

TIIG Cumbria Themed Report

Deliberate Self-Harm across Cumbria (January to December 2013)



Karen A Critchley and Mark Whitfield

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Centre for Public Health

Trauma and Injury Intelligence Group

Faculty of Education, Health and Community

Liverpool John Moores University

2nd Floor, Henry Cotton Building

15-21 Webster Street

Liverpool

L3 2ET

Tel: 0151 231 4498

Fax: 0151 231 4552

Email: k.a.critchley@ljmu.ac.uk

Web: www.tiig.info and www.cph.org.uk

Twitter: www.twitter.com/tiig_cph

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SUMMARY AND KEY FINDINGS

- Between January and December 2013, there were 2,009 emergency department (ED) attendances due to injuries inflicted by deliberate self-harm. Of these, 1,917 were residents of Cumbria (95%).
- Half (50%) of self-harm attendances across Cumbria were to Cumberland Infirmary in Carlisle.
- Almost two-fifths (39%) of attendees were from Carlisle local authority, while just under one-fifth were from Allerdale and Copeland local authorities (19% each).
- Crude rates per 10,000 population presenting with deliberate self-harm injuries in 2013 were significantly worse for those from Carlisle and Copeland local authorities compared to the average for Cumbria.
- There were 1,051 ambulance call outs across Cumbria for psychiatric/suicide attempt between January and December 2013, with call outs highest in Carlisle local authority. The crude rates of call outs to Barrow-in-Furness and Carlisle local authorities were significantly worse than the Cumbria average.
- There were more females than males presenting to an ED with deliberate self-harm injuries in 2013 (55% of all attendances; 56% of Cumbria residents), however there were more ambulance call outs for males (52%).
- Patients aged between 30 and 59 years accounted for the largest proportion of ED attendances (53%) and ambulance call outs (58%).
- ED attendances and ambulance call outs peaked in the summer months (June, July and August), although ambulance call outs were highest in December 2013.
- The primary injury location was in the home (75% of all attendances; 77% of Cumbria residents).
- Over three-fifths (61%) were referred to the ED by the emergency services and 71% arrived by ambulance.
- Forty-five per cent of self-harm attendees were admitted into hospital.

INTRODUCTION

Nationally, deliberate self-harm is a significant public and social health concern. According to the National Institute for Health and Care Excellence (NICE), the UK now has one of the highest rates of people who self-harm in Europe, with around 220,000 patients presenting at emergency departments (EDs) with injuries caused by self-harm each year¹. At a local level, Hospital Episode Statistics reported 1,136 hospital admissions to Cumbria EDs in 2010/11 which were due to deliberate self-harm. At a rate of 265.6 (confidence intervals [CIs]: 250.1 to 281.9) per 100,000 population, this is significantly worse when compared to the average for England (212.0 [CI 210.8 to 213.3] per 100,000 population)². Furthermore, Public Health England reported the suicide rate for Cumbria in 2010-12 as 10.3 (CI 8.8 to 12.1) per 100,000 population, which is also significantly worse than the England average (8.5 [CI 8.3 to 8.6] per 100,000 population)³.

Injuries sustained by deliberate self-harm are categorised as intentional injuries⁴. NICE defines self-harm as “*any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation*”⁵. This report provides an indication of the burden of deliberate self-harm on health services and residents of Cumbria in 2013. It can be used by local partners to inform prevention strategies and to support local work in relation to the Public Health Outcomes Framework (PHOF)^A.

METHODS

The following data were extracted from the Trauma and Injury Intelligence Group (TIIG) Injury Surveillance System:

- Deliberate self-harm injury attendances to EDs across Cumbria^B between January and December 2013; and,
- Ambulance call outs across Cumbria between January and December 2013, categorised by psychiatric/suicide attempt (sourced through the North West Ambulance Service [NWAS]).

Data were analysed to explore and report on the extent of deliberate self-harm across Cumbria in 2013. Figures do not relate to individuals, but to the number of attendances and the number of ambulance call outs; for example, an individual could present to an ED more than once during the twelve-month period but all attendances made by the individual have been included in the analyses.

Where figures have been presented for Cumbria residents, this is based on the postcode of residency, where complete and correct. Crude rates were calculated for each local authority and Middle Layer Super Output Area (MSOA)^C per 10,000 resident population across Cumbria (using Office for National Statistics mid-2012 population estimates). To identify where there were significant differences between areas, 95% confidence intervals (CIs)^D were calculated. A full list of the number, crude rate and

^A For more information on the Public Health Outcomes Framework, visit: www.phoutcomes.info.

^B There are three hospitals in Cumbria which provide Accident and Emergency services: Cumberland Infirmary, Carlisle; Furness General Hospital, Barrow-in-Furness; and, West Cumberland Hospital, Whitehaven.

^C Super Output Areas (SOAs) are used in the reporting of small area statistics, broken down into Lower Layer Super Output Areas (LSOAs) and Middle Layer Super Output Areas (MSOAs); for more information visit: <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html>

^D Confidence intervals (CIs) are a range of values indicating the uncertainty there is around the estimation of a calculated rate; the wider the CI, the more uncertainty there is. CIs are normally calculated at a 95% confidence level, representing the range in which the true population value will lie 95 out of 100 times⁶.

CIs for each MSOA of residency and ambulance call out location are available in Appendices 1-2. Maps have been created using *InstantAtlas* software to illustrate these crude rates.

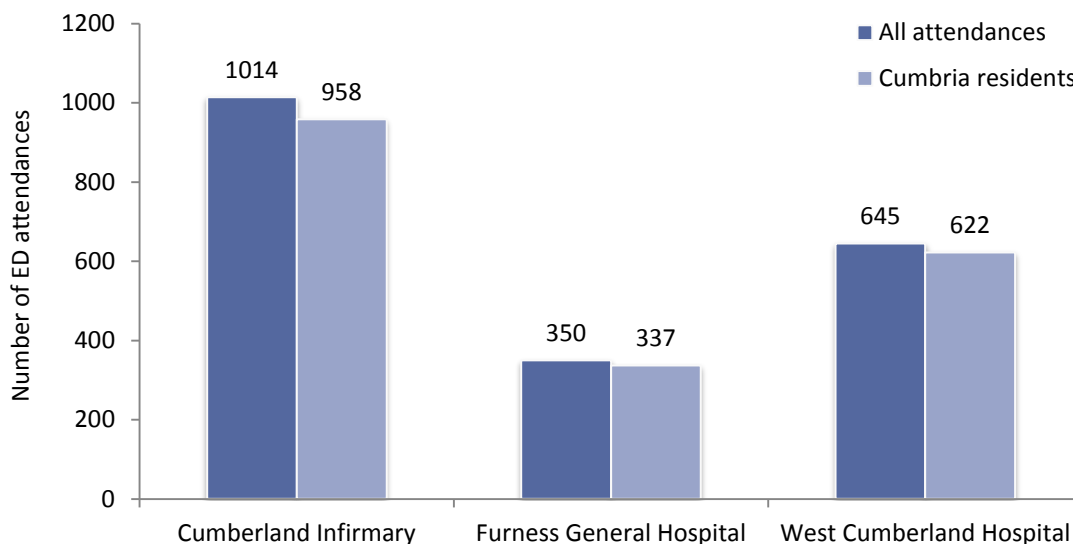
For all tables, numbers less than five have been suppressed (with ***) in line with patient confidentiality. If there is only one number less than five in a category then a second number has been suppressed to prevent back calculations from totals. Percentages may not add up to 100% due to rounding.

NUMBER OF DELIBERATE SELF-HARM ED ATTENDANCES

Between January and December 2013, there were 2,009 attendances to the three emergency departments (EDs) in Cumbria due to injuries sustained by deliberate self-harm. Of these, 1,917 were residents of Cumbria (95%).

Figure 1 illustrates the number of self-harm injury attendances to each department. Half (50%) of all self-harm attendances in Cumbria were to Cumberland Infirmary, while under a third (32%) attended West Cumberland Hospital and 17% to Furness General Hospital.

