



Northern Ireland Registry of Self-Harm

Summary Regional Report 2020/21 & 2021/22



Contents	Page
Foreword	
List of Tables	
List of Figures	
1.0 Executive summary	7
2.0 Overview of self-harm and ideation presentations combined	12
2.1 Number of presentations and trends	12
2.2 Demographic profile of people presenting with self-harm / ideation	13
2.3 Mode of arrival	13
3.0 Self-harm presentations to Emergency Departments	14
3.1 Number of self-harm presentations to EDs in Northern Ireland	14
3.2 Variation in self-harm presentations by month	15
3.3 Demographic profile of self-harm presentations	16
3.4 Self-harm presentations by presenting hospital	17
3.5 Methods of self-harm	18
3.6 Repetition of self-harm	20
3.7 Next care following ED attendance with self-harm	21
3.8 Referral for specialist mental health assessment following self-harm	22
3.9 Self-harm presentation in under 18-year olds	25
3.10 Incidence rates of hospital presenting self-harm in Northern Ireland	28
3.11 Self-harm presentations in key subgroups	33
4.0 Ideation presentations to Emergency Departments	35
4.1 Number of ideation presentations to EDs in Northern Ireland	35
4.2 Variation in ideation presentations to ED by month	36
4.3 Repetition of ideation	37
4.4 Ideation presentations under 18 year olds	38
4.5 Next care following ED attendance with ideation	38
4.6 Referral for specialist mental health assessment following ideation	39
4.7 Incidence rates of hospital presenting ideation in Northern Ireland	40

List of tables	Page
Table 1: Number of self-harm and ideation presentations combined by age group, 2012/13 to 2021/22.	13
Table 2: Number of self-harm presentations to EDs in Northern Ireland by gender and yearly percentage change, 2012/13 to 2021/22.	14
Table 3: Individual persons presenting with self-harm to EDs in Northern Ireland by gender and yearly percentage change, 2012/13 to 2021/22.	14
Table 4: Number of self-harm presentations by age group, 2012/13 to 2021/22.	16
Table 5: Self-harm presentations by age and gender, 2012/13 to 2021/22.	17
Table 6: Method involved in self-harm presentations, 2012/13 to 2021/22.	19
Table 7: Method involved in self-harm presentations by gender, 2019/20 to 2021/22.	19
Table 8: Repetition rate within 12 months studied by gender and yearly percentage change, 2012/13 to 2021/22.	20
Table 9: Recommended next care following self-harm attendance to hospital emergency departments in Northern Ireland, 2012/13 to 2021/22.	21
Table 10: Recommended next care following self-harm attendance to hospital emergency departments in Northern Ireland by Trust, 2021/22.	22
Table 11: Referral for specialist mental health assessment following self-harm by Trust, 2019/20 to 2020/21.	23
Table 12: Referral for specialist mental health assessment for self-harm presentations discharged from ED following treatment, by Trust, 2021/22.	24
Table 13: Self-harm presentations by people under 18 years as a percentage of total self-harm presentations all ages, 2012/13 to 2021/22.	25
Table 14: Number of self-harm presentations by young people under 18 years by gender and yearly percentage change, 2012/13 to 2021/22.	25
Table 15: Individual persons under 18 years presenting with self-harm to EDs and repetition rate in Northern Ireland, 2012/13 to 2021/22.	27
Table 16: Methods of self-harm used by young people under 18 years by gender, 2020/21 & 2021/22 combined.	27
Table 17: Percentage method involved in self-harm presentations under 18 years, 2012/13 to 2021/22.	28
Table 18: European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm, by gender and yearly percentage change, 2012/13 to 2021/22.	29
Table 19: Self-harm presentations by people experiencing homelessness as a percentage of total self-harm presentations, 2012/13 to 2021/22.	34
Table 20: Number of ideation presentations to EDs in Northern Ireland by gender and yearly percentage change, 2012/13 to 2021/22.	35
Table 21: Individual persons presenting with ideation to EDs in Northern Ireland, 2012/13 to 2021/22.	36

	Page
Table 22: Ideation repetition rate within 12 months by gender and yearly percentage change, 2012/13 to 2021/22.	37 38
Table 23: Number of ideation presentations by young people under 18 years, 2012/13 to 2021/22.	
Table 24: Recommended next care following ideation attendance to hospital emergency departments in Northern Ireland by Trust, 2021/22.	39
Table 25: Referral for specialist mental health assessment following ideation by Trust, 2019/20 to 2021/22.	40
Table 26: European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following ideation by gender and yearly percentage change, 2012/13 to 2021/22.	41

List of Figures

Figure 1: Number of self-harm and ideation presentations to EDs in Northern Ireland, 2012/13 to 2021/22.	12
Figure 2: Self-harm presentations to EDs by month from April 2019 to March 2022.	15
Figure 3: Number of self-harm presentations by hospital ED in 2019.20, 2020/21 and 2021/22.	18
Figure 4: Percentage of self-harm presentations where alcohol was involved, 2012/13 to 2021/22.	20
Figure 5: Number of self-harm presentations under 18 years to EDs in Northern Ireland by gender, 2012/13 to 2021/22.	26
Figure 6: Incidence rate of self-harm per 100,000 in Northern Ireland by age and gender, 2021/22.	29
Figure 7: Incidence rate of self-harm per 100,000 in Northern Ireland for males by age, 2012/13 to 2021/22.	30
Figure 8: Incidence rate of self-harm per 100,000 in Northern Ireland for females by age, 2012/13 to 2021/22.	31
Figure 9: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSCT area, 2020/21 & 2021/22.	32
Figure 10: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSCT area and gender, 2021/22.	33
Figure 11: Ideation presentations by month from April 2019 to March 2022.	37
Figure 12: Incidence rate of ideation per 100,000 in Northern Ireland by age and gender, 2021/22.	41
Figure 13: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSCT area, 2020/21 & 2021/22.	42
Figure 14: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSCT area and gender 2021/22.	43

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 but 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 (PHA). This report outlines the findings of the Self Harm Registry for the two-year period 1st April 2020 to 31st March 2022. This time period includes the COVID-19 pandemic period.

Since the Registry has now collected ten years of data, this report also now examines trends in presentations to hospital with self-harm and ideation over that period.

This report is intended to enhance understanding of the issue and be of use to those involved in policy, planning and delivery of services for people who experience these difficult issues. It should be viewed in the context of the wider Protect Life 2 Strategy (2019 -2024, extended to 2027) and the Mental Health Strategy (2021 - 2031) which encourage help seeking behaviour regarding mental wellbeing, self-harm and suicide and the further development of services in the statutory and non-statutory sectors to address these issues. In particular this report will inform work currently underway within the Health and Social Care (HSC) system 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 enable further research to be carried out to examine risk factors and outcomes for people presenting with these issues.

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 the issue, it is hoped that this will enable resources to be appropriately aligned to provide timely access to assessment, care and support for people facing these issues. The findings of the report highlight the importance of addressing mental wellbeing across all sectors of our society.

Dr Joanne McClean
Director of Public Health

1.0 Executive Summary

1.1 Introduction

The Self Harm Registry was established across the whole of Northern Ireland in 2012 by the Public Health Agency (PHA). This report outlines the findings of the Self Harm Registry for the two-year period 1st April 2020 to 31st March 2022. This time period includes the COVID-19 pandemic period. The report highlights the change in presentations to hospital during that time period and examines trends over the 10-year period that the Registry has been in existence. Detail regarding the methodology used to collect data has been outlined in previous Registry reports.

Section 2 of this report sets out the combined data for self-harm and ideation presentations to Emergency Departments (ED). This information highlights the demands on EDs and mental health services in relation to both of 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. The data focuses on presentations made during the two years 2020/21 and 2021/22 and highlights longer term trends where possible.

1.2 Key findings

1.2.1 Self-harm and ideation presentations combined

- During 2021/22, presentations involving an act of self-harm and presentations with thoughts of self-harm or suicide accounted for 13,804 attendances to ED compared to 12,501 in the previous year (2020/21). This represents 2% of all attendances to Type 1 and Type 2 EDs in Northern Ireland in both years 2020/21 and 2021/22. Over the two-year period, 60% of these presentations were due to acts of self-harm (n=15,894). Considering both types of presentations together, there has been a 20% rise in presentations to ED since 2012/13.
- The majority of these presentations were among adults aged 18-64 years (86% in 2020/21 and 85% in 2021/22). Under 18 year olds are now accounting for a higher proportion of self-harm and ideation attendances, rising from a baseline of 8% in 2012/13, to 11% in 2020/21 and 12% in 2021/22. People aged over 65 years accounted for 3% of attendances in both years, showing a small rise from the baseline of 2% in 2012/13.
- People who were experiencing homelessness at the time of presentation to ED accounted for 5% (n=589) of attendances in 2020/21 and 4% (n=602) in 2021/22.
- In 2021/22, 36% (n=5,021) of presentations were brought to ED by ambulance services; 23% (n=3,236) by police; and in 2% (n=288) both ambulance and police services were involved.

1.2.2 Self-harm

- For the period from 1 April 2021 to 31 March 2022, the Registry recorded 8,128 self-harm presentations to EDs in Northern Ireland, made by 5,426 individuals. There was a 13% reduction in the number of self-harm presentations in 2020/21 compared to the previous year. An increase of 5% was subsequently observed in 2021/22.
- Since 2012/13 there has been a 2% reduction in self-harm attendances to ED.
- In 2021/22, there were 4,754 (58%) female presentations and 3,374 (42%) male presentations. The gender balance of self-harm presentations has changed slightly over the ten-year period whereby in 2012/13, it was 50% male and 50% female.
- During 2021/22, an average of 22 presentations involving self-harm were recorded per day.
- During April 2020, which includes the weeks immediately following the introduction of 'lockdown' on 23rd March, there were 36% fewer self-harm presentations than in the same month in the previous year (504 in April 2020 vs 786 in April 2019). Patients may have been fearful of attending the EDs due to the risk of contracting COVID-19. The number of self-harm presentations increased to 708 in April 2021.

1.2.2.1 Methods of self-harm

- The most common method of self-harm in both years 2020/21 and 2021/22 was intentional drug overdose accounting for 63% and 61% all self-harm presentations respectively. Self-cutting was also a common method of self-harm, present 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 2012 to March 2022. The proportion of cases involving intentional drug overdose has reduced from 75% in 2012/13 to 61% in 2021/22, while the proportion of cases involving self-cutting has increased from 23% to 28%. The proportion involving attempted hanging has increased from 4% to 7% and the proportion of attempted drowning cases has increased from 1% to 5%.
- The proportion of cases in which alcohol was involved in the act of self-harm has fallen steadily from 51% in 2012/13 to 38% in 2021/22.

1.2.2.2 Repetition of self-harm

- In 2021/22, 19% of individuals made at least one repeat presentation to hospital with self-harm compared to 20% the previous year (2020/21). This proportion is the same as what was first reported in 2012/13, although there has been variation of -/+1% over the ten-year period. Repetition rates peaked at 22% in 2016/17 and have shown a downward trend since then.

1.2.2.3 Self-harm among those under 18 years

- Self-harm presentations by those under 18 years of age accounted for 15% (n=1,253) of all self-harm presentations during 2021/22 compared to 14% (n=1,087) the previous year (2020/21). This is a rise from the baseline of 9% first reported in 2012/13.
- In 2021/22, the majority of self-harm presentations among those aged under 18 years were made by girls (83%). Compared to the pre-pandemic period, there has been a 50% rise in self-harm presentations involving girls, compared to a reduction of 23% involving boys. Over the ten-year period from April 2012 to March 2022, the number of self-harm presentations among girls increased by 84%. The number of presentations among boys in 2021/22 remains similar to 2012/13, and has been declining since a peak in 2014/15.
- There was evidence of an increase in repetition rates between 2019/20 and 2020/21 but this reduced again in 2021/22. In 2021/22, repetition rates were at their lowest level for both boys and girls, at 11% and 19% respectively. This compares to 20% for both boys and girls in 2012/13.

