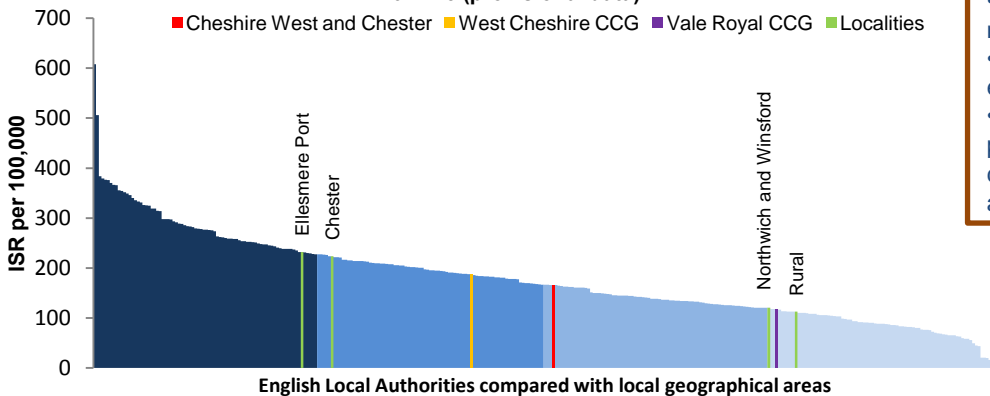


PHOF 2.10 Self-harm

Rate of inpatient hospital admissions due to intentional self harm (including intentional self poisoning) per 100,000 population

Hospital Admissions for Intentional Self-harm (including self-poisoning) 2012/13 (provisional data)



Source: Hospital Episode Statistics, Population from ONS Mid Year Estimates

Most people who self harm do not present to services, making it difficult to gauge the true prevalence of self harm. In Cheshire West and Chester during 2012/13 there were around 550 hospital admissions as a result of people intentionally harming themselves. Per head of population, the admission rate is lower than England, but not significantly so. There has, however, been a notable reduction in recent years bringing CW&C below the England average. Admission rates in previous years have been significantly higher than England. Admissions peaked in 2010/11 at over 830 in the year.

In CW&C, the most common causes of admission for self-harm are poisoning with tablets (mostly painkillers), illicit drugs or injury with a sharp object. Self harm through poisoning accounts for 90% of admissions.

Both Vale Royal CCG and West Cheshire CCG have seen reductions. Vale Royal admissions peaked earlier, in 2008/09, and have continued to reduce. They now have a significantly lower admission rate than England. There is significant variation within

Cheshire West and Chester. Ellesmere Port and Chester localities have significantly higher rates than England and there is a significant inequality gap when comparing areas of relative deprivation. Self harm admission rates are almost three times higher in our more deprived areas than in our less deprived areas.

Self harm affects both males and females across all age groups. Numbers of admissions in children are small but self harm admissions for children aged under 15 were six times higher for girls than boys in 2012/13. For all ages, males account for 42% of admissions.

Young people aged 15-24 have the highest admission rate for self harm. The rate is double the overall Cheshire West and Chester rate. The reductions seen in this age group means that CW&C are now below the England average. Rates for 25-44 year olds however remain higher than expected compared to England and are significantly high for West Cheshire CCG.

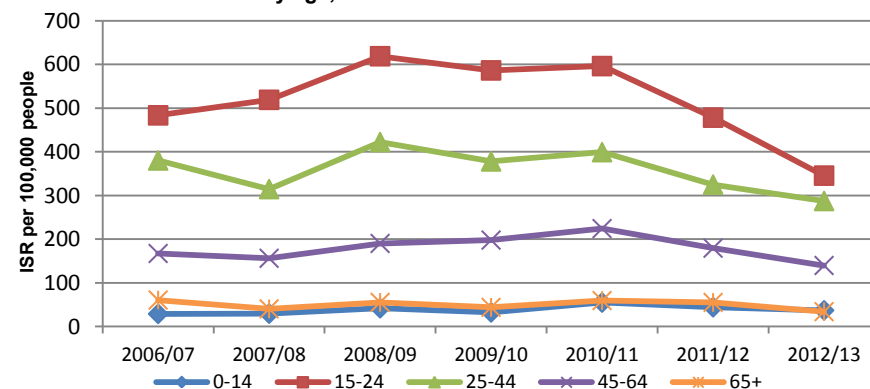
RECOMMENDED ACTIONS

- Develop an integrated, multidisciplinary approach, it is not just the remit of the mental health team.
- Further develop and evaluate the effectiveness of psychiatric liaison services or any extension thereof
- Raise awareness around key risk groups such as vulnerable children and young people, survivors of abusive violence, veterans, people with long-term physical health conditions, people with psychiatric illness, the economically vulnerable, lesbian, gay and bisexual people and people who misuse drugs and alcohol.

EVIDENCE OF WHAT WORKS

- NICE identifies the importance of a comprehensive assessment of the need and risk of individual service users. People who self-harm should have the opportunity to make informed decisions about their care and treatment in partnership with health and social care professionals.
- All health professionals, including junior psychiatrists, social workers and psychiatric nurses, who undertake psychosocial assessment for people who have self-harmed should be properly trained and supervised.
- If the service user agrees, families, carers and significant others should be involved and also given the information and support they need.
- Interventions need to be tailored to individual need and risk, taking into account that risk of further self harm and suicide are substantially higher when older people self-harm.

Trend in hospital admissions due to self harm by age, Cheshire West and Chester



RATIONALE: Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. People who self-harm describe contact with health services as often difficult, characterised by ignorance, negative attitudes and, sometimes, punitive behaviour by professionals towards people who self-harm. With the risk of death by suicide being considerably higher among people who have self-harmed and with their high rates of mental health problems, and alcohol and substance misuse, it is essential that healthcare professionals address the experience of care by people who self-harm.