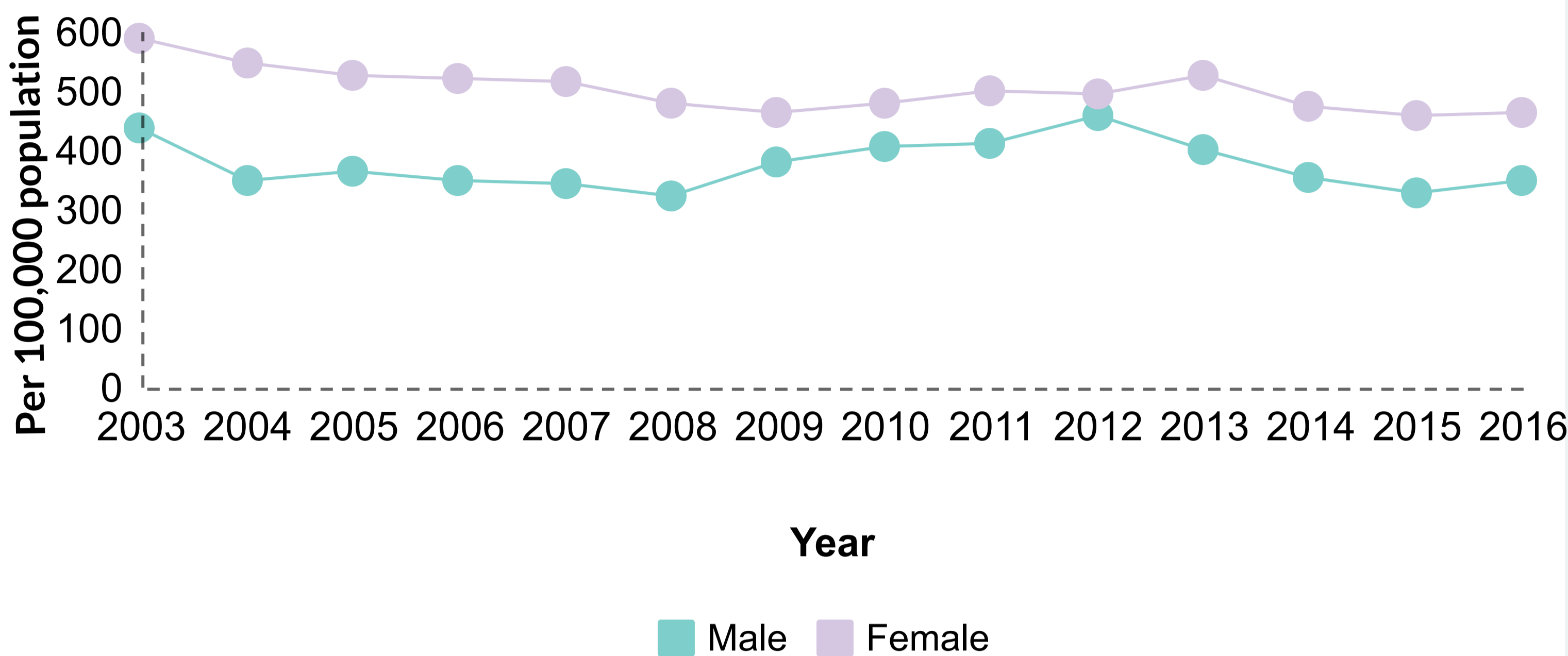


## Key 2016 figures

### Rates of self-harm

Rates of self-harm by gender, 2003 to 2016



Rates increased between 2015 & 2016 for both men and women

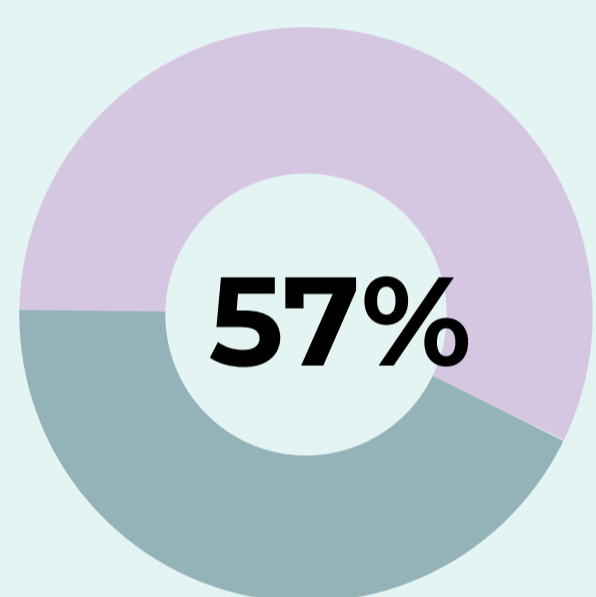