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

- In 2021/22, 31% of people presenting to ED with self-harm were admitted to a general hospital and 8% were admitted to a psychiatric hospital. The proportions admitted varied across the Trusts. In 5% of self-harm presentations, patients left the ED before seeing a clinician. An additional 4% left the ED before their care was complete. The Registry also recorded that 3% of patients refused a referral to mental health services for assessment following presentation to ED with self-harm.
- In 2021/22, there was documented evidence in ED notes that 81% of people presenting with self-harm had a specialist 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. The proportion referred for assessment in 2021/22 was similar to pre-pandemic years but had fallen to 75% during 2020/21.
- In 2021/22, 53% (n=4287) of all self-harm presentations were discharged from the ED without requiring admission. A specialist mental health assessment was carried out before leaving the ED in 43% of these cases, and a further 43% were referred for mental health assessment to be carried out following discharge. This varied across Trusts. In 5% of cases the patient refused referral for mental health assessment. In 9% of cases that were discharged directly from the ED, there was no evidence that a referral for mental health assessment was offered.

1.2.2.5 Self-harm rates

- The overall age-standardised rate of self-harm in 2021/22 for Northern Ireland was 310 per 100,000. The male rate was 280 per 100,000 and the female rate was 343 per 100,000. The highest rate of self-harm presentations was observed in the WHSCT area.
- Between 2020/21 and 2021/22, the rate of self-harm for all persons increased by 2%. While there was a 7% increase in the female rate, a reduction of 2% was observed in the male rate.
- In 2021/22, the highest rate of self-harm was observed among 15 -19 year old females and among 20-24 year old males, with rates of 1,138 per 100,000 and 748 per 100,000 respectively.
- The rate of self-harm for Northern Ireland was 7% lower in 2021/22 than in 2012/13 (334 per 100,000). The male rate of self-harm decreased by 17% during this ten-year period while the female rate increased by 3%.

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 2021 to 31 March 2022, the Registry recorded 5,676 ideation presentations to EDs in Northern Ireland, made by 3,922 individuals. There were on average 16 ideation presentations per day.
- During 2020/21 there was a 17% reduction in the number of ideation presentations compared to the previous year. This was followed by an increase of 20% in 2021/22.
- In 2021/22, there were 3,337 (59%) male presentations and 2,339 (41%) female presentations. The gender balance of ideation presentations has changed slightly over the ten-year period whereby in 2012/13, it was 67% male and 33% female.
- Patients aged under 18 years accounted for 7% (n=383) of all ideation presentations in 2021/22. Ideation presentations in this age group fell by 18% in 2019/20. In 2021/22 ideation presentations in girls exceeded pre-pandemic levels, while in boys remained below pre-pandemic levels.
- One in five (21%) of people attending with ideation had a repeat attendance with ideation within 2021/22. Repetition rates were slightly higher for males (21%) than females (20%). Repetition rates for ideation have increased slightly since 2012/13 from 19% to 21% in 2021/22.

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

- In 2021/22, 21% of ideation presentations resulted in admission to the general hospital, while 9% resulted in admission to a psychiatric hospital. This varied between Trusts as outlined in the report.
- In 2021/22 there was documented evidence in ED notes that 85% of presentations with ideation either had a specialist mental health assessment while in the ED or were referred to mental health services for specialist assessment. This varied between Trusts as outlined in the report.
- The Registry recorded that 2% of patients refused referral to mental health services for assessment following presentation to ED with ideation in 2021/22 which showed no change from the previous year (2020/21).
- In 8% of ideation presentations in 2021/22, patients left the ED before seeing a clinician and therefore missed the opportunity to be referred by ED clinicians for a specialist mental health assessment for this reason, although they may have been referred by other professionals at a later point.
- An additional 3% of ideation attendances left the ED before their care was complete and therefore may leave without waiting for a referral or an assessment by a mental health professional.

1.2.3.2 Ideation rates

- The overall age-standardised rate of ideation in 2021/22 for Northern Ireland was 221 per 100,000. The male rate was 261 per 100,000 and the female rate was 184 per 100,000. The highest ideation rate was observed in the WHSCT area.
- Between 2019/20 and 2020/21 the ideation rate fell by 17% but returned to around pre-pandemic levels in 2021/22.
- In 2021/22 ideation rates were higher for males than females across all age groups with the exception of 10 - 19-year old females, where the rates exceeded males. The highest ideation rate was observed among 25 – 29-year old males with a rate of 599 per 100,000. Among females, the highest ideation rate occurred in the 20 – 24-year age group at 491 per 100,000.
- The ideation rate for Northern Ireland in 2021/22 was 73% higher than in 2012/13 (128 per 100,000). The male rate of ideation increased by 57% during this ten-year period while the female rate doubled (102%).

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. Detail regarding the methodology used has been outlined in previous reports.

In total there were 13,804 presentations to EDs in Northern Ireland with acts of self-harm or ideation in 2021/22 compared to 12,501 presentations in 2020/21. This represents 2% of all attendances to Type 1 and Type 2 EDs in Northern Ireland in both 2020/21 and 2021/22.

Figure 1 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 up until 2019/20. During 2020/21 there was a decrease in both self-harm and ideation presentations likely to have been associated with the pandemic. The first period of lockdown commenced on 23rd March 2020. The dip in presentations in 2020/21 was followed by a 5% rise in self-harm presentations and 20% rise in ideation presentations in 2021/22. The number of self-harm presentations in 2021/22 remains below pre-pandemic years, while ideation presentations have returned to similar levels.

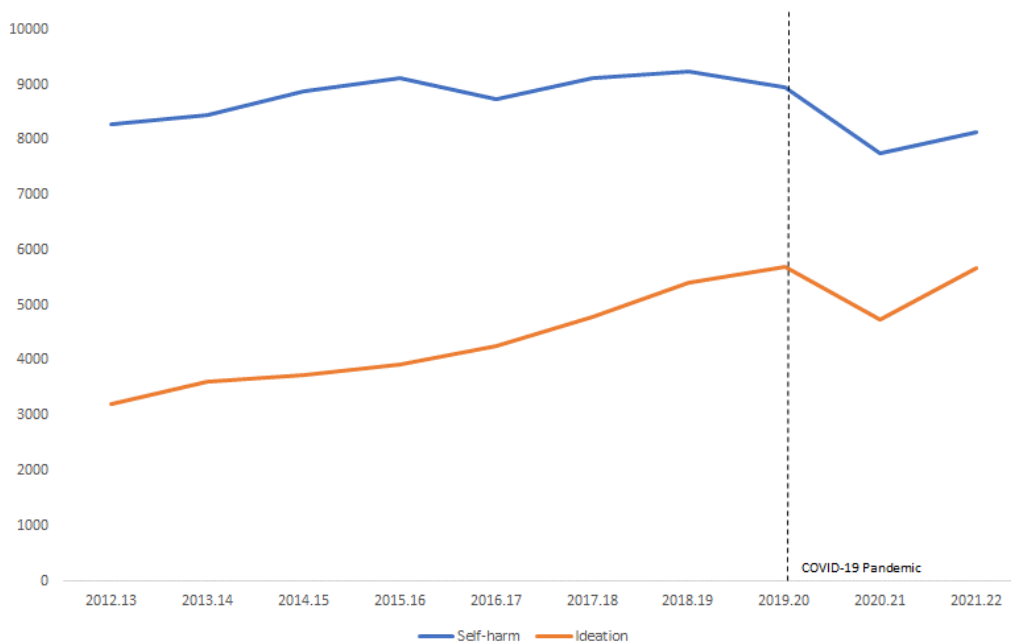


Figure 1: Number of self-harm and ideation presentations to EDs in Northern Ireland, 2012/13 to 2021/22.

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

In 2021/22 the majority (85%) of presentations were among adults aged 18-64 years. Under 18 year olds accounted for 12% 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, 2012/13 to 2021/22.

Northern Ireland	Under 18 years		18 – 64 years		65+ years		
	Year	Number	% of all self-harm & ideation	Number	% of all self-harm & ideation	Number	% of all self-harm & ideation
	2012/13	925	8%	10,306	90%	247	2%
	2013/14	1,039	9%	10,789	89%	252	2%
	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%

Over the ten year period there has been a change in the demographic profile of people presenting to EDs in Northern Ireland. The proportion of under 18-year olds has increased from 8% in 2012/13 to 12% in 2021/22, while the proportion of adults aged 18 – 64 years has decreased from 90% in 2012/13 to 85% in 2021/22. There has been a 1% increase in the proportion of older people presenting with these issues since 2012/13 but no change since 2019/20.

People who were experiencing homelessness accounted for 4% of attendances in 2021/22 compared to 5% in 2020/21. This compares to 5% in 2019/20 prior to the pandemic.

2.3 Mode of arrival

Over a third (36%, n=5,021) of these presentations were transported to hospital by ambulance. Ambulance services were more frequently involved in self-harm (n=3,410) than ideation presentations (n=1,611). In 23% of presentations (n=1,672 self-harm, n=1,564 ideation) the person was brought by police, and in 2% (n=174 self-harm, n=114 ideation) both police and ambulance services were required. In a quarter of presentations (24%, n=3,316), the person presented themselves to the ED. In 3% of presentations the person had been referred to ED by their GP (n=277 ideation; n=172 self-harm).

3.0 Self-harm presentations to Emergency Departments

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

For the period from 1st April 2021 to 31st March 2022, the Registry recorded 8,128 self-harm attendances to EDs in Northern Ireland which was a 5% increase in the number of self-harm presentations when compared to 2020/21. During 2020/21 there was a 13% reduction in self-harm presentations compared to 2019/20.

Of the recorded 8,128 self-harm attendances in 2021/22, there were 3,374 male and 4,754 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 and yearly % change, 2012/13 to 2021/22.

Northern Ireland	Male		Female		All Presentations	
	Year	Number	% change from previous year	Number	% change from previous year	Number
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%
2020/21	3,470	-18.8%	4,296	-8.0%	7,766	-13.2%
2021/22	3,374	-2.8%	4,754	+10.7%	8,128	+4.7%

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 8,128 episodes in 2021/22 were made by 5,426 individuals, summarised in Table 3. Repetition of self-harm is discussed further in section 3.6.

Table 3 Individual persons presenting with self-harm to EDs in Northern Ireland by gender and yearly % change, 2012/13 to 2021/22.

Northern Ireland	Male		Female		All Persons	
	Year	Number	% change from previous year	Number	% change from previous year	Number
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%
2020/21	2,514	-16.6%	2,785	-11.9%	5,299	-14.2%
2021/22	2,444	-2.8%	2,982	+7.1%	5,426	+2.4%

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

3.2 Variation in self-harm presentations by month

The number of self-harm presentations by month over a three-year period from April 2019 to March 2022 is set out in Figure 2. There is usually variation from month to month in any given year as outlined in previous Registry reports. However, during April 2020, which includes the weeks immediately following the introduction of 'lockdown' on 23rd March, there were 36% fewer self-harm presentations than in the same month in the previous year (504 in April 2020 vs 786 in April 2019). Patients may have been fearful of attending the EDs due to the risk of contracting COVID infection. The number of self-harm presentations increased to 708 in April 2021.

