

Self-harm among East Sussex residents (over 10 years) 2008/09 – 2015/16

A&E attendance & emergency admissions

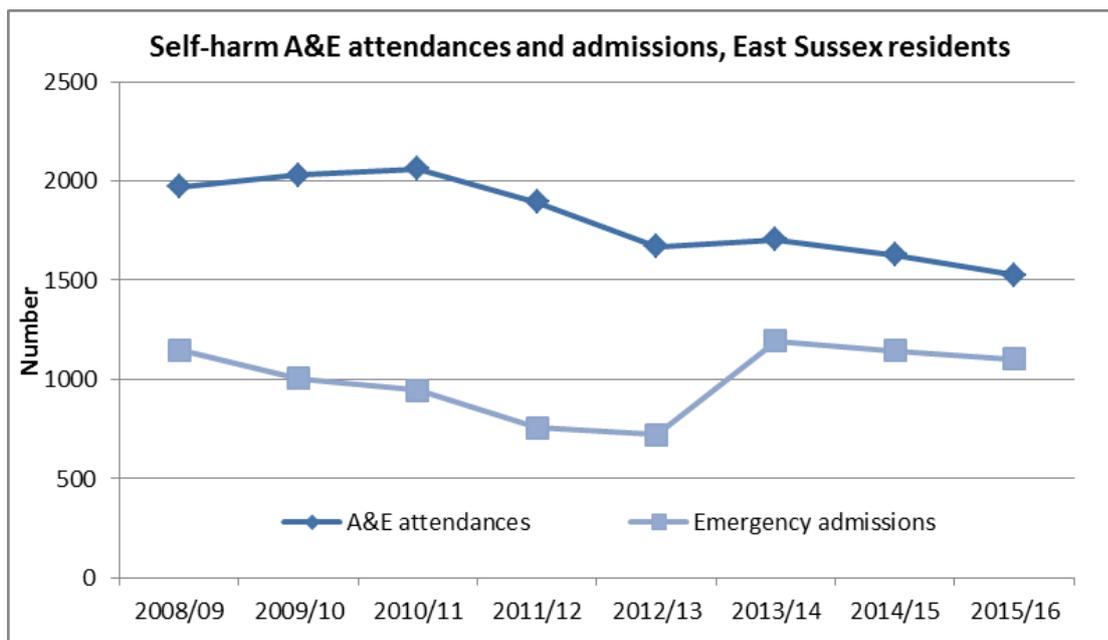
Data source: Public Health SUS extracts 2008/09 – 2015/16

A&E attendances: attendance category = 1, patient group = 30 (deliberate self-harm), A&E department type = 1 or 2 (i.e. MIUs and walk-in centres excluded due to inconsistent and incomplete data for the East Sussex MIUs), CCG of residence = 09P, 09F or 99K and age = 10 or over

Emergency admissions: episode number = 1, ICD10 X60-X84 (intentional self-harm) in any diagnosis position, admission method 2*, patient classification = 1, CCG of residence = 09P, 09F or 99K and age = 10 or over

The national suicide prevention strategy identifies those who self-harm as a high risk group¹. The third progress report includes self-harm as a new key area for action². This local analysis was conducted to identify the size of the problem in East Sussex so as to inform local suicide prevention work.

Figure 1: Number of A&E attendances and emergency admissions for self-harm, 2008/09 – 2015/16



During the 8 year period 2008/09-2015/16 there were on average, 1,800 A&E attendances and 1,000 emergency admissions due to self-harm per year.

¹ DH (2012) Preventing suicide in England: A cross-government outcomes strategy to save lives.

² HM Government (2016) Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives.

A&E attendances show a downward trend, whereas admissions show a slight upward trend due to an increase in admissions since 2013/14. During the eight-year period the gap between the number of attendances and the number of admissions has narrowed (figure 1).

