

The purpose of this profile is to provide an overview of normative and comparative need, in relation to self-harm, in the South Devon and Torbay population using secondary data sources.

Self-harm refers to an act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning by medication or self-injury by cutting. Rates of self-harm have increased over the past decade in the UK and are amongst the highest in Europe (NICE, 2013). Higher rates tend to be found amongst groups in: higher levels of poverty; younger adults; the lesbian, gay, bisexual and transgender (LGB&T) population; the prisoner/ex-prisoner population and in people with mental health problems. People who self-harm have a 50 to 100 fold higher likelihood of dying from suicide in the 12 month period after an episode than people who do not self-harm (NICE, 2013).



Why is this important?

Rates of self-harm related admissions in Torbay have been consistently and significantly higher compared to England



What is the local context?

Rates of self harm are highest amongst women aged 15 to 24.



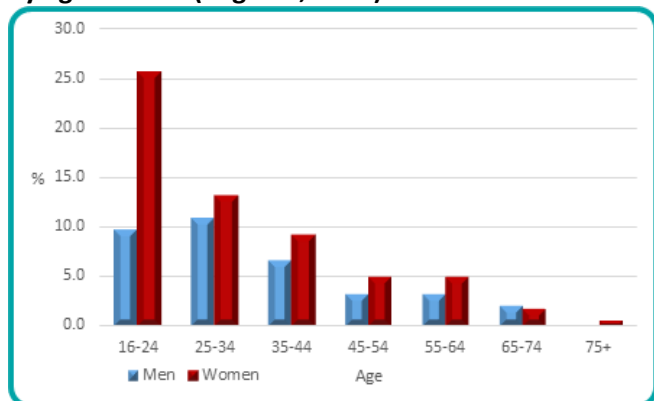
What should we do?

Continue to work to reduce stigma of mental health, increase awareness of support services and reduce social isolation.

Prevalence – It is difficult to measure the true prevalence of self-harm in the population as by its very nature; self-harm can be a secretive act with the majority of cases not in contact with services.

A large national survey of children by the Children’s society asked if “in the past year have you hurt yourself on purpose in any way?” Girls (22%) were more than twice as likely as boys (9%) to self-harm. Rates of self-harm were also higher in children who were attracted to the same gender or to both genders (46%), and in children from lower-income households.

Fig 1: Reported self-harm without suicidal intent ever, by age and sex (England, 2014)



Source: Adult Psychiatric Morbidity Survey 2014

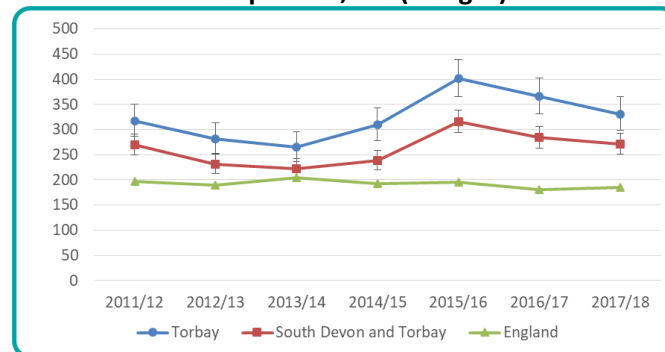
Nationally, based on the Adult Psychiatric Morbidity Survey 2014, the proportion of the population aged

16+ who reported having self-harmed was 7.3%, in 2014 and was comparable to that for suicide attempt (6.7%). Reported self-harm rates were higher in women (8.9%) than in men (5.7%). One in four women aged 16 to 24 (25.7%) report having self-harmed, compared with one in a hundred women aged 75 or over (0.6%) (fig. 1).

Risk factors – Whilst anyone can be at risk of self-harm some factors (such as experience of a mental health disorder, experience of child abuse or spending time in the care system, being part of the LGBT community, and having been bereaved by suicide) might make someone more at risk.

Admissions – Rates of self-harm related admissions in Torbay have been consistently and significantly higher as compared to England and the South Devon & Torbay CCG (SD&T) as shown in Figure 2. In 2017/18, there were 331 self-harm related admissions per 100,000 residents in Torbay and 271 admissions per 100,000 residents in SD&T. This equates to a count of just under 2 admissions in SD&T per day – 58% from Torbay.

Fig 2: Directly age standardised (ESP 2013) self-harm related admissions per 100,000 (all ages)

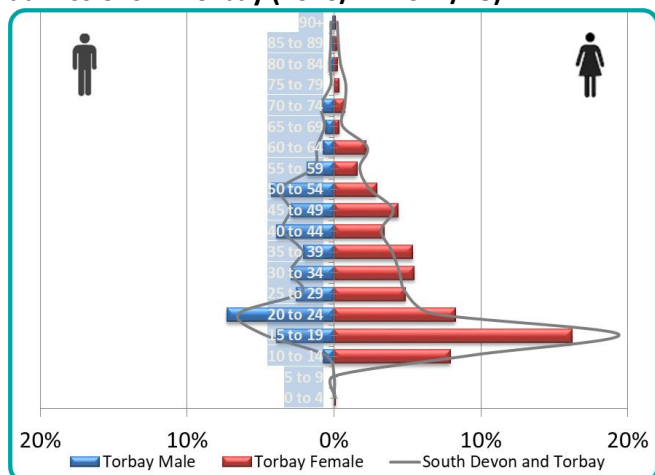


Source: HES (ICD10: X60-84); ONS resident population; PHE Fingertips

Sex and age – In Torbay there were higher rates of self-harm related admissions in females (455 per 100,000) as compared with males (246) from 2016/177 to 2017/18. This split in sex was consistent in SD&T. Admissions are higher in younger females. There were around 939 (Torbay) and 815 (SD&T) admissions per 100,000 residents aged 10-24yrs in 2017/18. This was significantly higher compared to the England average.

