

Emergency Department visits due to self-harm among First Nations youth

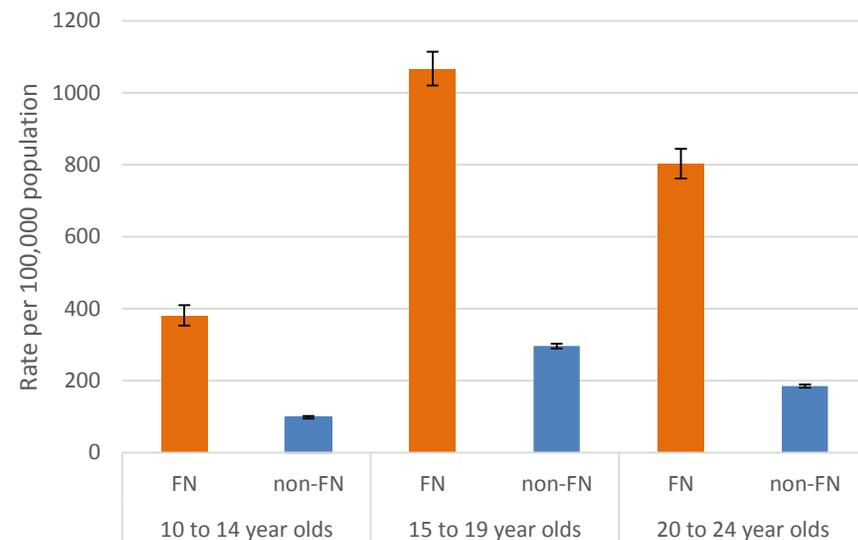
Rates of ED visits due to self-harm by First Nations status and age group, both sexes, Alberta, 2006 to 2017

Self-harm, or self-injury, occurs when a person purposefully harms their body with a non-fatal outcome.¹ This may occur through cutting, burning, or other forms of injury. Numerous factors contribute to the risk of self-harm. These include living with mental illness, feelings of hopelessness, or other psychological factors. Risk of self-harm may be amplified in Indigenous populations that are impacted by a complex colonial history including intergenerational trauma from residential schools, higher rates of poverty, and systemic racism.²

In today's *First Nation – Health Trends Alberta*,³ we present emergency department (ED) visit rates during 2006 to 2017 due to self-harm in First Nations and non-First Nations youth separately. Rates are presented for both sexes combined and by age group.

Among 10 to 24 year olds, ED visit rates due to self-harm are 4 times higher for First Nations compared to non-First Nations

During 2006-2017, the annual average number of ED visits by 10 to 24 year olds due to self-harm in Alberta was approximately 2,080 (410 in First Nations). The ED visit rate for First Nations over this time period was 3.9 times higher than the rate for non-First Nations (rates 2250.9 and 579.2 per 100,000, respectively).



There were differences in rates across age categories: ED visit rates due to self-harm were highest in 15 to 19 year olds for both First Nations and non-First Nations during 2006-2017 (First Nations: 1066.8 per 100,000 and non-First Nations: 296.1 per 100,000). This corresponded to an annual average of 200 visits and 820 visits for First Nations and non-First Nations aged 15-19 years, respectively. Rates were lowest in 10 to 14 year olds for both groups, with an average of 70 visits annually in First Nations and 250 annual visits in non-First Nations (rate in First Nations: 381.1 per 100,000 and non-First Nations: 98.1 per 100,000). Similarly, for both First Nations and non-First Nations, rates were higher in females compared to males in all age categories.

1 Larkin et al (2014) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3896350/>

2 Canadian Federation of Medical Students. Mental Health and Suicide in Indigenous Communities in Canada. 2017.

3 This is the 29th in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).