Figure 2: Number of A&E attendances by age and sex, 2013/14 - 2015/16

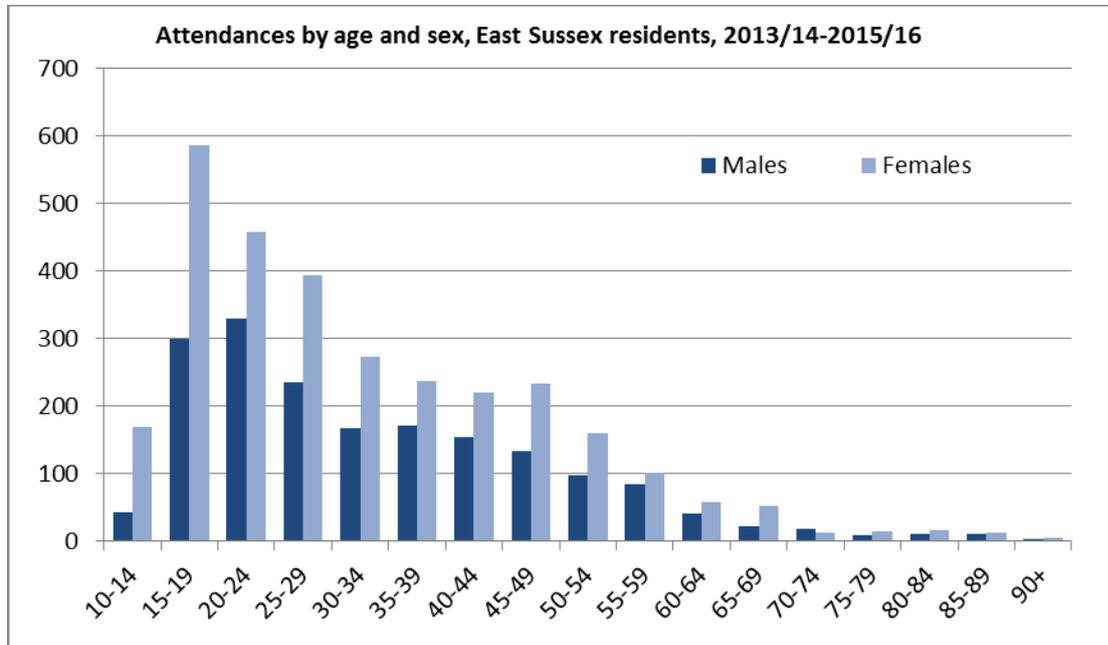
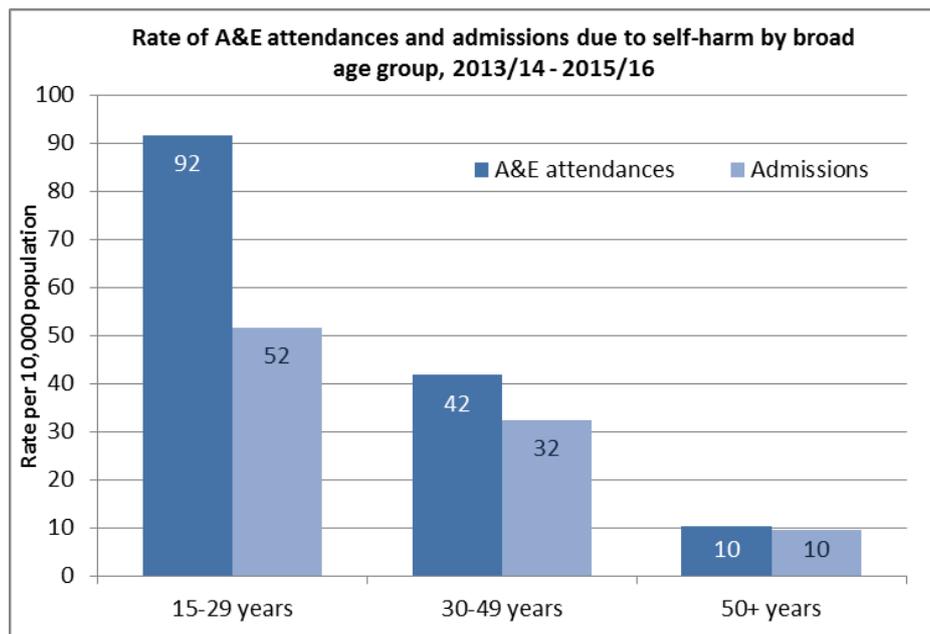


Figure 2 shows that during 2013/14 - 2015/16 A&E attendances are higher for females than males for all age groups; in fact 62% of attendances at A&E are for females. In terms of age, attendances are highest for the younger age groups with more than half for persons aged 10-34 years, the peak age being 15-19 years. A review of admissions shows a very similar profile by gender and age group.

Figure 3: Rates of A&E attendances and admissions by age band, 2013/14 – 2015/16



Comparing A&E attendance and admissions rates during 2013/14-2015/16 in figure 3, it can be seen that the difference is greatest in the 15-29 year-old age group. As age increases, the rate of A&E attendances and admissions decreases, as does the gap between the two (figure 3).

Figure 4 looks at A&E attendance by deprivation quintile during 2013/14 – 2015/16. This shows that as deprivation increases so does the attendance rate. This is the case across all three age groups 15-29 years, 30-49 and 50 years and over. There are significantly higher rates in the most deprived areas compared to the least (figure 4).