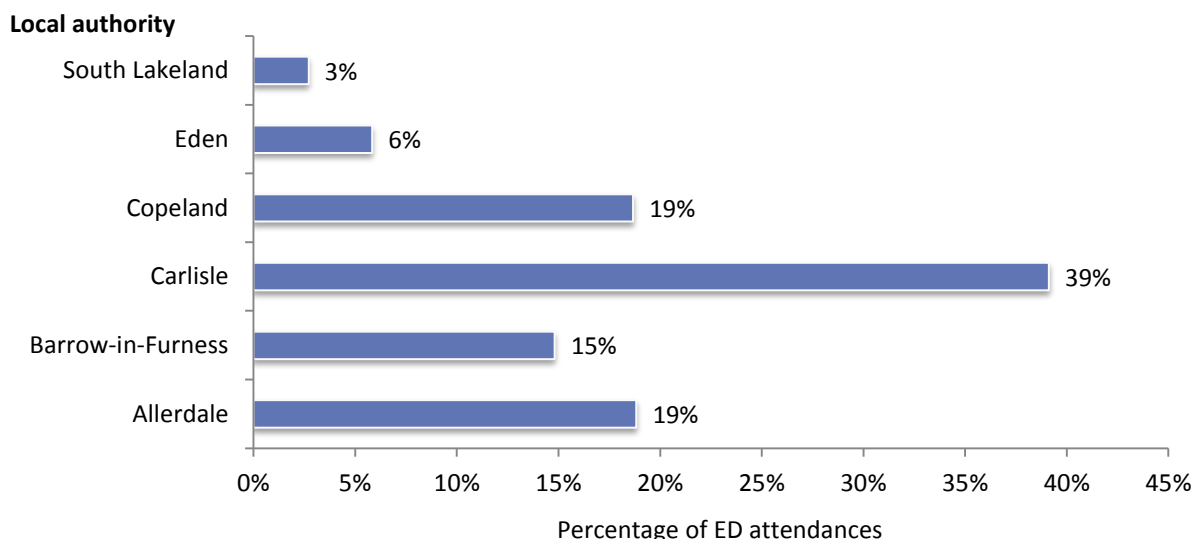
Figure 1: ED attendances for deliberate self-harm injuries by hospital, January to December 2013



AREA OF RESIDENCY OF DELIBERATE SELF-HARM ED ATTENDANCES

Figure 2 demonstrates the local authority of residence of the deliberate self-harm injury attendees in 2013. Almost two-fifths (39%) of attendees were resident in Carlisle local authority (n=750) while just under one-fifth were from Allerdale (n=361) and Copeland (n=358) local authorities (both 19%).

Figure 2: ED attendances for deliberate self-harm injuries by local authority of residence (Cumbria residents), January to December 2013



ED attendances (Cumbria residents) = 1,917.

Crude rates per 10,000 resident population of deliberate self-harm injury attendances have been calculated and presented in Table 1. The crude rate of Cumbria residents attending an ED with injuries sustained by self-harm was 38.4 (CI 36.7 to 40.2) per 10,000 population. Carlisle and Copeland local authorities were significantly worse than the average for Cumbria, and Eden and South Lakeland local authorities were significantly better. There were no significant differences in the crude rates for Allerdale and Barrow-in-Furness local authorities.

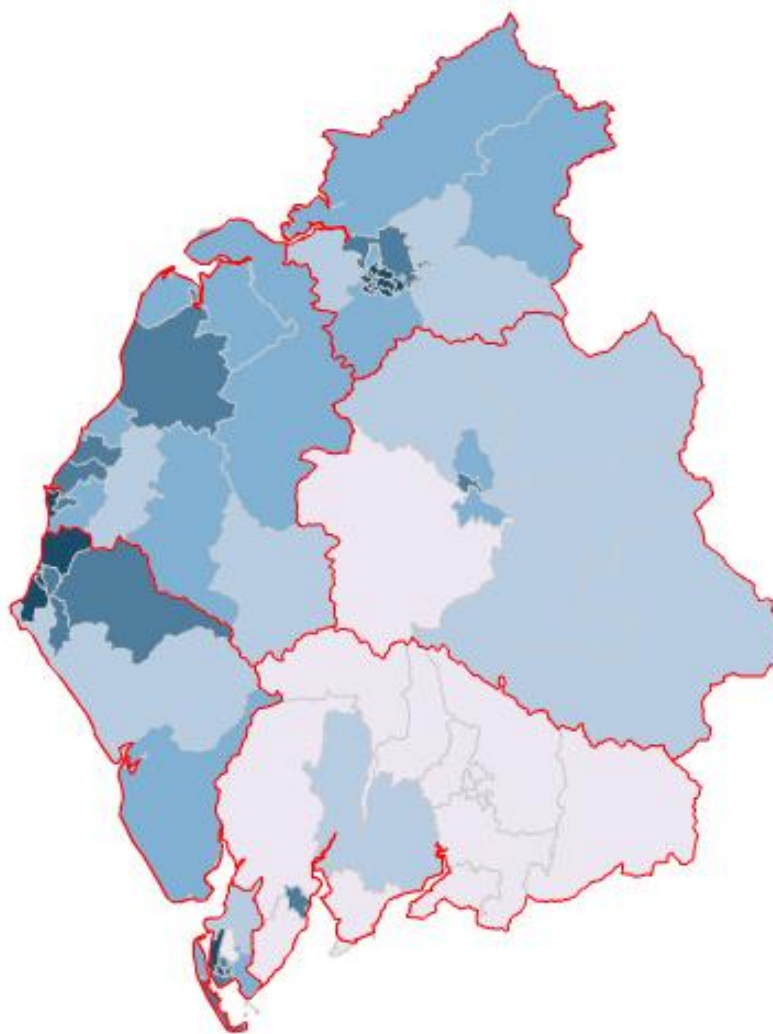
Table 1: Number and crude rates per 10,000 resident population of ED attendances for deliberate self-harm injuries by local authority of residency (Cumbria residents), January to December 2013

Local authority	n	Crude rate per 10,000	95% confidence interval	
			Lower limit	Upper limit
Allerdale	361	37.5	33.7	41.6
Barrow-in-Furness	284	41.5	36.8	46.6
Carlisle	750	69.5	64.6	74.6
Copeland	358	50.9	45.8	56.5
Eden	112	21.3	17.5	25.6
South Lakeland	52	5.0	3.8	6.6
Cumbria	1917	38.4	36.7	40.2

Map 1 illustrates the crude rates per 10,000 resident population of the MSOA of Cumbria residents for self-harm attendances, overlaid by local authority boundaries. Fourteen out of the 64 MSOAs were significantly worse than the average for Cumbria (22%); rates were highest in Carlisle 006, Carlisle 012, Copeland 002, Carlisle 010 and Barrow-in-Furness 008^E.

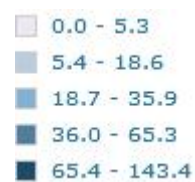
^E See Appendix 1 for a full list of the number, crude rate and CIs for each MSOA in Cumbria.

Map 1: Crude rates per 10,000 resident population of ED attendances for deliberate self-harm injuries by MSOA of residency, overlaid by local authority boundaries (Cumbria residents), January to December 2013



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Key (rate per 10,000 population):



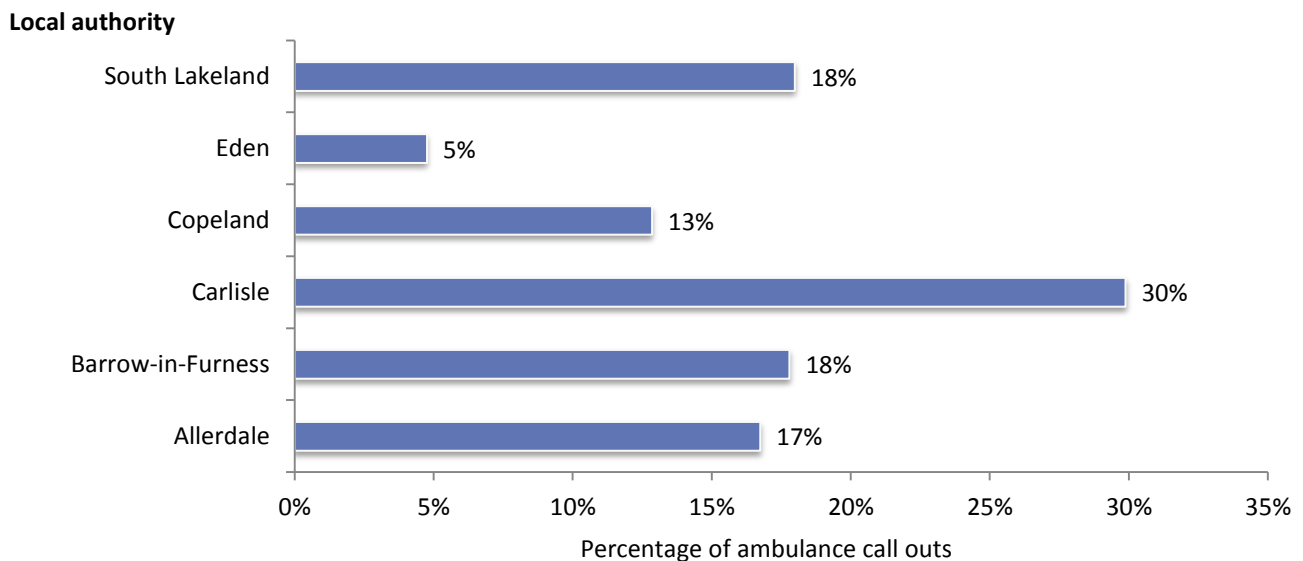
Five highest crude rates per 10,000 population (ED attendances)

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02003992	Carlisle 006	126	143.4	119.5	170.7
E02003998	Carlisle 012	94	137.4	111.0	168.2
E02004001	Copeland 002	68	122.8	95.3	155.6
E02003996	Carlisle 010	117	118.3	97.8	141.8
E02003984	Barrow-in-Furness 008	74	109.0	85.6	136.9
Cumbria		1917	38.4	36.7	40.2

LOCATION OF AMBULANCE CALL OUTS FOR PSYCHIATRIC/SUICIDE ATTEMPT

Between January and December 2013, there were 1,051 ambulance call outs across Cumbria for psychiatric/suicide attempt. Figure 3 illustrates the local authority of the call out location^F. Carlisle local authority had the highest number of ambulance call outs (n=314; 30%); slightly smaller than the proportion of Carlisle residents presenting at an ED with deliberate self-harm injuries (39%). There were 189 call outs to South Lakeland (18%), which is considerably higher than the proportion of ED attendees resident in South Lakeland (3%).

