Northern Ireland Self-harm Registry

Regional Report

2022/23 & 2023/24

Information for the media

There is strong evidence that sensationalist media reports about suicide can lead to subsequent additional suicidal behaviours (suicides and suicide attempts). Media professionals should exercise caution in reporting on suicide ideation and self-harm, balancing the public's "right to know" against the risk of causing harm. It is therefore important that those reporting on Self-Harm Registry statistics adhere to the guidelines of safe reporting from WHO/ IASP and Samaritans.

Lifeline - Northern Ireland's Crisis Helpline, available 24/7 and free to call. Phone 0808 808 8000

Samaritans - Freephone 116 123

Minding Your Head

Foreword

Northern Ireland is one of the few countries to have a comprehensive country-wide self-harm monitoring system. The Registry collects data regarding attendances to all eleven hospital Emergency Departments with self-harming behaviour, and in addition it also uniquely collects data in relation to attendances with ideation (thoughts of self-harm and suicide where no act has taken place).

The Self Harm Registry was established across the whole of Northern Ireland in 2012 by the Public Health Agency. This report outlines the findings of the Registry for the two-year period 1st April 2022 to 31st March 2024 and trends over time.

This report is intended to enhance our understanding of the issues of self-harming behaviour and ideation and be of use to those involved in policy, planning and delivery of services for people who experience these difficult issues. In particular this report will inform work currently underway under the Mental Health Strategy (2021-2031) and the Protect Life 2 Strategy (2019-2027). These strategies encourage help-seeking and the further development of services in the statutory and non-statutory sectors to address mental health problems and to prevent suicide, such as the creation of a regionally consistent Crisis Service for Northern Ireland and the implementation of the 'Suicide Prevention Care Pathway'.

The Registry data is a very useful resource which can be used for research purposes, for example by linking Registry data to other datasets to examine outcomes and to identify potentially modifiable risk factors which will assist our efforts to prevent self-harm and suicide. The Registry team work closely with researchers in Northern Ireland and the Republic of Ireland to facilitate such research.

I would like to take this opportunity to acknowledge the partnership and support of the National Suicide Research Foundation, Cork in relation to data analysis, technical and scientific support; the five Health and Social Care Trusts; the work of the Trust Data Registration Officers in the data collection process; and the staff team within the PHA for the management and production of the report.

By highlighting the scale of self-harming thoughts and behaviours it is hoped that this will enable resources to be appropriately aligned to provide timely access to assessment, care and support for people who experience these difficult issues. The findings of the report highlight the importance of addressing mental wellbeing across all sectors of our society.

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1.0 Executive Summary

1.1 Introduction

This Executive Summary provides an overview of the key findings from the Self-harm Registry for the period 1 April 2022 to 31 March 2024.

This information highlights the demands on Emergency Departments (EDs) in relation to self-harm and ideation, and will be useful to commissioners and HSC Trusts to inform service planning.

1.2 Key findings

1.2.1 Self-harm and ideation presentations combined

- During 2023/24, presentations involving an act of self-harm and presentations with thoughts of self-harm or suicide accounted for 13,575 attendances to ED compared to 14,494 in the previous year (2022/23). This represents 1.9% of all attendances to Type 1 and Type 2 EDs in Northern Ireland in 2023/24 and 2.0% in 2022/23. Over the two-year period, 54% of these overall presentations were due to acts of self-harm (n=15,096). Considering both types of presentations together, there has been an 8% rise in presentations to ED over the ten year period since 2014/15.

- The majority of these presentations were among adults aged 18 to 64 years (88% in both 2022/23 and 2023/24). Under 18 year olds accounted for 9% of self-harm and ideation attendances in 2022/23 and 2023/24 which is a decrease from the peak of 12% recorded in 2021/22 and a return to pre-pandemic proportions. People aged over 65 years accounted for 3% of attendances in both years, showing a small rise from 2% in 2014/15.

- People experiencing homelessness accounted for 6% (n=802) of all self-harm and ideation presentations in 2023/24 and 4% (n=642) in 2022/23.

1.2.2 Self-harm

- For the period from 1 April 2023 to 31 March 2024, the Registry recorded 7,071 self-harm presentations to EDs in Northern Ireland, made by 4,849 individuals. There was a 12% reduction in the number of self-harm presentations in 2023/24 compared to the previous year (2022/23).

- Over the ten-year period (2014/15 to 2023/24) there has been a 20% reduction in self-harm attendances to EDs.

- In 2023/24, there were 3,914 (55%) female presentations and 3,157 (45%) male presentations. The gender balance of self-harm presentations has changed slightly over the ten-year period whereby in 2014/15, it was 50% male and 50% female.

1.2.2.1 Self-harm among under 18 year olds

- Self-harm presentations by those under 18 years of age accounted for 13% of all self-harm presentations in both years 2022/23 and 2023/24. This is a decrease from 15% of all self-harm presentations reported in 2021/22.

- In 2023/24, the majority of self-harm presentations among those aged under 18 years were made by girls (82%). The number of presentations among girls has decreased by 28% since a peak in 2021/22.

1.2.2.2 Methods of self-harm

- The most common method of self-harm in 2022/23 and 2023/24 was intentional drug overdose, accounting for 61% all self-harm presentations in both years. Self-cutting was also a common method of self-harm, involved in 28% of all self-harm presentations in both years.

- There have been some changes in methods of self-harm over the ten-year period, April 2014 to March 2024. The proportion of cases involving intentional drug overdose has reduced from 72% in 2014/15 to 61% in 2023/24, while the proportion of cases involving self-cutting has increased from 26% to 28%. The proportion involving attempted hanging has increased from 4% to 8% and the proportion of attempted drowning cases[1] has increased from 1% to 5%.

- The proportion of cases in which alcohol was involved in the act of self-harm has fallen from 48% in 2014/15 to 38% in 2023/24.

1.2.2.3 Repetition of self-harm

- In 2023/24, 19.2% of individuals made at least one repeat presentation to hospital within that 12 month period with self-harm compared to 21.2% the previous year (2022/23). Repetition rates have decreased by 1.6% over the ten year period from 20.8% in 2014/15.

1.2.2.4 Next care and referral for mental health assessment for people who present to ED with self-harm

- In 2023/24, 23% (n=1,612) of people presenting to ED with self-harm were admitted to a general hospital and 7% were admitted to a psychiatric hospital. The proportions admitted varied across the Trusts.

[1] **Attempted drowning data includes cases where the person did not enter the water, for example the act of self-harm was interrupted by a third party and the person was removed from the waters' edge / bridge over water – see Section 3.5.*

- In 2023/24, there was documented evidence in ED notes that 82% of people presenting with self-harm either had a mental health assessment carried out while in ED or were referred for mental health assessment to be carried out. There was variation across the five Trusts.

1.2.2.5 Self-harm rates

- The overall age-standardised rate of hospital presenting self-harm in 2023/24 for Northern Ireland was 275 per 100,000. The male rate was 263 per 100,000 and the female rate was 291 per 100,000. The highest rate of self-harm presentations was observed in the WHSCT area.

- Between 2022/23 and 2023/24, the rate of self-harm for all persons decreased by 8%. The reduction in rates was similar for males (7%) and females (8%).

- In 2023/24, the highest rate of self-harm was observed among 15 to 19 year old females and among 25 to 29 year old males, with rates of 889 per 100,000 and 636 per 100,000 respectively.

- The rate of self-harm for Northern Ireland was 19% lower in 2023/4 than in 2014/15 (340 per 100,000). The male rate of self-harm decreased by 23% during this ten-year period while the female rate decreased by 14%.

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.

- For the period from 1 April 2023 to 31 March 2024, the Registry recorded 6,504 ideation presentations to EDs in Northern Ireland, made by 4,310 individuals.

- During 2022/23 there was a 14% rise in the number of ideation presentations compared to the previous year. This was followed by an increase of 1% between 2022/23 and 2023/24.

- In 2023/24, there were 3,998 (61%) male presentations and 2,506 (39%) female presentations to EDs for ideation. The gender balance of ideation presentations has changed slightly over the ten-year period whereby in 2014/15, it was 65% male and 35% female.

1.2.3.1 Ideation among under 18 year olds

- Patients aged under 18 years accounted for 5% of all ideation presentations in both 2022/23 and 2023/24. The number of ideation presentations in this age group has decreased by 10% from its a peak in 2021/22.

- In 2023/24, 22% of people presenting to EDs with ideation had a repeat attendance with ideation within the 12 month period. Repetition rates for ideation have increased slightly over the ten year period from 19% in 2014/15.

1.2.3.2 Next care and mental health assessment for people who present to ED with ideation

- In 2023/24, 10% of ideation presentations resulted in admission to the general hospital, and 10% resulted in admission to a psychiatric hospital. This varied between Trusts as outlined in this report.

- In 2023/24 there was documented evidence in ED notes that 87% of presentations with ideation either had a mental health assessment while in the ED or were referred to mental health services for assessment. This varied between Trusts.

1.2.3.3 Ideation rates

- The overall age-standardised rate of hospital presenting ideation in 2023/24 for Northern Ireland was 243 per 100,000. The male rate was 298 per 100,000 and the female rate was 190 per 100,000. The highest ideation rate was observed in the WHSCT area.

- In 2023/24 ideation rates were higher for males than females across all age groups with the exception of 10 to 19 year olds, where the female rate exceeded the male rate. The highest ideation rate was observed among 25 to 29 year old males with a rate of 669 per 100,000. Among females, the highest ideation rate occurred in the 20 to 24 year age group at 410 per 100,000.

- The ideation rate for Northern Ireland in 2023/24 was 65% higher than in 2014/15 (147 per 100,000). The male rate of ideation increased by 58% during this ten-year period while the female rate increased by 81%.

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2.0 Overview of self-harm and ideation presentations combined

2.1 Number of presentations and trends

The Self-harm Registry was established in 2012 across Northern Ireland and collects data from all Type 1 and 2 Emergency Departments (EDs) in relation to presentations with an act of self-harm. In addition, and unique to Northern Ireland, data is also collected on presentations with ideation only (thoughts of self-harm or suicide), where no act has taken place.

In total there were 13,575 presentations to EDs in Northern Ireland with acts of self-harm or ideation in 2023/24 compared to 14,494 presentations in 2022/23. This represents 1.9% of all attendances (n=724,066) to Type 1 and 2 EDs in Northern Ireland in 2023/24 and 2.0% of all attendances (n=729,356) to Type 1 and 2 EDs in Northern Ireland in 2022/23.

Figure 1 shows the trend in the numbers of both self-harm and ideation presentations since the Registry was established regionally in 2012/13. An upward trend in ideation presentations can be seen between 2012/13 and 2023/24 while there has been a slight downward trend in relation to self-harm presentations during this period. During 2020/21 there was a decrease in both self-harm and ideation presentations which may have been associated with the Covid-19 pandemic. This downward trend has continued for self-harm presentations but in contrast ideation presentations have continued to rise.

Over the three year period 2021/22 to 2023/24, self-harm presentations decreased by 13% while ideation presentations rose by 15%. In 2023/24 the Registry recorded the lowest number of self-harm presentations since it was established in 2012/13.

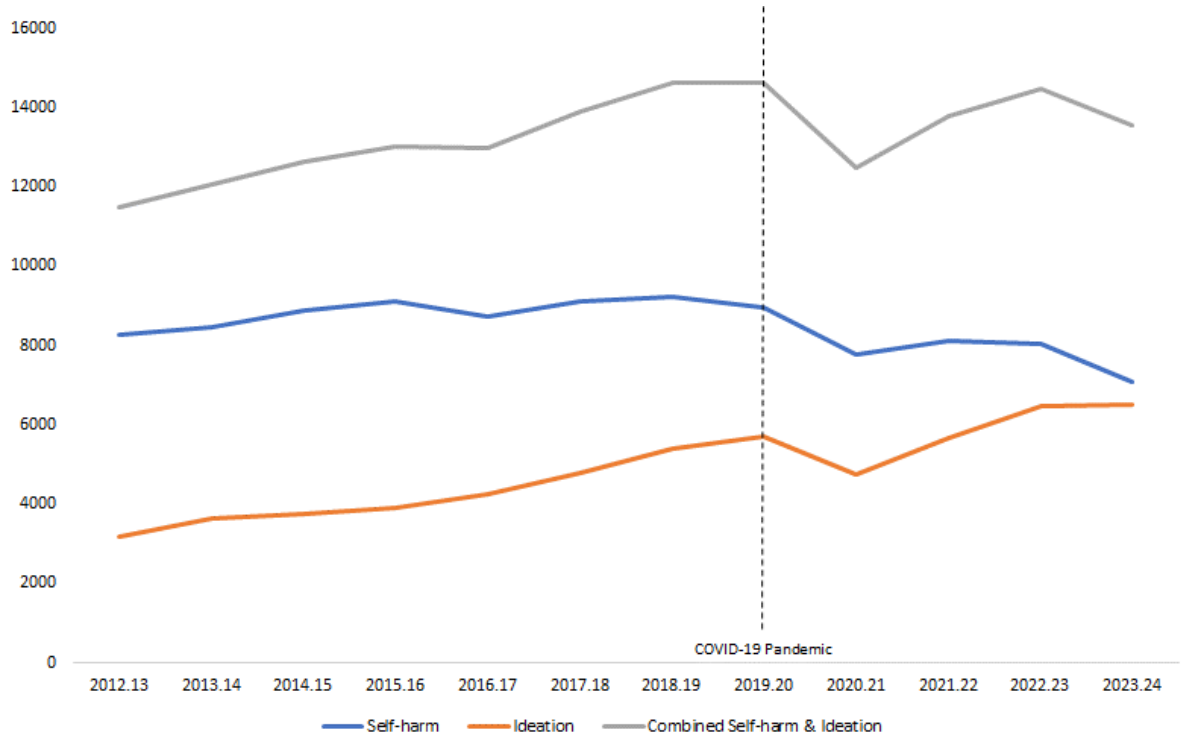


Figure 1: Number of self-harm and ideation presentations to EDs in Northern Ireland, 2012/13 to 2023/24.

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

In 2023/24 the majority (88%) of presentations were among adults aged 18-64 years. Under 18 year olds accounted for 9% and people aged 65 years and over accounted for 3% of attendances (Table 1).

Table 1 Number of self-harm and ideation presentations combined by age group, 2014/15 to 2023/24.

Year	Under 18 years		18 – 64 years		65+ years	
	Number	% of all self-harm & ideation	Number	% of all self-harm & ideation	Number	% of all self-harm & ideation
2014/15	1,164	9%	11,247	89%	214	2%
2015/16	1,268	10%	11,521	88%	241	2%
2016/17	1,243	10%	11,434	88%	323	2%
2017/18	1,367	10%	12,227	88%	317	2%
2018/19	1,341	9%	12,945	88%	359	2%
2019/20	1,365	9%	12,902	88%	374	3%
2020/21	1,401	11%	10,770	86%	330	3%
2021/22	1,636	12%	11,747	85%	420	3%
2022/23	**1,332**	**9%**	**12,697**	**88%**	**465**	**3%**
2023/24	**1,248**	**9%**	**11,922**	**88%**	**405**	**3%**

The proportion of presentations from different age groups has remained broadly stable in the past 10 years as illustrated in Table 1. The proportion of presentations from under 18-year olds has decreased from the peak of 12% in 2021/22 returning to 9% in 2023/24.

2.3 Presentations by time of occurrence

The number of self-harm and ideation presentations to hospital EDs in 2023/24 is presented by hour of attendance in Figure 2. There was an increase in the frequency of self-harm and ideation presentations over the course of the day, with peak time of presentations for ideation at 6pm, while the peak time for self-harm was 11pm.

