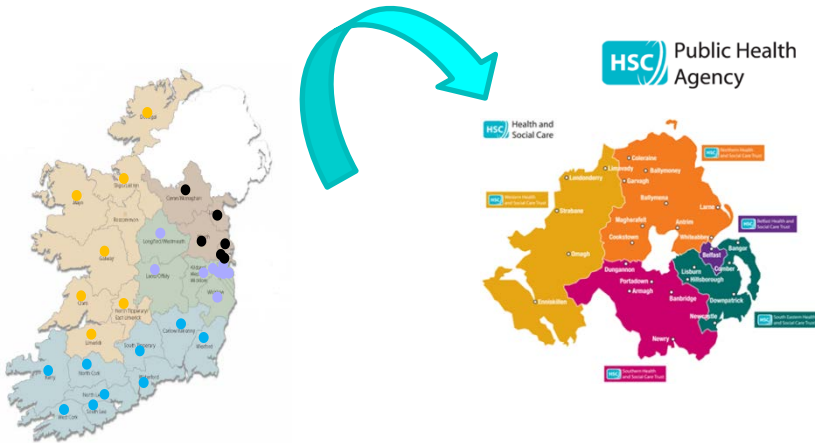


Self-harm and ideation presenters to hospital in Northern Ireland: Two populations or one?

Brendan Bonner
Public Health Agency



Northern Ireland Self-Harm Registry



- Established in **2007** as a pilot project in the Western area
- Expanded to all trust areas (12 acute hospitals) since April 2012
- Pop (2016 est): 1,862,137
- Utilising data from 2012-2017

Self-harm

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

(Schmidtke et al, 2006)

Ideation

‘Passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behaviour’.

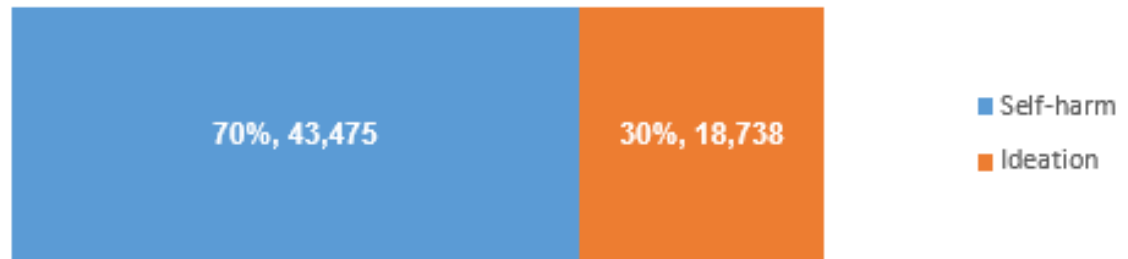
(Posner et al, 2007)

- Ideation is recorded where the individual presented to ED due to **thoughts** of self-harm and/ or suicide, **but where no act has taken place**
- These include acts where **no physical harm has taken place due to self-interruption** and excludes cases where acts were interrupted by others