Figure 3: Ambulance call outs for psychiatric/suicide attempt by local authority of the call out location, January to December 2013



Ambulance call outs = 1,051.

Table 2 presents the crude rates per 10,000 resident population of ambulance call outs for psychiatric/suicide attempt in 2013. The crude rate of ambulance call outs across Cumbria was 21.1 (CI 19.8 to 22.4) per 10,000 population. Barrow-in-Furness and Carlisle local authorities were significantly worse than the average for Cumbria, and the crude rate of call outs in Eden was significantly better. There were no significant differences in the rates for Allerdale, Copeland and South Lakeland local authorities.

^F NWAS reports on the location of where the ambulance was requested to; it should be noted that this may not be the same location as where the incident occurred nor in the locality of where the patient resides; therefore the number of ambulance call outs is not an injury location or residence-based measure.

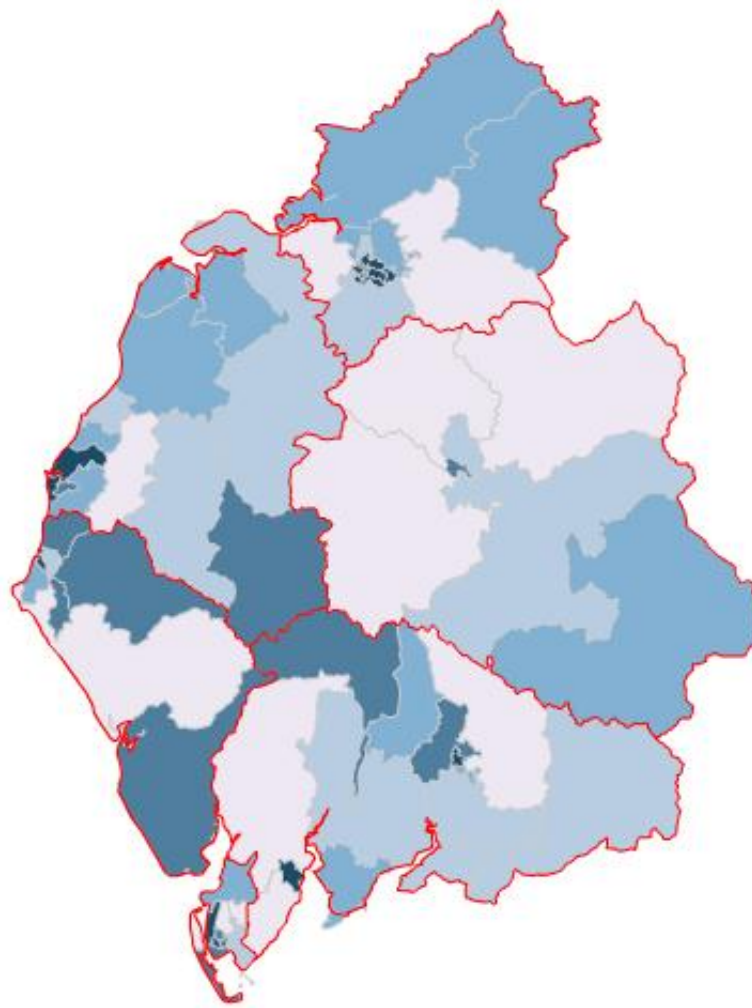
Table 2: Number and crude rates per 10,000 resident population of ambulance call outs for psychiatric/suicide attempt by local authority of call out location, January to December 2013

Local authority	n	Crude rate per 10,000	95% confidence interval	
			Lower limit	Upper limit
Allerdale	176	18.3	15.7	21.2
Barrow-in-Furness	187	27.3	23.5	31.5
Carlisle	314	29.1	26.0	32.5
Copeland	135	19.2	16.1	22.7
Eden	50	9.5	7.0	12.5
South Lakeland	189	18.3	15.8	21.1
Cumbria	1051	21.1	19.8	22.4

Crude rates per 10,000 resident population of ambulance call out for psychiatric/suicide attempt (by MSOA of call-out location) are illustrated in Map 2. Thirteen out of the 64 MSOAs were significantly worse than the Cumbria average (20%); rates were highest in Barrow-in-Furness 008, Carlisle 010, Carlisle 006, South Lakeland 004 and Carlisle 012⁶.

⁶ See Appendix 2 for a full list of the number, crude rate and CIs for each MSOA in Cumbria.

Map 2: Crude rates per 10,000 resident population of ambulance call outs for psychiatric/suicide attempt by MSOA of call out location, overlaid by local authority boundaries, January to December 2013



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Key (rate per 10,000 population):

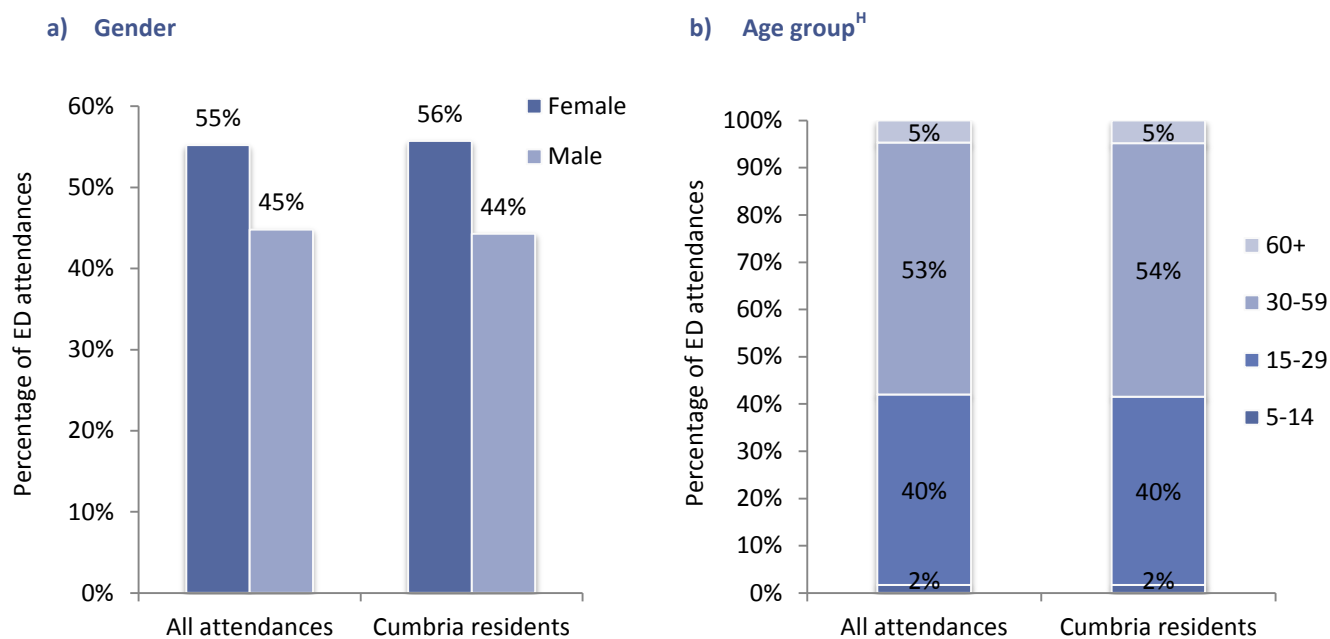
- 1.7 - 6.5
- 6.6 - 10.0
- 10.1 - 16.9
- 17.0 - 39.3
- 39.4 - 106.1

Five highest crude rates per 10,000 population (ambulance call outs)

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02003984	Barrow-in-Furness 008	72	106.1	83.0	133.6
E02003996	Carlisle 010	68	68.8	53.4	87.2
E02003992	Carlisle 006	53	60.3	45.2	78.9
E02004018	South Lakeland 004	47	57.3	42.1	76.2
E02003998	Carlisle 012	37	54.1	38.1	74.5
Cumbria		1051	21.1	19.8	22.4

The gender and age groups of patients attending an ED in Cumbria with injuries sustained from deliberate self-harm are presented in Figure 4. In the twelve-month period, there were more females than males (females: all attendances = 1,109; 55%; Cumbria residents = 1,068; 56%) (Figure 4a). Attendees aged between 30 and 59 years accounted for the highest proportion of deliberate-self harm injury attendances (all attendances = 1,072; 53%; Cumbria residents = 1,029; 54%), while two-fifths (40%) were aged between 15 and 29 years (all attendances = 809; Cumbria residents = 764) (Figure 4b).

Figure 4: ED attendances for deliberate self-harm injuries by gender and age group, January to December 2013



ED attendances: All attendances = 2,009; Cumbria residents = 1,917.