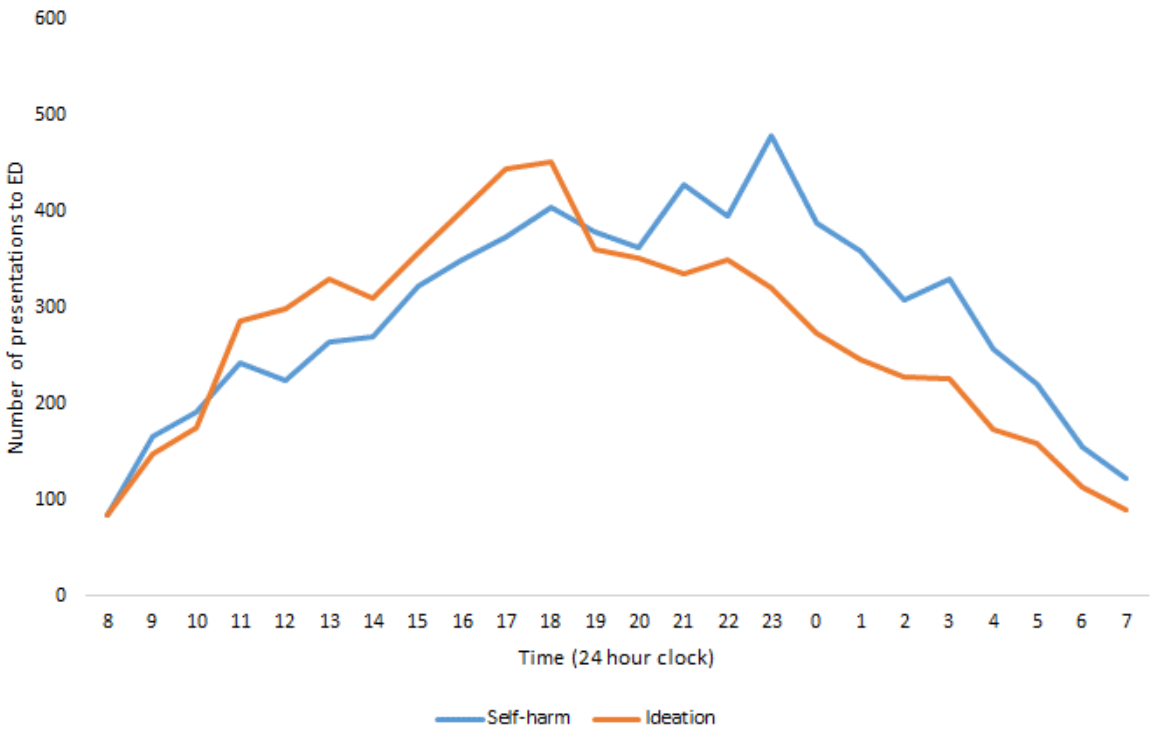


Figure 2: Number of self-harm and ideation presentations by time of attendance, 2023/24.

The pattern of self-harm and ideation presentations by weekday and time of attendance is presented in Figure 3. Considering presentations made on weekdays (Monday to Friday), 33% were made between the hours of 9am until 5pm, with 30% made between 5pm until 10pm and 38% made between 10pm and 9am. For presentations at the weekend (Saturday and Sunday), 30% occurred between 9am until 5pm, 26% between 5pm until 10pm and 43% occurred between the hours of 10pm and 9am.

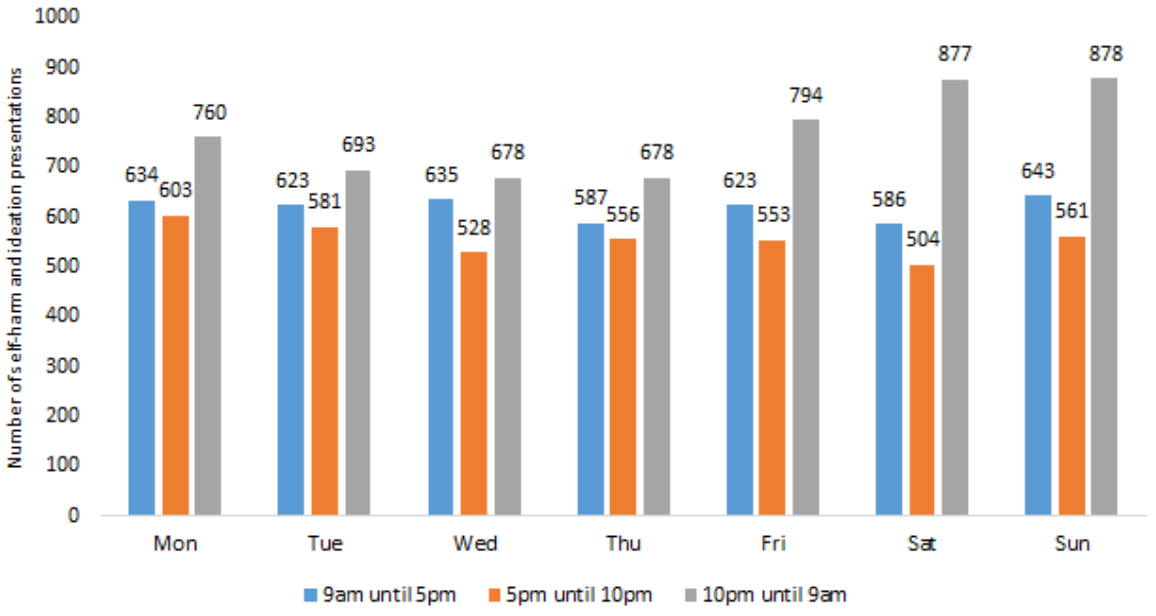


Figure 3: Number of self-harm and ideation presentations by time of attendance and day of the week, 2023/24.

2.4 Mode of arrival to ED

In 2023/24, 33% (n=4,453) of all self-harm and ideation presentations were brought to the ED by ambulance, 20% (n=2,722) were brought by PSNI and a further 2% (n=230) were brought by ambulance accompanied by PSNI. Individuals self-presented to the ED in 45% (n=6,049) of presentations including those who were accompanied by someone (eg. a family member or friend). This includes 521 presentations where the patient was referred to attend ED by their GP.

2.5 Incidence rates of hospital presenting self-harm and ideation in Northern Ireland[2]

European age-standardised rates (EASR) based on area of residence rather than presenting ED were calculated to establish the incidence of hospital presenting self-harm and ideation in Northern Ireland. Based on the reported data, the age standardised rate of self-harm and ideation, combined, in 2023/24 for Northern Ireland was 518 per 100,000 population. The rate was 560 per 100,000 for males and 481 per 100,000 for females.

Figure 4 shows the trend in the incidence rate of self-harm and ideation presentations combined since the Registry was established regionally in 2012/13. The incidence rate of self-harm and ideation, combined, has increased by 12% from 463 per 100,000 in 2012/13.

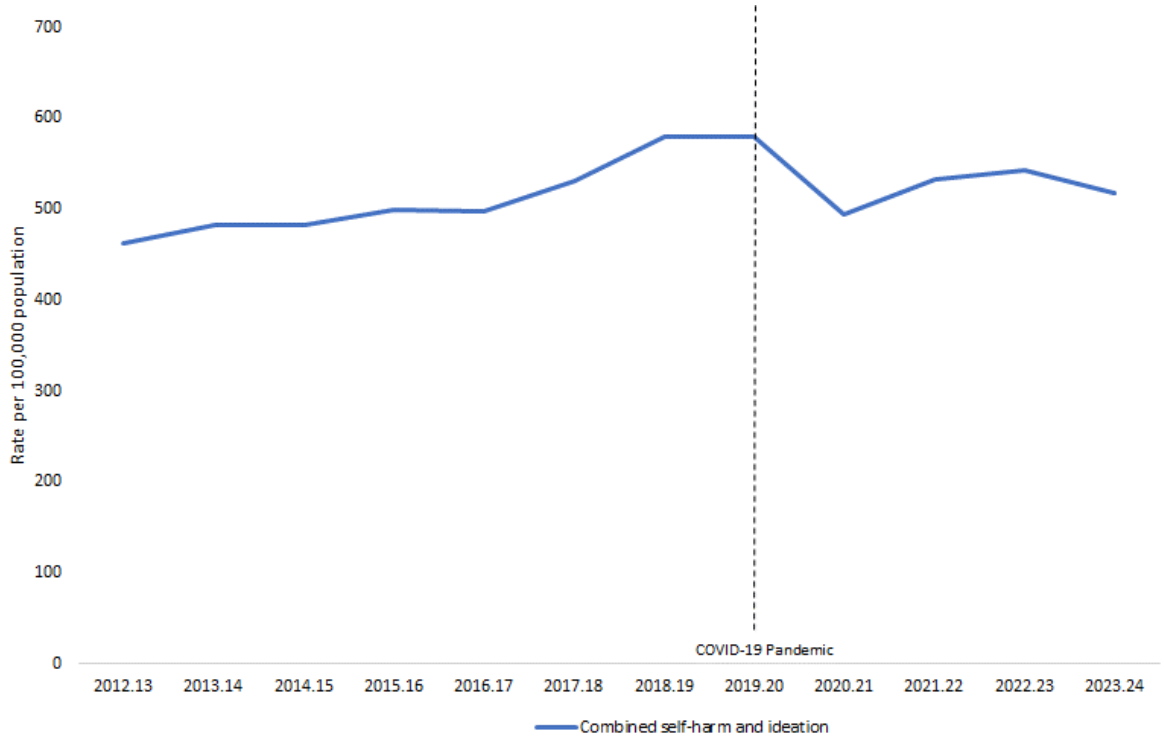


Figure 4: European age-standardised rate of hospital presenting self-harm and ideation combined per 100,000 in Northern Ireland, 2012/13 to 2023/24.

[2] Incidence rates are calculated using Census 2021 main statistics demography tables, published 22 September 2022.

Figure 5 shows the incidence rate per 100,000 population of presentations for self-harm and ideation to EDs in Northern Ireland in 2023/24 by age and gender. The highest rate was observed among 25 to 29 year old males and 15 to 19 year old females, with peak rates of 1,305 per 100,000 for males and 1,224 per 100,000 for females in these age groups.

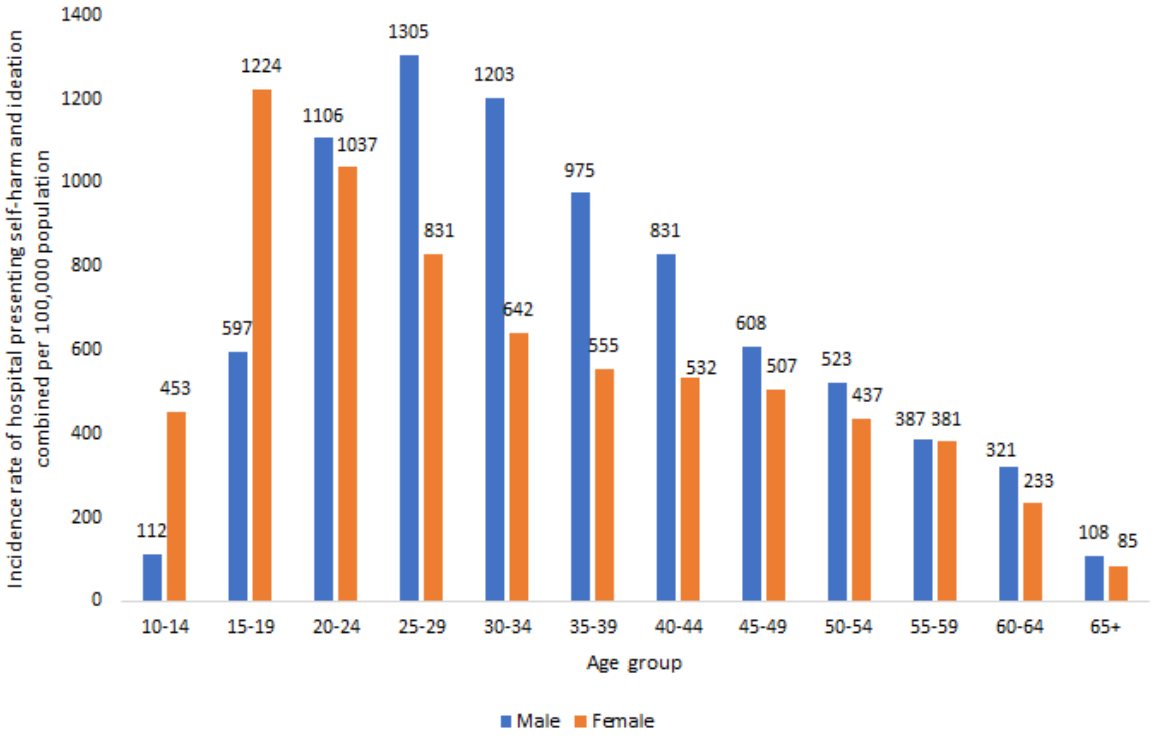


Figure 5: Incidence rate of hospital presenting self-harm and ideation combined per 100,000 in Northern Ireland by age and gender, 2023/24.

3.0 Self-harm presentations to Emergency Departments

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

For the period from 1 April 2023 to 31 March 2024, the Registry recorded 7,071 self-harm attendances to EDs in Northern Ireland which was a 12% decrease in the number of self-harm presentations when compared to 2022/23. During 2022/23 there was a 1% reduction in self-harm presentations compared to 2021/22.

Of the recorded 7,071 self-harm attendances in 2023/24, there were 3,157 (45%) male and 3,914 (55%) female self-harm presentations over the 12-month period (Table 2).

Table 2 Number of self-harm presentations to EDs in Northern Ireland by gender 2014/15 to 2023/24.

Year	Male	Female	All Presentations
2014/15	4,459	4,426	8,885
2015/16	4,424	4,686	9,110
2016/17	4,316	4,429	8,745
2017/18	4,333	4,794	9,127
2018/19	4,479	4,763	9,242
2019/20	4,275	4,670	8,945
2020/21	3,470	4,296	7,766
2021/22	3,374	4,754	8,128
2022/23	**3,477**	**4,548**	**8,025**
2023/24	**3,157**	**3,914**	**7,071**

Given that an individual may have multiple presentations throughout the year, the number of people who present in a given year are also examined. The recorded 7,071 episodes in 2023/24 were made by 4,849 individuals, summarised in Table 3. Repetition of self-harm is discussed further in section 3.7.

Table 3 Individual persons presenting with self-harm to EDs in Northern Ireland by gender, 2014/15 to 2023/24.

Year	Male	Female	All Persons
2014/15	3,021	3,005	6,026
2015/16	2,982	3,155	6,137
2016/17	2,914	3,025	5,939
2017/18	2,968	3,139	6,107
2018/19	3,142	3,193	6,335
2019/20	3,015	3,161	6,176
2020/21	2,514	2,785	5,299
2021/22	2,444	2,982	5,426
2022/23	**2,453**	**2,763**	**5,216**
2023/24	**2,295**	**2,554**	**4,849**

3.2 Demographic profile of self-harm presentations

In 2023/24, 13% (n=902) self-harm presentations were among under 18 year olds, 85% (n= 5,991) were among adults aged 18-64 years and 2% (n=178) among people aged 65 years and over. The proportion of under 18 year olds presenting to ED with self-harm has increased from 11% to 13% over the ten year period, however it has decreased from the peak of 15% seen in 2021/22 (Table 4).

Table 4 Number of self-harm presentations by age group, 2014/15 to 2023/24.

Year	Under 18 years		18 – 64 years		65 years +	
	Number	% of all self-harm	Number	% of all self-harm	Number	% of all self-harm
2014/15	994	11%	7,744	87%	147	2%
2015/16	1050	12%	7,906	87%	154	2%
2016/17	955	11%	7,619	87%	171	2%
2017/18	1096	12%	7,873	86%	158	2%
2018/19	968	10%	8,083	87%	191	2%
2019/20	984	11%	7,768	87%	193	2%
2020/21	1,087	14%	6,503	84%	176	2%
2021/22	1,253	15%	6,664	82%	210	3%
2022/23	1,005	13%	6,828	85%	192	2%
2023/24	902	13%	5,991	85%	178	2%

The gender balance among under 18 year olds is notably different from adults. Females accounted for 82% of self-harm presentations among under 18 years in 2023/24 compared to 51% in adults aged 18 to 64 years; and 56% of people aged 65 years and over (Figure 6). Self-harm presentations among under 18-year olds are considered further in section 3.3.

