TRAUMA AND INJURY INTELLIGENCE GROUP

Self-harm injuries across Cheshire and Merseyside

April 2019 to March 2026

November 2026

Jennifer Germain, Jack Singleton, Jamie Deville, Ellie Williamson, Ann Lincoln, and Oliver Ellis



Public Health Institute, Faculty of Health, Innovation, Technology and Science, Liverpool John Moores University, 3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP.

www.ljmu.ac.uk/phi TIIG@ljmu.ac.uk 0151 231 4500

PHI Public Health Institute LIVERPOOL JOHN MOORES UNIVERSITY

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Public Health Institute (PHI), Liverpool John Moores University (LJMU), *World Health Organization Collaborating Centre for Violence Prevention*, Faculty of Health, Innovation, Technology and Science, 3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP

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For further information contact Jennifer Germain: j.s.germain@ljmu.ac.uk

About this report

The Trauma and Injury Intelligence Group (TIIG) is an injury and violence surveillance system covering areas across England and Wales and providing access to reliable health data. TIIG is commissioned by the Champs Public Health Collaborative acting on behalf of the nine Directors of Public Health across Cheshire and Merseyside to provide monthly Emergency Department (ED) data. This report provides an overview of self-harm injuries across Cheshire and Merseyside.

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Overall report summary

Self-harm continues to be a significant public health concern across Cheshire and Merseyside. Between April 2019 and March 2026, there were 31,286 self-harm Emergency Department (ED) attendances by Cheshire and Merseyside residents, alongside 22,815 self-harm related ambulance callouts across Cheshire and Merseyside. Whilst nationally, many datasets report that self-harm is increasing particularly among young people and women, our local data showed a decline in incidents. However, this decrease should be interpreted with caution due to changes in hospital and ambulance information systems and coding practices.

Women accounted for the majority of both self-harm ED attendances (61%) and ambulance callouts (51%), with self-harm particularly concentrated amongst younger age groups with those aged between 18 and 39 years accounting for over half (52%) of ED attendances and close to half (47%) of ambulance callouts. The single highest age for ED attendances was 15 years. This was largely driven by girls who represented more than four-fifths of attendances at that age. There was a sharp increase in female attendances from age 12, highlighting adolescence as a particularly vulnerable period. Whilst women comprised the majority of attendances at younger ages, this difference narrowed considerably in adulthood with attendance numbers by sex becoming broadly similar by around age 30 years.

Self-harm attendances were not evenly distributed across Cheshire and Merseyside. Cheshire East recorded the highest number and rate of ED attendances (6,162 attendances; 1,516 per 100,000 population), followed by Sefton. For ambulance callouts, Liverpool recorded both the highest volume (6,402 callouts) and highest population rate (1,291 per 100,000 population). ED attendances were highest during evenings and overnight periods, in particular between the hours of 8pm and 4am. Ambulance callouts showed similar patterns, peaking on Saturday evenings, with the highest numbers occurring between 10pm and midnight. Self-harm was higher during spring and summer months. The first national Covid-19 lockdown was associated with a notable decline in both ED attendances and ambulance callouts. However, levels of self-harm increased quickly during 2020 and 2021, indicating that initial reductions were temporary rather than sustained. Where location was recorded, almost three-quarters (73%) of self-harm incidents occurred in the home. Public places, roads and workplaces accounted for a much smaller proportion of incidents but were more likely to involve men. Educational establishments were strongly associated with children and young people, with 94% of self-harm incidents in these settings involving those aged under 18 years.

The majority of individuals attended hospital via self-referral; however, ambulances remained an important route into care, accounting for 45% of ED arrivals. Over a third (37%) of attendees were discharged without requiring further treatment, while 30% were admitted to hospital, indicating a substantial proportion of presentations required ongoing treatment and support. Notably, around one in ten individuals left before treatment was completed or declined treatment altogether. Overall, the data demonstrate that self-harm continues to place a considerable demand on emergency health care services across Cheshire and Merseyside and remains a key area for collaborative prevention, early intervention and mental health support.

Key data highlights

- Between April 2019 and March 2026, there were 31,286 self-harm Emergency Department (ED) attendances by Cheshire and Merseyside residents and 22,815 self-harm related ambulance callouts across the region.

- Whilst this report suggests self-harm incidents have decreased, this should be treated with caution due to changes in how hospitals and ambulance services record information.

Who is most affected?

- Women accounted for the majority of incidents, representing 61% of ED attendances and 51% of ambulance callouts.

- Young people and young adults were most affected, with self-harm concentrated among those aged 18-39 years, who accounted for 52% of ED attendances and 47% of ambulance callouts.

- The single highest age for ED attendance was 15 years, with girls accounting for 81% of attendances at this age. Female attendances increased sharply from age 12 onwards, highlighting adolescence as a particularly vulnerable period.

Where is self-harm happening?

- Where incident location was recorded, 73% of self-harm incidents occurred in the home (n=16,660). Educational establishments were closely associated with younger age groups, with 94% of incidents occurring in educational settings involving children and young people aged under 18 years. Men were more likely than women to self-harm in public places, workplaces and on roads.

