practitioner for mental health related concerns. Satisfaction with follow-up care was dependant on participants’ relationships with healthcare professionals and their perception of the continuity and comprehensiveness of care they received. Positive experiences of care included ‘compassionate and supportive relationships’, ‘timely and comprehensive follow-up care’ and ‘inpatient care as a safe haven’. The establishment of trust in the services encouraged ‘seeking help in crisis’ and ‘acceptance of and adherence to psychotropic medication’. Conversely, themes reflecting negative experiences of care included ‘superficial and unsupportive relationships’ and ‘care lacking continuity and comprehensiveness’ leaving some participants feeling isolated and unsupported. Unsupportive experiences within the services contributed to ‘inhibited help-seeking’ and ‘reluctance or lack of adherence to psychotropic medication’. Participants with a history of self-harm and those with recent engagement with mental health services prior to the self-harm episode were more likely to report dissatisfaction with their interactions with healthcare professionals and with the level of care provided. Furthermore, those who described unsupportive or unsatisfactory care more frequently reported repeated self-harm, increased alcohol misuse and hopelessness for the future at follow-up.

Conclusion The study findings indicate that satisfaction with services, help-seeking and adherence to treatment may be improved by ensuring the consistent provision of timely, comprehensive and supportive aftercare following a high risk self-harm presentation. Absence of these aspects of care may contribute to ongoing distress and further suicidal behaviour.

Results The risk of death following IDO was 1.7 times greater for males than females and fatal cases were on average nine years older than non-fatal cases, with each increasing year of age increasing the risk of a fatal outcome by 4.3%. Multiple drug IDOs were over three times more likely to be fatal, compared to single drug IDOs. Tricyclic antidepressants were associated with a 15-fold increased risk of death and opioids a 12-fold increased risk, relative to non-opioid analgesics (the reference category). Although the absolute risk of fatal outcome was higher for males than females, the elevation in risk was greater in females when tricyclic antidepressants or opioids were taken in IDO.

Conclusion Male gender, increasing age and multiple drug use were associated with fatal IDO outcome, and tricyclic antidepressants and opioids in particular were associated with a significantly increased risk of death following overdose. These findings inform the relative fatality risk of drugs that are commonly taken in intentional overdose, contributing to existing evidence-base in relation to safe and appropriate prescribing to patients who are at risk of self-harm. Together with the identification of the predictors of a fatal overdose outcome, these findings highlight areas for targeted intervention to prevent fatal overdose and also key areas for further research.