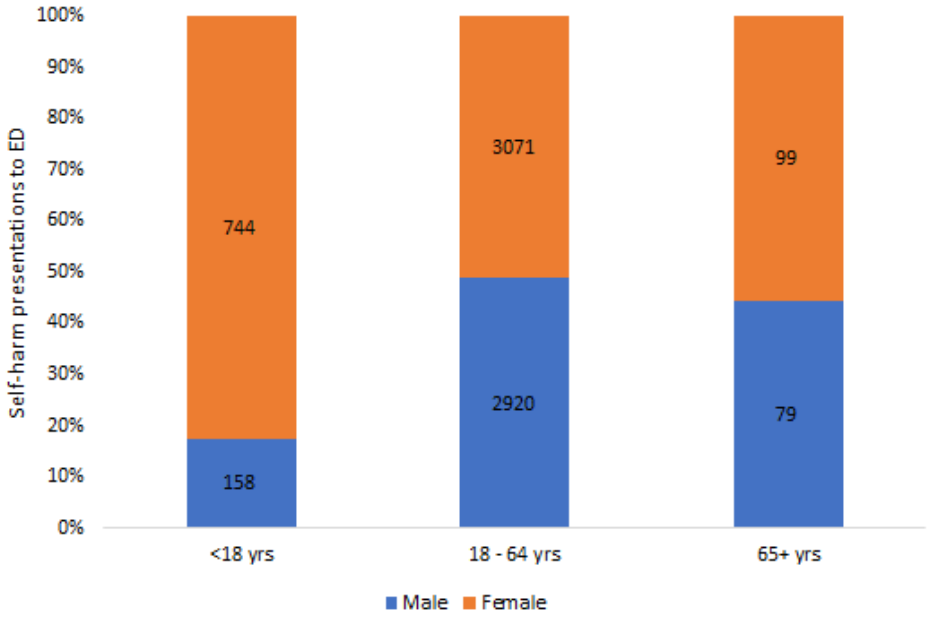


Figure 6: Self harm presentations to EDs in Northern Ireland by age group and gender, 2023/24.

3.3 Self-harm presentations under 18 years

Self-harm presentations by those under 18 years of age contributed to 13% of all self-harm presentations during both years 2022/23 and 2023/24. This is a reduction of 2% since 2021/22 but still higher than before the pandemic when under 18 year olds typically accounted for 10 to 12% of all self-harm presentations (Table 5). The absolute numbers of presentations in among those under 18 years has decreased since a peak in 2021/22. In 2023/24 the number of self-harm presentations by children and young people under 18 years was the lowest recorded since 2014/15.

Table 5 Self-harm presentations under 18 years as a percentage of total self-harm presentations all ages, 2014/15 to 2023/24.

Year	Self-harm presentations < 18 years	
	Number	**% of total self-harm presentations all ages**
2014/15	994	11%
2015/16	1050	12%
2016/17	955	11%
2017/18	1096	12%
2018/19	968	10%
2019/20	984	11%
2020/21	1,087	14%
2021/22	1,253	15%
2022/23	**1,005**	**13%**
2023/24	**902**	**13%**

The majority of self-harm presentations aged under 18 years were female. Females accounted for 82% of self-harm presentations under 18 years in both years 2022/23 and 2023/24.

Figure 7 shows the number of self-harm presentations made to ED by those under 18 years over the ten year period 2014/15 to 2023/24 by gender. The number of young male presentations has declined from 296 in 2014/15 to 158 in 2023/24. There was an upward trend among young females between 2014/15 (n=698) and 2021/22 (n=1,040) however presentations have declined since this peak to 744 presentations in 2023/24.

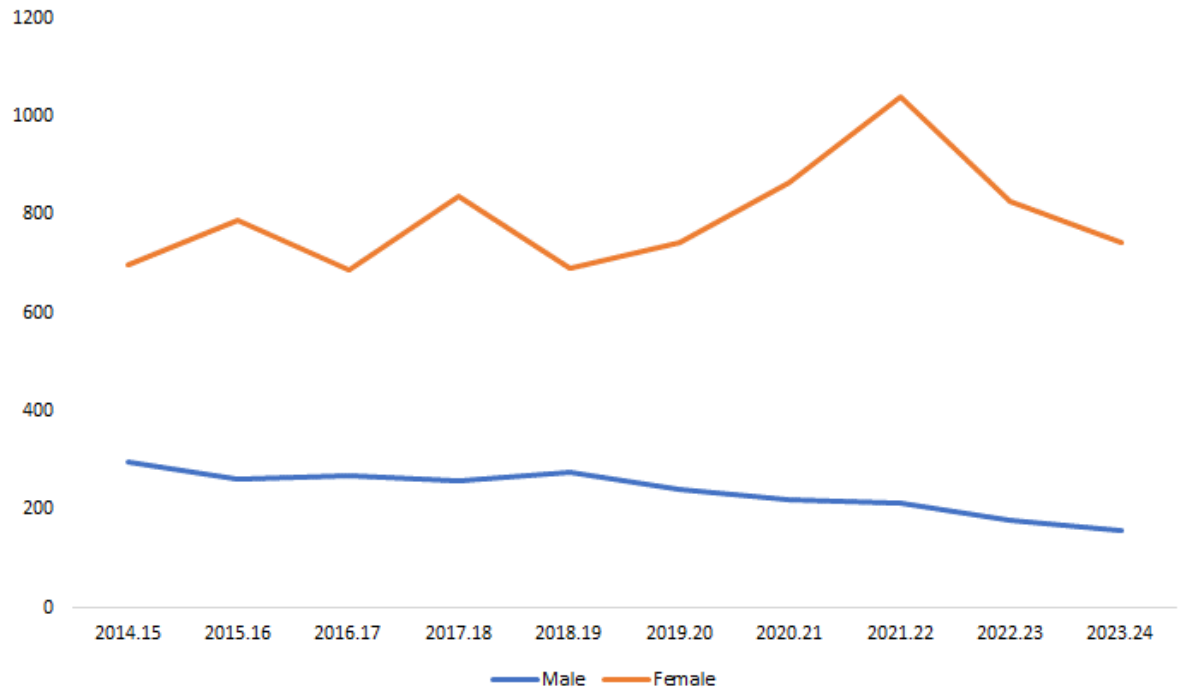


Figure 7: Number of self-harm presentations under 18 years to EDs in Northern Ireland by gender, 2014/15 to 2023/24.

3.4 Self-harm presentations by presenting hospital

The Registry records data to all eleven EDs in Northern Ireland. The number of self-harm presentations to each hospital in 2023/24 are displayed in Figure 8, alongside the five previous years for comparison.

During the COVID-19 pandemic there were a number of changes to EDs in Northern Ireland. A key change was that the Mater Hospital in Belfast was designated for COVID-19 patients and therefore the number of attendances to the Mater from 2020/21 (n=169) to 2021/22 (n=255) was lower than in previous years (n=1,158 in 2018/19). Self-harm presentations to the Mater are returning to pre-pandemic levels. In 2022/23 there were 675 self-harm presentations to the Mater Hospital increasing to 705 in 2023/24.

The Royal Victoria Hospital in the Belfast Trust recorded the largest number of self-harm presentations in 2023/24, accounting for 16% (n=1,109) of all self-harm presentations, followed by Altnagelvin (n=1,081) and Antrim (1,076) Hospitals with 15% of presentations each.

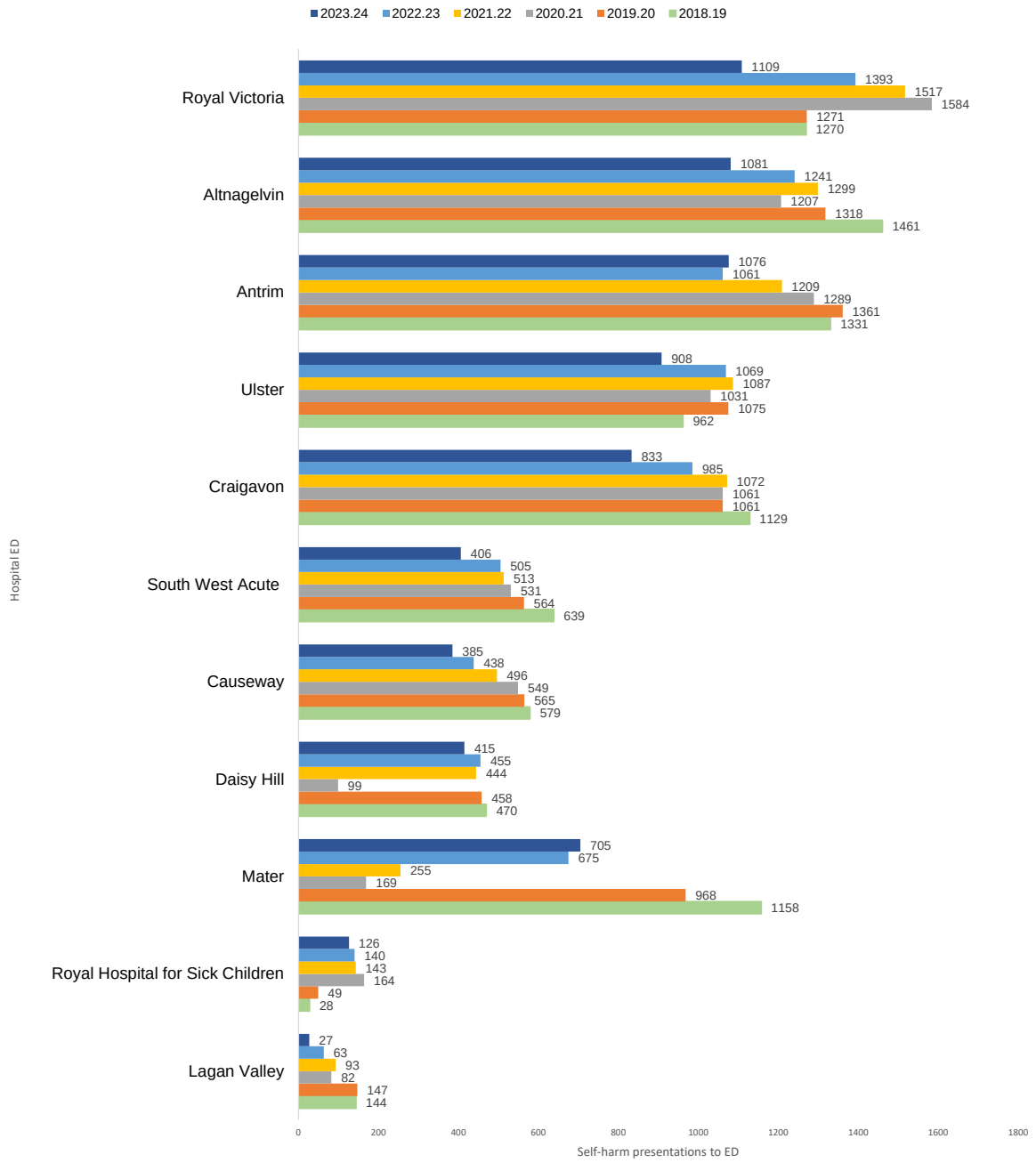


Figure 8: Number of self-harm presentations by hospital ED, 2018/19 to 2023/24.

3.5 Methods of self-harm

Table 6 details the methods involved in self-harm presentations in Northern Ireland. The most prevalent method of self-harm in 2023/24 was drug overdose, which was involved in three fifths (61%) of all self-harm presentations. Self-cutting was involved in 28% of all presentations. Attempted hanging and attempted drowning were involved in 8% and 5% of self-harm presentations respectively. Other methods of self-harm which include self-poisoning and other specified means accounted for 11% of all self-harm presentations to ED in 2023/24.

Over the ten year period from 2014/15, 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%) attempted hanging (+4%) and self-cutting (+2%).

Table 6 Method involved in self-harm presentations, 2014/15 to 2023/24.

Year	Drug overdose		Self-cutting		Attempted hanging		Attempted drowning*	
	Number	%	Number	%	Number	%	Number	%
2014/15	6,385	72%	2,347	26%	344	4%	127	1%
2015/16	6,423	71%	2,348	26%	445	5%	271	3%
2016/17	5,695	68%	2,329	27%	457	5%	282	3%
2017/18	5,871	64%	2,700	30%	434	5%	386	4%
2018/19	5,829	63%	2,525	27%	540	6%	570	6%
2019/20	5,757	64%	2,401	27%	557	6%	464	5%
2020/21	4,879	63%	2,205	28%	522	7%	378	5%
2021/22	4,930	61%	2,301	28%	542	7%	436	5%
2022/23	**4,930**	**61%**	**2,242**	**28%**	**608**	**8%**	**397**	**5%**
2023/24	**4,280**	**61%**	**1,982**	**28%**	**542**	**8%**	**353**	**5%**

**Attempted drowning data includes cases where the person did not enter the water, for example the act of self-harm was interrupted by a third party and the person was removed from the waters' edge / bridge over water.*
NB: Some presentations involved more than one method of self-harm and therefore total of % is greater than 100%.

Drug overdose accounted for a higher proportion of self-harm presentations made by females compared to males in 2023/24 (63% v 57% respectively) and this pattern was similar in the previous two years, as outlined in Table 7 below.

A higher proportion of female than male presentations involved self-cutting, while attempted hanging and attempted drowning was more prevalent among males across all three years 2021/22 to 2023/24.

Table 7 Method involved in self-harm presentations by gender, 2021/22 to 2023/24.

Year	Drug overdose		Self-cutting		Attempted hanging		Attempted drowning*	
Male	Number	%	Number	%	Number	%	Number	%
2021/22	1,928	57%	908	27%	298	8%	207	6%
2022/23	2,015	58%	939	27%	319	9%	194	6%
2023/24	1,813	57%	821	26%	320	10%	191	6%
Female	Number	%	Number	%	Number	%	Number	%
2021/22	3,002	63%	1,393	29%	244	5%	229	5%
2022/23	2,915	64%	1,303	29%	289	6%	203	4%
2023/24	2,467	63%	1,161	30%	222	6%	162	4%

3.6 Alcohol involvement in self-harm presentations

Alcohol consumption around the time of presentation was recorded in 38% of self-harm presentations in 2023/24. This has steadily reduced from 48% in 2014/15 (Figure 9).

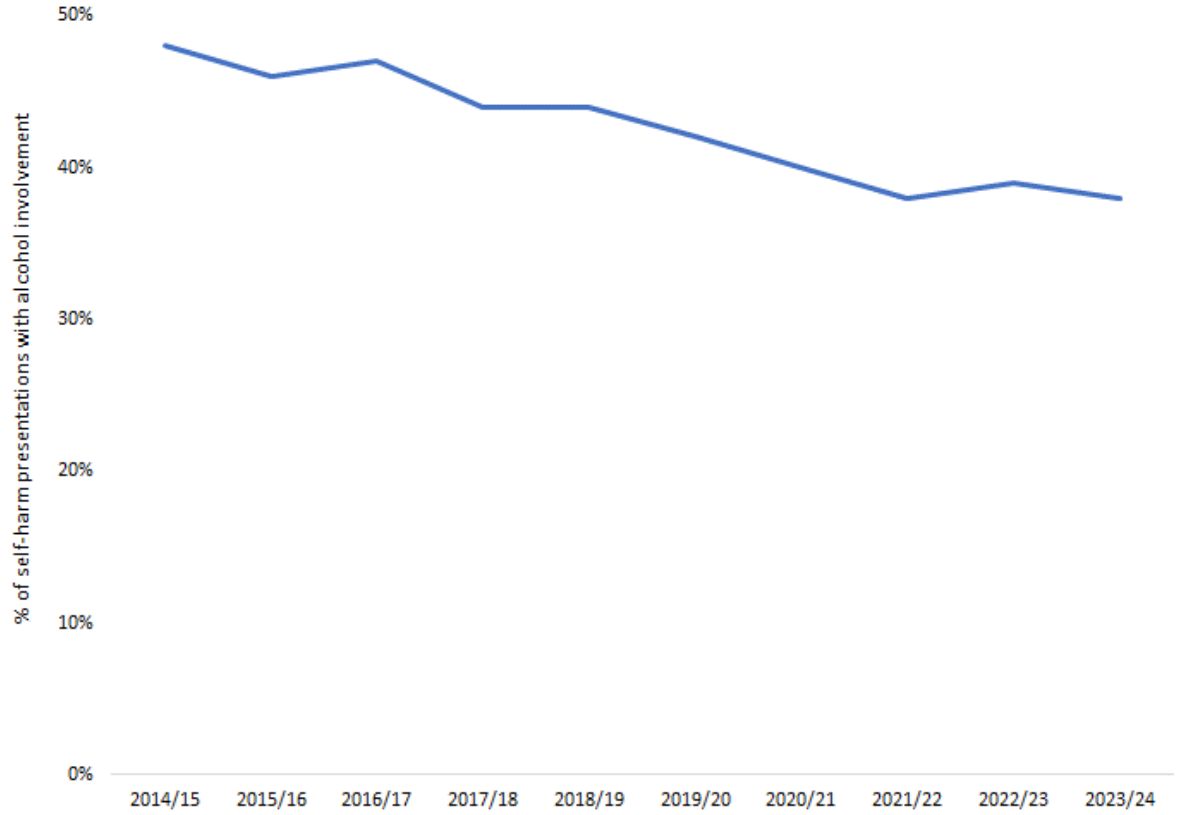


Figure 9: Percentage of self-harm presentations where alcohol involvement was recorded, 2014/15 to 2023/24.