Males aged 35-54 had the highest rates among men in 2016

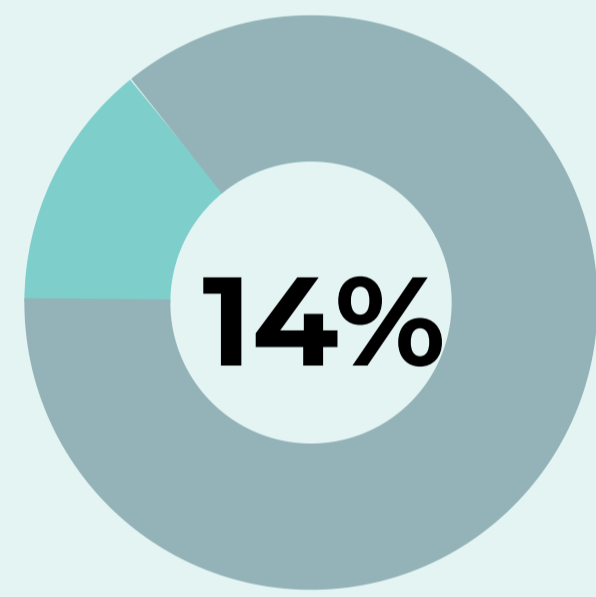


Females aged 15-24 continue to have the highest rates of self-harm

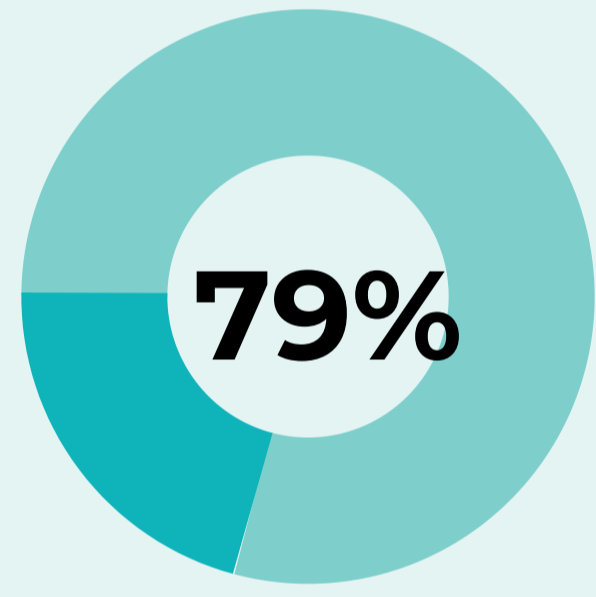
### Characteristics of individuals who self-harm