Improving Your Health and Wellbeing

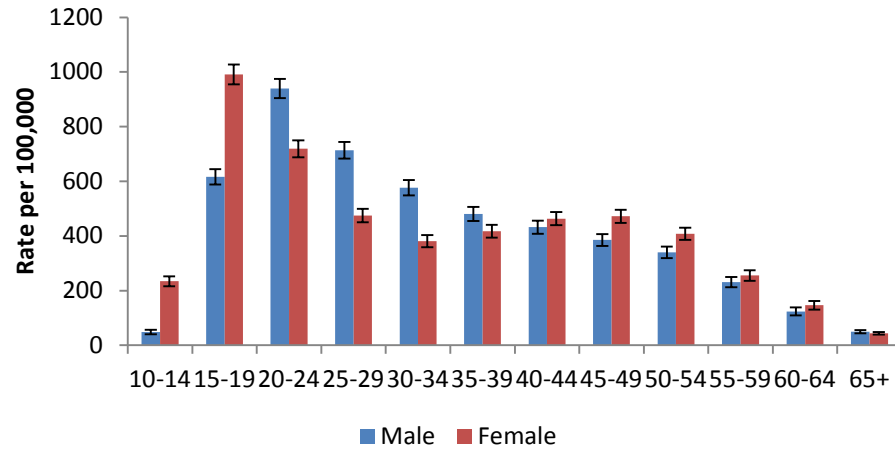
Results

Total of 62,213 presentations, involving 28,906 individuals

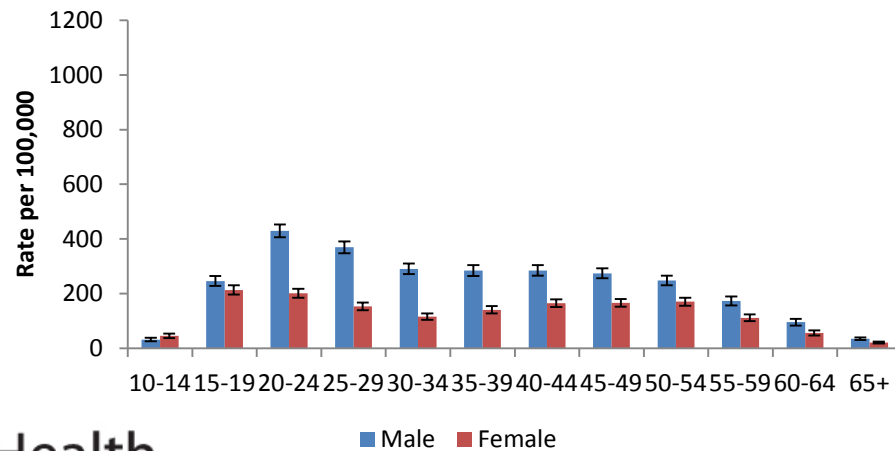


| EASR | All | Male | Female |
|----------------------------|-------|-------|--------|
| Self-harm rate per 100,000 | 344.7 | 343.2 | 347.4 |
| Ideation rate per 100,000 | 149.4 | 191.5 | 108.4 |
| % difference | +131% | +79% | +221% |