The sex and age difference for Torbay and SD&T is shown in Figure 3.

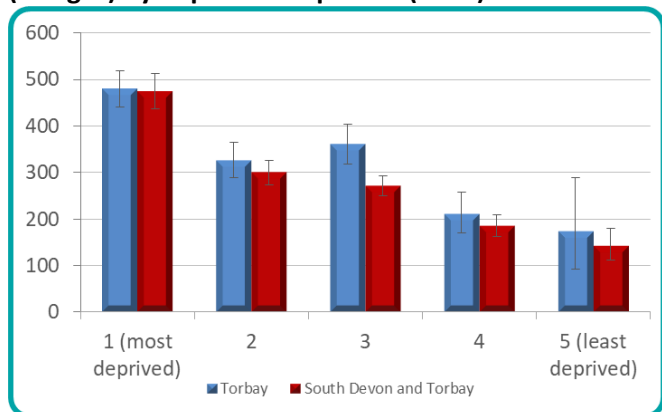
Figure 3: Age and sex distribution of self-harm related admissions in Torbay (2016/17-2017/18)



Source: HES (ICD10: X60-84); ONS resident population; PHE Fingertips

Deprivation – Higher rates of self-harm related admissions are associated with higher levels of multiple deprivation. There was a significantly higher rate of admissions in the most deprived quintile compared to all other quintiles (Fig 4).

Fig 4: DSR self-harm related admissions per 100,000 (all ages) by deprivation quintile (2015)

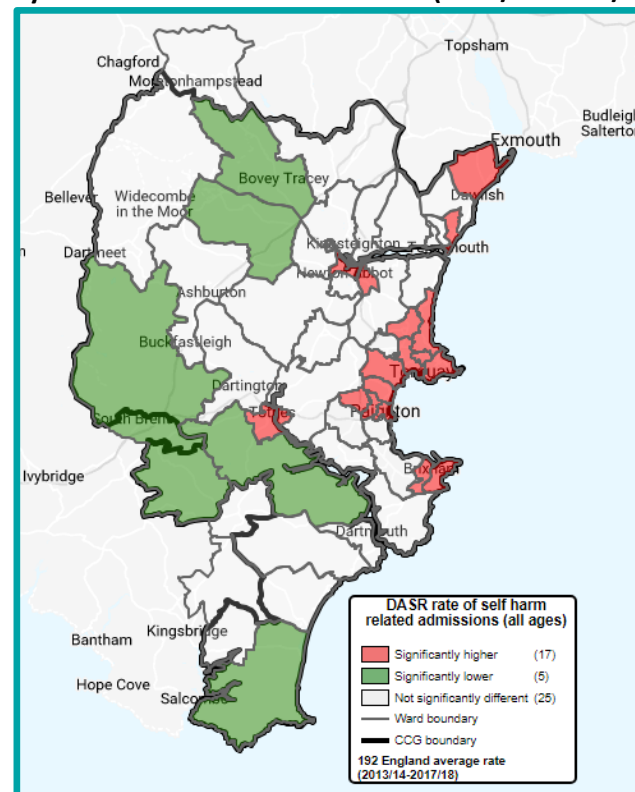


Source: HES (ICD10: X60-84) 2015/16-2017/18; ONS res pop; IMD 2015

Area – The towns of Torquay and Paignton have the highest number of wards with a significantly higher rate of self-harm related admissions as compared to England (shown in red in Fig 5).

Injury – Consistent with previous research, the primary reason that people were admitted to hospital for self-harm was by drug, medicament and bio substance poisoning (81% in 2017/18). Poisoning by 4-Aminophenol derivatives (including paracetamol), anti-depressants, sedatives, codeine/morphine, anti-inflammatory drugs including ibuprofen were the most common. 11% were admitted for wound injuries, mainly to upper limbs (6%).

Fig 5: DSR self-harm related admissions per 100,000 by electoral ward (2013/14-2017/18)



Source: HES (ICD10: X60-84) 2013/14-2017/18; ONS resident pop

From 2015/16 to 2017/18, 25% of patients had a repeat admission (ranging between 2 admissions (100 people in Torbay, 174 people across the CCG) and 5 people with 158 admissions between them).

What should we do - There is little evidence of effective interventions for self-harm in children and adolescents (Hawton *et. al.*, 2015). There are self-management apps recommended by CAMHS Torbay: <https://www.torbayandsouthdevon.nhs.uk/uploads/camhs-recommended-apps.pdf>.

References and further information:

Torbay Multi-agency Suicide and Self-harm Prevention Plan <https://www.torbay.gov.uk/council/policies/health/suicide-prevention/>
 Hawton, K., Witt, K.G., Salisbury, T.L.T., Arensman, E., Gunnell, D., Townsend, E., van Heeringen, K. and Hazell, P., (2015). Interventions for self-harm in children and adolescents. *Cochrane database of systematic reviews*, (12). <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012013/full>
 McManus, S., Bebbington, P., Jenkins, R. and Brugha, T., 2016. *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014: a Survey Carried Out for NHS Digital by NatCen Social Research and the Department of Health Sciences, University of Leicester*. NHS Digital. <https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>
 The Children’s Society (2018) *The Good Childhood Report 2018* <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2018>