Figure 4: A&E attendance by deprivation quintile and age band, 2013/14 - 2015/16

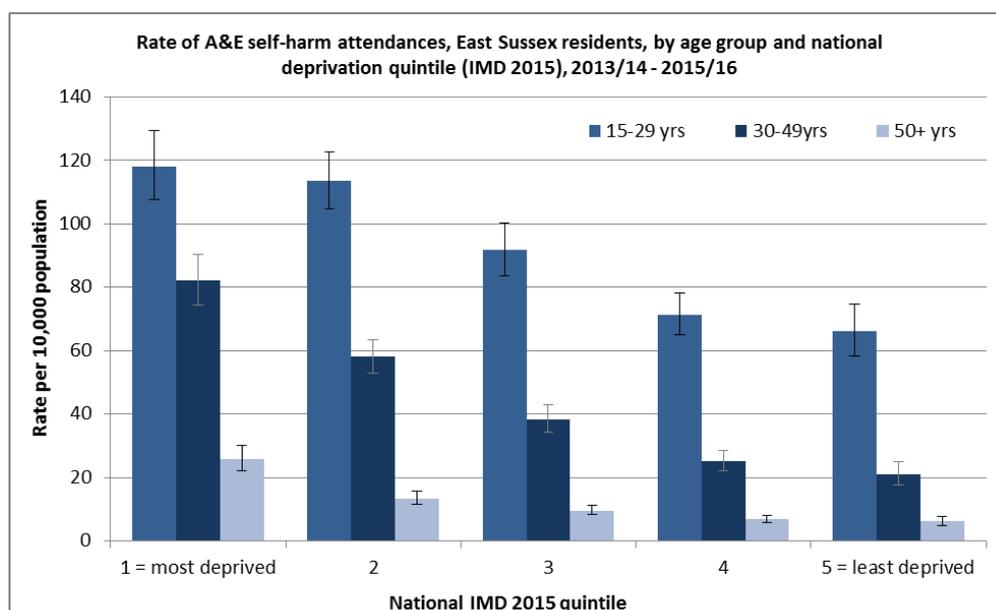
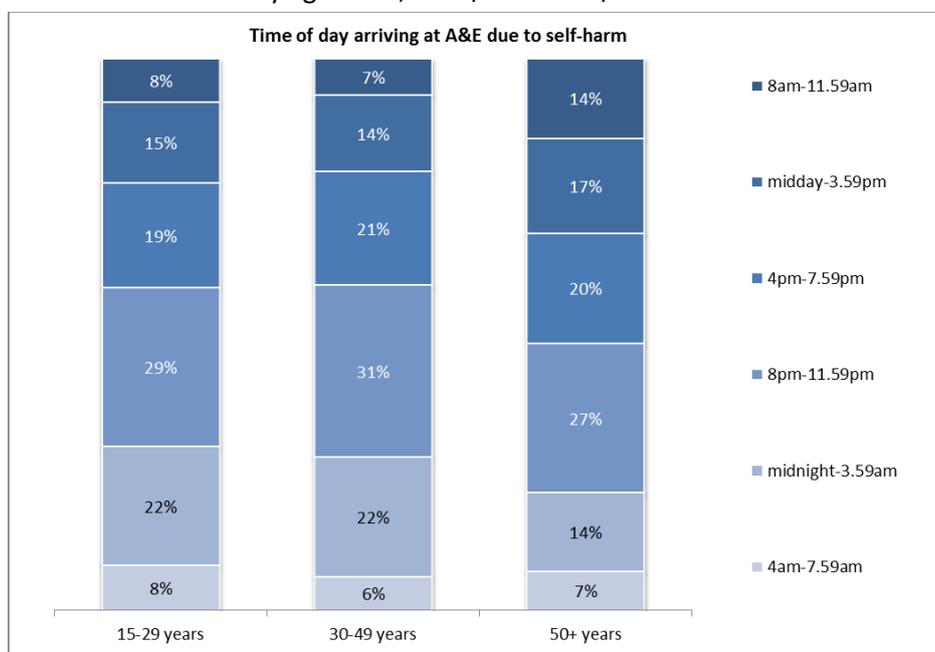


Figure 5 considers A&E attendance by time of day. For all age groups the peak time of attendance is between 8pm and 12 midnight, with half of self-harm attendances being between 8pm and 4am. Attendances for persons aged 50 years or over are a little higher during the daytime than the other two age groups (figure 5).