Rate of self-harm, 2012-2017



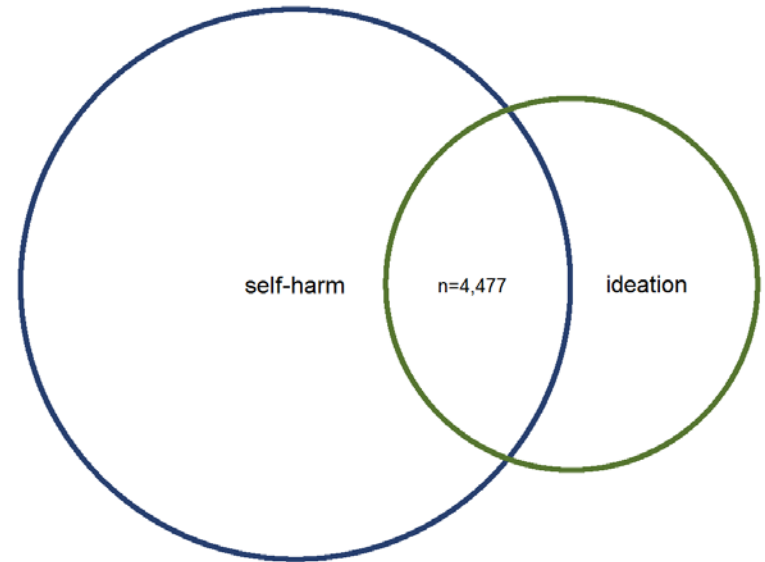
Rate of ideation, 2012-2017



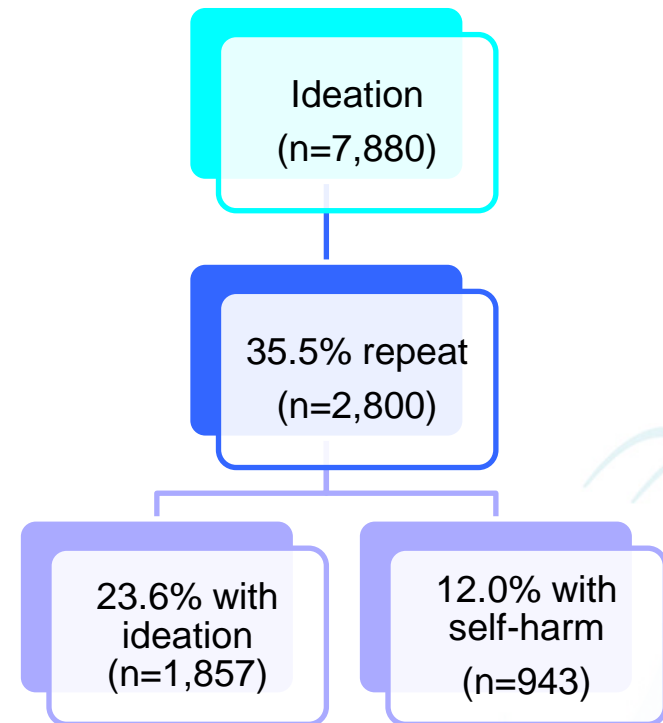
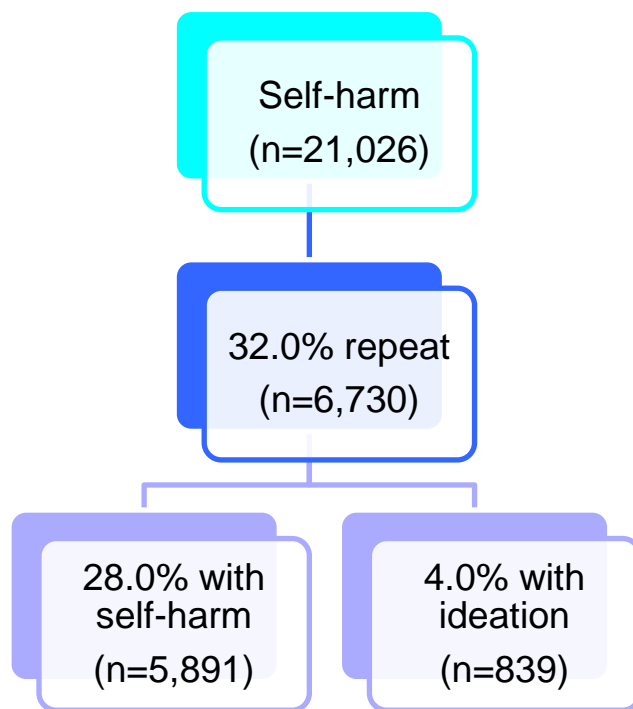
Demographics

| | | Self-harm (n=22,910) | Ideation (n=10,473) |
|------------------------|----------------------------------|---------------------------------|--------------------------------|
| Gender | Male | 49% | 63% |
| | Female | 51% | 37% |
| Mean age in years (sd) | | 33.6 (15.9) | 36.0 (14.7) |
| Alcohol | Male | 51% | 47% |
| | Female | 44% | 43% |
| Mode of arrival | Ambulance | 62% | 39% |
| | Police | 6% | 16% |
| | Self-presenting | 33% | 44% |
| Time of attendance | Between 9am - 6pm | 34% | 37% |
| | Outside 9am - 6pm | 66% | 63% |
| Admission | Medical admission | 53% | 28% |
| | Psychiatric admission | 3% | 9% |
| | Refused/ Left without being seen | 8% | 12% |
| | Discharged from ED | 35% | 51% |

