

# NE LINCOLNSHIRE JSNA INDICATOR SUMMARY

<b>TITLE:</b>	<b>HOSPITAL ADMISSIONS AS A RESULT OF SELF-HARM</b>
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<b>SUBTITLE:</b>	<b>2.10i Attendances at A&amp;E for self-harm per 100,000 population 2.10ii Percentage of attendances at A&amp;E for self-harm that received a psychosocial assessment</b>
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<b>Domain:</b>	<b>Health Improvement</b>
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<b>Frequency of Availability:</b>	<b>Annually</b>
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<b>Time Period Of Data Analysis:</b>	<b>2010/11</b>
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## AVAILABLE COMPARISONS

TYPE	AVAILABLE
National, Regional or Peer Group	Yes
Electoral Ward	No
Neighbourhood	No
Socioeconomic Differences	Yes
Targets, Trends & Projections	No

## KEY POINTS

<b>-ve</b>	The rate of hospital stays for self-harm amongst young people aged 10-24 in North East Lincolnshire are statistically significantly higher than the Yorkshire and Humber rate.
<b>-ve</b>	Rates of self-harm hospital stays for young people in North East Lincolnshire has increased in recent years.
<b>N/A</b>	North East Lincolnshire is not statistically higher or lower than the regional rate for hospital admissions from intentional self-harm for all persons. The highest number/proportion of incidents occur in the summer months.

## DESCRIPTION

Self-harm is a sign of serious emotional distress. There are an estimated 300,000 attendances at A&E for self-harm each year, and it is believed that this represents only a small proportion of self-harming in the community and the related health and well-being burden of self-harm. Significant local authority and NHS resources are required for mental health promotion, prevention, early intervention, and to deal with the assessment and management of self-harm. 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

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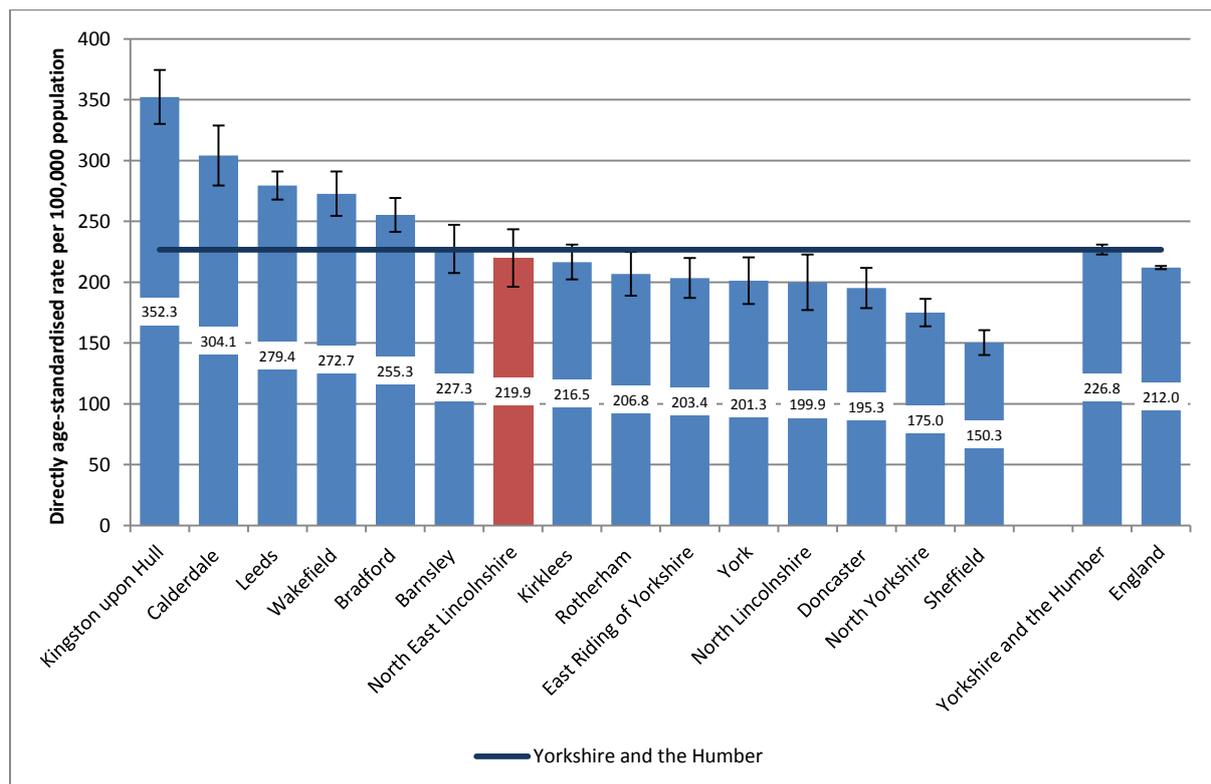
being considerably higher among people who have self-harmed and with their high rates of mental health problems, and alcohol and substance misuse, it is essential that services address the experiences of care by people who self-harm. Those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. NICE Quality Standards and clinical guidelines on self-harm emphasise the importance that people who have self-harmed are offered a comprehensive psychosocial assessment. Carrying out these assessments on all people who present at A&E with self-harm is associated with a reduction in repeat attendances at A&E.

