





Information Sheet

Facilities across Canada submit hospital inpatient, day surgery, emergency and ambulatory care data to the Canadian Institute for Health Information (CIHI). The data is used in a wide variety of CIHI reports and data requests, which support management decision-making at the hospital, regional and provincial/territorial levels.

What is self-harm?

Intentional self-harm includes purposely self-inflicted poisoning or injury and suicide (attempted and completed).

The big picture

Every year, hundreds of thousands of youths age 10 to 17 are injured in Canada while at home, at school and at play.

In 2013–2014, there were nearly 2,500 hospitalizations among youth age 10 to 17 due to intentional self-harm. This equates to 1 in 4 injury hospitalizations for youth in this age group.

Intentional Self-Harm Among Youth in Canadaⁱ

According to the latest data from Statistics Canada, in 2011 there were 140 deaths due to intentional self-harm for boys and 58 for girls among those age 15 to 19. There were 12 and 17 deaths among 10- to 14-year-old boys and girls, respectively. The most common cause of death was hanging, strangulation and suffocation (59% of boys and 91% of girls age 10 to 19).

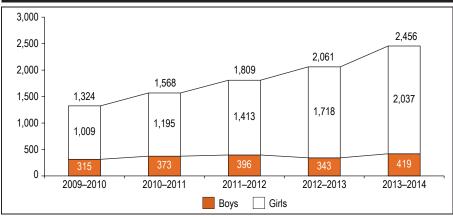
A considerably higher number of self-harm cases each year do not end in death but do involve a hospital visit.

Who is getting hurt?

There has been an increasing trend among youth in the number of hospitalizations for intentional self-harm over the past 5 years, the bulk of which can be attributed to a 102% increase for girls since 2009–2010 (Figure 1).

For girls age 10 to 17, intentional self-harm made up 45% of all injury hospitalizations in 2013–2014, an increase of 67% since 2009–2010.

Figure 1: Number of Hospitalizations Among Youth for Intentional Self-Harm in Canada,* by Sex, 2009–2010 to 2013–2014



Note

* Quebec data has been excluded from this analysis. **Source**

Discharge Abstract Database, 2009–2010 to 2013–2014, Canadian Institute for Health Information.

ii. Statistics Canada. Canadian Vital Statistics—Death Database. Ottawa, ON: Statistics Canada; 2014.







Quebec data has been excluded from this analysis.

Over the past 5 years, the rate of intentional self-harmrelated hospitalizations in girls has increased by more than 110%, from 78 to 164 per 100,000 female youths. while the rate for boys has increased by more than 35%, from 23 to 32 per 100,000 male youths (Figure 2).

In 2013-2014, among 10- to 13-year-olds, 9 out of 10 youths hospitalized for intentional self-harm were girls, while among youth age 14 to 17, 8 out of 10 hospitalized were girls. Between 2009-2010 and 2013–2014, the number of hospitalizations due to intentional self-harm among girls was on average 4 times that among boys.

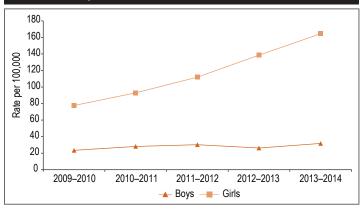
The number of youth visiting emergency departments (EDs) for intentional self-harm is higher than the number hospitalized. In Ontario alone, there were 3,411 ED visits for intentional self-harm among youth in 2013-2014. Ontario ED visits had trends similar to those for hospitalizations for self-harm among girls. Between 2009-2010 and 2013-2014, there was a 98% increase in the number of girls age 10 to 17 seen in EDs due to intentional self-harm, compared with a 30% increase for boys.

How are they hurting themselves?

The most frequently used method of self-harm in youth was purposely self-inflicted poisoning, including but not limited to the use of narcotics, prescription medication, illegal drugs, chemical solvents and alcohol. In 2013-2014, poisoning made up 88% (1,798 of 2,037) of intentional self-harm hospitalizations among girls and 82% (342 of 419) among boys age 10 to 17 (Figure 3).

The second most common method of self-harm among girls was use of a sharp object: while a considerably lower rate overall than for poisonings, in 2013–2014, 8% (n = 173) of girls hospitalized for intentional self-harm used a sharp object. Among boys, hanging/strangulation/suffocation and sharp object each accounted for 7% of intentional self-harm hospitalizations.

Figure 2: Age-Standardized Rate of Hospitalization Among Youth for Intentional Self-Harm in Canada,* by Sex, 2009-2010 to 2013-2014



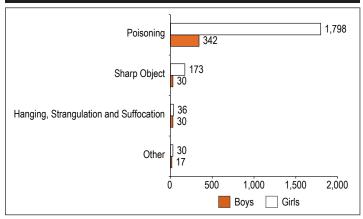
Note

Quebec data has been excluded from this analysis.

Sources

Discharge Abstract Database, 2009–2010 to 2013–2014, Canadian Institute for Health Information; population estimates, Statistics Canada.

Figure 3: Number of Hospitalizations for Intentional Self-Harm Among Youth in Canada,* by Sex and Cause, 2013-2014



Quebec data has been excluded from this analysis.

Other causes of self-harm include firearms, jumping from a high place and drowning.

Discharge Abstract Database, 2009–2010 to 2013–2014, Canadian Institute for Health Information.

More information

Data in this information sheet comes from the **Discharge** Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS). Pre-formatted data tables can also be accessed via Quick Stats.

Feedback and questions are welcome at cad@cihi.ca.