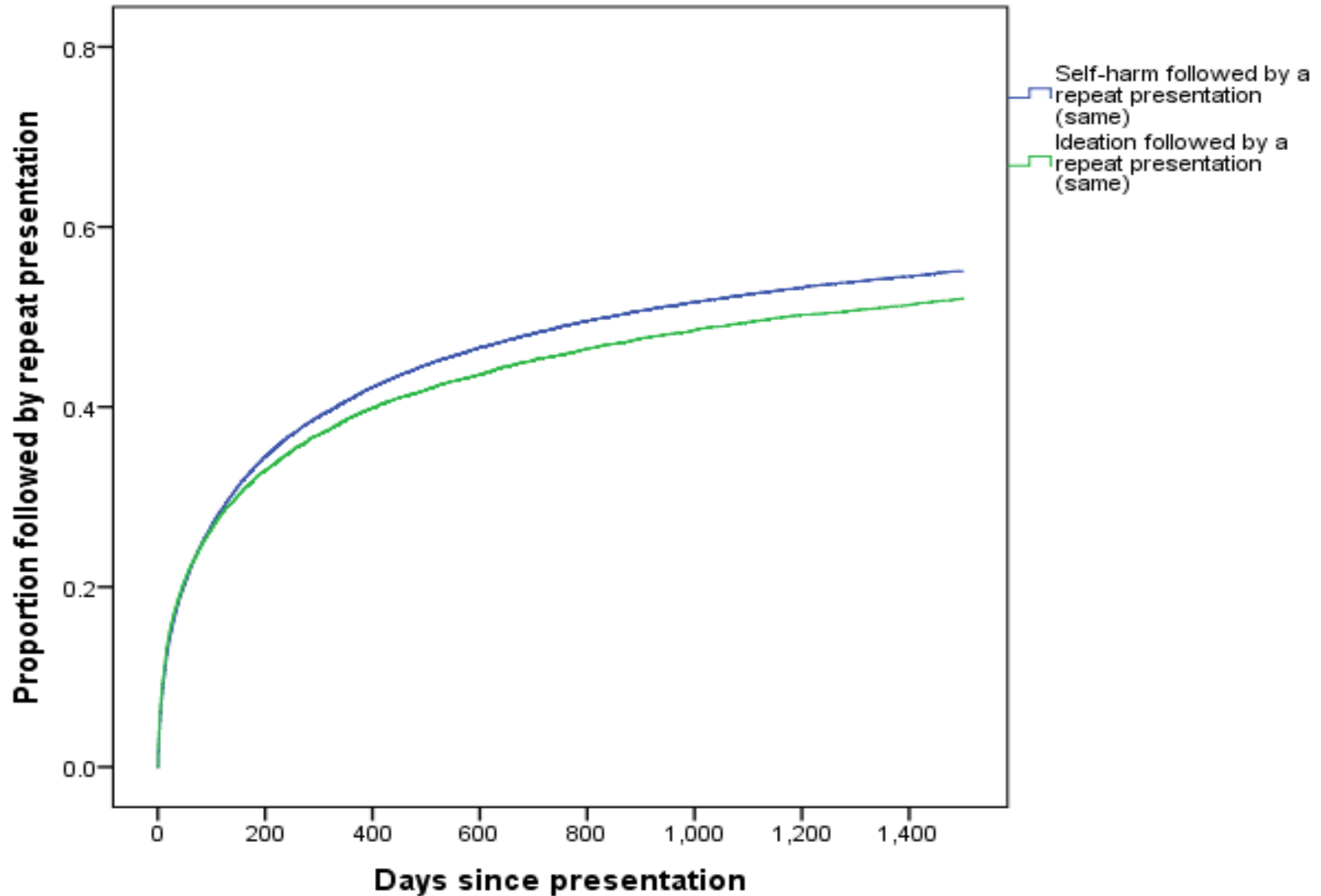
Self-harm and ideation – two populations?