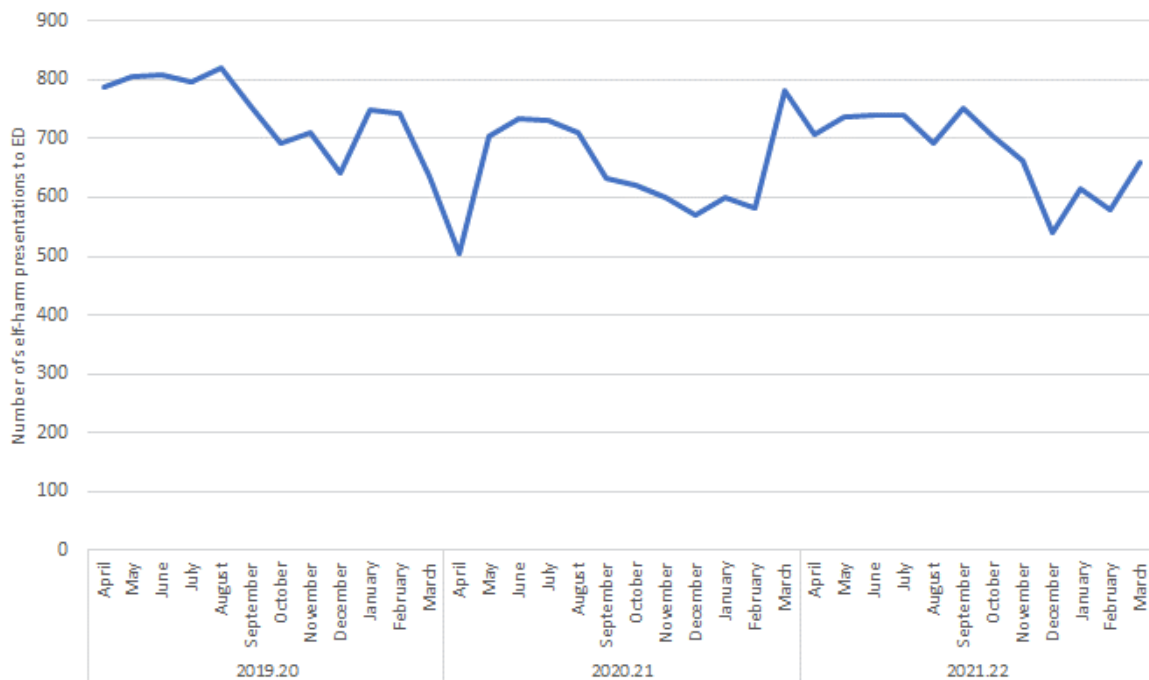


Figure 2: Self harm presentations to EDs by month from April 2019 to March 2022.

The monthly average number of self-harm presentations to EDs in 2021/22 was 677. There were more self-harm presentations than might be expected across a number of months. In particular, June, July and September recorded 9%, 9% and 11% more presentations than the monthly average.

3.3 Demographic profile of self-harm presentations

Table 4 Number of self-harm presentations by age group, 2012/13 to 2021/22.

Northern Ireland	Under 18 years		18 – 64 years		65 years +	
	Number	% of all self-harm	Number	% of all self-harm	Number	% of all self-harm
2012/13	782	9%	7,345	89%	152	2%
2013/14	866	10%	7,439	88%	151	2%
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%

In 2021/22, 15% (n=1,253) self-harm presentations were among under 18 year olds and 82% (n= 6,664) were among adults aged 18-64 years, and 3% (n=210) among people aged 65 years and over. The proportion of under 18 year olds presenting to ED with self-harm has increased from 9% to 15% over the ten year period (Table 4).

Considering adults presenting with self-harm, it can be seen in Table 5 that prior to the pandemic the gender balance was approximately equal with a slight preponderance of male presentations (51% males vs 49% female presentations in 2019/20). This has changed slightly during the most recent two year period where it can be seen that the proportion of female presentations has begun to exceed the proportion of male presentations, with 54% of presentations being among females in 2021/22.

The gender balance among under 18 year olds is quite different from adults with 75% of presentations being among females prior to the pandemic, increasing to 83% in 2021/22. Self-harm presentations among under 18 year olds are considered further in section 3.9.

Table 5 Self-harm presentations by age and gender, 2012/13 to 2021/22.

Northern Ireland	Under 18 years		18+ years	
	Male	Female	Male	Female
2012/13	216 (28%)	566 (72%)	3,923 (52%)	3,574 (48%)
2013/14	269 (31%)	597 (69%)	3,933 (52%)	3,657 (48%)
2014/15	296 (30%)	698 (70%)	4,163 (53%)	3,728 (47%)
2015/16	262 (25%)	788 (75%)	4,162 (52%)	3,898 (48%)
2016/17	268 (28%)	687 (72%)	4,048 (52%)	3,742 (48%)
2017/18	257 (23%)	839 (77%)	4,076 (51%)	3,955 (49%)
2018/19	276 (29%)	692 (71%)	4,203 (51%)	4,071 (49%)
2019/20	242 (25%)	742 (75%)	4,033 (51%)	3,928 (49%)
2020/21	220 (20%)	867 (80%)	3,250 (49%)	3,429 (51%)
2021/22	213 (17%)	1,040 (83%)	3,160 (46%)	3,714 (54%)

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 2021/22 are displayed in Figure 3, alongside the two 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 pattern of attendances to the Mater was quite different to previous years. In 2018/19 there were 1,158 presentations with self-harm to the Mater Hospital compared to 968 in 2019/20, 169 in 2020/21 and 255 in 2021/22. Patients are likely to have been diverted from the Mater Hospital to other neighbouring hospitals and this may have contributed to the increase in self-harm presentations to the Royal Victoria Hospital.

In addition, Daisy Hill Hospital in Newry temporarily closed its ED on 27th March 2020 and reopened on 19th October 2020. In 2019/20 (pre-pandemic) there were 458 presentations with self-harm to the Daisy Hill Hospital compared to 99 in 2020/21 and 444 in 2021/22.

The Royal Victoria Hospital in the Belfast Trust recorded the largest number of self-harm presentations in 2021/22, accounting for 19% (n=1,517) of total self-harm presentations followed by Altnagelvin Hospital with 16% of presentations (n=1,299) and Antrim Hospital with 15% (n=1,209) of presentations. Lagan Valley Hospital had least presentations (1%; n=93).

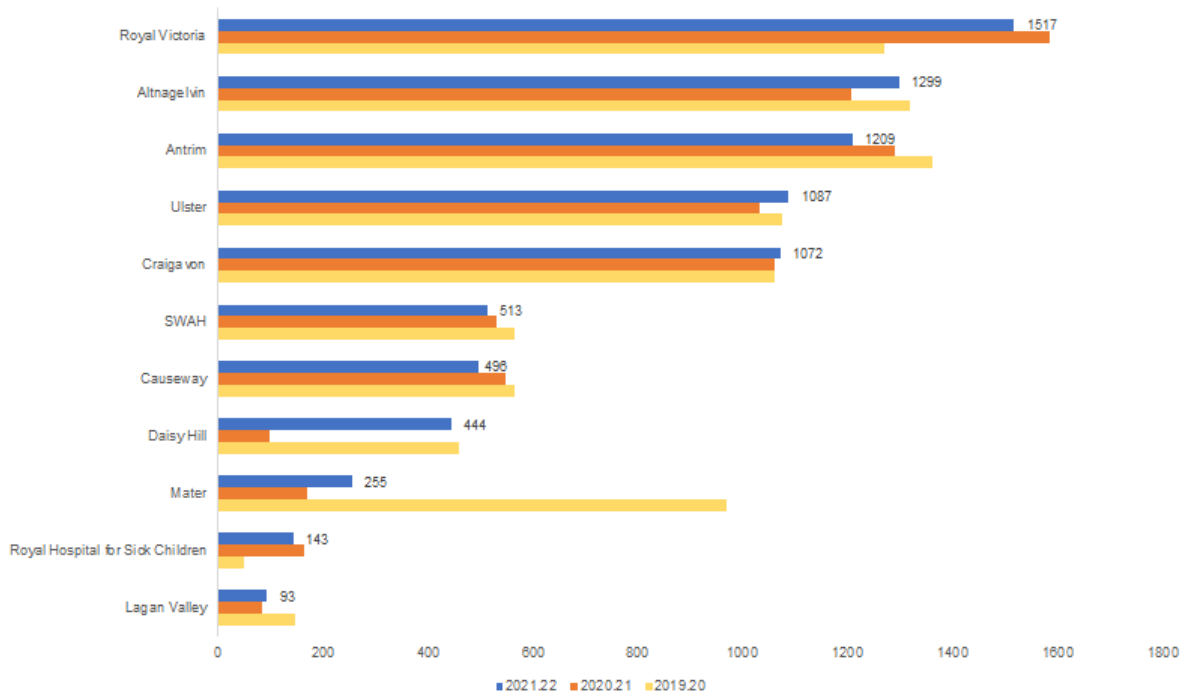


Figure 3: Number of self-harm presentations by hospital ED in 2019/20, 2020/21 and 2021/22.

3.5 Methods of self-harm

Table 6 details the methods involved in self-harm presentations in Northern Ireland. The most common method of self-harm in 2021/22 was drug overdose, which was involved in three-fifths (61%) of all self-harm presentations. Self-cutting was the only other common method of self-harm, present in 28% of all presentations.

Over the ten-year period from 2012/13, the proportion of self-harm attendances to ED involving drug overdose decreased by 14% while increases were observed in the proportion of cases involving self-cutting (+5%), attempted drowning* (+4%) and attempted hanging (+3%). There was little change in methods used during the pandemic period.

Table 6 Method involved in self-harm presentations, 2012/13 to 2021/22.

Northern Ireland Year	Drug overdose		Self-cutting		Self-poisoning		Attempted hanging		Attempted drowning*	
	Number	%	Number	%	Number	%	Number	%	Number	%
2012/13	6,199	75%	1,913	23%	90	1%	311	4%	80	1%
2013/14	6,235	74%	2,011	24%	95	1%	303	4%	108	1%
2014/15	6,385	72%	2,347	26%	151	2%	344	4%	127	1%
2015/16	6,423	71%	2,348	26%	112	1%	445	5%	271	3%
2016/17	5,695	68%	2,329	27%	135	2%	457	5%	282	3%
2017/18	5,871	64%	2,700	30%	128	1%	434	5%	386	4%
2018/19	5,829	63%	2,525	27%	93	1%	540	6%	570	6%
2019/20	5,757	64%	2,401	27%	79	1%	557	6%	464	5%
2020/21	4,879	63%	2,205	28%	97	1%	522	7%	378	5%
2021/22	4,930	61%	2,301	28%	85	1%	542	7%	436	5%

*the 2018/19 report refers to definitions of attempted drowning and the fact that only a minority of attempted drowning cases had entered the water.

Drug overdose accounted for a higher proportion of self-harm presentations made by females compared to males in 2021/22 (63% v 57% respectively) and this pattern was similar in the previous two years, as outlined in Table 7 below.

The involvement of self-cutting in self-harm presentations was also slightly more common among females than males, while attempted hanging and attempted drowning methods of self-harm were more common among males across all three years 2019/20 to 2021/22.

Table 7 Method involved in self-harm presentations by gender, 2019/20 to 2021/22.

Northern Ireland	Year	Drug overdose		Self-cutting		Self-poisoning		Attempted hanging		Attempted drowning	
		Number	%	Number	%	Number	%	Number	%	Number	%
Male	2019/20	2,608	61%	1,116	26%	40	1%	349	8%	275	6%
	2020/21	2,090	60%	936	27%	51	1%	288	8%	190	5%
	2021/22	1,928	57%	908	27%	41	1%	298	8%	207	6%
Female	2019/20	3,149	67%	1,285	28%	39	1%	208	4%	189	4%
	2020/21	2,789	65%	1,269	30%	46	1%	234	5%	188	4%
	2021/22	3,002	63%	1,393	29%	44	1%	244	5%	229	5%

Alcohol was involved in 38% of self-harm presentations in 2021/22. This has steadily reduced from 51% in 2012/13 (Figure 4).

