireland Registry of Self-harm

Corcoran, P., Griffin, E., O'Carroll, A., Cassidy, L., & Bonner, B. (2016). 'Hospital-treated deliberate self-harm in the Western area of Northern Ireland.' *Crisis* 36(2):83–90

Griffin, E., Corcoran, P., Cassidy, L., O'Carroll, A., Perry, IJ., and Bonner, B. (2014) 'Characteristics of hospital-treated intentional drug overdose in Ireland and Northern Ireland.' *BMJ Open*. 4(7):e005557.

Griffin E, Corcoran P, Cassidy L, et al.
Characteristics of hospital-treated intentional drug overdose in Ireland and Northern Ireland.
BMJ Open 2014;4:e005557.

Griffin, E., Arensman, E., Perry, IJ., Bonner, B., O'Hagan, D., Daly, C., and Corcoran, P. (2017) 'The involvement of alcohol in hospital-treated self-harm and associated factors: findings from two national registries.' *Journal of Public Health* 40(2):e157–e163

Griffin, E., Bonner, B., Dillon, CB., O'Hagan, D., Corcoran, P. (2019) 'The association between self-harm and area-level characteristics in Northern Ireland: an ecological study.' *Eur J Public Health* 29:948–53.

Griffin, E., Bonner, B., O'Hagan, D., Griffin, Kavalidou, K., Corcoran, P. (2019) 'Hospital-presenting self-harm and ideation: Comparison of incidence, profile and risk of repetition.' *General Hospital Psychiatry* 61:76–81

Griffin, E., Kavalidou, K., Bonner, B., O'Hagan, D. and Corcoran, P. (2020) 'Risk of repetition and subsequent self-harm following presentation to hospital with suicidal ideation: A longitudinal registry study'. *E Clinical Medicine* 23:100378

Maguire, A., Ross, E., Tseliou, F., O'Hagan, D., and O'Reilly, D. (2019) 'What happens after self-harm? An exploration of self-harm and suicide using the Northern Ireland Registry of Self-Harm' *International Journal of Population Data Science* 4(3)

Maguire, A. and McKenna, S. (2020) 'Children's Mental Health and Social Care in Northern Ireland.' *Administrative Data Research – Northern Ireland*. <https://doi.org/10.17034/TDW9-S778>