Table 3 presents the age group and gender of Cumbria residents only attending EDs for deliberate self-harm by five-year age categories. The largest proportion of Cumbria residents attending an ED for deliberate self-harm were aged between 20 and 24 years (15%). Those aged between 15 and 19 years and between 40 and 44 years each accounted for 13% of attendances, followed by 12% aged between 25 and 29 years. For females, the largest proportions of self-harm attendees were aged between 15 and 19 years (16%) and between 40 and 44 years (15%). The largest proportion of males were aged between 20 and 24 years (17%).

^H There were no ED attendances which fell into the 0-4 years category.

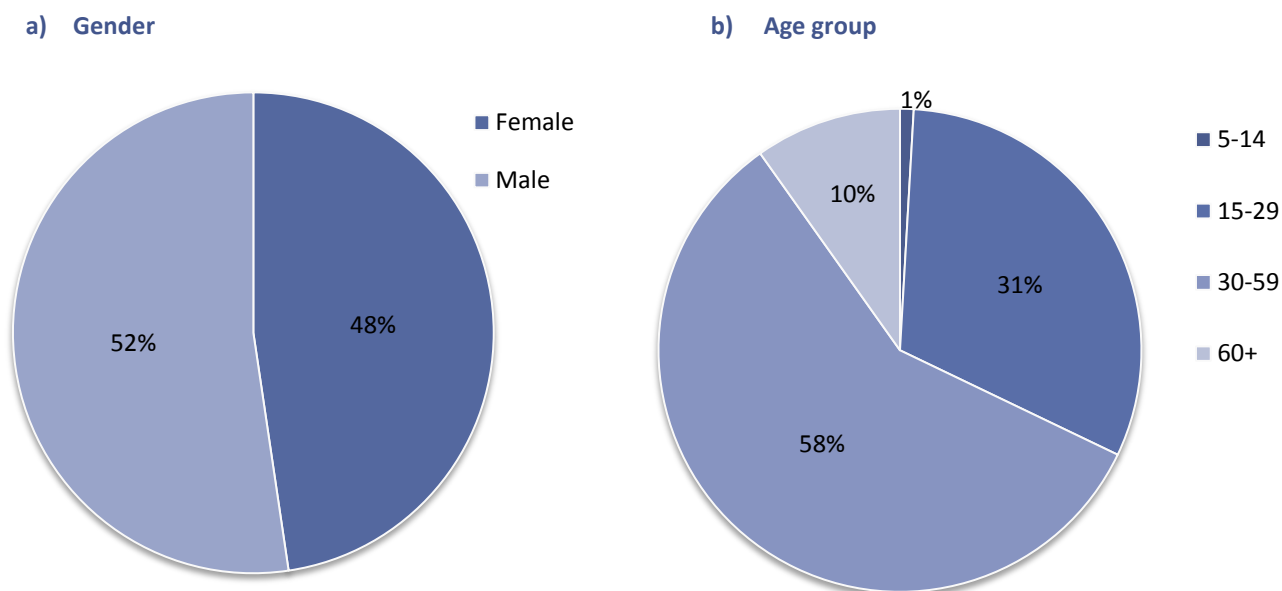
Table 3: ED attendances for deliberate self-harm injuries by gender and five-year age groups (Cumbria residents), January to December 2013¹

Age group	Female		Male		Total	
	n	%	n	%	n	%
10-14	<30	3%	***	<1%	32	2%
15-19	176	16%	71	8%	247	13%
20-24	140	13%	145	17%	285	15%
25-29	122	11%	110	13%	232	12%
30-34	103	10%	99	12%	202	11%
35-39	77	7%	96	11%	173	9%
40-44	159	15%	87	10%	246	13%
45-49	104	10%	95	11%	199	10%
50-54	66	6%	62	7%	128	7%
55-59	46	4%	35	4%	81	4%
60-64	16	1%	32	4%	48	3%
65-69	10	1%	7	1%	17	1%
70-74	<15	1%	***	<1%	15	1%
75+	<10	1%	***	<1%	12	1%
Total	1068	100%	849	100%	1917	100%

The patient demographics of ambulance call outs across Cumbria for psychiatric/suicide attempt are shown in Figure 5. In contrast to the ED attendances for self-harm, there were more males than females, with over half (52%) of the ambulance call outs for psychiatric/suicide attempt for male patients (n=547) (Figure 5a). As with the ED attendances, patients aged between 30 and 59 years (n=573) accounted for the largest proportion of ambulance call outs, however with a slightly higher percentage (58%). Over three in ten (31%) call outs were to patients aged between 15 and 29 years (n=308) (Figure 5b).

¹ There were no ED attendances which fell into the 0-4 and 5-9 years categories.

Figure 5: Ambulance call outs for psychiatric/suicide attempt by gender and age group, January to December 2013¹



Ambulance call outs = 1,051.

Table 4 presents five-year age categories alongside gender. The largest proportions of ambulance call outs for psychiatric/suicide attempt in Cumbria were for patients aged between 20 and 24 years and between 40 and 44 years (12% each). The largest proportion of females were aged between 40 and 44 years (14%) followed by 13% aged between 20 and 24 years. For males, the largest proportions were aged between 35 and 39 years (13%) and between 25 and 29 years (12%).

¹ There were six patients where the gender was unknown and 64 patients where the age was unknown; these have been omitted from Figure 5. There were no call outs which fell into the 0-4 years category.

Table 4: Ambulance call outs for psychiatric/suicide attempt by gender and five-year age groups January to December 2013^K

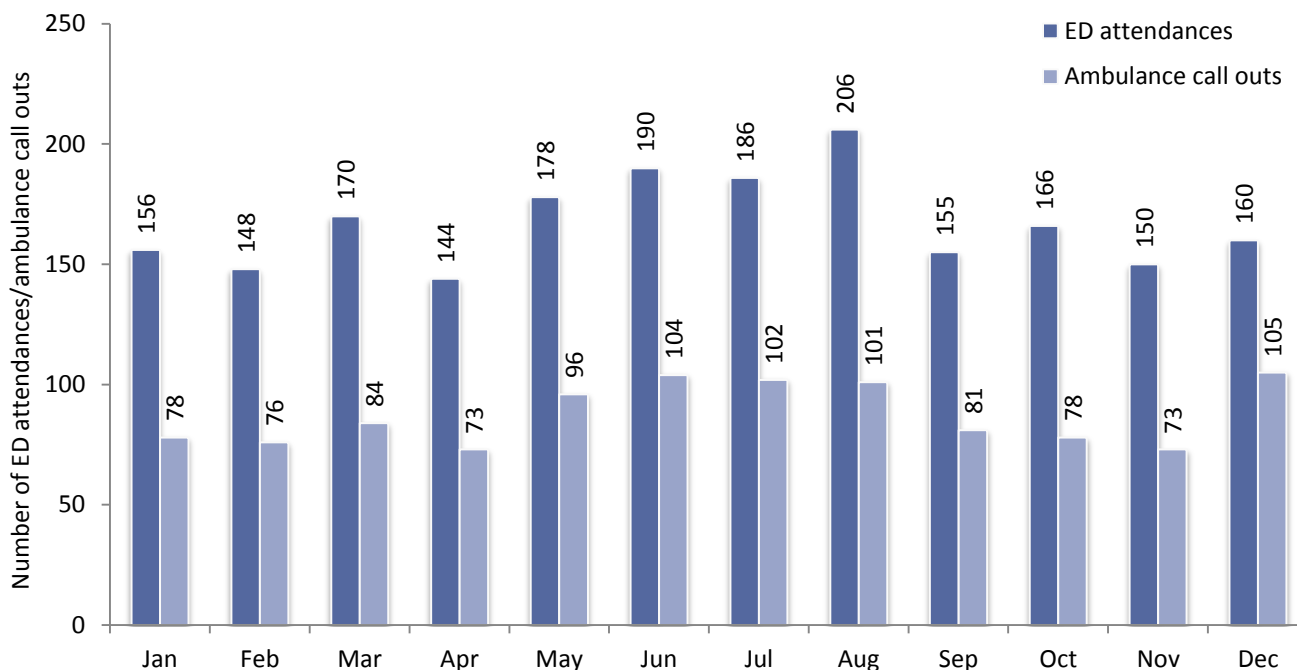
Age group	Female		Male		Total	
	n	%	n	%	n	%
10-14	9	2%	0	-	9	1%
15-19	43	9%	30	5%	73	7%
20-24	63	13%	62	11%	125	12%
25-29	47	9%	63	12%	110	10%
30-34	41	8%	58	11%	99	9%
35-39	35	7%	73	13%	108	10%
40-44	71	14%	60	11%	131	12%
45-49	41	8%	50	9%	91	9%
50-54	33	7%	61	11%	94	9%
55-59	26	5%	24	4%	50	5%
60-64	15	3%	11	2%	26	2%
65-69	9	2%	7	1%	16	2%
70-74	<15	2%	***	<1%	13	1%
75+	<25	4%	<25	4%	42	4%
Total	498	100%	547	100%	1051	100%

DATE AND TIME OF ED ATTENDANCES AND AMBULANCE CALL OUTS

Figure 6 shows that between January and December 2013, the month with the highest number of ED attendances owing to deliberate self-harm was August (10%), followed by June and July (9% each). The months with the highest number of ambulance call outs across Cumbria for psychiatric/suicide attempt was December, June, July and August (all 10%).