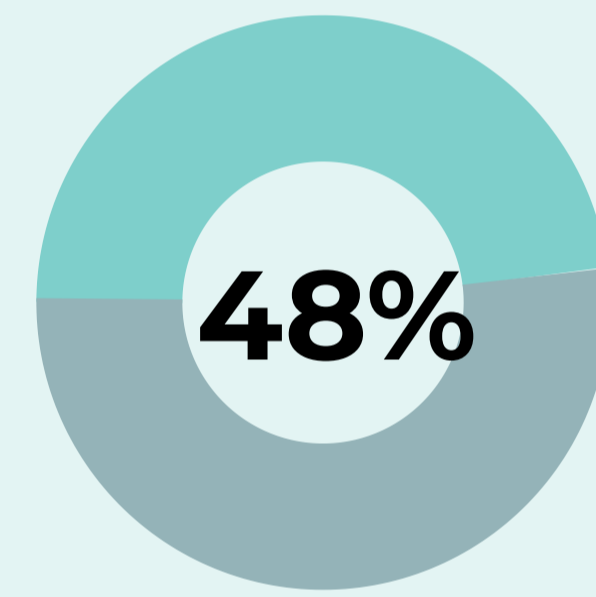
female



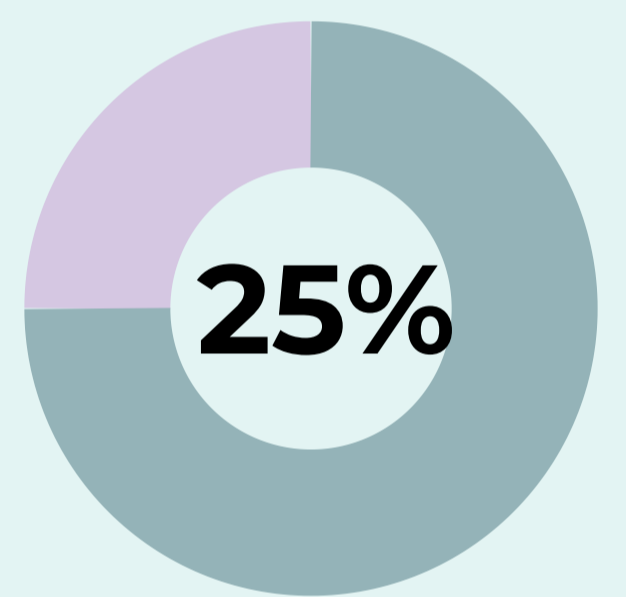
lives alone



history of self-harm



unemployed



student

5%

35%

24%

30%

7%

age <15

age 15-24

age 25-34

age 35-54

age 55+

### Mental health

Most common psychiatric diagnoses

Depression

24%

Alcohol &/or drug misuse

37%