Figure 5: Time of arrival at A&E by age band, 2013/14 – 2015/16



Tables 1 and 2 illustrate the top 5 diagnoses for A&E attendances and hospital admissions for self-harm during the three-year period 2013/14 – 2015/16 (A&E diagnosis coding and admissions diagnosis coding are very different hence the different options and wording). The main diagnosis for both attendances and admissions for self-harm was poisonings, making up 45% of all A&E attendances and 85% of all admissions.

Table 1: Top five diagnoses for A&E attendances for self-harm, 2013/14 – 2015/16

Diagnosis	% of attendances
Poisonings (incl overdoses)	45%
Psychiatric conditions	21%
Diagnosis not classifiable	17%
Laceration	6%
Dislocation/fracture/joint injury/amputation	2%

Table 2: Top five diagnoses for admissions for self-harm, 2013/14 – 2015/16

Diagnosis	% of admissions
Poisoning by drugs, medicaments and biological substances	85%
Injuries to the elbow and forearm	2%
Toxic effects of substances chiefly nonmedicinal as to source	2%
Injuries to the wrist and hand	2%
Injuries to the abdomen, lower back, lumbar spine and pelvis	1%

The numbers of attendances at A&E due to self-harm are highest for Eastbourne residents (figure 6) and admissions are highest for Hastings residents (figure 7).

Figure 6: Number of A&E self-harm attendances by district/borough, 2008/09 – 2015/16

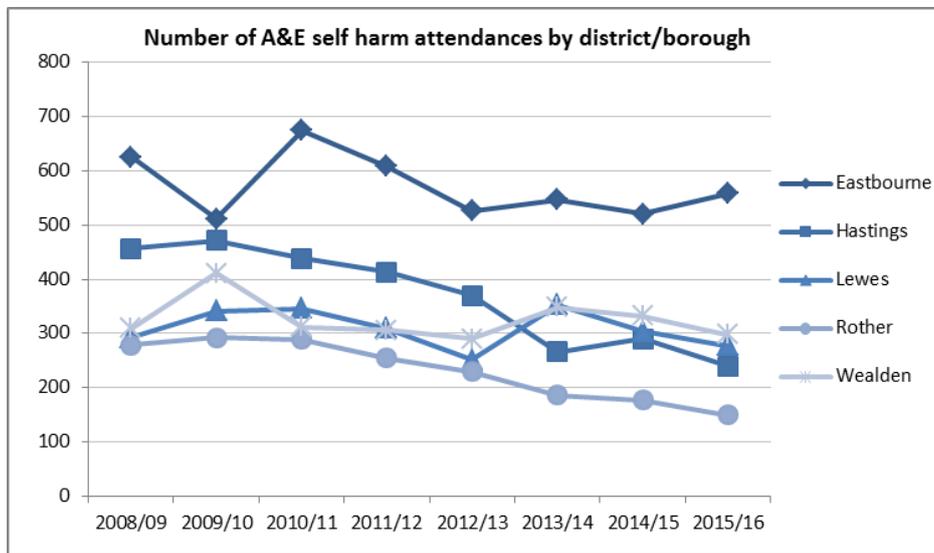
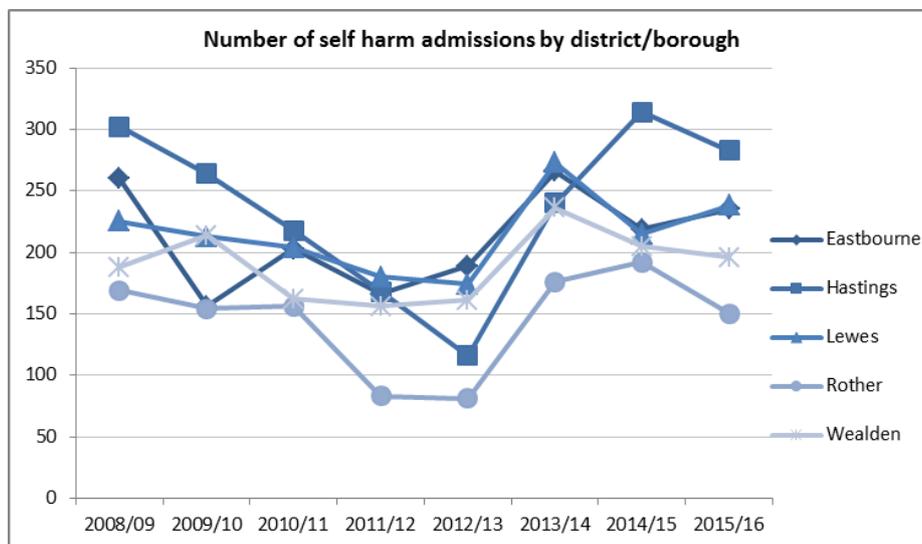


Figure 7: Number of A&E admissions for self-harm by district/borough, 2008/09 – 2015/16



In Hastings and Rother (figures 8 and 9) the number of attendances and admissions has been very similar since 2013/14; more recently there have been more admissions than attendances.