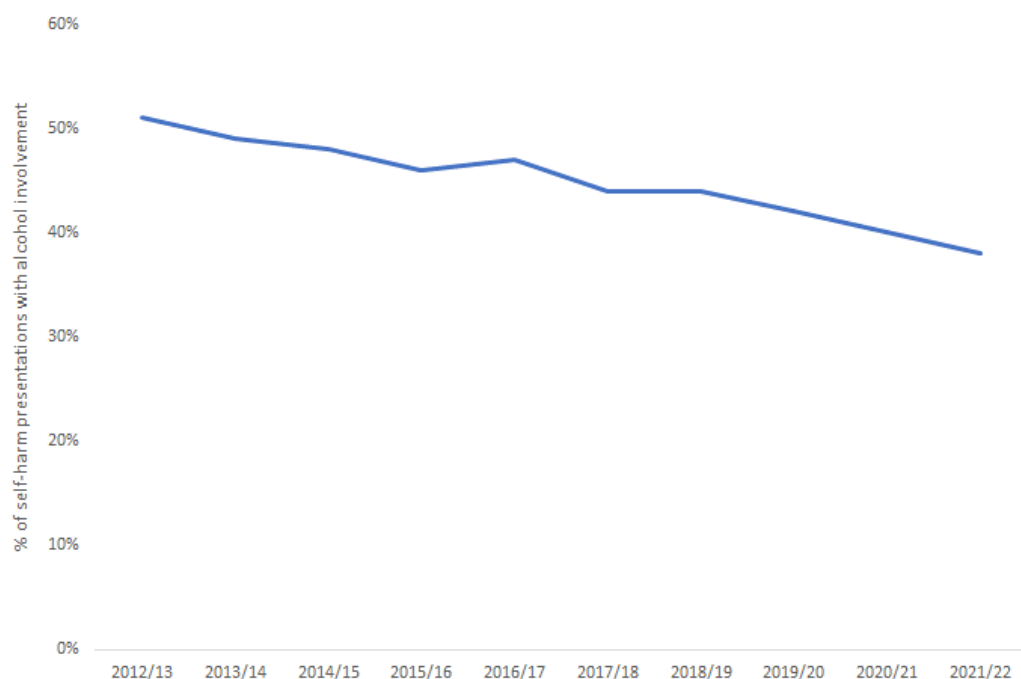


Figure 4: Percentage of self-harm presentations where alcohol was involved, 2012/13 to 2021/22.

3.6 Repetition of self-harm

In 2021/22 there were 5,426 individuals treated for 8,128 self-harm episodes. This means that one-third (33%) of the presentations were due to repeat acts.

Looking at individuals rather than presentations, it can be seen that 20% of individuals made at least one repeat presentation to hospital with self-harm in 2020/21 and 19% in 2021/22. Repetition rates in 2020/21 and 2021/22 were slightly higher for females than males, whereas the reverse was true in earlier years. Repetition rates continued to show a small reduction from a peak of 21.5% in 2016/17 (Table 8).

Table 8 Repetition rate within 12 months studied by gender and yearly % change, 2012/13 to 2021/22.

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	19.8%	-	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%
2020/21	19.1%	-1.8%	20.5%	+0.9%	19.8%	-0.5%
2021/22	18.2%	-0.9%	19.6%	-0.9%	18.9%	-0.9%

3.7 Next care following ED attendance with self-harm

In 2021/22, admission to the general hospital occurred in 31% of attendances and admission to a psychiatric hospital in 8%. However, 5% of people attending the ED with self-harm left the ED before they could be seen and assessed by an ED clinician. In the majority of these cases (n=370, 96%) the patient left ED after they had seen the triage nurse with only a small proportion leaving prior to triage (n=15, 4%). A further 4% 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 influences their subsequent care.

Since 2012/13 there has been a reduction in the proportion of self-harm presentations who are admitted to the general hospital. It is not clear to what extent this is related to a change in the pattern of methods used. 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 issues may mean that an admission to the general hospital is less likely to be required.

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 2021/22 is similar to that reported in 2012/13 but absolute numbers are lower. It was at its lowest level (2%, n=170) during 2020/21 in the earlier stages of the pandemic, and then rose to 5% (n=388) in 2021/22.

Table 9 Recommended next care following self-harm attendance to hospital emergency departments in Northern Ireland, 2012/13 to 2021/22.

Northern Ireland	General admission	Psychiatric admission	Refused admission	Left ED before decision regarding next care	Left ED without being seen	Discharged from ED following treatment
Year						
2012/13	4,817 (58%)	313 (4%)	163 (2%)	207 (3%)	532 (6%)	2,247 (27%)
2013/14	4,442 (53%)	311 (4%)	147 (2%)	275 (3%)	463 (6%)	2,818 (33%)
2014/15	4,588 (52%)	346 (4%)	90 (1%)	264 (3%)	498 (6%)	3,099 (35%)
2015/16	4,312 (47%)	451 (5%)	78 (<1%)	250 (3%)	408 (5%)	3,611 (40%)
2016/17	3,506 (40%)	449 (5%)	94 (1%)	334 (4%)	279 (3%)	4,083 (47%)
2017/18	3,619 (40%)	521 (6%)	82 (<1%)	346 (4%)	279 (3%)	4,280 (47%)
2018/19	3,718 (40%)	591 (6%)	72 (<1%)	332 (4%)	270 (3%)	4,259 (46%)
2019/20	3,875 (43%)	541 (6%)	45 (1%)	289 (3%)	357 (4%)	3,838 (43%)
2020/21	2,844 (37%)	568 (7%)	26 (<1%)	266 (3%)	168 (2%)	3,894 (50%)
2021/22	2,511 (31%)	629 (8%)	20 (<1%)	296 (4%)	385 (5%)	4,287 (53%)

3.7.1 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 2021/22, admission to the general hospital ranged from 15% of self-harm attendances in the Western HSCT area to 51% in the Belfast HSCT area. Admission to a psychiatric ward varied from 3% in Belfast HSCT to 17% 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 2% in the South Eastern HSCT to 9% in the Belfast HSCT. The Western HSCT had the highest proportion of patients (7%) who left the ED before a decision could be made about the next steps in their care. Western Trust patients accounted for 44% of all patients regionally who left ED before their care was completed.

Table 10 Recommended next care following self-harm attendance to hospital emergency departments in Northern Ireland by Trust, 2021/22.

Trust area	General admission	Psychiatric admission	Refused admission	Left ED before decision regarding next care	Left ED without being seen	Discharged from ED following treatment
BHSCT	971 (51%)	54 (3%)	0 (0%)	32 (2%)	168 (9%)	690 (36%)
SEHSCT	257 (22%)	76 (6%)	0 (0%)	14 (1%)	21 (2%)	812 (69%)
NHSCT	609 (36%)	63 (4%)	<10 (<1%)	27 (2%)	72 (4%)	932 (55%)
SHSCT	409 (27%)	121 (8%)	<10 (<1%)	93 (6%)	72 (5%)	817 (54%)
WHSCT	265 (15%)	315 (17%)	14 (1%)	130 (7%)	52 (3%)	1,036 (57%)
NI	2,511 (31%)	629 (8%)	20 (<1%)	296 (4%)	385 (5%)	4,287 (53%)

3.8 Referral for specialist 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 an 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.

The data captured by the Registry regarding mental health assessments for the group who are admitted to the general hospital is likely to underestimate the proportion who were referred for / had a mental health assessment carried out since that information may not be held with ED notes but documented in other notes/systems following admission to hospital. If a patient is critically ill on arrival to ED the issue of referral for mental health assessment may be deferred until such times as the patient is more physically stable.

In 2021/22 there was evidence in ED notes that 81% 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 2019/20 but there was evidence of a lower level of referral in 2020/21 (75%). In 2021/22 this proportion varied across Trusts from 76% in the Western HSCT area to 91% in the South Eastern HSCT area.

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 and therefore missed the opportunity to be referred by ED clinicians for a mental health assessment for this reason.

In addition, 4% of self-harm presentations left the ED before their care was complete and therefore may have left without waiting for assessment by a mental health professional, even if they were referred.

Table 11 Referral for specialist mental health assessment following self-harm by Trust, 2019/20 to 2020/21.

	Year	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	NI
Patient had a mental health assessment in ED or were referred for assessment	2019/20	1,775 (78%)	1,265 (95%)	1,657 (86%)	1,230 (81%)	1,407 (75%)	7,334 (82%)
	2020/21	1,533 (80%)	1,052 (95%)	1,554 (85%)	925 (80%)	1,300 (75%)	6,374 (75%)
	2021/22	1,511 (79%)	1,078 (91%)	1,414 (83%)	1,200 (79%)	1,378 (76%)	6,581 (81%)
Patient refused a referral to mental health services for assessment	2019/20	38 (2%)	<10 (<2%)	44 (2%)	23 (2%)	33 (2%)	147 (2%)
	2020/21	35 (2%)	<10 (<2%)	62 (3%)	27 (2%)	67 (4%)	198 (4%)
	2021/22	41 (2%)	24 (2%)	89 (5%)	45 (3%)	67 (4%)	266 (3%)

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

In 2021/22, 53% (n=4,287) 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 10, ranging from 36% of all self-harm presentations in Belfast HSCT to 69% in the South Eastern HSCT. In terms of absolute numbers of people who were discharged from the ED, the highest numbers were seen in the Western HSCT (n=1036) and the lowest in Belfast HSCT (n=690). It is not clear whether the lower numbers and 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 hospitals as the regional specialist centres.

There was documented evidence in ED notes regarding referral to mental health services for assessment in 86% (n=3,693) of cases discharged from the ED. This varied across Trusts from 82% in the WHSCT to 92% in the SEHSCT as outlined in Table 12. In Table 12 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.

Across NI, 43% (n=1,856) 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 19% (n=134) of those discharged in the Belfast HSCT to 70% (n=569) in the Southern HSCT, as can be seen in Table 12.

In a further 43% (n=1,837) of cases discharged, a mental health assessment did not take place in the ED but a referral was made to have a mental health assessment following discharge. This usually relates to a referral to the Card Before You Leave (CBYL) scheme for next day assessment. Again, this varied across Trusts from 18% (n=143) of those discharged in the Southern Trust to 69% (n=473) in Belfast Trust, as can be seen in Table 12.

The Registry does not capture data regarding engagement at these next day assessments. However, since significant numbers of people are referred for next day assessments it is important that attempts to engage these people in assessments are maximised.

A further 5% (n=222) of patients discharged from the ED refused the offer of a mental health assessment, ranging from 3% (n=21) of those discharged in South Eastern Trust to 8% (n=74) of those discharged in Northern Trust (Table 12).

Table 12 Referral for specialist mental health assessment for self-harm presentations discharged from ED following treatment, by Trust, 2021/22.

	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	NI
Discharged from ED following treatment (% of all self-harm presentations)	690 (36%)	812 (69%)	932 (55%)	817 (54%)	1,036 (57%)	4,287 (53%)
Documented evidence regarding referral for mental health assessment in ED notes (% of those discharged)	607 (88%)	743 (92%)	785 (84%)	712 (87%)	846 (82%)	3,693 (86%)
Assessment carried out before leaving ED (% of those discharged)	134 (19%)	209 (26%)	352 (38%)	569 (70%)	592 (57%)	1856 (43%)
Referral made for later assessment (% of those discharged)	473 (69%)	534 (66%)	433 (46%)	143 (18%)	254 (25%)	1837 (43%)
Patient refused a referral for mental health assessment (% of those discharged)	27 (4%)	21 (3%)	74 (8%)	40 (5%)	60 (7%)	222 (5%)

3.9 Self-harm presentations in under 18 year olds

Self-harm presentations by those under 18 years of age contributed to 15% (n=1,253) of all self-harm presentations during 2021/22 and 14% in 2020/21. This is quite a marked rise since before the pandemic when under 18 year olds typically accounted for 10 to 12% of all self-harm presentations (Table 13).