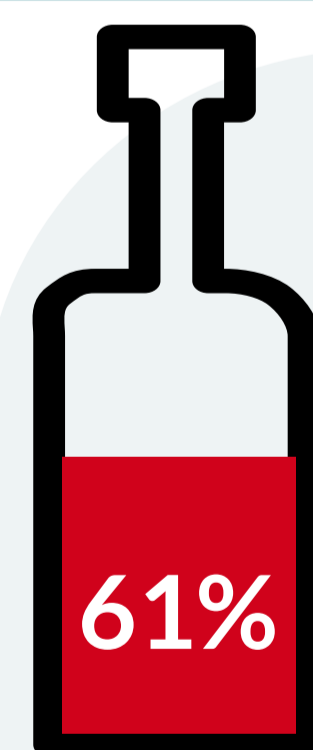
Stress & anxiety

10%

Personality disorder

8%

### Drug and alcohol misuse



consumed alcohol at the time of self-harm



secondary diagnosis of drug/alcohol misuse



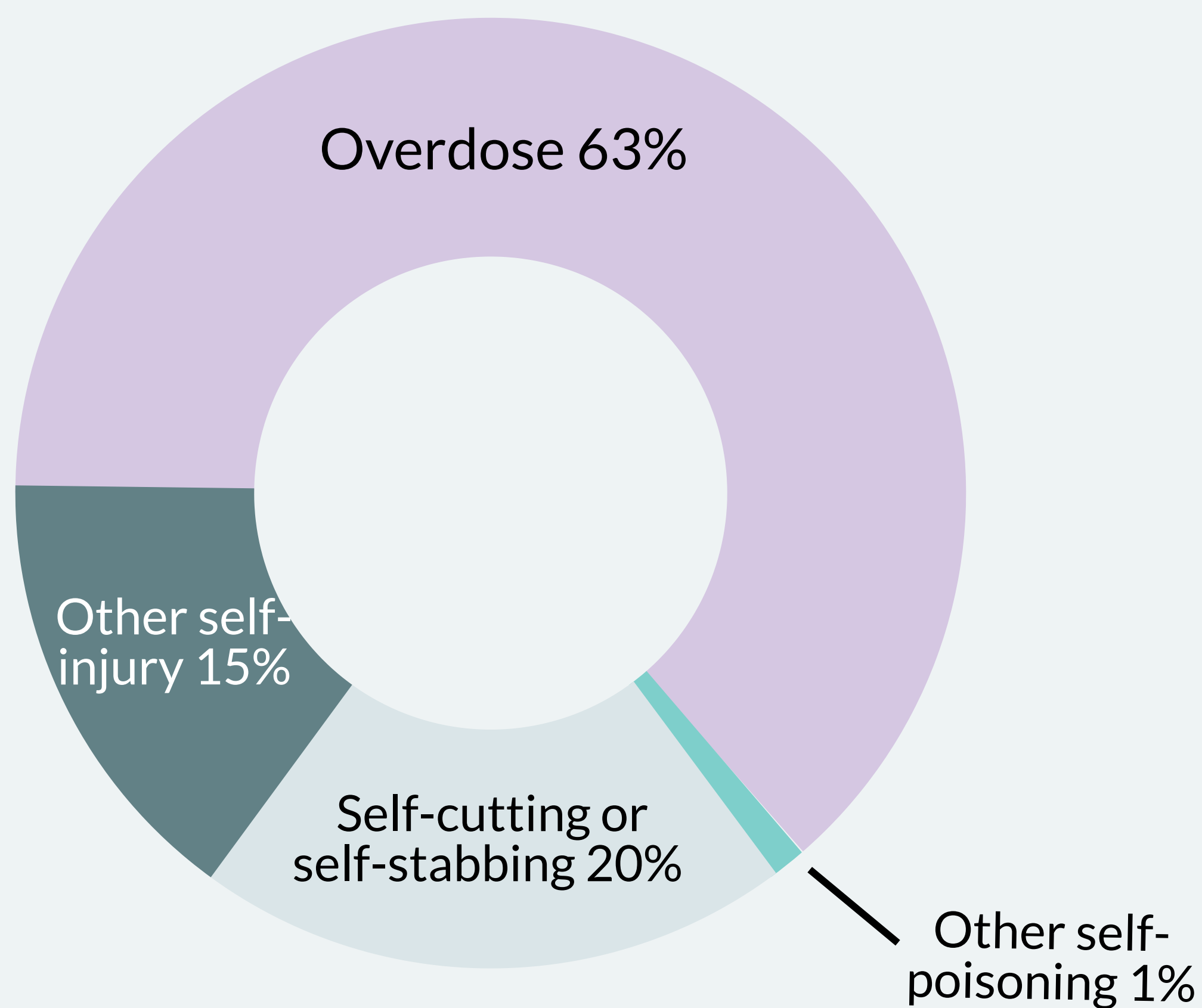
Harmful alcohol use is most common among males aged 55+ & females aged 35-54