Figure 8: Number of A&E attendances and admissions for self-harm in Hastings, 2008/09 – 2015/16

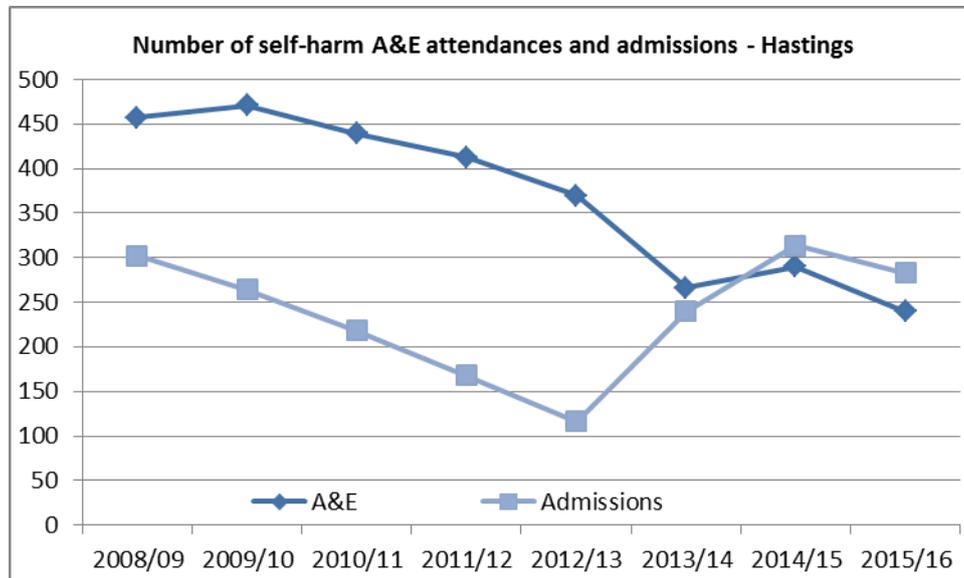
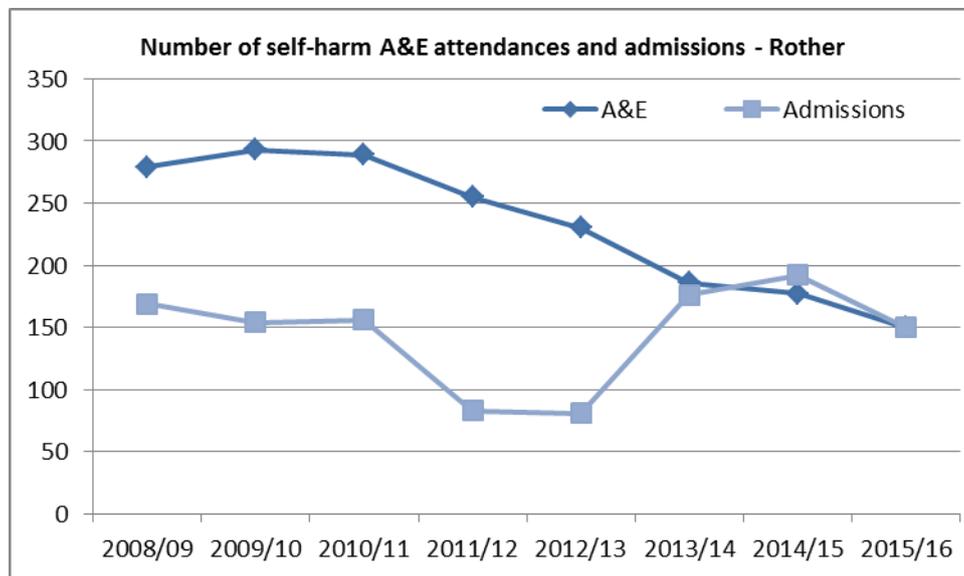


Figure 9: Number of A&E attendances and admissions for self-harm in Rother, 2008/09 – 2015/16



In the other districts and boroughs there are many more A&E attendances than admissions for self-harm (figures 10-12); this was the case for Hastings and Rother up to 2013/14. The gap between attendances and admissions is greatest in Eastbourne where every year the number of self-harm attendances at A&E are more than double the admissions due to self-

harm (figure 8). The reason for this is unclear (it could be a coding issue or a process issue) and needs further investigation.