Table 13 Self-harm presentations by people under 18 years as a percentage of total self-harm presentations all ages, 2012/13 to 2021/22.

Northern Ireland		
Self-harm presentations < 18 years		
Year	Number	% of total self-harm presentations of all ages
2012/13	782	9%
2013/14	866	10%
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%

The majority of self-harm presentations under 18 years were female. Females accounted for 80% of self-harm presentations under 18 years in 2020/21 rising to 83% in 2021/22.

Table 14 Number of self-harm presentations by young people under 18 years by gender and yearly percentage change, 2012/13 to 2021/22.

Northern Ireland						
Male <18 yrs		Female < 18 yrs		All Presentations <18 yrs		
Year	Number	% change from previous year	Number	% change from previous year	Number	% change 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%
2020/21	220	-9%	867	+17%	1,087	+10%
2021/22	213	-3%	1,040	+20%	1,253	+15%

Figure 5 shows the number of self-harm presentations made to ED by those under 18 years over the ten-year period 2012/13 to 2021/22. The number of young males presenting has changed little since 2012/13, having peaked in 2014/15 and declined since. However there

has been an upward trend among young females. Female self-harm presentations in this age group have increased by 84% since 2012/13. There has been a rise of 50% since the pre-pandemic period (2018/19) in females compared to a reduction of 23% in under 18 males as illustrated in Figure 5.

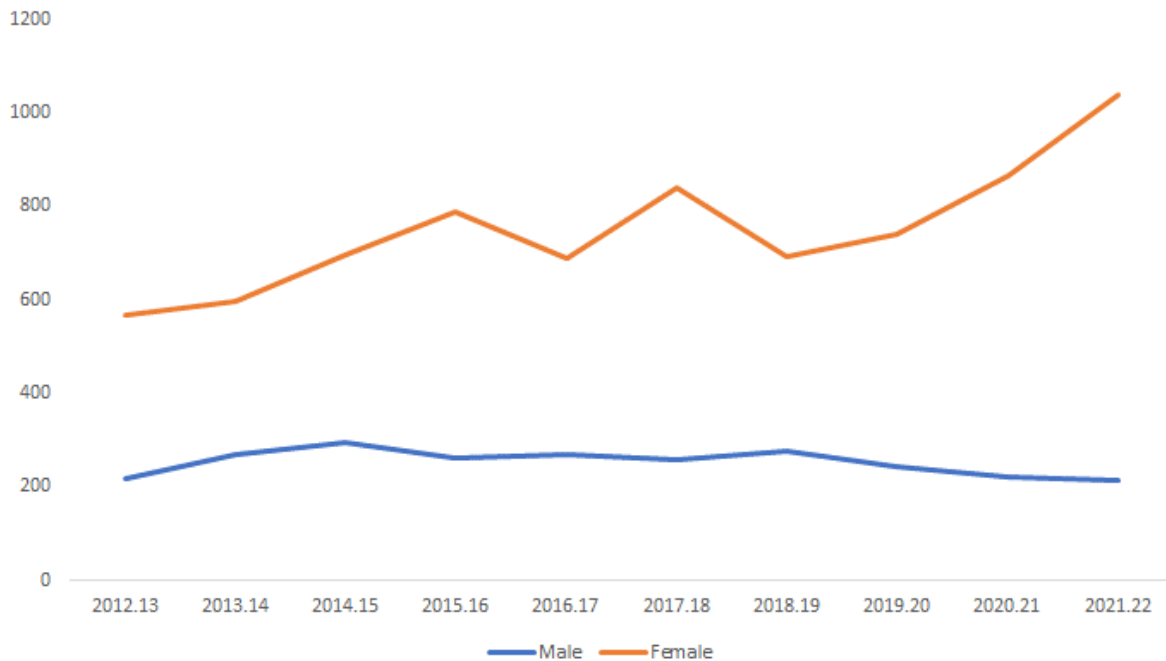


Figure 5: Number of self-harm presentations under 18 years to EDs in Northern Ireland by gender, 2012/13 to 2021/22.

3.9.1 Repetition of self-harm, under 18 years

Since people may present with self-harm on more than one occasion within the year. Table 15 shows the numbers of individuals under 18 years presenting with self-harm. When comparing the number of persons in 2012/13 with 2021/22, we can see that the numbers of individual males remain similar to 2012/13 while the number of individual females has increased by 62% (n=405 to n=655).

Repetition rates for females show an increase during 2020/21 from 22% to 24% which then fell again in 2021/22. Repetition rates for males had shown a decline to 12% prior to the pandemic in 2019/20, then rose to 15% and in 2021/22 fell to an all-time low of 11%.

Table 15 Individual persons under 18 years presenting with self-harm to EDs and repetition rate in Northern Ireland, 2012/13 to 2021/22.

Northern Ireland	Number of persons < 18yrs presenting with self-harm		Repetition Rate	
	Male	Female	Male	Female
2012/13	162	405	20%	20%
2013/14	194	434	22%	20%
2014/15	199	507	23%	20%
2015/16	207	561	16%	20%
2016/17	183	483	16%	20%
2017/18	196	557	15%	22%
2018/19	192	495	20%	20%
2019/20	203	490	12%	22%
2020/21	168	513	15%	24%
2021/22	166	655	11%	19%

3.9.2 Methods of self-harm, under 18 years

Across the two-year period, drug overdose was the most common method of self-harm used by those aged under 18 years, accounting for 59% of all self-harm presentations in this age group, and accounting for a higher proportion of female presentations than male presentations (62% vs. 49%) (Table 16). Self-cutting was the next most common method of self-harm used by young people, accounting for almost one-third of self-harm presentations (31% for females and 28% for males). Presentations involving the potentially more lethal methods of attempted hanging or attempted drowning accounted for a higher proportion of young male presentations than female presentations, although the overall number of males presenting with these methods was lower than the number of females.

Table 16 Methods of self-harm used by young people under 18 years by gender, 2020/21 & 2021/22 combined.

	Drug overdose	Self-cutting	Self-poisoning	Attempted hanging	Attempted drowning
Male	212	122	<10	46	20
% of male presentations	(49%)	(28%)	(<2%)	(11%)	(5%)
Female	1,174	596	23	94	41
% of female presentations	(62%)	(31%)	(1%)	(5%)	(2%)
Total	1,386	718	29	140	61
% of all presentations	(59%)	(31%)	(1%)	(6%)	(3%)

3.9.3 Alcohol involvement, under 18 years

Alcohol was involved in 16% of male and 9% of female self-harm presentations in this age group to EDs in Northern Ireland in 2021/22. This has reduced for both genders but more so for young males (26% among males in both 2020/21 and 2019/20; 12% and 13% among females in those years respectively).

3.9.4 Trends in methods of self-harm under 18 years, 2012/13 to 2021/22

Over the ten-year period the proportion of self-harm attendances to ED by young people involving drug overdose has decreased by 11% while there has been an increase in the proportion of cases involving self-cutting (+3%), attempted drowning (+2%) and attempted hanging (+1%) (Table 17). Although the overall numbers have increased, the proportions for the various methods of self-harm used by under 18 year olds did not show any marked change during the pandemic period.

Table 17 Percentage method involved in self-harm presentations under 18 years, 2012/13 to 2021/22.

Northern Ireland Year	Drug overdose		Self-cutting		Self-poisoning		Attempted hanging		Attempted drowning	
	Number	%	Number	%	Number	%	Number	%	Number	%
2012/13	554	71%	215	28%	16	2%	32	4%	<10	<1%
2013/14	593	69%	275	32%	16	2%	25	3%	<10	<1%
2014/15	721	73%	290	29%	18	2%	42	4%	<10	<1%
2015/16	694	66%	344	33%	23	2%	50	5%	29	3%
2016/17	623	65%	289	30%	36	4%	64	7%	23	2%
2017/18	655	60%	365	33%	25	2%	63	6%	30	3%
2018/19	611	63%	291	31%	20	2%	48	5%	18	2%
2019/20	589	60%	315	30%	12	1%	63	6%	23	2%
2020/21	634	58%	333	31%	13	1%	79	7%	30	3%
2021/22	752	60%	385	31%	16	1%	61	5%	31	2%

3.10 Incidence rates of hospital presenting self-harm in Northern Ireland¹

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 in Northern Ireland. Based on the reported data, the age standardised rate of self-harm in 2021/22 for Northern Ireland was 310 per 100,000. The rate was 280 per 100,000 for males and 343 per 100,000 for females (Table 18).

The rate of self-harm in 2021/22 increased by 2% compared to the previous year (2% decrease in the male rate and 7% increase in the female rate). There was a sharp fall in the rate for both males and females in 2020/21. The male rate has not returned to pre-pandemic levels whereas the female rate has risen again.

The rate in 2021/22 was 7% lower than in 2012/13 (334 per 100,000). The male rate of self-harm decreased by 17% over this period and the male rate in 2021/22 is the lowest rate on record. The female rate of self-harm has increased by 3% across the ten-year period.

¹ Incidence rates are calculated using Census 2021 main statistics demography tables, published 22 September 2022.

Table 18 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following self-harm, by gender and yearly % change, 2012/13 to 2021/22.

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%
2020/21	287	-16%	322	-11%	303	-14%
2021/22	280	-2%	343	+7%	310	+2%

In 2021/22 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 1,138 per 100,000 for females and 748 per 100,000 for males in these age groups (figure 6).

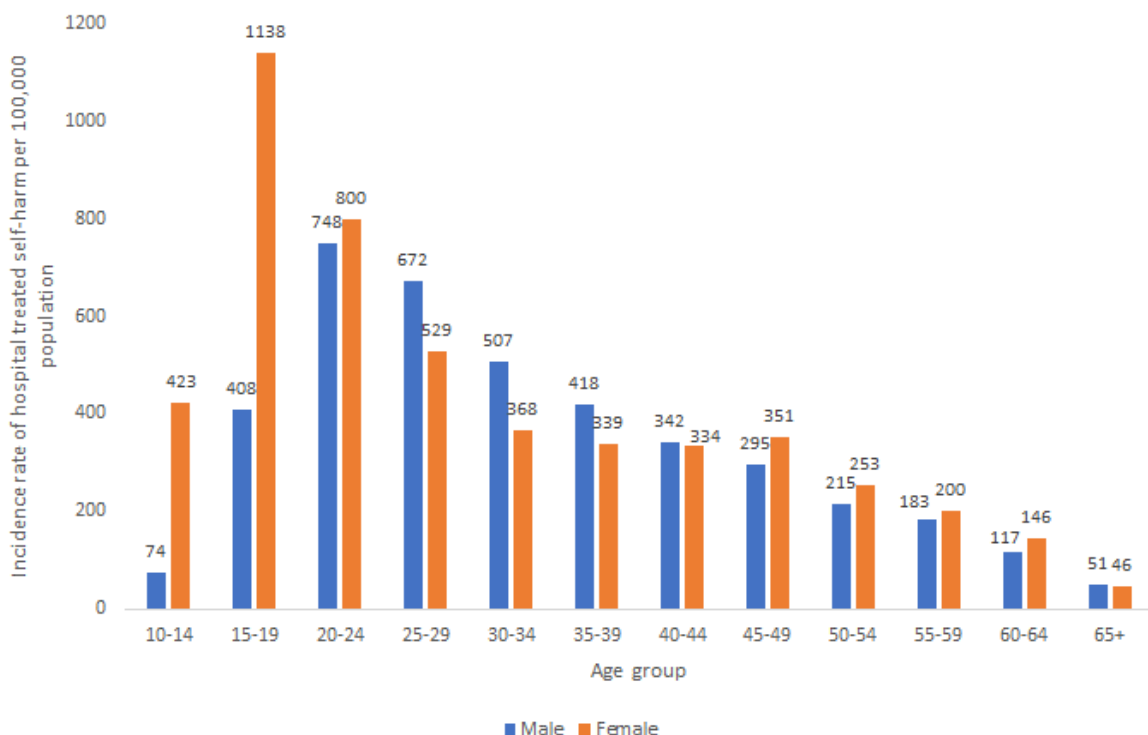


Figure 6: Incidence rate of self-harm per 100,000 in Northern Ireland by age and gender, 2021/22.