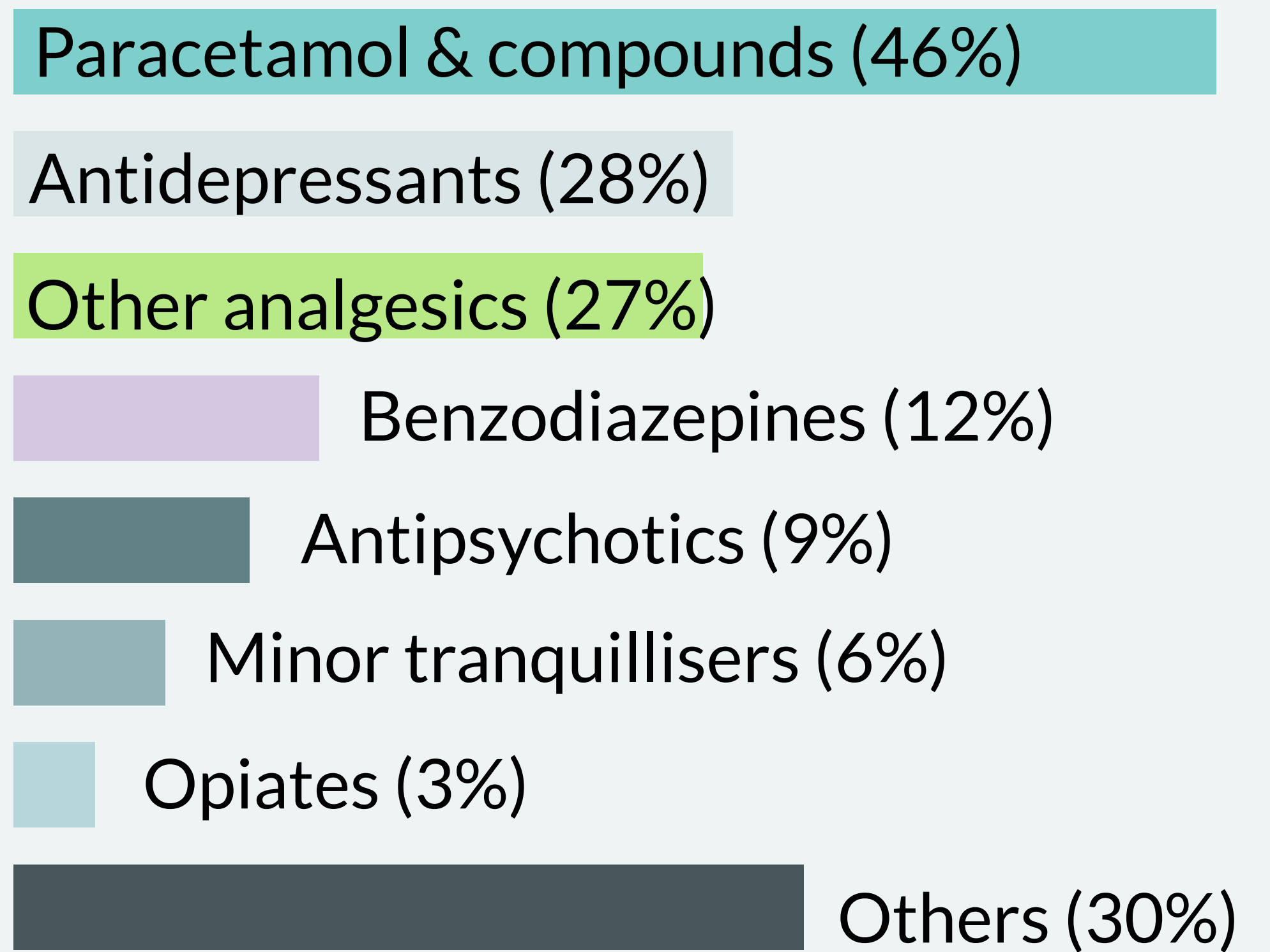
Substance misuse is most common in males aged 25-34