^K There were six patients where the gender was unknown and 64 patients where the age was unknown; these have been included in the totals. There were no call outs which fell into the 0-4 and 5-9 years categories.

Figure 6: ED attendances for deliberate self-harm injuries and ambulance call outs for psychiatric/suicide attempt by month, January to December 2013



The day of the week with the highest number of deliberate self-harm ED attendances was Monday (16%). Likewise, the highest proportion of ambulance call outs for psychiatric/suicide attempt was also Monday (16%) (Figure 7).

Figure 7: ED attendances for deliberate self-harm injuries and ambulance call outs for psychiatric/suicide attempt by day, January to December 2013

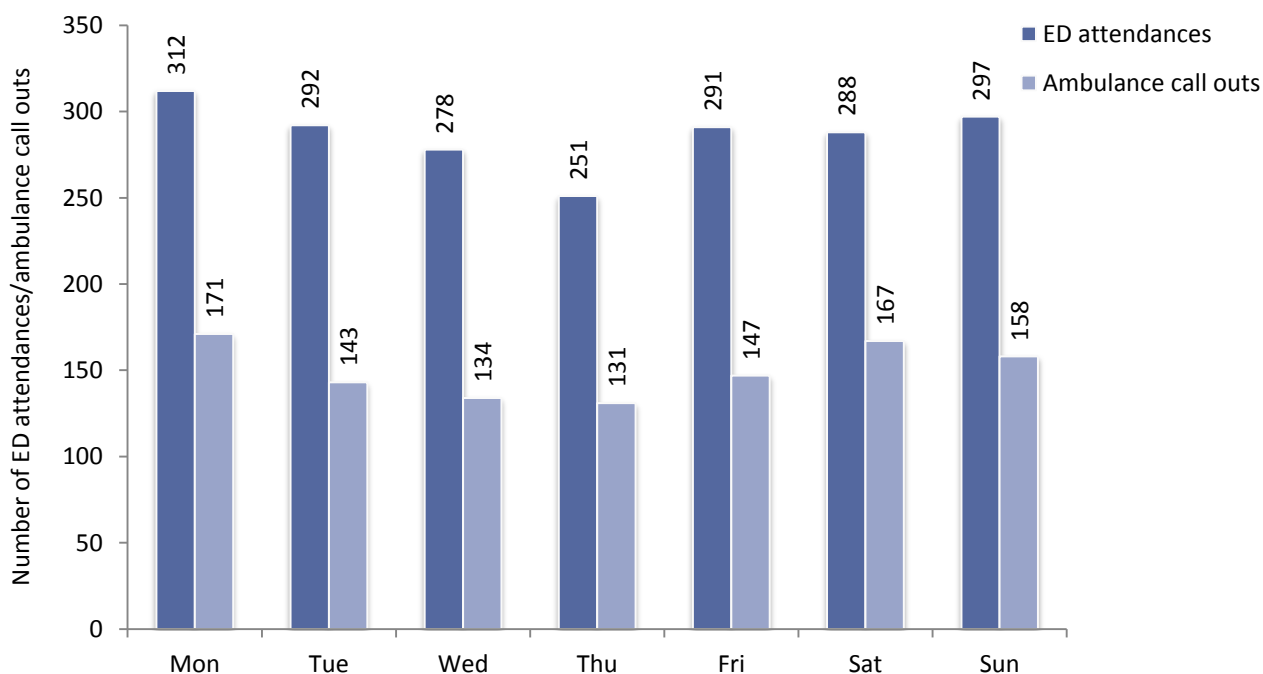
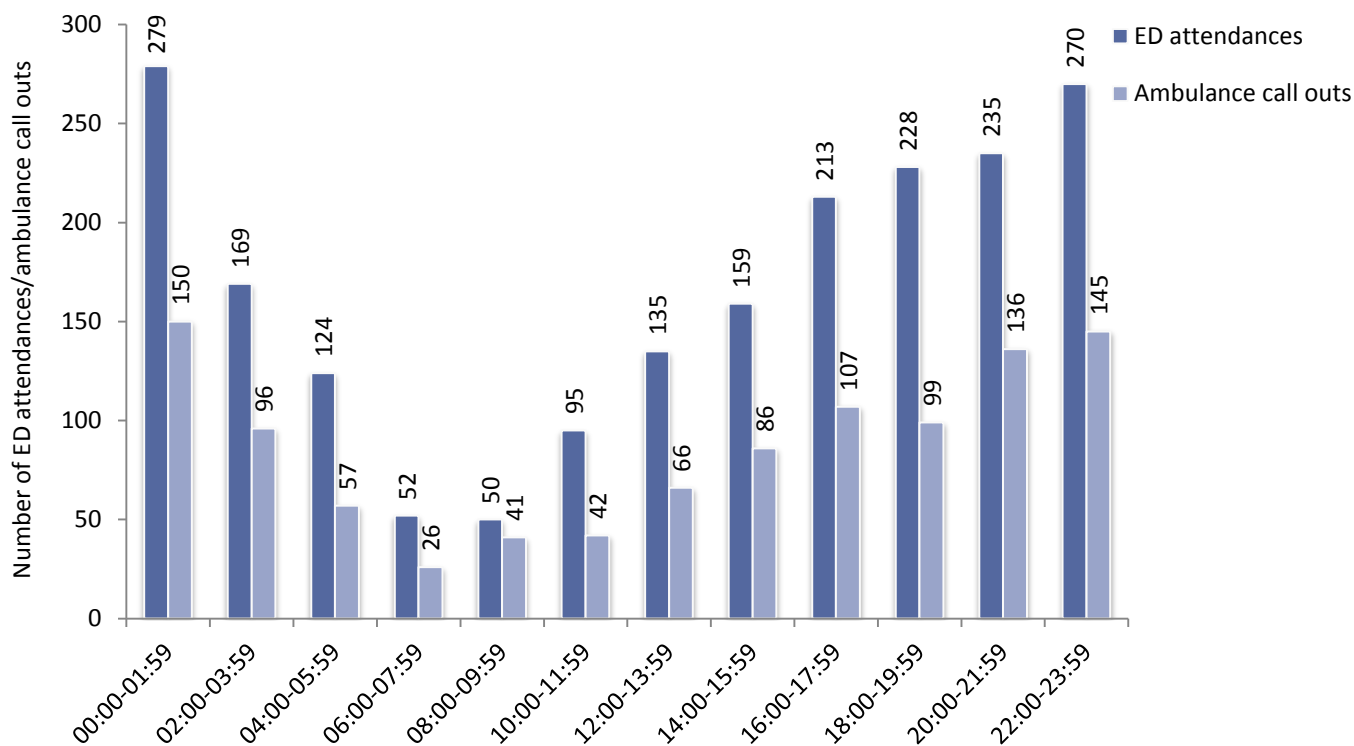


Figure 8 shows the time group of ED attendances due to deliberate self-harm and ambulance call outs for psychiatric/suicide attempt. ED attendances peaked between 00:00 and 01:59 (14%) and between 22:00 and 23:59 (13%). Similarly, ambulance call outs peaked between 22:00 and 23:59 and between 00:00 and 01:59 (14% each).

Figure 8: ED attendances for deliberate self-harm injuries and ambulance call outs for psychiatric/suicide attempt by time group, January to December 2013



INJURY LOCATION

ED attendance data shows that the majority of deliberate self-harm injuries were sustained in the home (all attendances = 75%; Cumbria residents = 77%) (Table 5).

Table 5: ED attendances for deliberate self-harm injuries by incident location, January to December 2013

Location	All attendances		Cumbria residents	
	n	%	n	%
Home	1514	75%	1481	77%
Other	413	21%	362	19%
Public place	67	3%	59	3%
Educational establishment	<15	1%	<15	1%
Work	***	<1%	***	<1%
Total	2009	100%	1917	100%

REFERRAL SOURCE AND ARRIVAL MODE

Table 6 illustrates the source of referral and arrival mode to the ED for self-harm injury attendances. Overall, over three-fifths (61%) of patients were referred by the emergency services, with exactly three in five (60%) Cumbria residents also referred to the ED by the emergency services. Just under three in ten (all attendances and Cumbria residents = 29%) attendees self-referred. The majority (all attendances and Cumbria residents = 71%) of self-harm attendees arrived by ambulance.

Table 6: ED attendances for deliberate self-harm injuries by referral source and arrival mode, January to December 2013

Referral source	All attendances		Cumbria residents	
	n	%	n	%
Emergency services	1216	61%	1159	60%
Self-referral	578	29%	553	29%
Police	80	4%	75	4%
Other	51	3%	49	2%
General medical practitioner	46	2%	46	2%
Health care provider: same or other	<40	2%	<35	2%
Educational establishment	***	<1%	***	<1%
Total	2009	100%	1917	100%
Arrival mode	All attendances		Cumbria residents	
	n	%	n	%
Ambulance	1425	71%	1363	71%
Other	470	23%	447	23%
By foot	<115	6%	<110	6%
Helicopter	***	<1%	***	<1%
Total	2009	100%	1917	100%

PATIENT DISPOSAL

The disposal method can provide an indication of the severity of injuries sustained. Over two in five (45%) patients were admitted to hospital, while under a quarter (23%) required a follow-up or referral for further treatment. Over one-fifth of attendees were discharged from the ED with no follow-up treatment required (all attendances = 22%; Cumbria residents = 21%) (Table 7).