Figure 10: Number of A&E attendances and admissions for self-harm in Eastbourne, 2008/09 – 2015/16

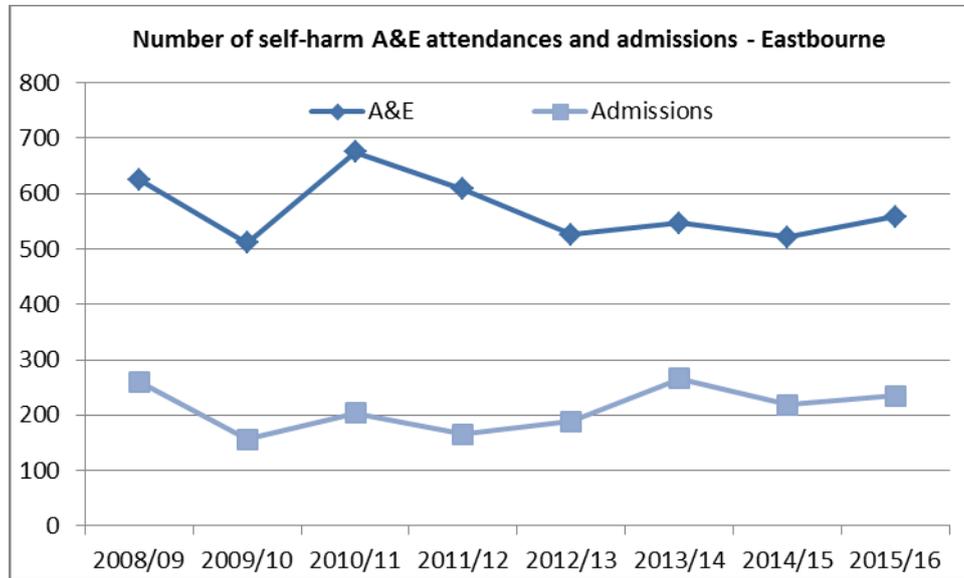


Figure 11: Number of A&E attendances and admissions for self-harm in Lewes, 2008/09 – 2015/16

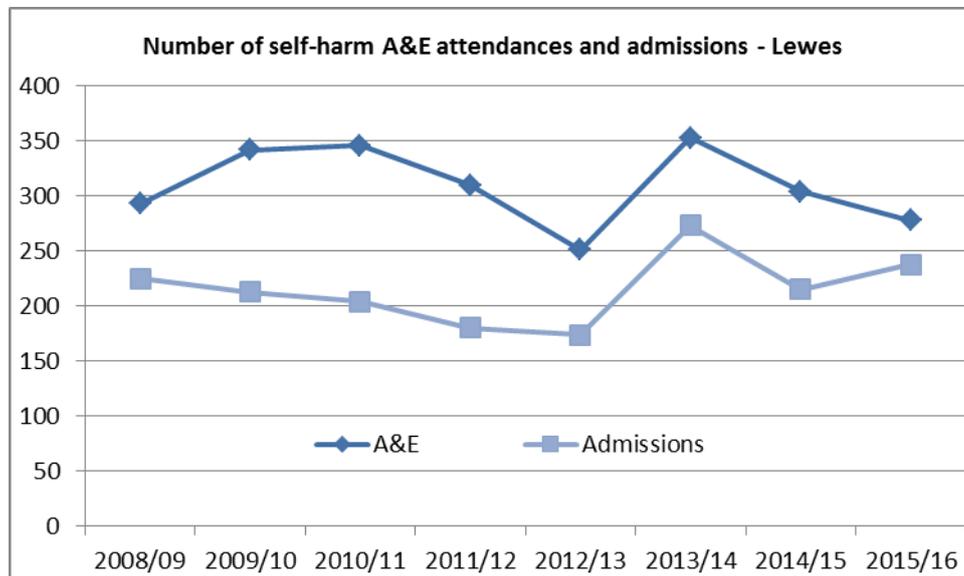
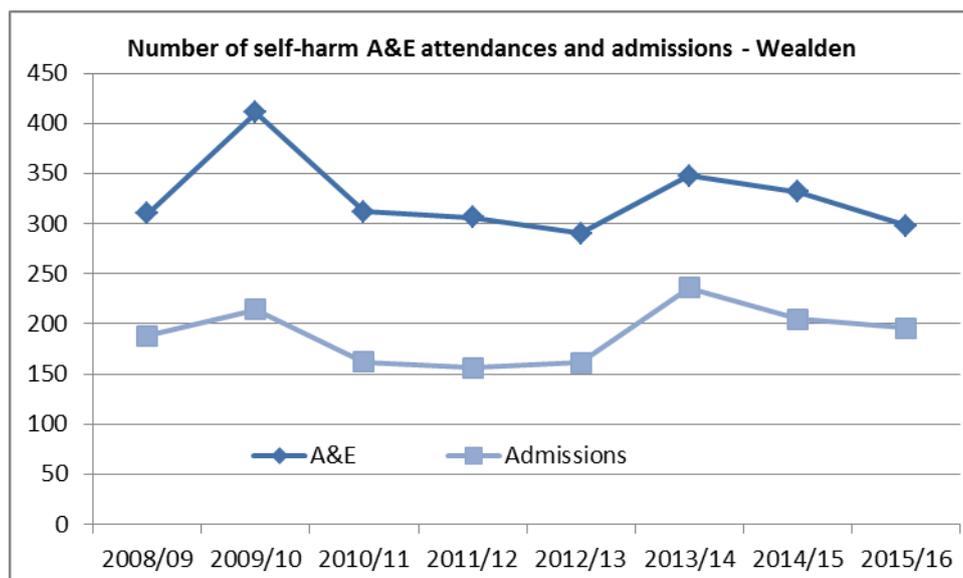