## Characteristics of self-harm episodes

### Primary methods of self-harm

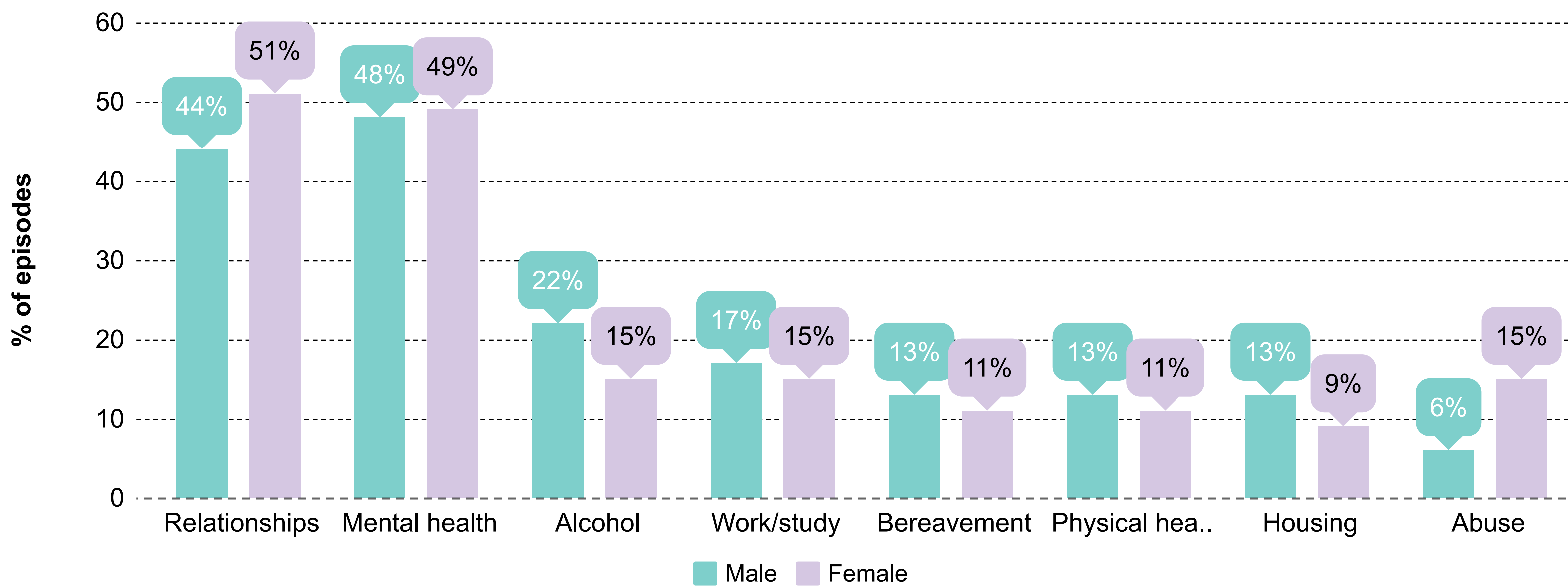


### Most common overdose drugs



## Most common precipitants of self-harm

Problems reported by individuals



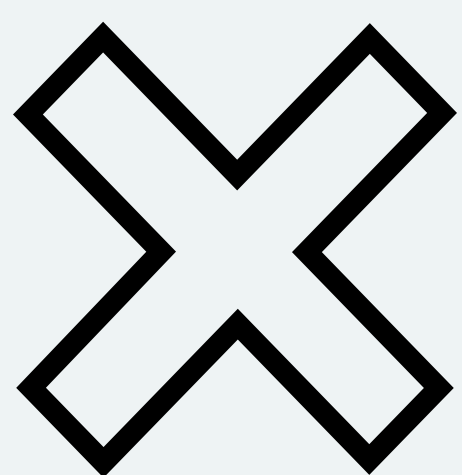
## Emergency Department Management

36%



General hospital admission

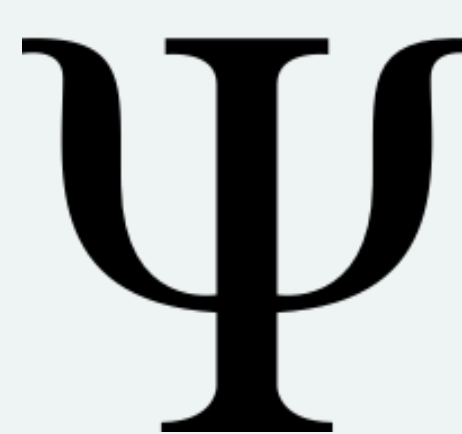
21%



No referral

45%

Of those receiving a specialist psychosocial assessment from mental health staff: were referred on to psychiatric aftercare



Only 42%

received a psychosocial assessment, despite NICE guidelines recommending all ED self-harm patients should receive one