Table 7: ED attendances for deliberate self-harm injuries by disposal method, January to December 2013

Disposal method		All attendances		Cumbria residents	
		n	%	n	%
Admitted	Admitted to hospital bed/became a lodged patient of the same health care provider	899	45%	861	45%
Discharged	Discharged – did not require any follow-up treatment	433	22%	411	21%
Follow-up/ referral	Discharged – follow-up treatment to be provided by general practitioner	110	5%	104	5%
	Follow-up within ED	***	<1%	***	<1%
	Referred to ED clinic	10	<1%	9	<1%
	Referred to other health care professional	295	15%	282	15%
	Referred to other out-patient clinic	9	<1%	9	<1%
Other	Transferred to other health care provider	41	2%	38	2%
	Died in department	***	<1%	***	<1%
	Left department before being treated	137	7%	134	7%
	Left department having refused treatment	38	2%	35	2%
	Other	32	2%	29	2%
Total		2009	100%	1917	100%

Table 8 illustrates the disposal by age group and gender for Cumbria residents only. Under half (47%) of females were admitted to hospital, while just under a quarter (24%) were referred for further treatment and one-fifth (20%) discharged with no follow-up treatment required. The proportions of these figures were similar for females aged between 15 and 29 years and between 30 and 59 years. There were some differences for patients aged between five and 14 years and 60 years and above; over seven in ten (71%) 5-14 year old females and fewer than three in five (57%) females aged 60 years and above were admitted to hospital. However, there were low numbers of attendances in these age groups.

In comparison, there were slightly smaller proportions of males admitted to hospital (42%) and referred for follow-up treatment (22%), and a higher proportion discharged with no follow-up treatment required (24%) (Table 8). These proportions were similar to those aged between 30 and 59, however with a slightly higher proportion admitted to hospital (45%). Under two-fifths (37%) of males aged between 15 and 29 years were admitted to hospital, while under three in ten (27%) were discharged with no follow-up treatment required and a quarter (25%) who required follow-up treatment.

Table 8: ED attendances for deliberate self-harm injuries by disposal method, age group and gender (Cumbria residents), January to December 2013^L

Disposal method	Age group									
	5-14		15-29		30-59		60 plus		Total	
	n	%	n	%	n	%	n	%	n	%
	Females									
Admitted	20	71%	197	45%	258	46%	27	57%	502	47%
Discharged	***	11%	93	21%	110	20%	***	9%	210	20%
Follow-up/referral	***	14%	108	25%	130	23%	<15	28%	255	24%
Other	***	4%	40	9%	57	10%	***	6%	101	9%
Total	28	100%	438	100%	555	100%	47	100%	1068	100%
	Males									
Admitted	***	75%	119	37%	213	45%	<25	53%	359	42%
Discharged	0	-	88	27%	106	22%	7	16%	201	24%
Follow-up/referral	***	25%	80	25%	97	20%	13	29%	<195	22%
Other	0	-	39	12%	58	12%	***	2%	<100	12%
Total	***	100%	326	100%	474	100%	<50	100%	849	100%

Table 9 illustrates the transfer description of psychiatric/suicide attempt ambulance call outs. The majority (61%) of call outs resulted in the patient being transferred to an ED within Cumbria. Of these transfers, 44% were taken to Cumberland Infirmary, while three in ten (30%) were transferred to Furness General Hospital and over a quarter (27%) taken to West Cumberland Hospital.

^L 'Other' includes died in department, left department before being treated, left department having refused treatment and other.

Table 9: Ambulance call outs for psychiatric/suicide attempt by transfer description and ED attended, January to December 2013^M

Transfer description	n	%
Transferred to ED within Cumbria	639	61%
No transfer	300	29%
Transferred outside Cumbria	58	6%
Transferred to other health care provider within Cumbria	54	5%
Total	1051	100%
ED transferred to	n	%
Cumberland Infirmary	279	44%
Furness General Hospital	190	30%
West Cumberland Hospital	170	27%
Total	639	100%

^M 'Transferred to other health care provider' includes other hospitals without an ED, walk-in centres and other health care providers; 'Transferred outside North West' includes EDs and other health care providers outside of the North West of England.

The following sections of this report explore deliberate self-harm emergency department (ED) attendances and ambulance call outs for psychiatric/suicide attempt by each local authority across Cumbria.

ALLERDALE

There were 361 deliberate self-harm ED attendances made by residents of Allerdale local authority in 2013, which accounted for 19% of attendances made by Cumbria residents. Overall, there were more females than males (females=193; 54%) and over half (51%) were aged between 30 and 59 years, followed by two-fifths (40%) aged between 15 and 29 years (Table 10). Males aged between 30 and 59 years accounted for the largest proportion of attendees from Allerdale local authority (n=93), followed by 30-59 year old females (n=91).

Just under half (47%) of Allerdale residents presenting with self-harm injuries were admitted to hospital, with similar proportions across both gender groups (Table 10). Just under a quarter (24%) required a referral for follow-up treatment while one in five (20%) were discharged. A slightly higher proportion of females required follow-up treatment (27%) compared to males (20%).

Table 10: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (Allerdale), January to December 2013

	Female		Male		Total	
	193		168		361	
Age group	n	%	n	%	n	%
5-14	***	2%	0	-	***	1%
15-29	80	41%	64	38%	144	40%
30-59	91	47%	93	55%	184	51%
60 plus	<20	10%	11	7%	<35	8%
Disposal method	n	%	n	%	n	%
Admitted	91	47%	77	46%	168	47%
Discharged	32	17%	41	24%	73	20%
Follow-up/referral	52	27%	34	20%	86	24%
Other	18	9%	16	10%	34	9%

There were 176 ambulance call outs to Allerdale local authority due to psychiatric/suicide attempt, accounting for 17% of the number of call outs across Cumbria. Just under three in five (57%) patients were male (n=100), with over half (55%) aged between 30 and 59 years and three in ten (30%) aged between 15 and 29 years (Table 11). Males aged between 30 and 59 years accounted for the largest number of ambulance call outs to Allerdale local authority (n=61).

Table 11: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (Allerdale), January to December 2013^N

Age group	Female		Male		Total	
	76		100		176	
	n	%	n	%	n	%
5-14	***	1%	0	-	***	1%
15-29	23	30%	29	29%	52	30%
30-59	36	47%	61	61%	97	55%
60 plus	<15	14%	10	10%	<25	12%

BARROW-IN-FURNESS

Between January and December 2013, there were 284 attendees from Barrow-in-Furness local authority presenting with injuries sustained by deliberate self-harm. This relates to 15% of the total number of self-harm injury attendances made by Cumbria residents. Table 12 shows there were more males than females (males=153; 54%), with over half (51%) aged between 30 and 59 years and 42% aged between 15 and 29 years. Conversely, there were more females aged between 15 and 29 years (54%) than between 30 and 59 years (35%). Overall, males aged between 30 and 59 years accounted for the largest proportion of attendees from Barrow-in-Furness local authority (n=98), followed by females aged between 15 and 29 years (n=71).

Table 12 also demonstrates the disposal method of self-harm attendances. Forty-five per cent of Barrow-in-Furness residents were admitted to hospital, followed by 21% who required follow-up treatment and 19% who were discharged. There was a higher proportion of females admitted to hospital due to self-harm in 2013 (52%) than males (39%).

^N There were five females who did not have an age recorded; these have been included in the totals.

Table 12: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (Barrow-in-Furness), January to December 2013

	Female		Male		Total	
	131		153		284	
Age group	n	%	n	%	n	%
5-14	<10	7%	***	2%	12	4%
15-29	71	54%	49	32%	120	42%
30-59	46	35%	98	64%	144	51%
60 plus	<10	4%	***	2%	8	3%
Disposal method	n	%	n	%	n	%
Admitted	68	52%	59	39%	127	45%
Discharged	25	19%	28	18%	53	19%
Follow-up/referral	23	18%	37	24%	60	21%
Other	15	11%	29	19%	44	15%

Ambulance call outs to Barrow-in-Furness local authority accounted for 18% of the total number of psychiatric/suicide attempt call outs across Cumbria in 2013 (n=187). Sixty-three per cent of patients were male and over three in five (61%) were aged between 30 and 59 years followed by 23% aged between 15 and 29 years (Table 13). Males aged between 30 and 59 years accounted for the largest proportion of call outs in Barrow-in Furness local authority (n=85).

Table 13: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (Barrow-in-Furness), January to December 2013^o

	Female		Male		Total	
	69		117		187	
Age group	n	%	n	%	n	%
5-14	***	1%	0	-	***	1%
15-29	23	33%	20	17%	43	23%
30-59	30	43%	85	73%	115	61%
60 plus	<15	14%	8	7%	<20	10%

^o There were five females and four males who did not have an age recorded, and one patient without a gender or age recorded; these have been included in the totals.