The data source for this indicator needs further development. However hospital admissions due to intentional self-harm and self-harm admissions for young people have been included as proxy indicators. Intentional self-harm hospital admissions is a directly age standardised rate using the ICD10 codes X60-X84.

## NATIONAL, REGIONAL OR PEER GROUP

The Yorkshire and Humber regional rate for intentional self-harm hospital admissions in 2010/11 was 226.8 per 100,000 and North East Lincolnshire, with a rate of 219.9 per 100,000, was lower than the regional rate but this was not statistically significant.

**Figure 1** Directly age-standardised rate of intentional self-harm hospital admissions, rate per 100,000 for the Yorkshire and Humber region, 2010/11

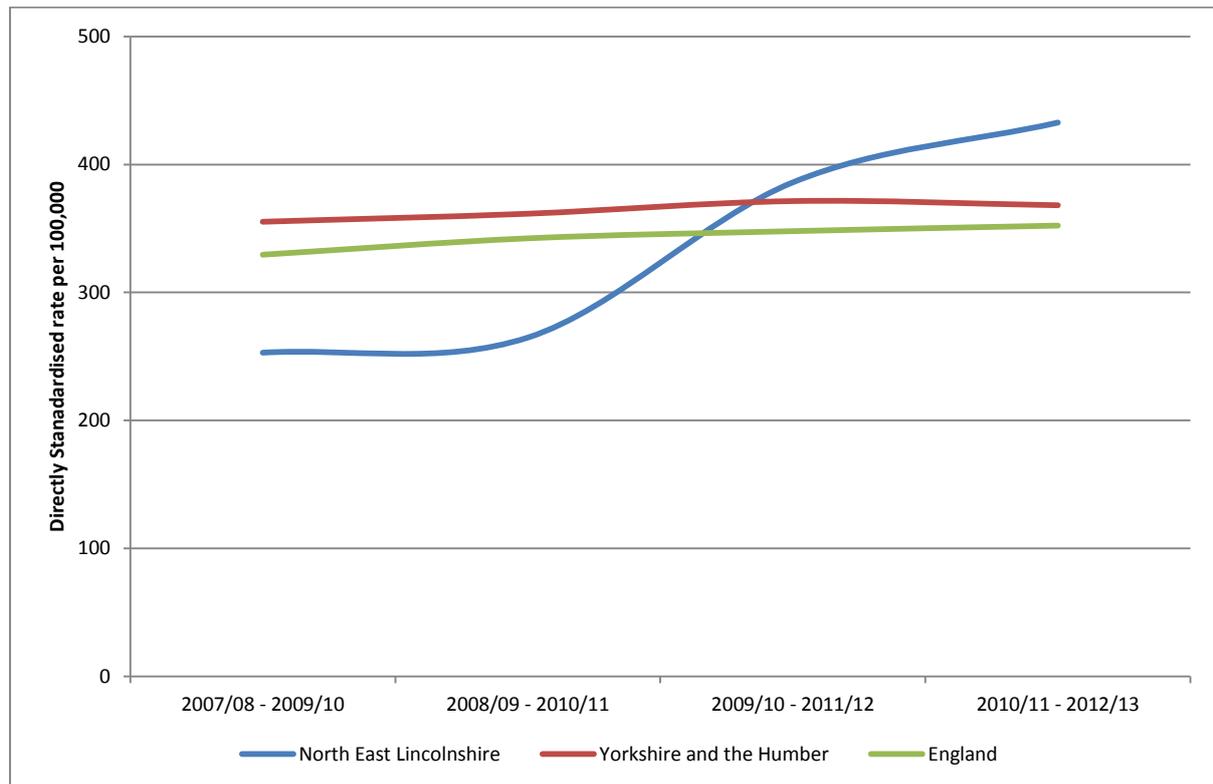


Source: APHO Injury Profiles, 2015

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The trend for finished self-harm admissions amongst young people in North East Lincolnshire has increased considerably in recent years and has risen to lie above the Yorkshire and Humber and England rates.