3.7 Repetition of self-harm

In 2023/24 a total of 4,849 individuals presented to EDs for 7,071 self-harm episodes. This means that almost one-third (31%) of the presentations were repeat acts.

Looking at individuals rather than presentations, it can be seen that 21% of individuals made at least one repeat presentation to hospital with self-harm in 2022/23 and 19.2% in 2023/24. Repetition rates in 2022/23 and 2023/24 were slightly higher for females than males, whereas the reverse was true in early years of data collection by the self-harm registry (Table 8).

Table 8 Percentage of people who made a repeat self-harm presentation within 12 months by gender, 2014/15 to 2023/24.

Year	Male	Female	Total
2014/15	21.9%	19.7%	20.8%
2015/16	21.4%	21.2%	21.3%
2016/17	21.8%	21.3%	21.5%
2017/18	21.9%	20.9%	21.4%
2018/19	20.7%	20.7%	20.7%
2019/20	20.9%	19.6%	20.3%
2020/21	19.1%	20.5%	19.8%
2021/22	18.2%	19.6%	18.9%
2022/23	**19.4%**	**22.8%**	**21.2%**
2023/24	**19.0%**	**19.3%**	**19.2%**

3.8 Next care following ED attendance with self-harm

In 2023/24, admission to the general hospital occurred in 23% of attendances and admission to a psychiatric hospital in 7%. However, 5% of people attending the ED with self-harm left the ED before they were assessed by an ED clinician. In the majority of these cases (n=366, 96%) the patient left ED after they had seen the triage nurse with a small proportion leaving prior to triage (n=15, 4%). A further 7% left after seeing an ED clinician but before their care was complete (Table 9).

In 38% of self-harm cases the patient had consumed alcohol around the time of the attendance which may have influenced their subsequent care. Alcohol was involved in 43% of cases who left the ED before being seen by an ED clinician and was involved in 50% of cases who left the ED before a decision regarding their next care.

Since 2014/15 there has been a reduction in the proportion of self-harm presentations who are admitted to the general hospital. As referred to in section 3.5, there has been a steady decline in drug overdose presentations and also a steady decline in the proportion of cases where alcohol was involved in the presentation. Both of these changes may be a contributory factor to the reduction in admission to the general hospital.

Conversely it can be seen that there has been a steady rise in the proportion admitted to a psychiatric hospital directly from the ED. In some cases, it may be that a psychiatric admission takes place following a general admission but the Registry does not collect that data.

The proportion leaving the ED without being seen in 2023/24 is similar to that reported in 2014/15 but absolute numbers are lower. The proportion leaving the ED before a decision regarding their next care has increased from 3% to 7% over the 10 year period which might suggest long waiting times in ED may be impacting care.

Table 9 Next care following self-harm attendance to hospital EDs in Northern Ireland, 2014/15 to 2023/24.

Year	General admission	Psychiatric admission	Refused admission	Left ED without being seen	Left ED before decision regarding next care	Discharged from ED following treatment
2014/15	4,588 (52%)	346 (4%)	90 (1%)	498 (6%)	264 (3%)	3,099 (35%)
2015/16	4,312 (47%)	451 (5%)	78 (<1%)	408 (5%)	250 (3%)	3,611 (40%)
2016/17	3,506 (40%)	449 (5%)	94 (1%)	279 (3%)	334 (4%)	4,083 (47%)
2017/18	3,619 (40%)	521 (6%)	82 (<1%)	279 (3%)	346 (4%)	4,280 (47%)
2018/19	3,718 (40%)	591 (6%)	72 (<1%)	270 (3%)	332 (4%)	4,259 (46%)
2019/20	3,875 (43%)	541 (6%)	45 (1%)	357 (4%)	289 (3%)	3,838 (43%)
2020/21	2,844 (37%)	568 (7%)	26 (<1%)	168 (2%)	266 (3%)	3,894 (50%)
2021/22	2,511 (31%)	629 (8%)	20 (<1%)	385 (5%)	296 (4%)	4,287 (53%)
2022/23	**2,266 (28%)**	**628 (8%)**	**24 (<1%)**	**370 (5%)**	**412 (5%)**	**4,325 (54%)**
2023/24	**1,612 (23%)**	**462 (7%)**	**17 (<1%)**	**381 (5%)**	**465 (7%)**	**4,134 (58%)**

3.8.1 Next care following ED attendance with self-harm by Trust area

Next care following ED attendance with self-harm varied by Trust area (Table 10). In 2023/24, admission to the general hospital ranged from 8% of self-harm attendances in the Western HSCT to 35% in the Belfast HSCT. Admission to a psychiatric ward varied from 2% in Belfast HSCT to 16% in the Western HSCT. This may reflect the variation between Trusts in the community based and in-patient based psychiatric services.

The proportion of patients who left the ED without being seen ranged from 3% in the South Eastern HSCT to 8% in the Belfast HSCT. The Western HSCT had the highest proportion of patients (13%) who left the ED before a decision was made about the next steps in their care. Western Trust patients accounted for 43% of all patients regionally who left ED before their care was completed.

In 2023/24, 58% (n=4,134) of all self-harm presentations were discharged from the ED following treatment without requiring an admission. This varied across Trusts as can be seen in Table 9 ranging from 48% of all self-harm presentations in Belfast HSCT to 67% in both the South Eastern and Northern HSCTs. In terms of absolute numbers of people who were discharged from the ED, the highest numbers were in Northern HSCT (n=972) and the lowest in South Eastern HSCT (n=631). It is not clear whether the lower proportions being discharged from ED seen in Belfast HSCT reflect management patterns regarding admission or whether it reflects a greater need for admission and more physically serious cases of self-harm being brought to Belfast HSCT as the regional specialist hospital.

Table 10 Next care following self-harm attendance to hospital EDs in Northern Ireland by Trust, 2023/24.

Trust area	General admission	Psychiatric admission	Refused admission	Left ED without being seen	Left ED before decision regarding next care	Discharged from ED following treatment
BHSCT	673 (35%)	35 (2%)	0 (0%)	147 (8%)	152 (8%)	933 (48%)
SEHSCT	225 (24%)	54 (6%)	0 (0%)	24 (3%)	<10 (<1%)	631 (67%)
NHSCT	343 (23%)	42 (3%)	0 (0%)	82 (6%)	22 (2%)	972 (67%)
SHSCT	248 (20%)	89 (7%)	<10 (<1%)	55 (4%)	91 (7%)	764 (61%)
WHSCT	123 (8%)	242 (16%)	16 (1%)	73 (5%)	199 (13%)	834 (56%)
Northern Ireland	1,612 (23%)	462 (7%)	17 (<1%)	381 (5%)	465 (7%)	4,134 (58%)

3.9 Referral for mental health assessment following self-harm

Following assessment by an ED clinician a referral for assessment by the mental health team may be made. The Registry captures data from ED notes regarding whether the patient had a mental health assessment by the mental health team while in the ED or whether there was evidence in ED notes regarding referral for mental health assessment to be carried out at a later stage, such as next day in the community or during admission to the general hospital.

In 2023/24 there was evidence in ED notes that 82% of people presenting with self-harm had a mental health assessment carried out while in ED or were referred for mental health assessment (Table 11). This was similar to the previous two years (81% in both years 2021/22 and 2022/23). In 2023/24 this proportion varied across Trusts from 73% in the Western HSCT area to 92% in the South Eastern HSCT area receiving or being referred for a mental health assessment.

In 3% of cases, patients were offered a referral to mental health services but refused.

As referred to in Table 10, in 5% of self-harm presentations patients left the ED before seeing a clinician, these patients therefore missed the opportunity to be referred for a mental health assessment.

Table 10 indicates that 7% (n=465) of self-harm presentations left the ED before their care was complete. Of this group, 13% (n= 60) had a mental health assessment prior to leaving the ED, 3% (n=13) refused a mental health assessment and in 50% (n=233) it is documented that a referral for assessment was made but appears not to have taken place before leaving the ED. In 34% there was no documented evidence that a referral was requested.

Table 11 Referral for mental health assessment following self-harm by Trust, 2020/21 to 2023/24.

	Year	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	NI
Patient had a mental health assessment in ED or was referred for assessment	**2021/22**	1,511 (79%)	1,078 (91%)	1,414 (83%)	1,200 (79%)	1,378 (76%)	6,581 (81%)
	2022/23	1,636 (74%)	1,051 (93%)	1,275 (85%)	1,183 (82%)	1,317 (75%)	6,462 (81%)
	2023/24	1,540 (79%)	860 (92%)	1,248 (85%)	1,056 (85%)	1,081 (73%)	5,785 (82%)
Patient refused a referral to mental health services for assessment	**2021/22**	41 (2%)	24 (2%)	89 (5%)	45 (3%)	67 (4%)	266 (3%)
	2022/23	15 (1%)	<10 (<1%)	62 (4%)	45 (3%)	50 (3%)	181 (2%)
	2023/24	40 (2%)	12 (1%)	76 (5%)	49 (4%)	66 (4%)	243 (3%)

There are a number of reasons why the Registry is not able to record definitively whether mental health assessment took place or referral for assessment was made. Data regarding mental health assessments for those who were discharged from the ED is reliable and is discussed below. However, the data regarding mental health assessments for those who are admitted to hospital is not likely to be fully captured since the Registry does not extract information from in-patient records and is limited to what is documented in ED records.

Of the 4,134 self-harm presentations that were discharged from ED following treatment, there was documented evidence in ED notes regarding referral to mental health services for assessment in 88% (n=3,650) of cases. This varied across Trusts from 81% in the WHSCT to 93% in the SEHSCT. This group is further sub-divided into those who had an assessment carried out before leaving ED and those who were referred for mental health assessment to take place following discharge from the ED (Figure 10).

Across NI, 55% (n=2,257) of cases discharged from the ED had an assessment carried out by the mental health team in the ED before discharge. This varied across Trusts from 26% (n=246) of those discharged in the Belfast HSCT to 74% (n=566) in the Southern HSCT, as can be seen in Figure 9.

In 34% (n=1,393) of cases discharged from the ED, a mental health assessment did not take place in the ED but a referral was made to have a mental health assessment carried out following discharge. Again, this varied across Trusts from 13% (n=108) of those discharged in the Western Trust to 63% (n=584) in Belfast Trust, as can be seen in Figure 10.

The Registry currently does not capture data regarding whether these assessments actually took place following discharge. However, since significant numbers of people are referred for mental health assessment following discharge it is important that Trust mental health staff maximise attempts to engage these people in assessments following discharge, particularly in Belfast Trust where higher numbers are referred for assessment following discharge, rather than having an assessment prior to discharge from the ED.

A further 5% (n=202) of patients discharged from the ED refused the offer of a mental health assessment, ranging from 2% (n=10) of those discharged in South Eastern Trust to 4%

(n=33) in Belfast and 6% of those discharged in Northern (n=62), Southern (n=43) and Western (n=54) Trust areas (Figure 10).

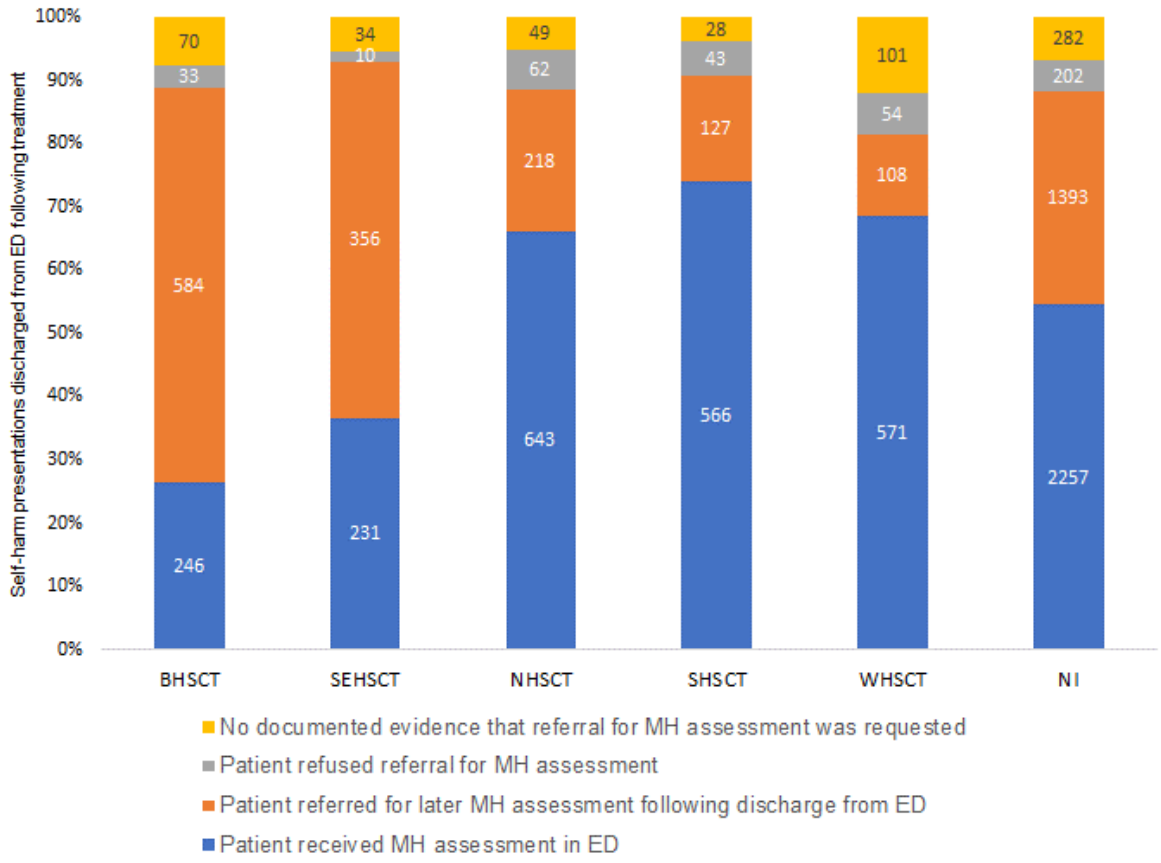


Figure 10: Mental health assessment referral for self-harm presentations discharged from ED following treatment by Trust, 2023/24.

3.10 Self-harm presentations in key population sub groups

3.10.1 People experiencing homelessness at time of self-harm presentation

Of all self-harm presentations to EDs in 2023/24, 4% (n=291) involved persons who were experiencing homelessness at the time of presentation (Table 12). There were 180 male (62%) and 111 female (38%) presentations. The proportion of self-harm attendances by this key sub group has remained fairly stable over the 10-year period (between 3% and 6%) as outlined in Table 16. Absolute numbers have been on a downward trend since a peak of 587 presentations in 2017/18. The majority of presentations were made to hospitals in the Belfast HSCT (53%) followed by 19% in the Southern HSCT, 15% in the Western HSCT, 12% in the Northern HSCT and 2% in the South Eastern HSCT. The majority (90%, n=261) of those who were experiencing homelessness at the time of presentation were under the age of 45 years, with 66% (n=191) aged 25 – 44 years.