There were 750 residents of Carlisle local authority presenting to an ED with deliberate self-harm injuries in 2013. Overall, Carlisle residents accounted for fewer than two in five (39%) of the total number of self-harm attendances across Cumbria. There were more females than males (females=427; 57%) and the majority (57%) were aged between 30 and 59 years, while 37% were aged between 15 and 29 years (Table 14). Females accounted for a slightly higher proportion of attendees aged between 30 and 59 years (60%) and males accounted for a slightly higher proportion of 15-29 year olds (39%). Overall, 30-59 year old females made up the largest number of self-harm attendees from Carlisle local authority (n=258).

Over two in five (42%) self-harm attendees from Carlisle local authority were admitted to hospital (Table 14). Equal proportions (24% each) were either discharged or referred for follow-up treatment, with similar percentages across both gender groups.

Table 14: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (Carlisle), January to December 2013

	Female		Male		Total	
	427		323		750	
Age group	n	%	n	%	n	%
5-14	9	2%	0	-	9	1%
15-29	150	35%	125	39%	275	37%
30-59	258	60%	172	53%	430	57%
60 plus	10	2%	26	8%	36	5%
Disposal method	n	%	n	%	n	%
Admitted	182	43%	131	41%	313	42%
Discharged	100	23%	80	25%	180	24%
Follow-up/referral	101	24%	76	24%	177	24%
Other	44	10%	36	11%	80	11%

Between January and December 2013, there were 314 ambulance call outs to Carlisle local authority due to psychiatric/suicide attempt. This made up three in ten (30%) of the number of call outs across Cumbria. There were more females than males (females=173; 55%) and just under three in five (59%) were aged between 30 and 59 years, followed by a quarter (25%) aged between 15 and 29 years (Table 15). Females aged between 30 and 59 years accounted for the largest number of ambulance call outs to Carlisle local authority (n=106).

Table 15: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (Carlisle), January to December 2013^P

Age group	Female		Male		Total	
	173		141		314	
	n	%	n	%	n	%
5-14	***	1%	0	-	***	<1%
15-29	41	24%	38	27%	79	25%
30-59	106	61%	79	56%	185	59%
60 plus	<15	6%	9	6%	<20	6%

COPELAND

In 2013 there were 358 ED attendances made by residents of Copeland local authority due to deliberate self-harm. This accounted for almost one-fifth (19%) of the total number of self-harm attendances made by residents of Cumbria. Table 16 shows there were more females than males (females=210; 59%) and under half (48%) were aged between 30 and 59 years, narrowly followed by 47% aged between 15 and 29 years. The age group that accounted for the largest proportion of females was 15-29 years (49%), compared to 30-59 years for males (55%). Overall, females aged between 15 and 29 years accounted for the largest number of self-harm attendances from Copeland local authority (n=103).

Table 16 also demonstrates the disposal method of self-harm attendances. Under half (48%) of Copeland residents were admitted to hospital, while 22% required follow-up treatment and 21% were discharged. There was a slightly higher proportion of females admitted (51%) compared to males (45%).

^P There were 15 females and 15 males who did not have an age recorded; these have been included in the totals.

Table 16: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (Copeland), January to December 2013

	Female		Male		Total	
	210		148		358	
Age group	n	%	n	%	n	%
5-14	<10	2%	***	<1%	5	1%
15-29	103	49%	66	45%	169	47%
30-59	91	43%	81	55%	172	48%
60 plus	<15	5%	***	1%	12	3%
Disposal method	n	%	n	%	n	%
Admitted	107	51%	66	45%	173	48%
Discharged	36	17%	40	27%	76	21%
Follow-up/referral	47	22%	31	21%	78	22%
Other	20	10%	11	7%	31	9%

Table 17 shows there were 135 psychiatric/suicide attempt ambulance call outs to Copeland local authority in 2013, accounting for 13% of call outs across Cumbria. More than half (52%) were male and 45% aged between 30 and 59 years, while 39% were aged between 15 and 29 years. Males aged between 30 and 59 years accounted for the largest number of ambulance call outs in Copeland local authority (n=41).

Table 17: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (Copeland), January to December 2013^Q

	Female		Male		Total	
	62		70		135	
Age group	n	%	n	%	n	%
5-14	***	2%	0	-	***	1%
15-29	28	45%	24	34%	52	39%
30-59	20	32%	41	59%	61	45%
60 plus	<10	15%	0	-	<10	7%

^Q There were four females and five males who did not have an age recorded, and three patients without a gender or age recorded; these have been included in the totals.

Between January and December 2013 there were 112 deliberate self-harm attendees resident in Eden local authority, representing 6% of attendances made by residents of Cumbria. There were more females than males (females=74; 66%) and three in five (60%) were aged between 30 and 59 years followed by over a third (34%) aged between 15 and 29 years (Table 18). Overall, 30-59 year old females made up the largest number of deliberate self-harm attendees from Eden local authority (n=48).

Forty-five per cent of deliberate self-harm attendees from Eden local authority were admitted to hospital, while under a third (32%) required follow-up treatment and 19% were discharged. In comparison to males (21%), a larger proportion of females required follow-up treatment (38%) (Table 18).

Table 18: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (Eden), January to December 2013

	Female		Male		Total	
	74		38		112	
Age group	n	%	n	%	n	%
5-14	***	1%	***	3%	***	2%
15-29	23	31%	15	39%	38	34%
30-59	48	65%	19	50%	67	60%
60 plus	***	3%	***	8%	<10	4%
Disposal method	n	%	n	%	n	%
Admitted	35	47%	15	39%	50	45%
Discharged	11	15%	10	26%	21	19%
Follow-up/referral	28	38%	8	21%	36	32%
Other	0	-	5	13%	5	4%

Between January and December 2013, there were 50 ambulance call outs to Eden local authority due to psychiatric/suicide attempt, accounting for 5% of call outs across Cumbria. There were slightly more males than females (males=26; 52%), with three in five (60%) aged between 30 and 59 years and 22% aged between 15 and 29 years (Table 19). Males aged between 30 and 59 years accounted for the highest number of call outs to Eden local authority (n=18).

Table 19: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (Eden), January to December 2013^R

Age group	Female		Male		Total	
	24		26		50	
	n	%	n	%	n	%
5-14	0	-	0	-	0	-
15-29	***	17%	7	27%	<15	22%
30-59	12	50%	18	69%	30	60%
60 plus	<10	29%	0	0%	<10	14%

SOUTH LAKELAND

In 2013, there were 52 attendees from South Lakeland local authority presenting with injuries sustained by deliberate self-harm, which accounted for 3% of attendances made by Cumbria residents. Table 20 shows there were more females than males (females=33; 63%) and over three-fifths (62%) were aged between 30 and 59 years followed by 35% aged between 15 and 29 years. Females aged between 30 and 59 years accounted for the largest proportion of self-harm attendees from South Lakeland local authority (n=21).

Just under three in five (58%) South Lakeland residents presenting with self-harm injuries were admitted to hospital, while 17% were referred for further treatment and 15% were discharged. A larger proportion of males required follow-up treatment (26%) compared to females (12%) (Table 20).

^R There was one female and one male who did not have an age recorded; these have been included in the totals.

Table 20: ED attendances for deliberate self-harm injuries by gender, age group and disposal method (South Lakeland), January to December 2013

	Female		Male		Total	
	33		19		52	
Age group	n	%	n	%	n	%
5-14	***	3%	0	-	***	2%
15-29	<15	33%	<10	37%	18	35%
30-59	21	64%	11	58%	32	62%
60 plus	0	-	***	5%	***	2%
Disposal method	n	%	n	%	n	%
Admitted	19	58%	11	58%	30	58%
Discharged	<10	18%	***	11%	8	15%
Follow-up/referral	***	12%	<10	26%	9	17%
Other	***	12%	***	5%	5	10%

There were 189 ambulance call outs to South Lakeland local authority due to psychiatric/suicide attempt, accounting for 18% of the number of call outs across Cumbria. There were equal proportions of females and males (50% each) and 45% were aged between 30 and 59 years followed by 38% aged between 15 and 29 years. Females (n=43) and males (n=42) aged between 30 and 59 years accounted for the largest number of ambulance call outs across South Lakeland local authority (Table 21).

Table 21: Ambulance call outs for psychiatric/suicide attempt by gender, age group and disposal method (South Lakeland), January to December 2013⁵

	Female		Male		Total	
	94		93		189	
Age group	n	%	n	%	n	%
5-14	5	5%	0	-	5	3%
15-29	34	36%	37	40%	71	38%
30-59	43	46%	42	45%	85	45%
60 plus	11	12%	12	13%	23	12%

⁵ There was one female and two males who did not have an age recorded, and two patients without a gender or age recorded; these have been included in the totals.