**Figure 2** 3 year pooled directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years, for England, Yorkshire and Humber and North East Lincolnshire, 2007/8-2009/10 to 2010/11-2012/13

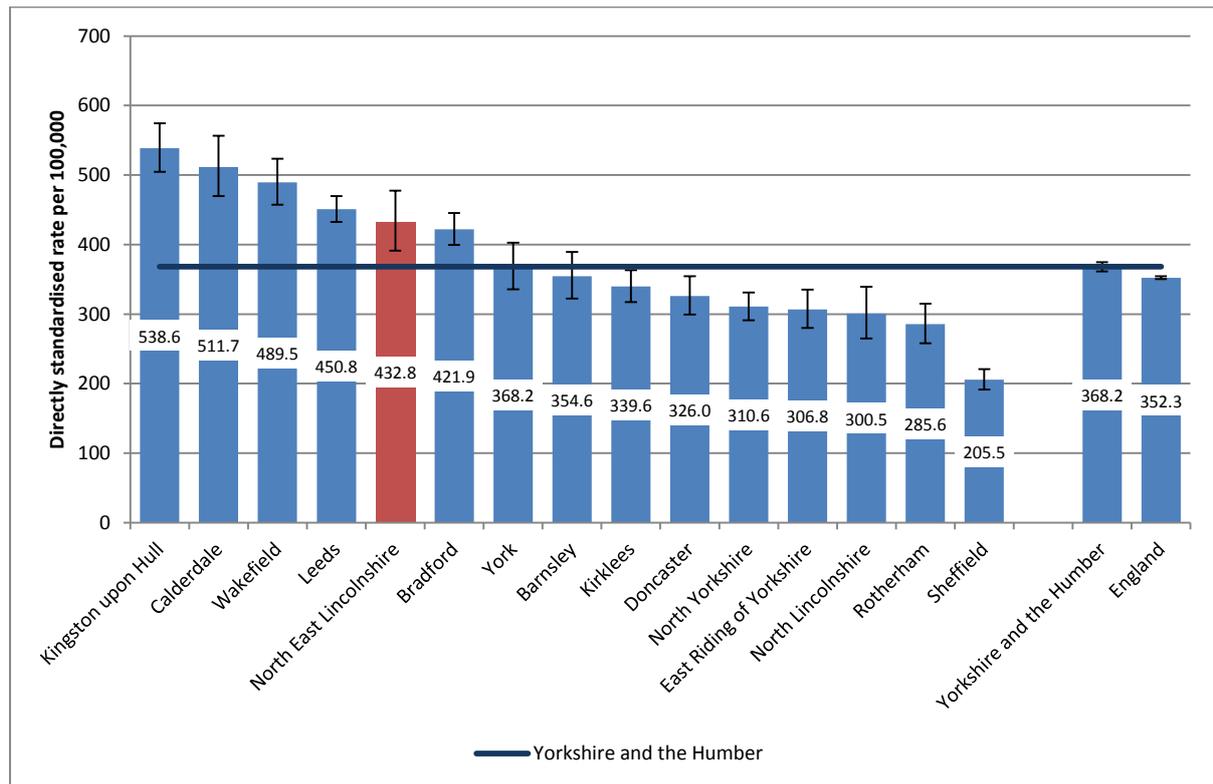


Source: Public Health England, 2015

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Latest data (2010/11-2012/13) shows that North East Lincolnshire has 5<sup>th</sup> worse rate for hospital stays for young people in the Yorkshire and Humber region, with a rate of 432.8 per 100,000 and this is statistically higher than the regional rate of 368.2 per 100,000.

**Figure 3** 3 year pooled directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years, for Yorkshire and Humber region, 2010/11-2012/13



Source: Public Health England, 2015

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## NORTH EAST LINCOLNSHIRE

Analysis of pooled data supplied by the Public Health England, Northern & Yorkshire Knowledge & Intelligence Team for the period 2010/11 to 2012/13, determined that there were 1084 emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84). Of these admissions, 43.5% (n=471) were of males, and 56.5% (n=613) were of females. The distribution of these admissions by age group is presented in Table 1.

Table 1      Emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84) and by age group, North East Lincolnshire UA, 2010/11 to 2012/13

<b>Age</b>	<b>Percentage of admissions</b>
<=24 years	36.3%
25-34 years	22.8%
35-54 years	32.3%
>=55 years	8.6%

## Socioeconomic Differences

Clear differences in the number of admissions by IMD 2010 quartile are evident with 66.6% of admissions being of residents from the most deprived quartile. The distribution of admissions by deprivation quartile is presented in Table 2.

Table 2      Emergency hospital admissions for intentional self-harm defined by external cause codes (ICD10 X60-X84) and by IMD 2010 quartile, North East Lincolnshire UA, 2010/11 to 2012/13

<b>IMD 2010 quartile</b>	<b>Percentage of admissions</b>
1 Most deprived	66.6%
2	14.1%
3	10.6%
4 Least deprived	8.7%

<b>Public Data Sources:</b>	Public Health England 2015 APHO Injury Profiles 2015
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