Figure 12: Number of A&E attendances and admissions for self-harm in Wealden, 2008/09 – 2015/16



Over the 8-year period 2008/09 – 2015/16 in Eastbourne there were 2.7 A&E attendances due to self-harm for every self-harm admission, compared to 1.4 in Lewes. In the most recent 3-year data period (2013/14 – 2015/16) it was 2.3 in Eastbourne compared to 1.0 in both Hastings and Rother (table 3).

Table 3: Ratio of self-harm attendances to admissions by district and borough

	8 years 2008/09 to 2015/16	3 years 2013/14 to 2015/16
	Ratio of attendances to admissions	Ratio of attendances to admissions
Eastbourne	2.7	2.3
Hastings	1.5	1.0
Lewes	1.4	1.3
Rother	1.6	1.0
Wealden	1.7	1.5

Figures 13-15 show that Eastbourne has a significantly higher A&E attendance rate compared to the other districts/boroughs. The significantly higher rate (per 10,000 population) of A&E attendances, compared to admissions, for self-harm in Eastbourne is seen across the three broad age bands, although it reduces with age; the rate of A&E attendances is three times that of the admission rate in 15-29 year olds and approximately twice as high in the 30-49 year olds.

Hastings has the highest admission rates across all three age groups, significantly higher than Wealden and also significantly higher than Rother for persons aged 30-49 years (figure 13-15).

Figure 13: Rate of self-harm A&E attendances and admissions by district and borough, 15-29 year olds, 2013/14 – 2015/16

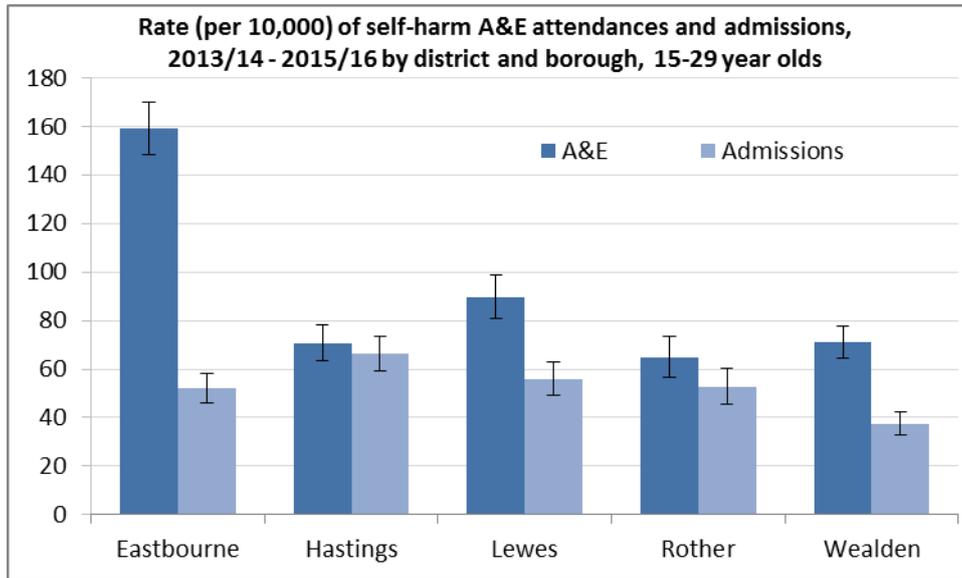


Figure 14: Rate of self-harm A&E attendances and admissions by district and borough, 30-49 year olds, 2013/14 – 2015/16