Table 12 Self-harm presentations by people experiencing homelessness as a percentage of total self-harm presentations, 2014/15 to 2023/24.

Year	Self-harm presentations by people experiencing homelessness at time of presentation to ED	
	Number	% of total self-harm presentations
2014/15	339	4%
2015/16	405	4%
2016/17	420	5%
2017/18	587	6%
2018/19	454	5%
2019/20	405	5%
2020/21	273	4%
2021/22	293	4%
2022/23	**272**	**3%**
2023/24	**291**	**4%**

3.10.2 Prisons

In 2023/24 there were 46 (<1%) self-harm presentations to ED made by persons who were in prison at the time of the self-harm act. The majority of these presentations were brought from Maghaberry Prison (63%, n=29). It should be noted that in the first instance episodes of self-harm are dealt with by the Northern Ireland Prison Service and the associated healthcare teams within prison, and will only present to EDs at acute hospitals if more intensive intervention is required than can be provided on-site.

There has been little change in the number of presentations to ED by persons who were in prison at the time of the self-harm act between 2022/23 (n=45) and 2023/24 (n=46). Over the ten-year period there has been a 52% reduction in the number of self-harm presentations made by persons in prison from 95 in 2014/15.

3.10.3 Residential children's homes

In 2023/24, a total of 75 self-harm presentations (1%) were made by 33 individual residents of residential children's homes. The majority of presentations were female (n=68; 91%). This is 36% lower than the previous year (2022/23) where there were 118 self-harm presentations made by 34 individuals, however the proportion of all self-harm presentations remains the same at 1%.

At the end of March 2023, there were 228 children and young people living in residential care homes in Northern Ireland. This implies that one in seven children and young people in this setting presented to the ED with self-harm.

Most presentations by residents of residential children's homes were made to hospitals in the Southern Trust (n=33) followed by the South Eastern (n=20) and Belfast (n=13) Trust areas.

4.0 Incidence rates of hospital presenting self-harm in Northern Ireland[3]

4.1 Incidence rates of hospital presenting self-harm by gender and age

Based on the reported data, the age standardised rate of self-harm presentations to EDs in 2023/24 for Northern Ireland was 275 per 100,000. The rate was 263 per 100,000 for males and 291 per 100,000 for females (Table 13).

The rate of self-harm in 2023/24 decreased by 8% compared to the previous year (7% decrease in the male rate and 8% decrease in the female rate).

Over the ten-year period the rate has decreased by 19% from 340 per 100,000 in 2014/15 to 275 per 100,000 in 2023/24. The male rate of self-harm decreased by 23% and the female rate decreased by 14% over this period. The rate in 2023/24 is the lowest rate on record for both genders.

Table 13 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm per 100,000 by gender, 2014/15 to 2023/24.

Year	Male	Female	All
2014/15	343	337	340
2015/16	338	356	346
2016/17	330	341	335
2017/18	337	356	346
2018/19	357	365	361
2019/20	342	362	351
2020/21	287	322	303
2021/22	280	343	310
2022/23	**282**	**316**	**298**
2023/24	**263**	**291**	**275**

In 2023/24 the highest rate of self-harm presentations to EDs in Northern Ireland was observed among 15 to 19 year old females and 25 to 29 year old males, with peak rates of 889 per 100,000 for females and 636 per 100,000 for males in these age groups (Figure 11).

[3] Incidence rates are calculated using Census 2021 main statistics demography tables, published 22 September 2022.

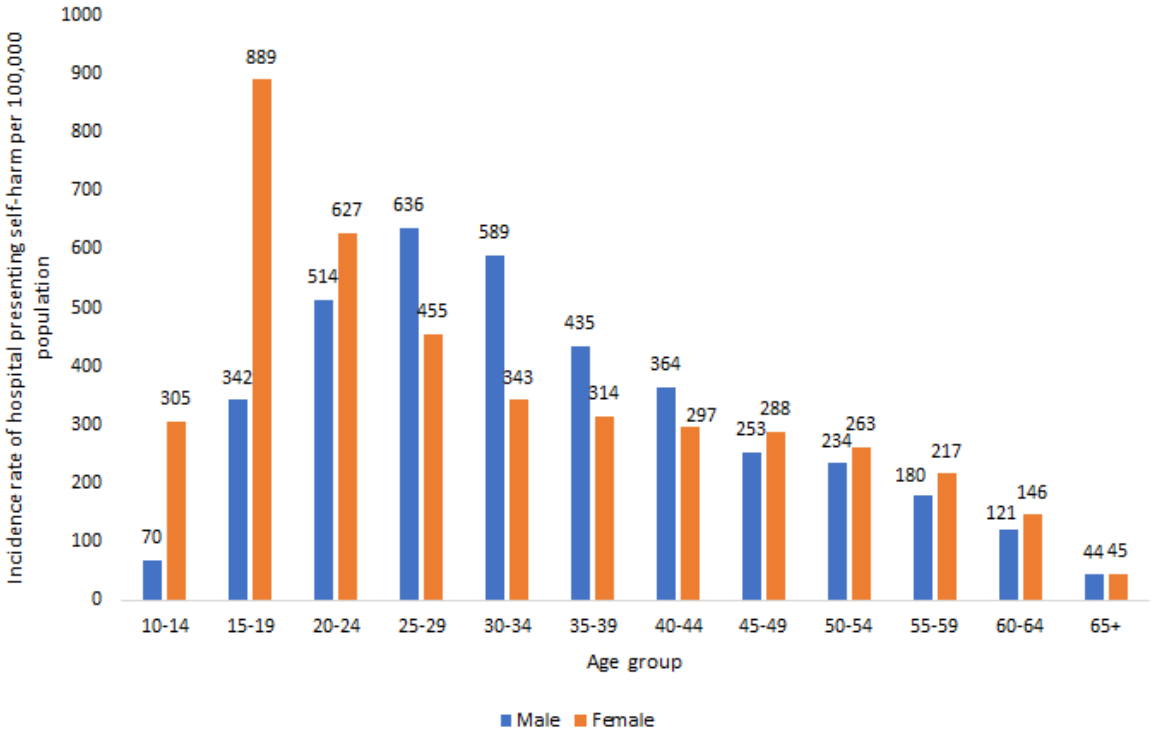


Figure 11: Incidence rate of self-harm presentations to ED per 100,000 in Northern Ireland by age and gender, 2023/24.

Changes over time in the incidence rates for the various age-groups can be seen in Figure 12 for females and Figure 13 for males. It is complex to interpret trends given the Covid-19 pandemic period however a key observation is that the incidence rates for the younger female age groups (under 25 years) appears to be on an upward trend until 2021/22 and then decreases in 2022/23 and 2023/24. The rates are more stable or reducing for older females over the ten year period.

The high rates among younger females may reflect societal pressures faced by this group. There was a sharp rise in the rate among females aged 10-14 years in 2021/22 (423 per 100,000) compared to the previous years. Although the rate has reduced to 305 per 100,000 for this age group in 2023/24 it remains higher than previous years and therefore it is important that we continue to monitor and explore this. A more in-depth report in relation to under 18 year olds is planned.

Among males the rates are stable or have fallen across all age groups, with the exception of 30 to 34 year olds where a rise was seen in 2022/23 followed by a slight reduction in 2023/24. There has been a marked reduction of 46% in rates in 15 to 19 year olds and 47% among 20 to 24 year olds over the 10 year period.

It will be useful to monitor these trends in the longer term and may suggest particular age-groups that may benefit from targeted intervention.

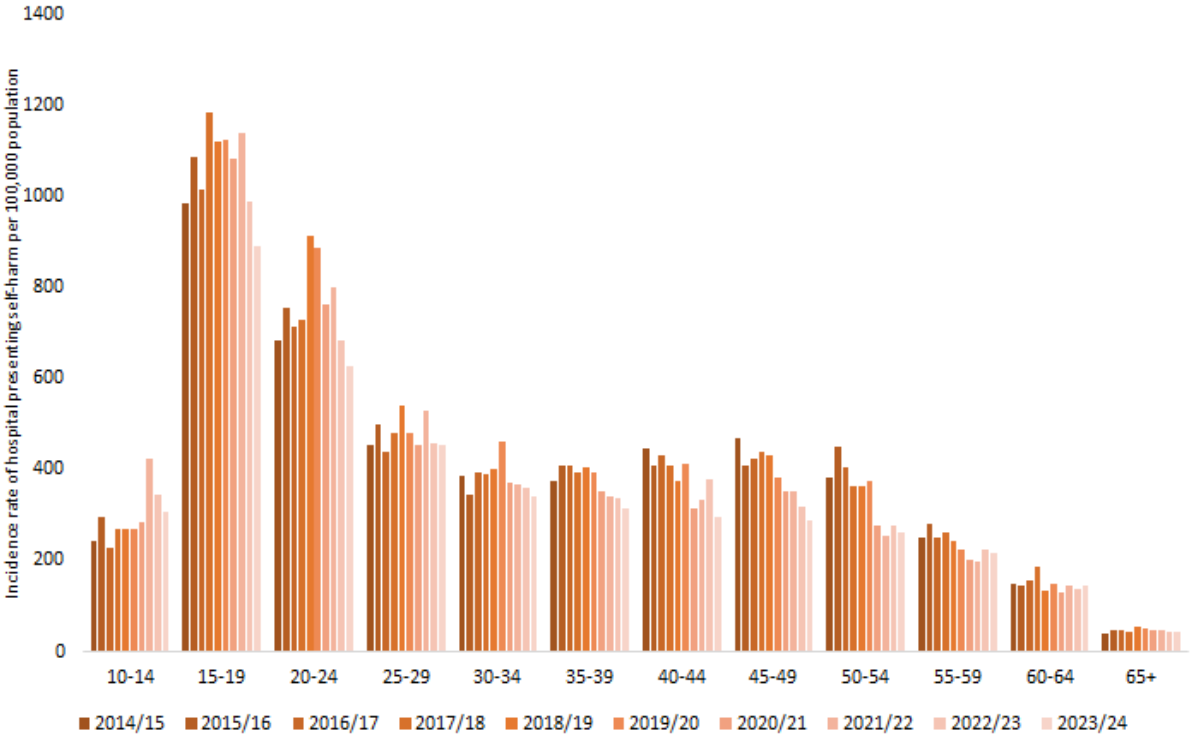


Figure 12: Incidence rate of self-harm presentations to EDs per 100,000 in Northern Ireland for females by age, 2014/15 to 2023/24.

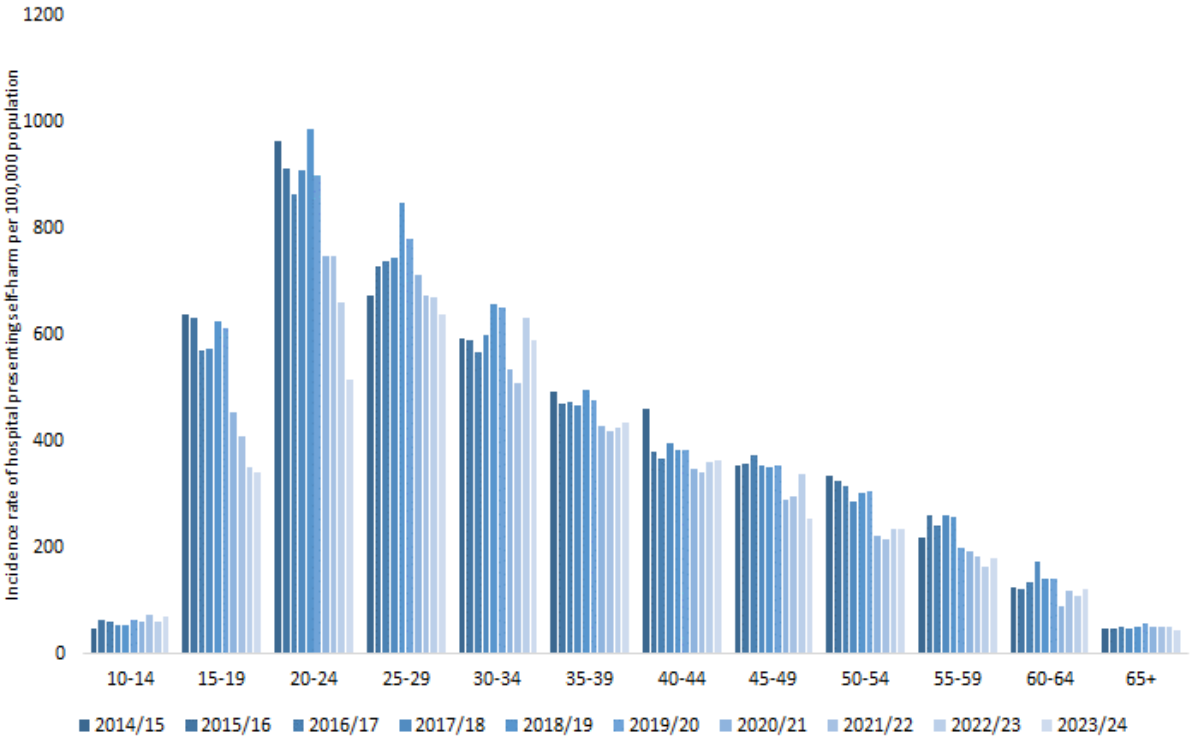


Figure 13: Incidence rate of self-harm presentations to EDs per 100,000 in Northern Ireland for males by age, 2014/15 to 2023/24.

4.2 Incidence rates of hospital presenting self-harm by HSCT area

The highest EASR rate of hospital presenting self-harm (based on area of residence) was observed in the Western HSCT area in both 2022/23 and 2023/24 (Figure 14). All five HSCT areas observed a decrease in the rate of self-harm in 2023/24 compared to the previous year.

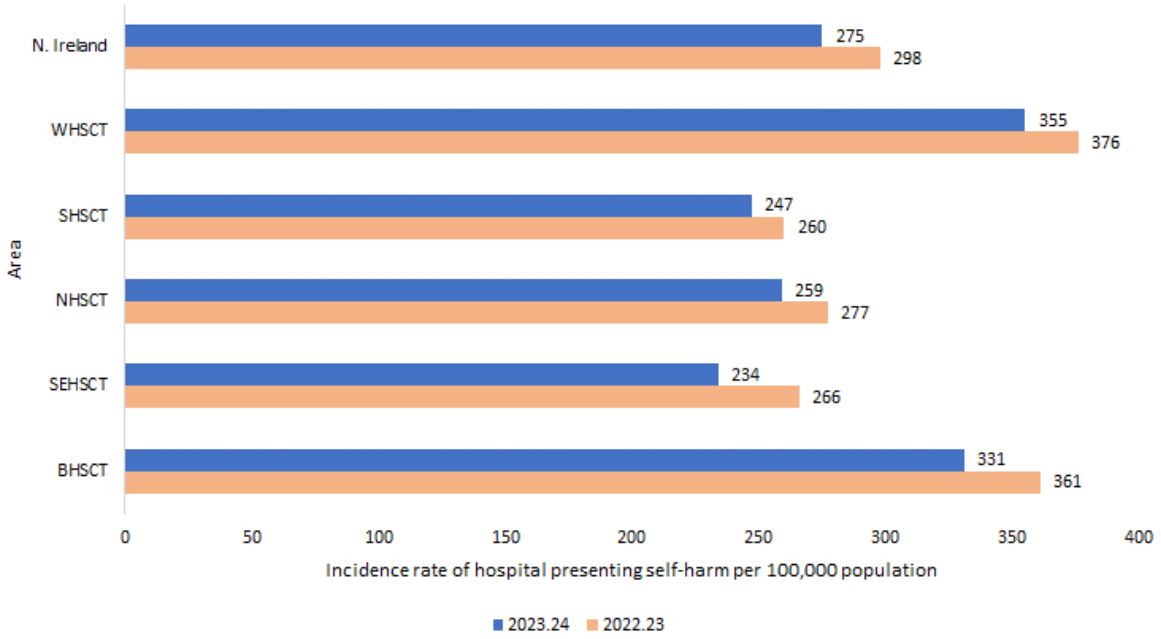


Figure 14: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSCT area, 2022/23 & 2023/24.