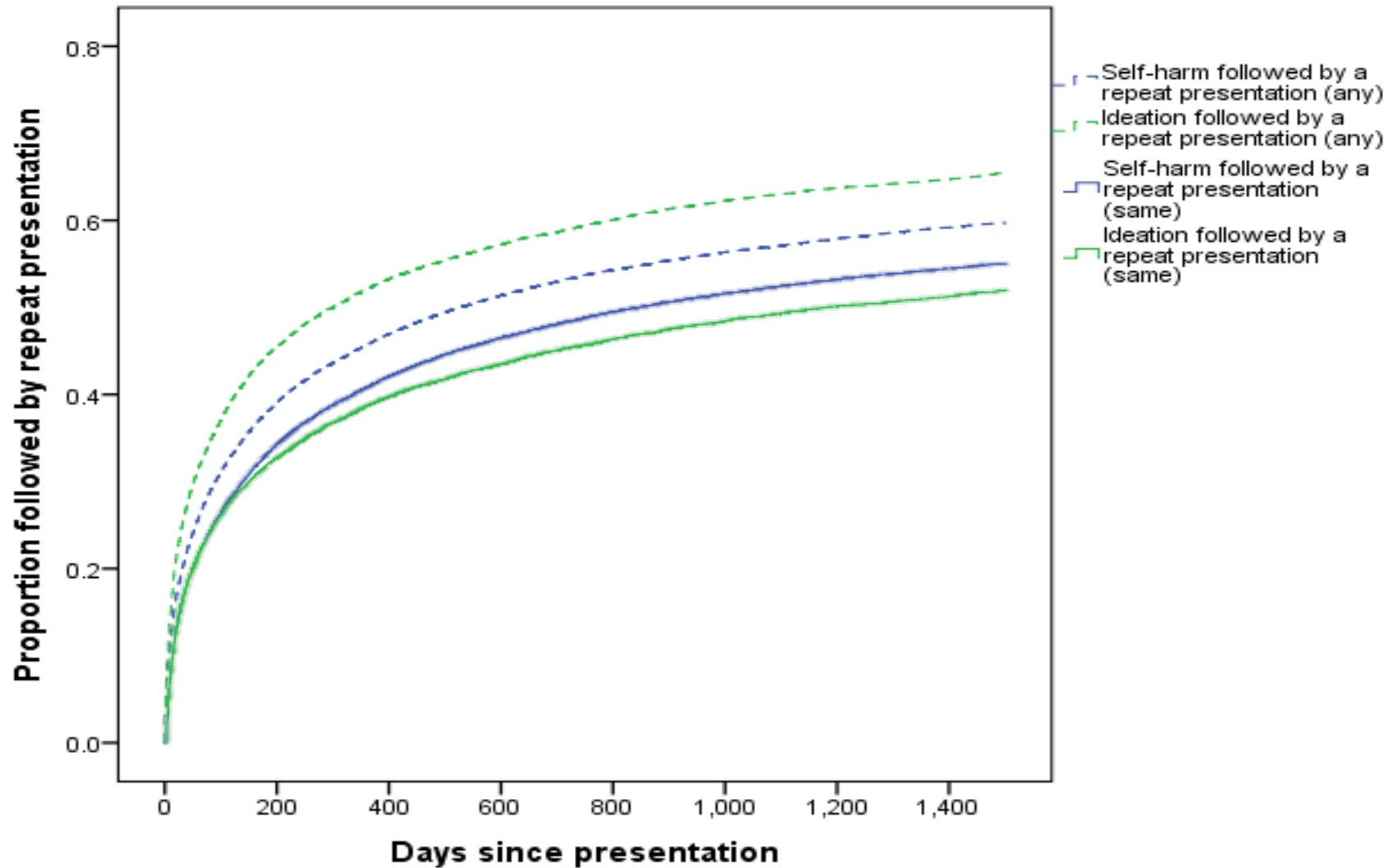
Repetition of self-harm and ideation presenters



Repeat presentation after self-harm (blue) or ideation (green) with same behaviour



Repeat presentation after self-harm (blue) or ideation (green)



Summary and discussion

Self-harm and ideation – two populations or one?

- Rate of self-harm is 2.3 times higher than ideation
- Ideation presentations more common among men
- Risk of repetition and escalation of suicidal behaviour increased for ideators

Those presenting to hospital with ideation are at high risk of subsequent suicidal behaviour

- Routine surveillance systems do not usually record such data
- Clinical guidelines do not specifically address suicidal ideation
- Opportunities to intervene with this group in ED

Question: Is this data worth capturing routinely?

Study strengths and limitations

Data from a national registry

Lack of clinical and psychological data

Issue of defining and implementing definition of 'ideation'



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