Changes over time in the incidence rates for the various age-groups can be seen in Figure 7 for males and Figure 8 for females. It is complex to interpret trends given the 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, whereas for older females the rates are more stable or reducing.

The rates among 15-19 year old females however appeared to be improving in 2018/19 and 2019/20 prior to the pandemic, although there was an increase in rates in the same time period among the 20-24 year old female group. This may represent a cohort moving through. 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, 423 per 100,000 in 2021/22 compared to 284 per 100,000 in 2020/21 and this should be monitored and explored.

The marked rise in rates seen in younger females is not as evident among young males. The rates for males in the 25-34 age bracket showed most increase whereas the rates for males in other age groups have been relatively stable or decreasing over time.

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

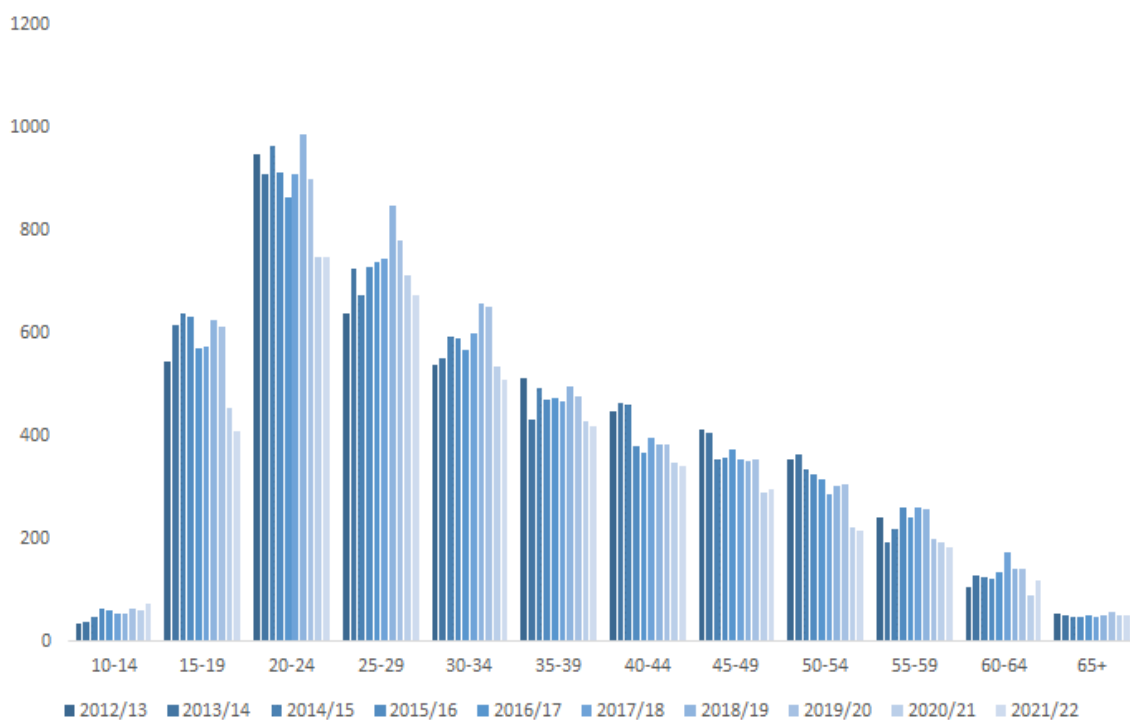


Figure 7: Incidence rate of self-harm per 100,000 in Northern Ireland for males by age, 2012/13 to 2021/22.

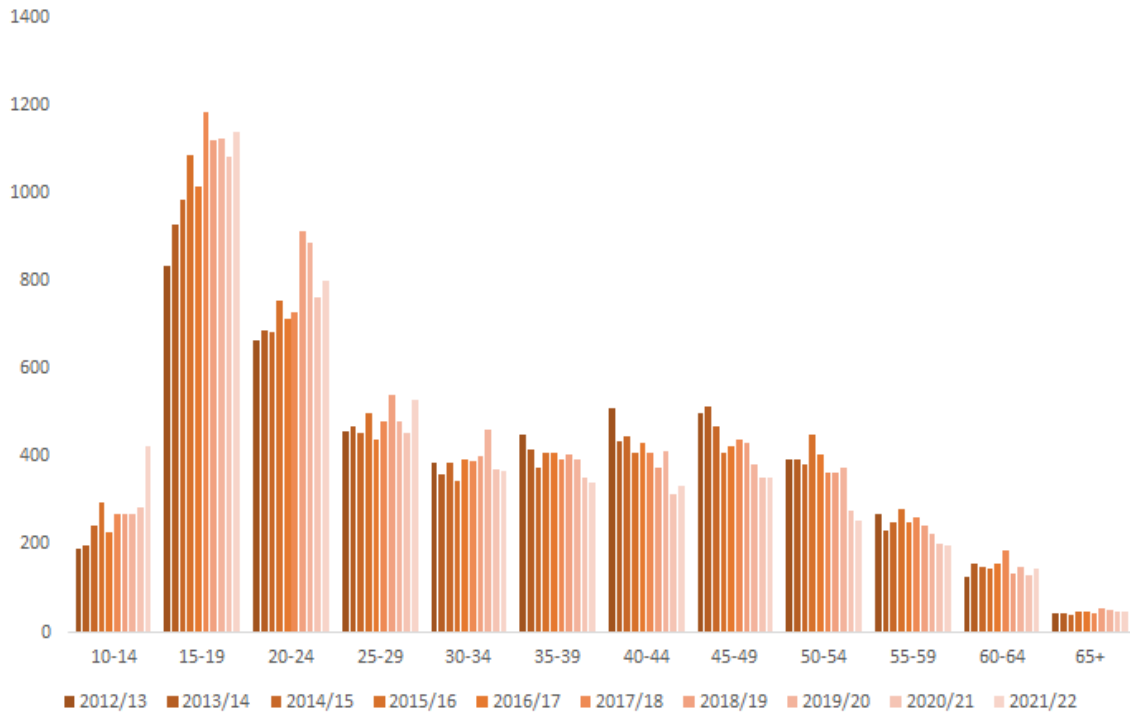


Figure 8: Incidence rate of self-harm per 100,000 in Northern Ireland for females by age, 2012/13 to 2021/22.

3.10.1 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 years 2020/21 and 2021/22 (396 per 100,000). Belfast and South Eastern HSCT areas observed a decrease in the rate of self-harm from 2021/22 compared to the previous year while there was an increase experienced in Southern and Northern HSCT areas. There was no change to the rate experienced in the Western HSCT area over the two-year period (Figure 9).

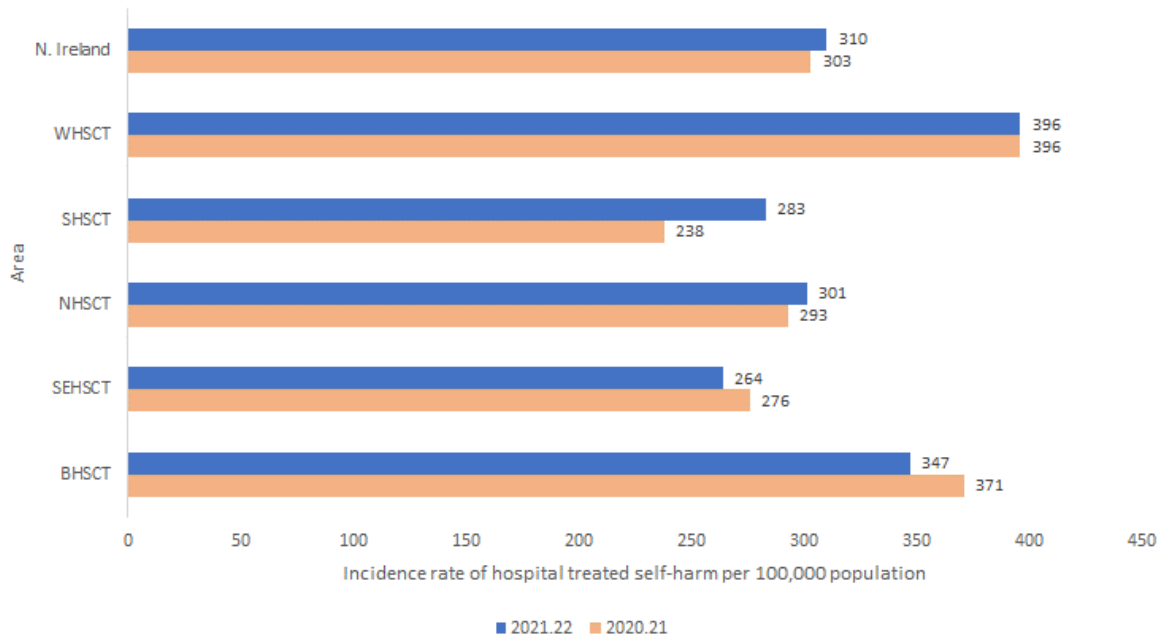


Figure 9: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSCT area, 2020/21 & 2021/22.

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 2021/22 (figure 10).

The highest EASR male rate of hospital presenting self-harm was observed in the Western HSCT area (350 per 100,000): 25% higher than the Northern Ireland rate (280 per 100,000). The male rate in Belfast HSCT area (314 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 (215 per 100,000) which was 23% lower than the regional male rate (figure 10).

The Western HSCT area also recorded the highest female EASR rate of self-harm (447 per 100,000): 30% higher than the Northern Ireland rate (343 per 100,000). The female rate in Belfast HSCT (382 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 (295 per 100,000) which was 14% lower than the regional female rate.

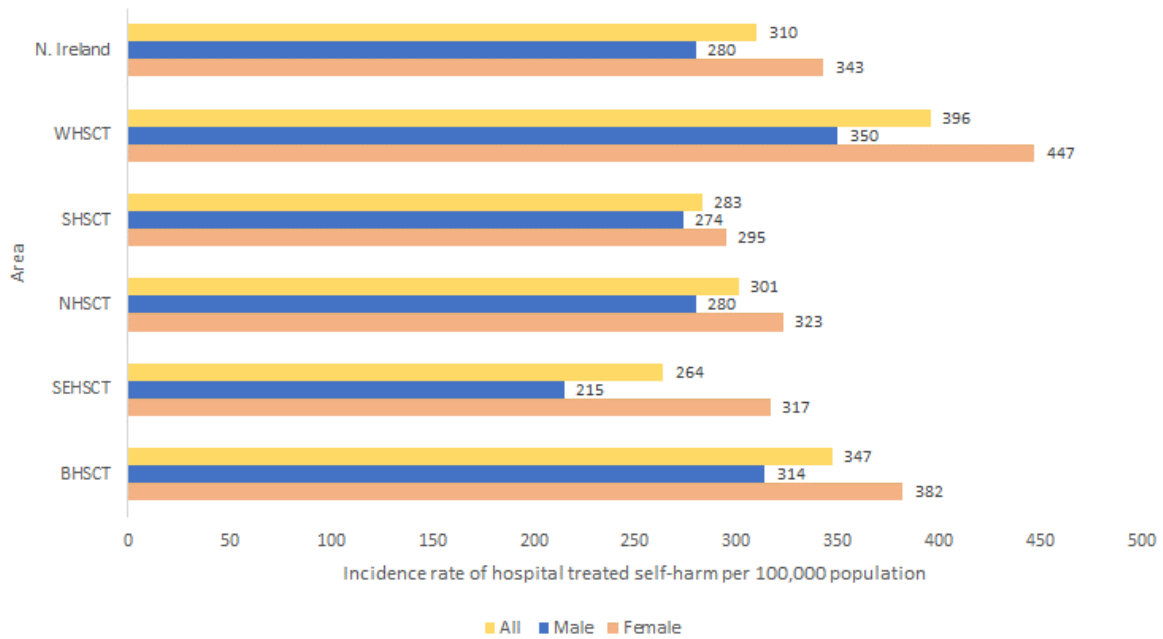


Figure 10: Incidence rate of hospital presenting self-harm per 100,000 in Northern Ireland by HSC area and gender, 2021/22.