Examining the rates by gender across the five HSC Trust areas, it can be seen that the EASR for females exceeded the EASR for males in all HSCT areas in 2023/24 with the exception of the Western HSCT area where the male EASR exceeded that of females (Figure 15).

The highest EASR male rate of hospital presenting self-harm was observed in the Western HSCT area (360 per 100,000): 37% higher than the Northern Ireland rate (263 per 100,000). The male rate in Belfast HSCT area (316 per 100,000) was also above the regional average.

The lowest EASR rate of self-harm for male residents was recorded in the South Eastern HSCT area (195 per 100,000) which was 26% lower than the regional male rate (Figure 14).

The Western HSCT area also recorded the highest female EASR rate of self-harm (354 per 100,000): 22% higher than the Northern Ireland rate (291 per 100,000). The female rate in Belfast HSCT (349 per 100,000) area was also higher than the regional average. The lowest EASR rate of self-harm for female residents was recorded in the Southern HSCT area (248 per 100,000) which was 15% lower than the regional female rate.

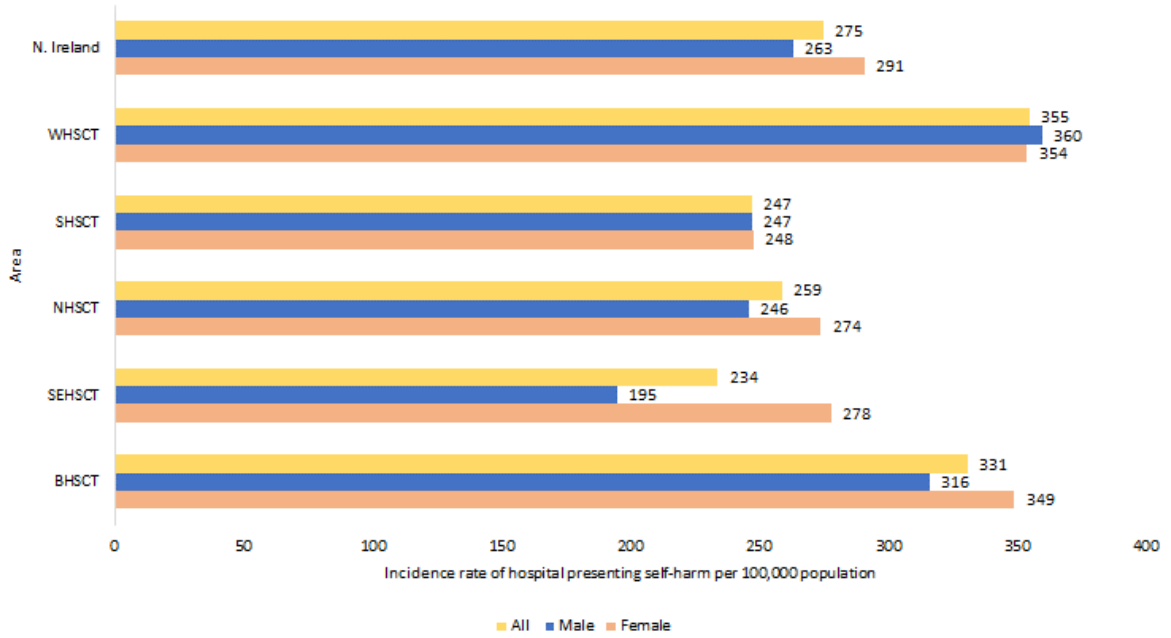


Figure 15: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSCT area and gender, 2023/24.

5.0 Ideation presentations to Emergency Departments

5.1 Number of ideation presentations to EDs in Northern Ireland

In total there were 6,504 ideation presentations recorded during 2023/24. The number of ideation presentations increased by 15% since 2021/22. In 2023/24 male presentations increased by 4% while the number of female presentations decreased by 5%.

The number of ideation presentations has increased by 74% between 2014/15 and 2023/24 (Table 14).

While males continue to account for a higher proportion of the ideation presentations (61%), this is changing over time. Females accounted for 35% of ideation presentations in 2014/15, rising to 39% in 2023/24.

Table 14 Number of ideation presentations to EDs in Northern Ireland by gender, 2014/15 to 2023/24.

Year	Male	Female	All Presentations
2014/15	2,449	1,291	3,740
2015/16	2,575	1,345	3,920
2016/17	2,699	1,556	4,255
2017/18	3,102	1,682	4,784
2018/19	3,418	1,985	5,403
2019/20	3,605	2,091	5,696
2020/21	2,921	1,814	4,735
2021/22	3,337	2,339	5,676
2022/23	**3,835**	**2,634**	**6,469**
2023/24	**3,998**	**2,506**	**6,504**

These 6,504 ideation presentations were made by 4,310 individuals (2,618 males and 1,692 females) as displayed in Table 15. Further information about repetition can be found in Section 5.6.

Table 15 Individual persons presenting with ideation to EDs in Northern Ireland, 2014/15 to 2023/24.

Year	Male	Female	All persons
2014/15	1,673	945	2,618
2015/16	1,745	984	2,729
2016/17	1,804	1,112	2,916
2017/18	2,076	1,234	3,310
2018/19	2,408	1,484	3,892
2019/20	2,528	1,534	4,062
2020/21	1,992	1,362	3,354
2021/22	2,294	1,628	3,922
2022/23	**2,565**	**1,798**	**4,363**
2023/24	**2,618**	**1,692**	**4,310**

5.2 Demographic profile of ideation presentations

In 2023/24, 5% (n=346) ideation presentations were among under 18 year olds, 91% (n= 5,931) were among adults aged 18 to 64 years and 3% (n=227) among people aged 65 years and over (Table 16). The proportion of adults aged 18 to 64 years presenting to ED with ideation has decreased from 94% to 91% over the ten-year period, while there has been a slight increase in the proportion of presentations made by people aged 65 years and over.

Table 16 Number of ideation presentations by age group, 2014/15 to 2023/24.

Year	Under 18 years		18 – 64 years		65 years +	
	Number	% of all ideation	Number	% of all ideation	Number	% of all ideation
2014/15	170	5%	3,503	94%	67	2%
2015/16	218	6%	3,615	92%	87	2%
2016/17	288	7%	3,815	90%	152	4%
2017/18	271	6%	4,354	91%	159	3%
2018/19	373	7%	4,862	90%	168	3%
2019/20	381	7%	5,134	90%	181	3%
2020/21	314	7%	4,267	90%	154	3%
2021/22	383	7%	5,082	90%	210	4%
2022/23	327	5%	5,869	91%	273	4%
2023/24	346	5%	5,931	91%	227	3%

The gender balance among under 18 year olds is notably different from adults. Females accounted for 64% of ideation presentations among under 18 years in 2023/24 compared to 37% in adults aged 18 to 64 years and 42% in people aged 65 years and over (Figure 16).

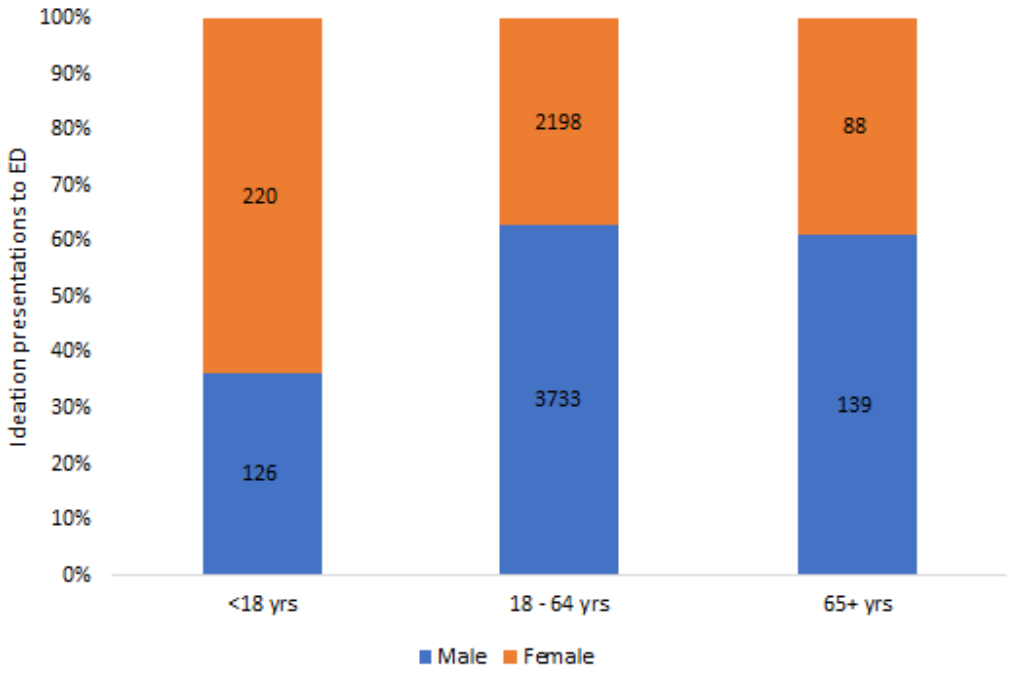


Figure 16: Ideation presentations to EDs in Northern Ireland by age group and gender, 2023/24.

5.3 Ideation presentations under 18 years

In 2023/24 there were 346 ideation presentations made by those under 18 years of age, representing 5% of all ideation presentations that year, similar to the previous year as outlined previously in Table 16. The number of ideation presentations by young people under 18 years decreased by 15% between 2021/22 and 2022/23 and then increased by 6% in 2023/24 (Table 1).

The number of ideation presentations among girls has fallen from the peak in 2021/22 to around pre-pandemic numbers. Presentations among girls continue to remain higher than among boys and have increased 3.5 times over the 12 year period that data is available.

Table 17 Number of ideation presentations by young people under 18 years, 2012/13 to 2021/22.

Year	Male <18 yrs	Female < 18 yrs	All Presentations <18 yrs
2012/13	80	63	143
2013/14	86	87	173
2014/15	89	81	170
2015/16	103	115	218
2016/17	126	162	288
2017/18	123	148	271
2018/19	165	208	373
2019/20	156	225	381
2020/21	118	196	314
2021/22	116	267	383
2022/23	**119**	**208**	**327**
2023/24	**126**	**220**	**346**

5.4 Ideation presentations by presenting hospital

The number of ideation presentations to each hospital in 2023/24 are displayed in Figure 17, alongside the five previous years for comparison.

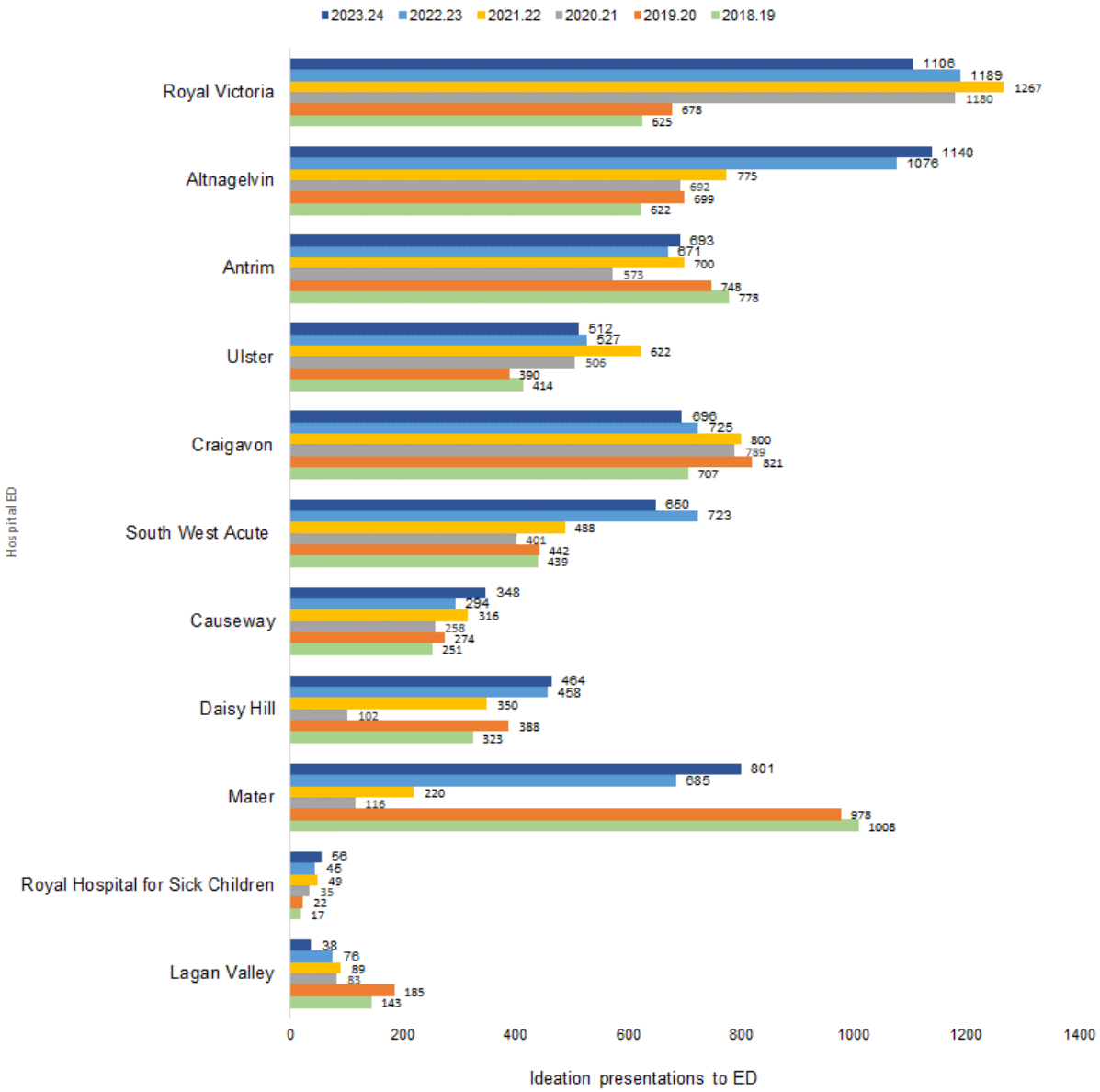


Figure 17: Number of ideation presentations by hospital ED, 2018/19 to 2023/24.

Altnagelvin Hospital in the Western Trust recorded the largest number of ideation presentations in 2023/24, accounting for 18% (n=1,140) of total ideation presentations followed by the Royal Victoria (n=1,106) and Mater (n=801) Hospitals with 17% and 12% of presentations respectively (Figure 16). As noted previously, the Mater Hospital in Belfast was designated for COVID-19 patients during the pandemic period and therefore the pattern of attendances to the Mater from 2019/20 to 2021/22 was quite different to previous years. Ideation presentations to the Mater are returning to pre-pandemic levels. In 2023/24 there were 801 ideation presentations to the Mater Hospital compared to 1,008 in 2018/19.

5.5 Alcohol involvement in ideation presentations

It was documented in ED notes that alcohol was involved in 35% of ideation presentations in 2023/24. This has steadily reduced over the 10-year period from 52% in 2014/15 (Figure 18).