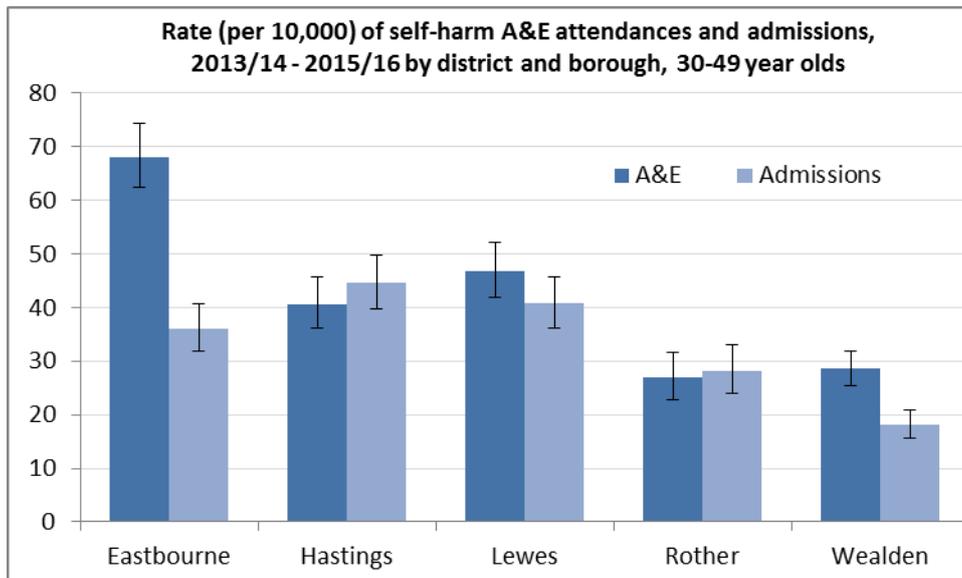


Figure 15: Rate of self-harm A&E attendances and admissions by district and borough, persons 50 years or over, 2013/14 – 2015/16

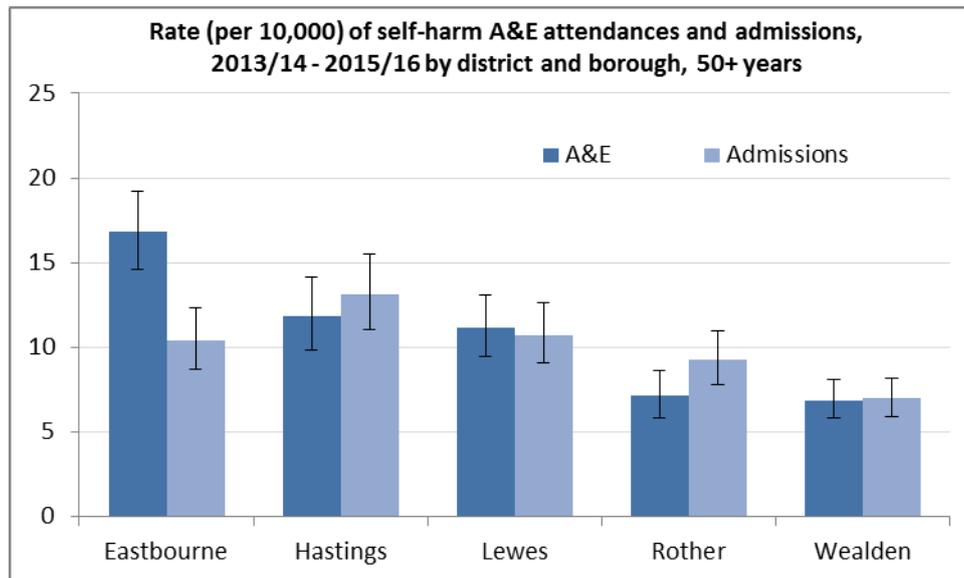


Figure 16 looks at the difference in A&E attendance and admissions for self-harm in the two hospitals in East Sussex Healthcare Trust. The picture at EDGH reflects that for Eastbourne residents, in that there is a big difference between the two whereas at the Conquest this difference disappears in 2013/14 and the admission rate exceeds the A&E attendance rate.

Figure 16: Numbers of A&E attendance and admission for self-harm at EDGH and the Conquest, 2008/09 – 2015/16