3.11 Self-harm presentations in key sub groups

3.11.1 People experiencing homelessness at time of self-harm presentation

Of all self-harm presentations to EDs in 2021/22, 4% (n=293) involved persons who were experiencing homelessness at the time of presentation. There were 187 male (64%) and 106 female (36%) presentations. The majority of presentations were made to hospitals in the Belfast HSC area (51%) followed by 20% in the Southern HSC, 16% in the Northern HSC, 8% in the South Eastern HSC and 5% in the Western HSC areas. The majority (82%, n=239) of those who were experiencing homelessness at the time of presentation were under the age of 45 years, with 45% (n=131) aged 25 – 44 years.

The number of self-harm presentations to ED by people experiencing homelessness at time of presentation had been showing a downward trend from a peak of 587 in 2017/18 to 273 in 2019/20. However there has been a small increase to 293 presentations in 2021/22, but the proportion of all self-harm presentations remains the same at 4%, as outlined in Table 19.

Table 19 Self-harm presentations by people experiencing homelessness as a percentage of total self-harm presentations, 2012/13 to 2021/22.

Northern Ireland	Self-harm presentations by people experiencing homelessness at time of presentation to ED	
	Year	% of total self-harm presentations
	Number	
	2012/13	316 (4%)
	2013/14	376 (5%)
	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%)

3.11.2 Prisons

In 2021/22 there were 31 (<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 (77%, n=24). 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.

The number of self-harm presentations to ED by persons who were in prison at the time of the self-harm act has decreased by 30% from 44 in 2020/21 to 31 in 2021/22. Over the ten year period there has been a 65% reduction in the number of self-harm presentations made by persons in prison from 87 in 2012/13.

3.11.3 Residential children's homes

In 2021/22, a total of 146 self-harm presentations (2%) were made by 39 individual residents of residential children's homes. The majority of presentations were female (n=137; 94%). This is slightly higher than the previous year (2020/21) where there were 137 self-harm presentations made by 35 individuals, however the proportion of all self-harm presentations remains the same at 2%.

In March 2022 there were 241 children and young people living in residential care homes in Northern Ireland. This implies that one in six 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 South Eastern HSCT area (46%) followed by 31% in the Southern HSCT, 15% in the Belfast HSCT, 6% in the Northern HSCT and 2% in the Western HSCT areas. It should be noted that the main specialist residential homes for children with complex needs are based in the Belfast and South Eastern HSCT areas.

4.0 Ideation presentations to Emergency Departments

4.1 Number of ideation presentations to EDs in Northern Ireland

In total there were 5,676 ideation presentations recorded during 2021/22. Of these 7% (n=383) presentations were among under 18 year olds and 89% (n=5,083) were among adults aged 18-64 years, and 4% (n=210) among people aged 65 years and over.

The number of ideation presentations decreased by 17% in 2019/20 and subsequently rose again to pre-pandemic levels in 2021/22 (Table 20).

The number of ideation presentations has increased by 77% between 2012/13 and 2021/22.

While males continue to account for a higher proportion of the ideation presentations (59% males; 41% females), this is changing over time. Females accounted for 33% of ideation presentations in 2012/13, rising to 41% in 2021/22.

Table 20 Number of ideation presentations to EDs in Northern Ireland by gender and yearly % change, 2012/13 to 2021/22.

Northern Ireland	Male		Female		All Presentations	
	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%
2020/21	2,921	-19%	1,814	-13%	4,735	-17%
2021/22	3,337	+14%	2,339	+29%	5,676	+20%

These 5,676 ideation presentations were made by 3,922 individuals (2,294 males and 1,628 females) as displayed in Table 21.

Table 21 Individual persons presenting with ideation to EDs in Northern Ireland, 2012/13 to 2021/22.

Year	Male		Female		All persons	
	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%
2020/21	1,992	-21%	1,362	-11%	3,354	-17%
2021/22	2,294	+15%	1,628	+20%	3,922	+17%

4.2 Variation in ideation presentations to ED by month

The number of ideation presentations by month over a three-year period from April 2019 to March 2022 is set out in Figure 11. There is usually variation from month to month in any given year as outlined in previous Registry reports. During April 2020, which includes the weeks immediately following the introduction of 'lockdown' on 23rd March, there were 47% fewer ideation presentations than in the same month in the previous year (243 in April 2020 vs 456 in April 2019). Patients may have been fearful of attending the EDs due to the risk of contracting COVID infection. The number of ideation presentations increased to 523 in April 2021.

The monthly average number of ideation presentations to EDs in 2021/22 was 473. There were more ideation presentations than might be expected across a number of months. In particular, April, May and June recorded 10%, 15% and 17% more presentations than the monthly average.

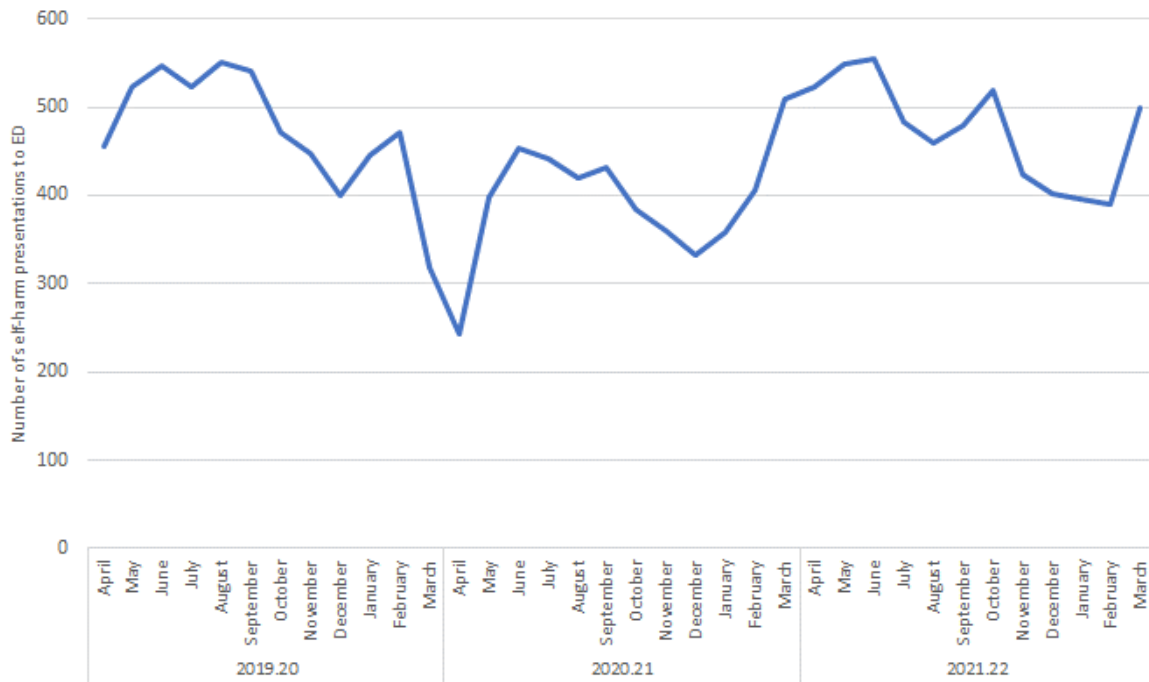


Figure 11: Ideation presentations by month from April 2019 to March 2022.

4.3 Repetition of ideation

The repetition rates for ideation are slightly higher for males than females as detailed in Table 22. During 2021/22, 21% of males made at least one repeat ideation presentation within the 12 months compared to 20% of females. Overall, there has been a slight increase in repetition rates for ideation since 2012/13.

Table 22 Ideation repetition rate within 12 months by gender and yearly % change, 2012/13 to 2021/22.

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	19.7%	-	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%
2020/21	21.8%	+1.5%	17.5%	-1.3%	20.1%	+0.3%
2021/22	21.2%	-0.6%	19.8%	+2.3%	20.6%	+0.5%

4.4 Ideation presentations in under 18 years olds

In 2021/22 there were 383 ideation presentations made by those under 18 years of age, representing 7% of all ideation presentations that year, similar to the previous year. The number of ideation presentations in 2021/22 is similar to 2019/20 but had dipped to 314 during 2020/21 as outlined in Table 23.

The number of male ideation presentations under 18 years in 2021/22 remains below pre-pandemic levels, while female presentations are above pre-pandemic levels.

Table 23 Number of ideation presentations by young people under 18 years, 2012/13 to 2021/22

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%
2020/21	118	-24%	196	-13%	314	-18%
2021/22	116	-2%	267	+36%	383	+22%

4.5 Next care following ED attendance with ideation

In 2021/22, admission to the general hospital occurred in 21% of attendances and admission to a psychiatric hospital in 9%. However, 8% 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=419, 95%) the patient left ED after they had seen the triage nurse with only a small proportion leaving prior to triage (n=21, 5%). A further 3% left after seeing an ED clinician but before their care was complete (Table 24).

In 40% 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 24). In 2021/22 admission to the general hospital ranged from 6% of ideation attendances in the Western HSCT area to 42% in the Belfast HSCT area. Admission to a psychiatric ward varied from 2% in Belfast HSCT to 18% 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 13% in the Belfast HSCT. The Western HSCT had the highest proportion of patients (9%) who left the ED before a decision could be made about the next steps in their care. Western Trust patients accounted for 56% of all patients regionally who left ED before their care was completed.

Table 24 Recommended next care following ideation attendance to hospital emergency departments in Northern Ireland by Trust, 2021/22.

Trust area	General admission	Psychiatric admission	Refused admission	Left ED before decision regarding next care	Left ED without being seen	Discharged from ED following treatment
BHSCT	651 (42%)	31 (2%)	0 (0%)	24 (2%)	205 (13%)	625 (41%)
SEHSCT	92 (13%)	51 (7%)	0 (0%)	<10 (<1%)	<10 (<1%)	557 (78%)
NHSCT	201 (20%)	45 (4%)	<10 (<1%)	<10 (<1%)	74 (7%)	688 (68%)
SHSCT	178 (15%)	130 (11%)	<10 (<1%)	50 (4%)	93 (8%)	692 (60%)
WHSCT	74 (6%)	230 (18%)	<10 (<1%)	109 (9%)	61 (5%)	787 (62%)
NI	1,196 (21%)	487 (9%)	10 (<1%)	194 (3%)	440 (8%)	3,349 (59%)

4.6 Referral for specialist mental health assessment following ideation

In 2021/22 there was documented evidence in ED notes regarding referral to mental health services for assessment in 85% of people presenting with ideation (Table 25). The subsequent assessment may take place while in the ED, next day in the community or during the hospital admission depending on individual circumstances. There was variation across the Trusts with the highest proportion being referred for specialist mental health assessment in the South Eastern HSCT area (98%) and lowest in the Western HSCT area, where there has been a considerable reduction from 84% to 74% in the recent two-year period. In 2% of ideation cases, patients were offered a referral to mental health services but refused. The numbers refusing have increased from 1% to 4% since 2019/20 in the Western HSCT area and reasons for this could be explored.