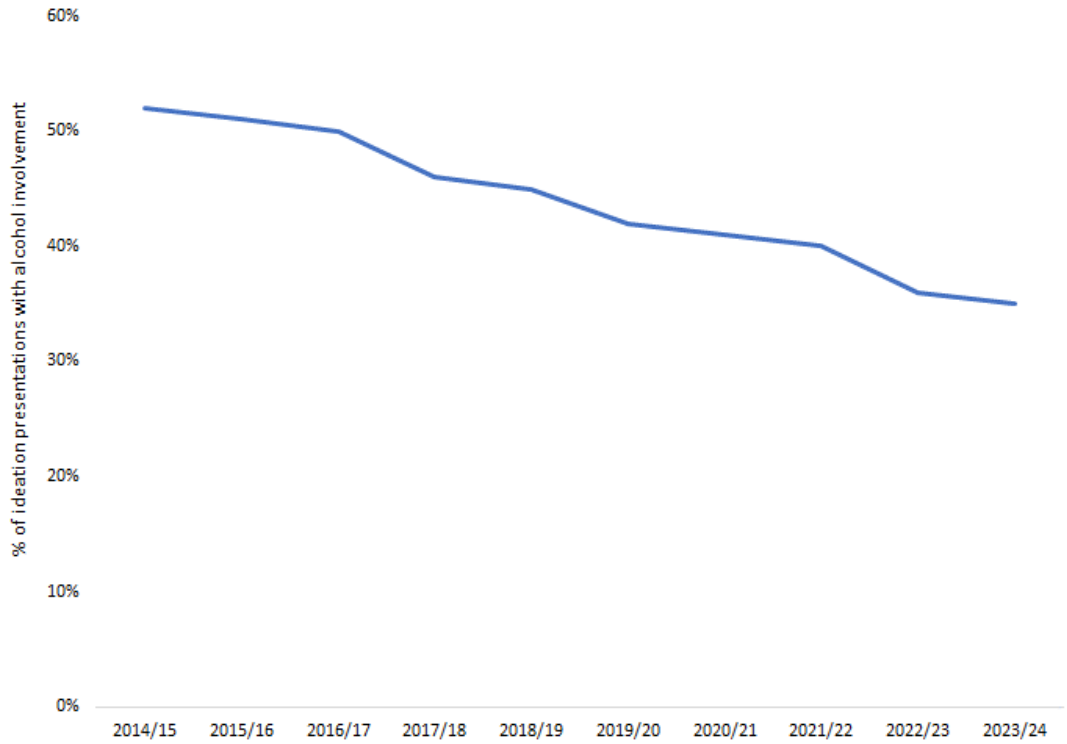


Figure 18: Percentage of ideation presentations where alcohol was involved, 2014/15 to 2023/24.

5.6 Repetition of ideation

The repetition rates for ideation are similar for males and females as detailed in Table 18. During 2023/24, 21.7% of males made at least one repeat ideation presentation within the 12 months compared to 21.3% of females. Overall, there has been a slight increase in repetition rates for ideation which appears to be driven by the rise in repetition rates in females.

Table 18 Percentage of people who made a repeat ideation presentation within 12 months by gender, 2014/15 to 2023/24.

Year	Male	Female	Total
2014/15	20.6%	17.2%	19.4%
2015/16	21.0%	18.5%	20.1%
2016/17	21.4%	18.8%	20.4%
2017/18	20.7%	17.9%	19.6%
2018/19	19.6%	17.7%	18.9%
2019/20	20.3%	18.8%	19.8%
2020/21	21.8%	17.5%	20.1%
2021/22	21.2%	19.8%	20.6%
2022/23	**19.3%**	**18.9%**	**19.1%**
2023/24	**21.7%**	**21.3%**	**21.5%**

5.7 Next care following ED attendance with ideation

In 2023/24, 10% of ideation attendances resulted in admission to the general hospital and a further 10% were admitted to a psychiatric hospital. However, 7% of people attending the ED with ideation left the ED before they could be seen and assessed by an ED clinician. In the majority of these cases (n=410, 93%) the patient left ED after they had seen the triage nurse with only a small proportion leaving prior to triage (n=33, 7%). A further 8% left after seeing an ED clinician but before their care was complete (Table 19).

In 35% of ideation cases the patient had consumed alcohol around the time of the attendance which influences their subsequent care.

Next care following ED attendance with ideation varied by Trust area (Table 19). In 2023/24 admission to the general hospital ranged from 3% of ideation attendances in the Western HSCT area to 18% in the Belfast HSCT area. Admission to a psychiatric ward varied from 2% in Northern HSCT to 24% in the Western HSCT. This may reflect the variation between Trusts in the balance between community based and in-patient based psychiatric services.

The proportion of patients who left the ED without being seen varied from <1% in the South Eastern HSCT to 12% in the Belfast HSCT. The Western HSCT had the highest proportion of patients (12%) who left the ED before a decision could be made about the next steps in their care. Western Trust patients accounted for 39% of all patients regionally who left ED before their care was completed.

Table 19 Next care following ideation attendance to hospital EDs in Northern Ireland by Trust, 2023/24.

Trust area	General admission	Psychiatric admission	Refused admission	Left ED without being seen	Left ED before decision regarding next care	Discharged from ED following treatment
BHSCT	354 (18%)	62 (3%)	0 (0%)	240 (12%)	198 (10%)	1,109 (56%)
SEHSCT	49 (9%)	39 (7%)	0 (0%)	<10 (<1%)	<10 (<1%)	455 (83%)
NHSCT	102 (10%)	23 (2%)	<10 (<1%)	92 (9%)	<10 (<1%)	818 (79%)
SHSCT	99 (9%)	68 (6%)	<10 (<1%)	36 (3%)	129 (11%)	827 (71%)
WHSCT	59 (3%)	434 (24%)	19 (1%)	69 (4%)	210 (12%)	999 (56%)
NI	663 (10%)	626 (10%)	20 (<1%)	443 (7%)	544 (8%)	4,208 (65%)

5.8 Referral for mental health assessment following ideation

In 2023/24 there was documented evidence in ED notes regarding referral to mental health services for assessment in 87% of people presenting with ideation, an increase from 85% since the last Registry report in 2021/22. The subsequent assessment may take place while in the ED, in the community following discharge or during the hospital admission depending on individual circumstances. There was variation across the Trusts with the highest proportion being referred for mental health assessment in the South Eastern HSCT area

(97%) and lowest in the Western HSCT area (81%) in 2023/24 (Table 20). In 2% of ideation cases, patients were offered a referral to mental health services for assessment but refused. The proportion refusing has increased from 2% to 4% since 2021/22 in the Southern HSCT area and reasons for this could be explored.

In 7% of ideation presentations, patients left the ED before seeing a clinician and therefore missed the opportunity to be referred by ED clinicians for this reason. This varied from <1% in the South Eastern HSCT area to 12% in the Belfast HSCT area.

An additional 8% left ED before their care was complete and may not have waited for a referral for or assessment by a mental health professional. This varied from <1% in the South Eastern and Northern HSCT areas to 12% in the Western HSCT area.

Table 20 Referral for mental health assessment following ideation by Trust, 2021/22 to 2023/24.

	Year	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	NI
Patient had a mental health assessment in ED or was referred for assessment	2021/22	1293 (84%)	695 (98%)	943 (93%)	954 (83%)	933 (74%)	4,818 (85%)
	2022/23	1,379 (72%)	594 (99%)	914 (95%)	998 (84%)	1,496 (83%)	5,381 (83%)
	2023/24	1,670 (85%)	536 (97%)	993 (95%)	1,007 (87%)	1,457 (81%)	5,663 (87%)
Patient refused a referral to mental health services for assessment	2021/22	21 (1%)	<10 (<1%)	33 (3%)	27 (2%)	46 (4%)	130 (2%)
	2022/23	<10 (<1%)	<10 (<1%)	22 (2%)	32 (3%)	30 (2%)	92 (1%)
	2023/24	21 (1%)	<10 (<1%)	12 (1%)	41 (4%)	36 (2%)	112 (2%)

As referred to previously, the data regarding mental health assessments for those who are admitted to the general hospital is likely not to be fully captured. However, the data regarding mental health assessments for those who are discharged from the ED is more reliable.

In 2023/24, 65% (n=4,208) of all ideation presentations were discharged from the ED following treatment without requiring an admission. This varied across Trusts as can be seen in Table 18 ranging from 56% of all ideation presentations in both Belfast and Western HSCTs to 83% in the South Eastern HSCT. In terms of absolute numbers of people who were discharged following treatment in the ED, the highest numbers were observed in the Belfast HSCT (n=1,109) and the lowest in South Eastern HSCT (n=455).

There was documented evidence in ED notes regarding referral to mental health services for assessment in 93% (n=3,894) of ideation cases who were discharged from the ED. This varied across Trusts from 88% in the WHSCT to 98% in the SEHSCT. In Figure 19 this group is further sub-divided into those who had an assessment carried out before leaving ED and those who were referred for mental health assessment to take place following discharge from the ED.

Across NI, 67% (n=2,817) of ideation cases discharged from the ED had an assessment carried out by the mental health team in the ED before discharge. This varied across Trusts from 41% (n=454) of those discharged in the Belfast HSCT to 81% (n=672) in the Southern HSCT.

In a further 26% (n=1,077) of cases discharged across NI, a mental health assessment did not take place in the ED but a referral was made to have a mental health assessment following discharge. Again, this varied across Trusts from 9% (n=89) of those discharged in the Western Trust to 51% (n=562) in Belfast Trust, as can be seen in Figure 19.

The Registry currently does not capture data regarding whether these mental health assessments actually took place following discharge. However, since significant numbers of people are referred for assessment following discharge it is important that Trust mental health staff maximise attempts to engage these people in assessments following ED discharge, particularly in Belfast Trust where higher numbers of referrals are made for assessment following discharge, rather than being assessed prior to leaving the ED.

A further 2% (n=81) of ideation patients discharged from the ED refused the offer of a mental health assessment (Figure 19).

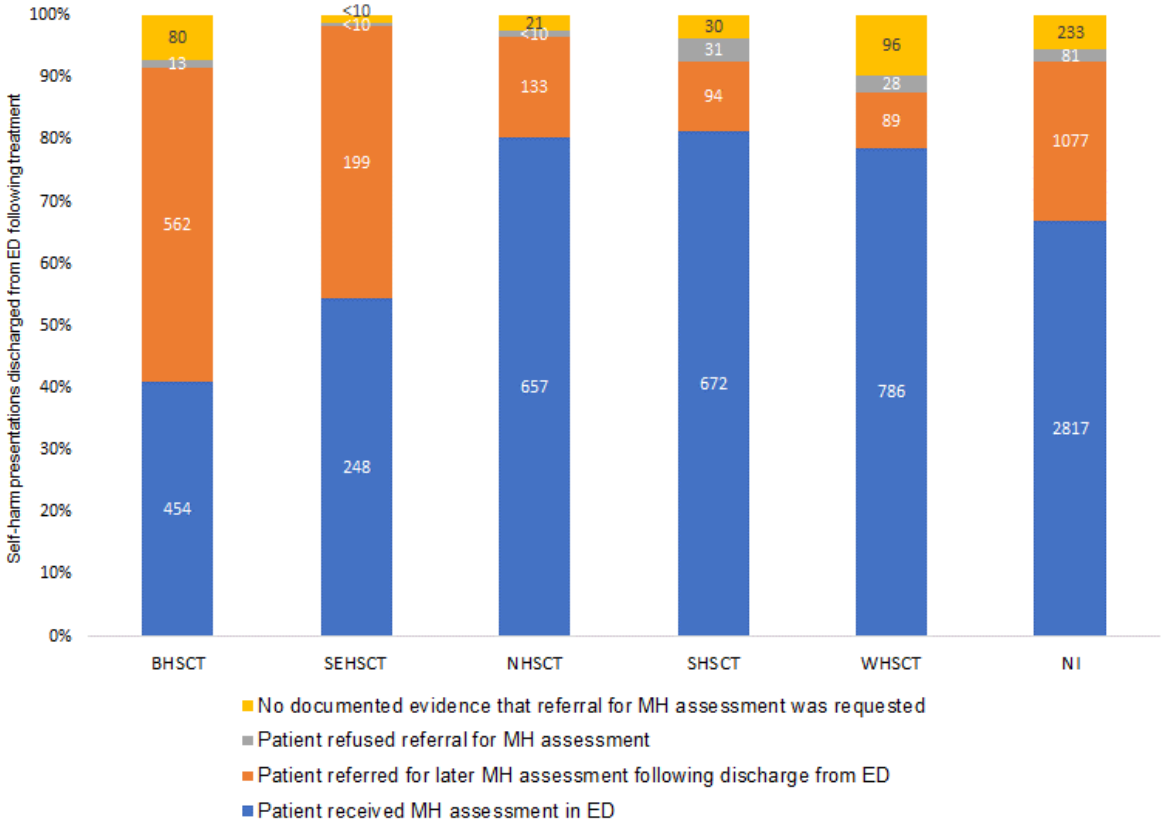


Figure 19: Mental health assessment referral for ideation presentations discharged from ED following treatment, by Trust, 2023/24.

6.0 Incidence rates of hospital presenting ideation in Northern Ireland[4]

6.1 Incidence rates of hospital presenting ideation by gender and age

The age standardised rate of ideation presentations in 2023/24 for Northern Ireland was 243 per 100,000. The rate was 298 per 100,000 for males and 190 per 100,000 for females (Table 21). The rate of ideation presentations in 2023/24 has increased by 2% for males and decreased 1% for females compared to the previous year.

Over the ten year period the rate has increased by 65% from 147 per 100,000 in 2014/15 to 243 per 100,000 in 2023/24. The male rate of ideation increased by 58% and the female rate increased by 81% during this period.

It is not clear how to interpret the rise in ideation rates. It should be considered in the context of a 19% reduction in rates of self-harm over the 10 year period as referred to in section 3.8.

The rise in ideation rates may possibly indicate an increase in people seeking help at an earlier stage, presenting with ideation rather than self-harm. The rise in ideation might also be due to an increasing trend towards help-seeking generally, potentially as a result of reduction in stigma or public messaging campaigns. More concerningly however, a rise in hospital presenting ideation rates could indicate a true rise in ideation rates in the community and/ or patients not being able to access support from other parts of the HSC or other services and having to resort to attending ED to access care for ideation.

Table 21 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following ideation by gender, 2014/15 to 2023/24.

Year	Male	Female	All
2014/15	189	105	147
2015/16	198	110	153
2016/17	204	123	163
2017/18	234	138	186
2018/19	272	167	219
2019/20	285	173	229
2020/21	226	155	190
2021/22	261	184	221
2022/23	**291**	**202**	**246**
2023/24	**298**	**190**	**243**

In 2023/24 the highest rate of ideation in Northern Ireland was observed among 25 to 29 year old males with a peak rate of 669 per 100,000 in this age group. The highest female rate of ideation was in the 20 to 24 year age group at 410 per 100,000. The rate of ideation was higher for males than females in all age groups, with the exception of the two younger age groups 10 to14 and 15 to 19 years as displayed in Figure 20.

[4] Incidence rates are calculated using Census 2021 main statistics demography tables, published 22 September 2022.