APPENDICES

Appendix 1: Number, crude rate and confidence intervals of ED attendances for deliberate self-harm injuries per 10,000 resident population by MSOA of residency, January to December 2013

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02003965	Allerdale 001	24	22.1	14.1	32.8
E02003966	Allerdale 002	20	28.5	17.4	44.0
E02003967	Allerdale 003	36	43.5	30.5	60.2
E02003968	Allerdale 004	17	19.7	11.5	31.6
E02003969	Allerdale 005	37	55.1	38.8	75.9
E02003970	Allerdale 006	14	18.0	9.8	30.1
E02003971	Allerdale 007	27	33.9	22.3	49.3
E02003972	Allerdale 008	36	38.9	27.2	53.9
E02003973	Allerdale 009	89	101.5	81.5	125.0
E02003974	Allerdale 010	40	51.4	36.7	70.0
E02003975	Allerdale 011	12	18.8	9.7	32.8
E02003976	Allerdale 012	9	13.3	6.1	25.2
E02003977	Barrow-in-Furness 001	<10	7.8	2.5	18.2
E02003978	Barrow-in-Furness 002	7	11.9	4.8	24.5
E02003979	Barrow-in-Furness 003	***	5.3	1.4	13.5
E02003980	Barrow-in-Furness 004	56	83.5	63.1	108.5
E02003981	Barrow-in-Furness 005	28	41.3	27.4	59.7
E02003982	Barrow-in-Furness 006	23	30.3	19.2	45.5
E02003983	Barrow-in-Furness 007	35	46.0	32.0	63.9
E02003984	Barrow-in-Furness 008	74	109.0	85.6	136.9
E02003985	Barrow-in-Furness 009	15	22.6	12.7	37.3
E02003986	Barrow-in-Furness 010	37	57.0	40.1	78.5
E02003987	Carlisle 001	21	34.9	21.6	53.4
E02003988	Carlisle 002	24	35.9	23.0	53.5
E02003989	Carlisle 003	27	35.4	23.3	51.5
E02003990	Carlisle 004	40	40.9	29.2	55.7
E02003991	Carlisle 005	8	10.4	4.5	20.4
E02003992	Carlisle 006	126	143.4	119.5	170.7
E02003993	Carlisle 007	14	16.3	8.9	27.4
E02003994	Carlisle 008	72	96.6	75.6	121.6
E02003995	Carlisle 009	77	80.3	63.3	100.3
E02003996	Carlisle 010	117	118.3	97.8	141.8
E02003997	Carlisle 011	99	102.9	83.6	125.2
E02003998	Carlisle 012	94	137.4	111.0	168.2
E02003999	Carlisle 013	31	33.1	22.5	47.0

Appendix 1 (continued): Number, crude rate and confidence intervals of ED attendances for deliberate self-harm injuries per 10,000 resident population by MSOA of residency, January to December 2013

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02004000	Copeland 001	36	66.1	46.3	91.5
E02004001	Copeland 002	68	122.8	95.3	155.6
E02004002	Copeland 003	48	46.6	34.4	61.8
E02004003	Copeland 004	73	60.7	47.6	76.3
E02004004	Copeland 005	64	67.8	52.2	86.6
E02004005	Copeland 006	35	43.1	30.0	60.0
E02004006	Copeland 007	12	13.3	6.9	23.3
E02004007	Copeland 008	22	21.0	13.2	31.8
E02004008	Eden 001	6	9.4	3.4	20.4
E02004009	Eden 002	9	14.8	6.8	28.0
E02004010	Eden 003	47	65.3	47.9	86.8
E02004011	Eden 004	19	19.3	11.6	30.1
E02004012	Eden 005	3	5.3	1.1	15.4
E02004013	Eden 006	14	14.1	7.7	23.7
E02004014	Eden 007	14	18.6	10.2	31.2
E02004015	South Lakeland 001	***	3.1	0.4	11.3
E02004016	South Lakeland 002	***	3.6	0.7	10.5
E02004017	South Lakeland 003	0	-	-	-
E02004018	South Lakeland 004	***	2.4	0.3	8.8
E02004019	South Lakeland 005	0	-	-	-
E02004020	South Lakeland 006	***	1.2	0.0	6.7
E02004021	South Lakeland 007	***	5.7	1.2	16.7
E02004022	South Lakeland 008	***	3.6	0.4	13.1
E02004023	South Lakeland 009	0	-	-	-
E02004024	South Lakeland 010	***	1.4	0.0	7.7
E02004025	South Lakeland 011	***	1.2	0.0	6.9
E02004026	South Lakeland 012	29	36.2	24.2	52.0
E02004027	South Lakeland 013	***	5.1	1.4	13.1
E02004028	South Lakeland 014	***	5.2	1.4	13.2
Cumbria		1917	38.4	36.7	40.2

Appendix 2: Number, crude rate and confidence intervals of ambulance call outs for psychiatric/suicide attempt per 10,000 resident population by MSOA of call out location, January to December 2013

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02003965	Allerdale 001	11	10.1	5.0	18.1
E02003966	Allerdale 002	<10	7.1	2.3	16.6
E02003967	Allerdale 003	14	16.9	9.2	28.4
E02003968	Allerdale 004	6	7.0	2.6	15.1
E02003969	Allerdale 005	9	13.4	6.1	25.4
E02003970	Allerdale 006	***	5.1	1.4	13.1
E02003971	Allerdale 007	6	7.5	2.8	16.4
E02003972	Allerdale 008	41	44.3	31.8	60.1
E02003973	Allerdale 009	43	49.1	35.5	66.1
E02003974	Allerdale 010	15	19.3	10.8	31.8
E02003975	Allerdale 011	7	10.9	4.4	22.6
E02003976	Allerdale 012	15	22.1	12.4	36.5
E02003977	Barrow-in-Furness 001	8	12.5	5.4	24.6
E02003978	Barrow-in-Furness 002	***	1.7	0.0	9.5
E02003979	Barrow-in-Furness 003	***	5.3	1.4	13.5
E02003980	Barrow-in-Furness 004	30	44.7	30.2	63.9
E02003981	Barrow-in-Furness 005	16	23.6	13.5	38.3
E02003982	Barrow-in-Furness 006	6	7.9	2.9	17.2
E02003983	Barrow-in-Furness 007	25	32.8	21.3	48.5
E02003984	Barrow-in-Furness 008	72	106.1	83.0	133.6
E02003985	Barrow-in-Furness 009	***	6.0	1.6	15.4
E02003986	Barrow-in-Furness 010	21	32.3	20.0	49.4
E02003987	Carlisle 001	8	13.3	5.7	26.2
E02003988	Carlisle 002	7	10.5	4.2	21.6
E02003989	Carlisle 003	7	9.2	3.7	18.9
E02003990	Carlisle 004	16	16.3	9.3	26.6
E02003991	Carlisle 005	***	5.2	1.4	13.3
E02003992	Carlisle 006	53	60.3	45.2	78.9
E02003993	Carlisle 007	***	4.7	1.3	11.9
E02003994	Carlisle 008	20	26.8	16.4	41.4
E02003995	Carlisle 009	43	44.8	32.4	60.4
E02003996	Carlisle 010	68	68.8	53.4	87.2
E02003997	Carlisle 011	38	39.5	27.9	54.2
E02003998	Carlisle 012	37	54.1	38.1	74.5
E02003999	Carlisle 013	9	9.6	4.4	18.3

Appendix 2 (continued): Number, crude rate and confidence intervals of ambulance call outs for psychiatric/suicide attempt per 10,000 resident population by MSOA of call out location, January to December 2013

MSOA code	MSOA name	n	Crude rate per 10,000	95% confidence interval	
				Lower limit	Upper limit
E02004000	Copeland 001	18	33.1	19.6	52.2
E02004001	Copeland 002	28	50.6	33.6	73.1
E02004002	Copeland 003	9	8.7	4.0	16.6
E02004003	Copeland 004	26	21.6	14.1	31.7
E02004004	Copeland 005	14	14.8	8.1	24.9
E02004005	Copeland 006	14	17.3	9.4	28.9
E02004006	Copeland 007	5	5.6	1.8	13.0
E02004007	Copeland 008	21	20.1	12.4	30.7
E02004008	Eden 001	***	6.3	1.7	16.0
E02004009	Eden 002	***	3.3	0.4	11.9
E02004010	Eden 003	16	22.2	12.7	36.1
E02004011	Eden 004	7	7.1	2.9	14.7
E02004012	Eden 005	***	3.5	0.4	12.7
E02004013	Eden 006	9	9.1	4.2	17.3
E02004014	Eden 007	10	13.3	6.4	24.4
E02004015	South Lakeland 001	15	23.5	13.1	38.7
E02004016	South Lakeland 002	12	14.3	7.4	25.0
E02004017	South Lakeland 003	33	39.3	27.1	55.2
E02004018	South Lakeland 004	47	57.3	42.1	76.2
E02004019	South Lakeland 005	***	2.5	0.3	8.9
E02004020	South Lakeland 006	9	10.9	5.0	20.6
E02004021	South Lakeland 007	***	7.6	2.1	19.5
E02004022	South Lakeland 008	***	3.6	0.4	13.1
E02004023	South Lakeland 009	6	10.0	3.7	21.7
E02004024	South Lakeland 010	5	6.9	2.2	16.1
E02004025	South Lakeland 011	7	8.6	3.5	17.8
E02004026	South Lakeland 012	33	41.2	28.3	57.8
E02004027	South Lakeland 013	9	11.5	5.3	21.9
E02004028	South Lakeland 014	5	6.5	2.1	15.1
Cumbria		1051	21.1	19.8	22.4

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