In 8% 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, although may potentially be referred by other professionals at a later point. This varied from 1% in the South Eastern HSCT area to 13% in the Belfast HSCT area.

An additional 3% left ED before their care was complete and may not have waited for assessment by a mental health professional. This varied from <1% in the South Eastern HSCT area to 9% in the Western HSCT area.

Table 25 Referral for specialist mental health assessment following ideation by Trust, 2019/20 to 2021/22.

	Year	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT	NI
Patient had a mental health assessment in ED or were referred for assessment	2019/20	1,396 (83%)	630 (98%)	946 (93%)	1,062 (88%)	916 (80%)	4,950 (87%)
	2020/21	1,182 (89%)	578 (98%)	779 (94%)	765 (86%)	920 (84%)	4,224 (89%)
	2021/22	1,293 (84%)	695 (98%)	943 (93%)	954 (83%)	933 (74%)	4,818 (85%)
Patient refused a referral to mental health services for assessment	2019/20	17 (1%)	<10 (<1%)	12 (1%)	<10 (<2%)	11 (1%)	52 (1%)
	2020/21	16 (1%)	<10 (<2%)	17 (2%)	12 (1%)	24 (2%)	74 (2%)
	2021/22	21 (1%)	<10 (<1%)	33 (3%)	27 (2%)	46 (4%)	130 (2%)

4.7 Incidence rates of hospital presenting ideation in Northern Ireland²

The age standardised rate of ideation in 2021/22 for Northern Ireland was 221 per 100,000. The male rate was 261 per 100,000 and 184 per 100,000 for females (Table 26). The rate of hospital presenting ideation increased by 16% in 2021/22 following a 17% decrease in 2020/21.

The rate in 2021/22 was 73% higher than in 2012/13 (128 per 100,000). The male rate of ideation increased by 57% during this period, while the female rate of ideation has doubled (102%).

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

Table 26 European age-standardised rate (EASR) of persons presenting to hospital in Northern Ireland following ideation by gender and yearly % change, 2012/13 to 2021/22.

Northern Ireland	Male		Female		All	
	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%
2020/21	226	-21%	155	-10%	190	-17%
2021/22	261	+15%	184	+19%	221	+16%

In 2021/22 the highest rate of ideation in Northern Ireland was observed among 25 - 29 year old males with a peak rate of 599 per 100,000 in this age group. The highest female rate of ideation was in the 20 - 24 year age group at 491 per 100,000 (figure 12). The rate of ideation was higher for males in all age groups, with the exception of the two younger age groups 10-14 and 15-19 years as displayed in Figure 12.

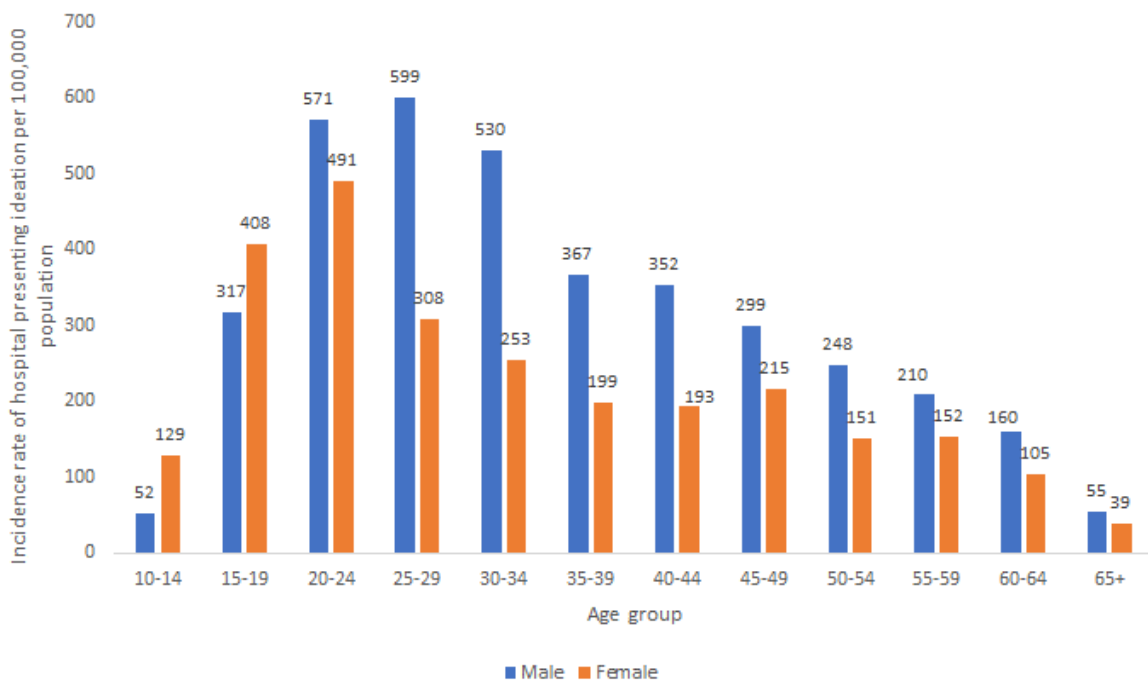


Figure 12: Incidence rate of ideation per 100,000 in Northern Ireland by age and gender, 2021/22.

4.7.1 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 2020/21 and 2021/22 (268 and 308 per 100,000 respectively). All five HSCT areas experienced an increase in the rate of ideation in 2021/22 compared to the previous year ranging from an increase of 6% in Belfast HSCT area to an increase of 24% in the Southern HSCT area (figure 13).

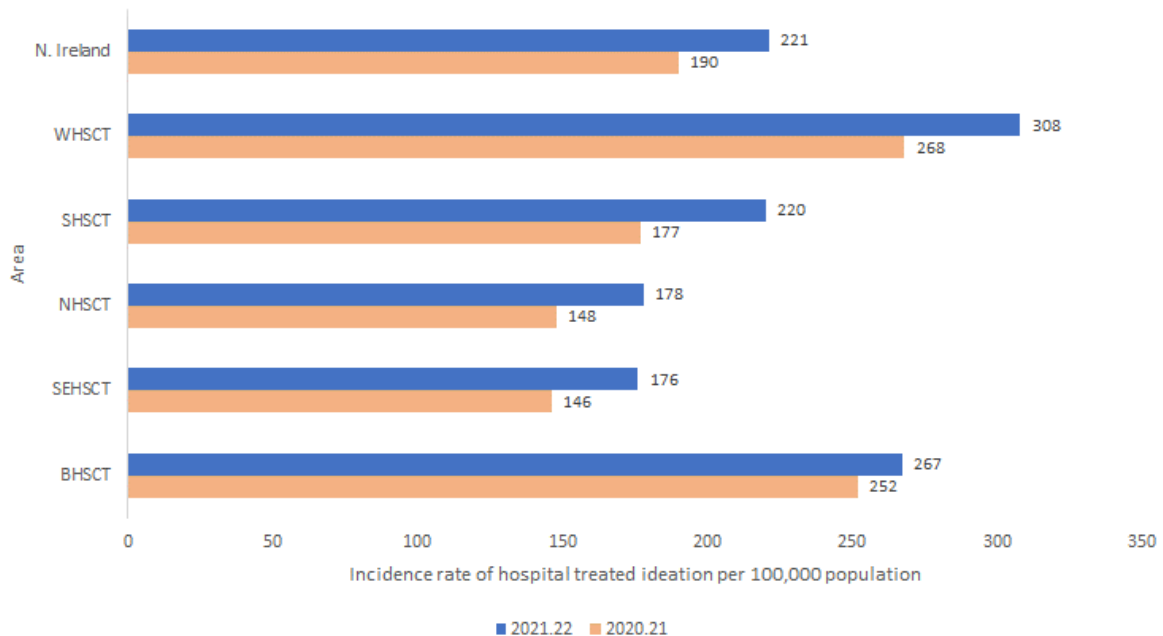


Figure 13: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSCT area, 2020/21 & 2021/22.

The EASR rate of ideation for males exceeded the EASR for females in all HSCT areas in 2021/22 as displayed in Figure 14.

The highest EASR male rate of hospital presenting ideation was observed in the Western HSCT area (347 per 100,000): 33% higher than the Northern Ireland rate (261 per 100,000). The male rate in Belfast and Southern HSCT areas were also higher than the regional rate.

The lowest EASR rate of ideation for male residents was recorded in the South Eastern HSCT area (198 per 100,000) which was 24% lower than the regional male rate (figure 14).

The Western HSCT area also recorded the highest female EASR rate of ideation (272 per 100,000): 48% higher than the Northern Ireland rate (184 per 100,000). The female rate in Belfast HSCT (218 per 100,000) area was also higher than the regional rate. The lowest EASR rate of ideation for female residents was recorded in the Northern HSCT area (150 per 100,000) which was 18% lower than the regional female rate.

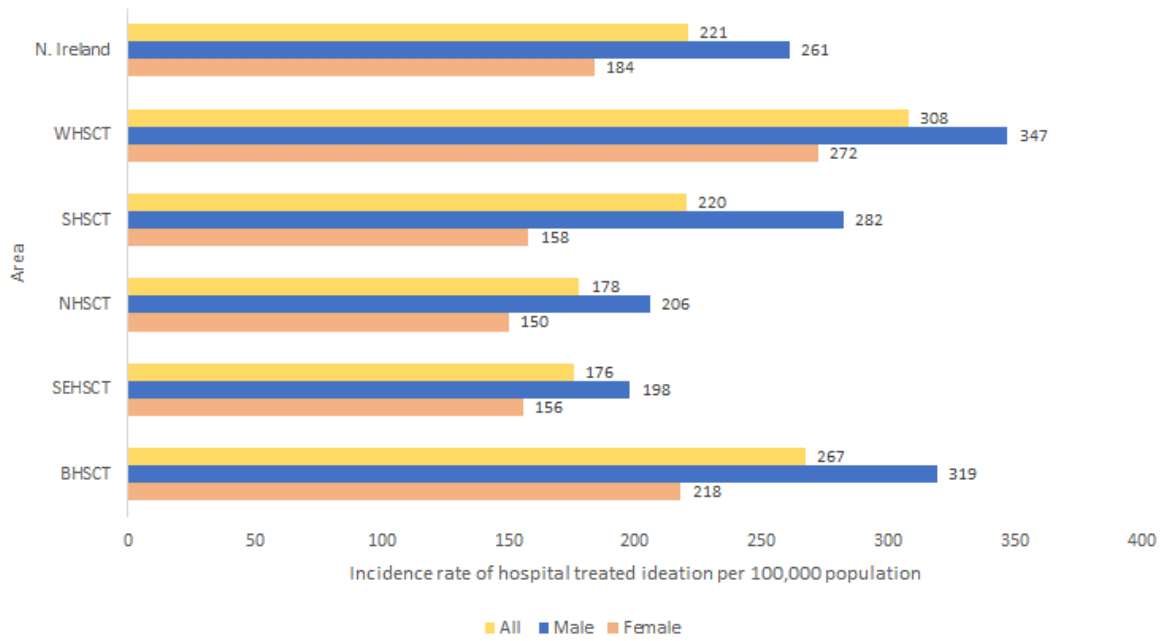


Figure 14: Incidence rate of hospital presenting ideation per 100,000 in Northern Ireland by HSC area and gender, 2021/22.

End