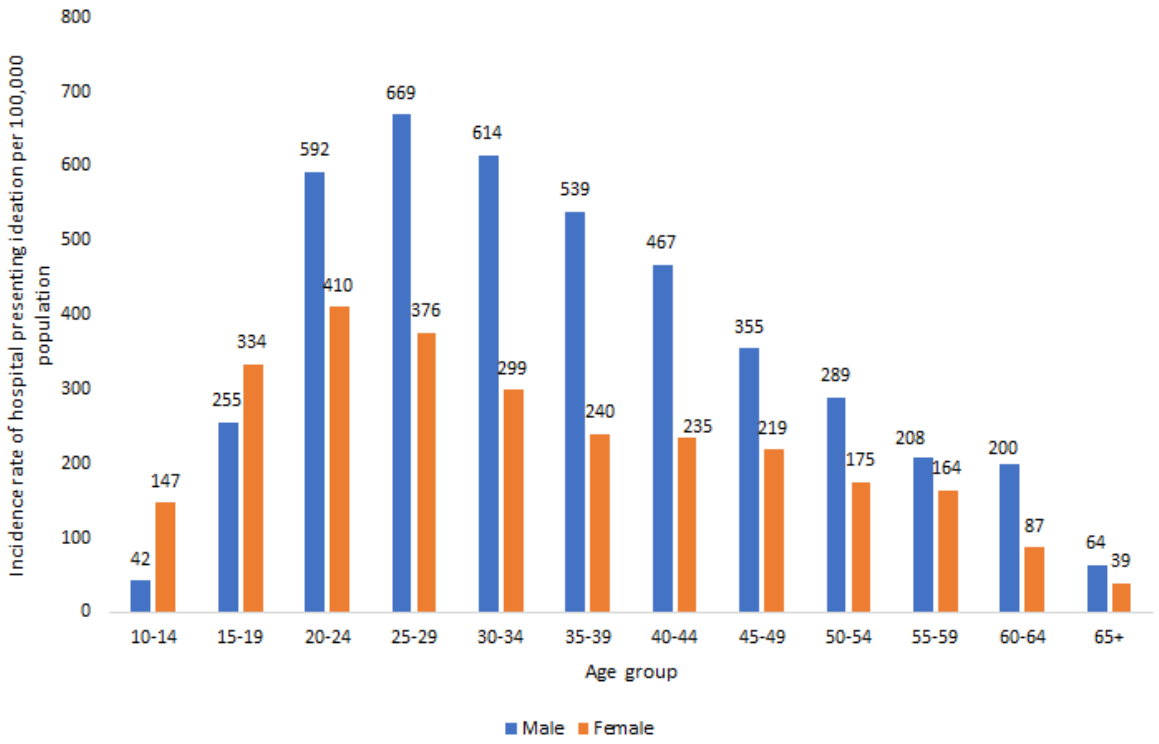


Figure 20: Incidence rate of ideation presentations to ED per 100,000 in Northern Ireland by age and gender, 2023/24.

Changes over time in the incidence rates of ideation for the various age-groups can be seen in Figure 21 for females and Figure 22 for males. For context this should be examined alongside similar graphs showing rates for self-harm in Figures 12 and 13. It is complex to interpret trends given the pandemic period however a key observation is that the incidence rates for females are on an upward trend with the exception of 15 to 24 year olds where the rates have reduced in recent years. In 2023/24 the rate of ideation among younger females aged 10 to 14 years was at its highest rate to date at 147 per 100,000 compared to 106 per 100,000 the previous year (2022/23).

The marked rise in rates seen in younger females aged 10 to 14 years is not as evident among young males. The rates for males in the 20 to 49 age bracket showed most increase over time whereas the rates for males in the 50 to 59 age groups have been relatively stable. An upward trend in the rate of ideation was observed among males aged 60 years and over. It will be useful to monitor these trends in the longer term and may suggest particular age-groups that may benefit from targeted intervention.

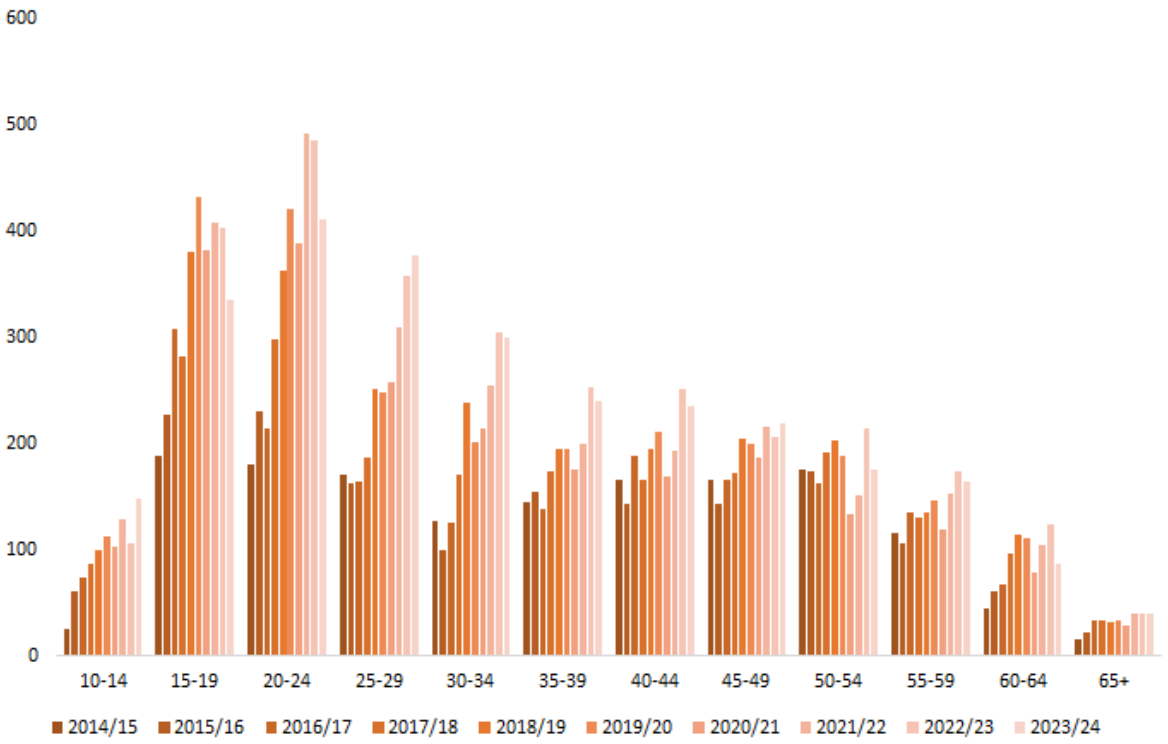


Figure 21: Incidence rate of ideation per 100,000 in Northern Ireland for females by age, 2014/15 to 2023/24.

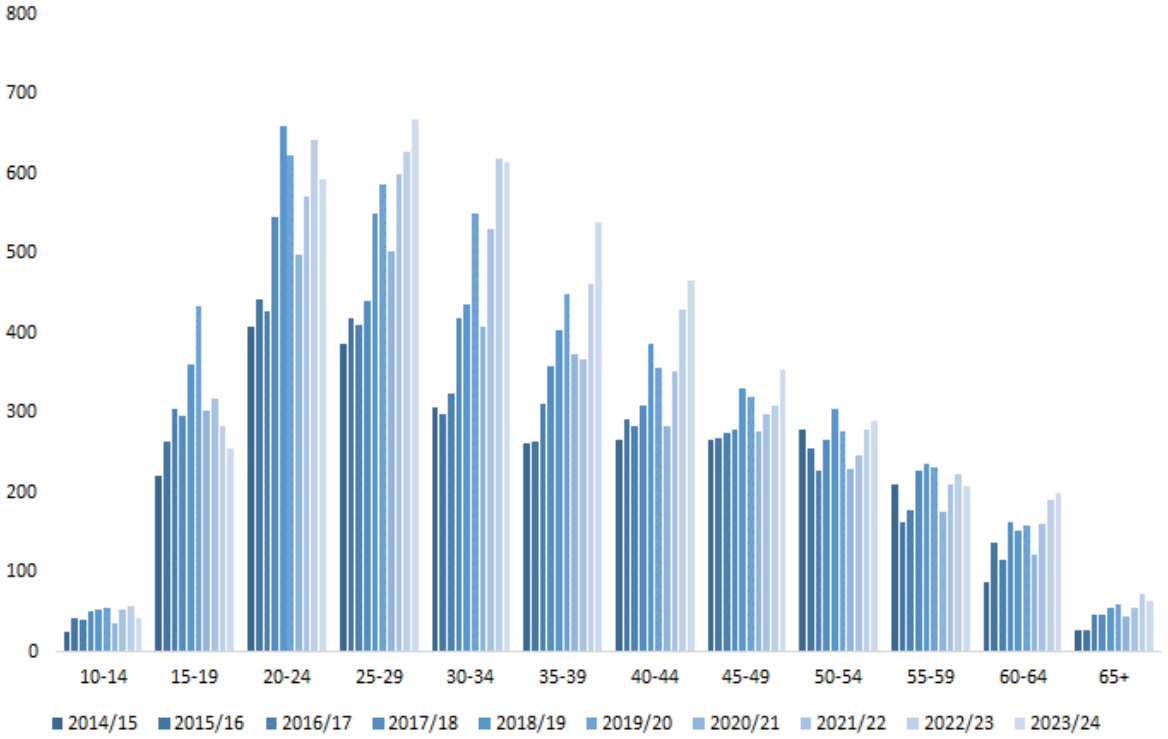


Figure 22: Incidence rate of ideation per 100,000 in Northern Ireland for males by age, 2014/15 to 2023/24.

6.2 Incidence rates of hospital presenting ideation by HSCT area

The highest EASR rate of hospital presenting ideation (based on area of residence) was observed in the Western HSCT area in both years 2022/23 and 2023/24 (417 and 414 per 100,000 respectively). The Northern HSCT area experienced an increase (7%) in the rate of ideation in 2023/24 compared to the previous year, while the other areas experienced a decrease ranging from <1% in Belfast HSCT area to 7% in the South Eastern HSCT area (Figure 23).

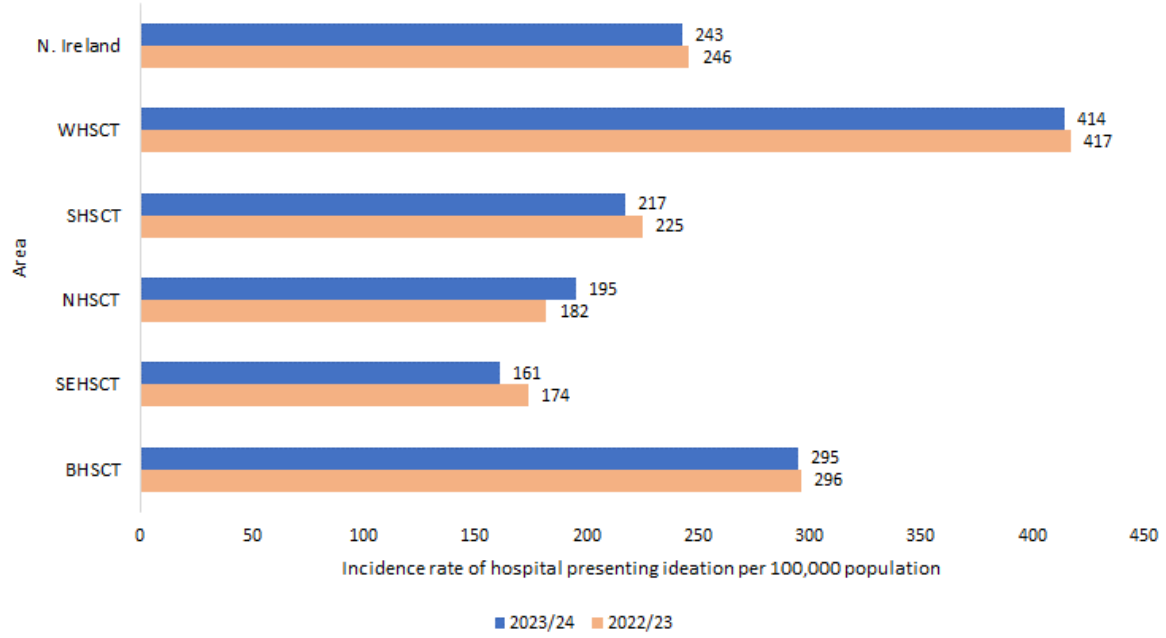


Figure 23: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSCT area, 2022/23 & 2023/24.

The EASR rate of ideation for males exceeded the EASR for females in all HSCT areas in 2023/24 as displayed in Figure 24.

The highest EASR male rate of hospital presenting ideation was observed in the Western HSCT area (484 per 100,000): 62% higher than the Northern Ireland male rate (298 per 100,000). The male rate in Belfast HSCT area were also higher than the regional rate.

The lowest EASR rate of ideation for male residents was recorded in the South Eastern HSCT area (197 per 100,000) which was 34% lower than the regional male rate (Figure 24).

The Western HSCT area also recorded the highest female EASR rate of ideation (345 per 100,000): 82% higher than the Northern Ireland female rate (190 per 100,000). The female rate in Belfast HSCT (227 per 100,000) area was also higher than the regional rate. The lowest EASR rate of ideation for female residents was recorded in the South Eastern HSCT area (129 per 100,000) which was 32% lower than the regional female rate.

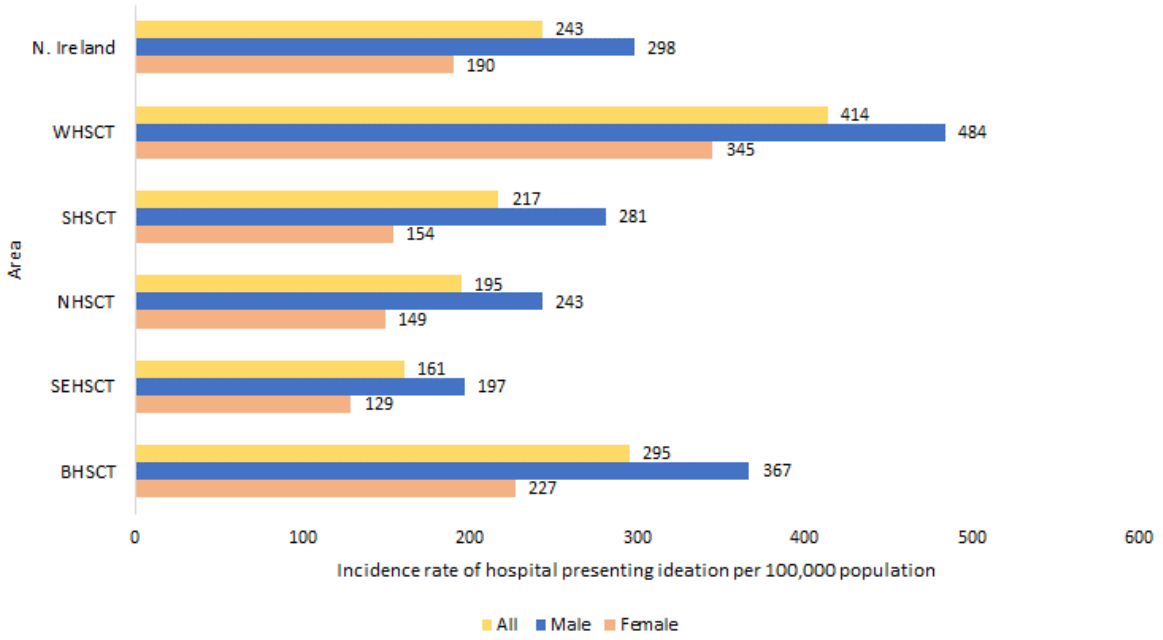


Figure 24: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSCT area and gender, 2023/24.

Appendices

Appendix A: Emergency Departments in Northern Ireland

Table A1: Emergency Department type and operating hours

Hospital Emergency Department	ED Type	Operating hours
Altnagelvin Hospital ED, WHSCT	Type 1	24 hours every day
South West Acute Hospital ED, WHSCT	Type 1	24 hours every day
Royal Victoria Hospital ED, BHSCT	Type 1	24 hours every day
Royal Hospital for Sick Children ED, BHSCT	Type 1	24 hours every day
Mater Hospital ED, BHSCT	Type 1	24 hours every day
Antrim Hospital ED, NHSCT	Type 1	24 hours every day
Causeway Hospital ED, NHSCT	Type 1	24 hours every day
Craigavon Hospital ED, SHSCT	Type 1	24 hours every day
Daisy Hill Hospital ED, SHSCT	Type 1	24 hours every day
Ulster Hospital ED, SEHSCT	Type 1	24 hours every day
Lagan Valley Urgent Care Centre, SEHSCT	Type 2*	Operates Monday to Friday 8am – 6pm from October 2021. Previously 8am-8pm.

Type 1 ED: A consultant led service with designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services 24 hours a day.

Type 2 ED: A consultant led service with designated accommodation for the reception of emergency care patients, but which does not provide both emergency medicine and emergency surgical services and / or has time limited opening hours.

*In September 2023 the Department of Health in Northern Ireland adopted new emergency department definitions to align with those used by NHS England. Lagan Valley Hospital was subsequently re-categorised as a Type 3 unit on 1 April 2025. This hospital will no longer be included in Registry reports going forward for consistency since other Type 3 units are not included.