- Cheshire East had the highest rate of ED attendances (1,515.5 per 100,000 population) and Liverpool recorded the highest ambulance callout rate (1,291.1 per 100,000 population).

- Attendances were highest at University Hospital Aintree (7,295 attendances; 23%) and Leighton Hospital (6,478 attendances; 21%).

When are incidents happening?

- Self-harm presentations were highest overnight, with ED attendances highest between 8pm and 4am. Ambulance callouts peaked during Saturday evenings, in particular between 10pm and midnight.

- Self-harm incidents were most common during spring and summer months, with June recording the highest number of ED attendances.

- Attendances and callouts both fell considerably during the first national Covid-19 lockdown, but quickly returned to pre-pandemic levels, suggesting the reduction was temporary.

What happened after people reached hospital?

- Most individuals self-referred to EDs (72%), however ambulances remained a key route into care, accounting for 45% of all ED arrivals.

- Over a third (37%) of ED attendances resulted in discharge without further treatment, while 30% of patients were admitted to hospital.

- Around one in ten attendees (11%) left before treatment was completed or refused treatment.

Background

Definitions

Self-harm refers to the intentional harming of oneself and can be a maladaptive coping mechanism in response to emotional distress, overwhelming situations or difficult feelings. Whilst self-harm is not always indicative of a mental health condition or a warning sign for suicide risk, it is an important public health issue due to its impact on individuals, communities, families and health care services. However, definitions of self-harm vary across clinical and research settings, particularly regarding whether suicidal intent or suicide attempts are included in reported figures.

Self-harm directly impacts around one in ten people aged over 16 in England (10.8%; Mental Health Innovations, 2026), which is a substantial increase on the 3.8% reported in 2007 and 6.4% reported in 2014. This highlights that the prevalence or at least the reporting of self-harm has increased significantly over the past 20 years (NHS England, 2025). However, it is important to note that these figures do not include those indirectly impacted by self-harm, e.g. affected by a loved one who self-harms, or those who do not seek help or report when they have self-harmed. Therefore, these figures are likely to capture only those presentations which are most severe. Self-harm can affect anyone; however, women are more likely to report self-harm (12.6%) compared to men (8.5%). Furthermore, self-harm is more common in young people. Self-harm is reported by almost a quarter (24.6%) of 16 to 24 year olds, more than twice the population average (Mental Health Innovations, 2026). Among young women aged 16 to 24 years, this figure increases to almost one in three (31.7%), the highest level recorded in any demographic group. Rates decline steadily with age, falling to 1.5% among those aged 65 to 74 years.

Risk factors

Risk factors and causes linked to self-harm can vary, and while there is no single cause, psychological, social and environmental risk factors have been associated with increased risk. Commonly identified factors include depression, eating disorders, experience of abuse, social isolation, family history of self-harm or suicide, feelings of loneliness, chronic physical health problems and peer influence. Evidence from The University of Manchester led project The Manchester Self-Harm Project which collects data on emergency presentations for self-harm across Manchester and identifies themes and learnings from this data (The University of Manchester, 2026), finds a number of risk factors associated with Emergency Department (ED) attendances for self-harm. A key identified factor is alcohol, with nearly 60% of episodes that present at ED involving alcohol consumption. Furthermore, they find that certain groups are overrepresented. For example, individuals who are neurodiverse, specifically those with autism spectrum disorder (ASD), are noted to be of increased risk of self-harm. A meta-analysis found those with ASD were three times more likely to have self-harmed than those without, highlighting the substantially higher risk for self-harming behaviour in this group, where difficulties with emotional regulation and communication of negative feelings may contribute to increased vulnerability (Blanchard et al., 2021). Other groups identified by NICE as being of increased risk of self-harm include individuals who are in prison or involved in the criminal justice system, those from marginalised groups, and individuals displaying certain psychological or personality factors such as impulsivity (NICE, 2022). Overall, self-harm is associated with a complex interaction of psychological, social, environmental and individual factors, highlighting the importance of early identification and targeted support for those at increased risk.

Impacts and outcomes

The effects of self-harm can extend beyond the individual, and have consequences for families, communities and health care services. Increased emergency department attendances, follow-up appointments and treatment requirements place pressure on health care systems. Furthermore, those who self-harm may experience difficulties in participating in education, employment and daily activities, whilst family members and carers may need to adjust their routines or take time away from work to provide support. Self-harm can cause considerable

emotional impacts on family members and carers, who may experience feelings of worry, confusion, distress and frustration, especially when they do not fully understand the reasons behind the behaviour. Misunderstanding and social stigma can be common, further increasing feelings of shame and may discourage individuals from seeking professional support. Consequently, self-harm can affect wellbeing and quality of life across the wider family network.

Trends

Reports of self-harm have substantially increased in recent years, (Skills, 2026) more than quadrupling since the year 2000 with lifetime prevalence among people aged 16-74 increasing from 2.4% in 2000 to 10.3% in 2023/4. Despite this, there were 27,736 hospital admissions for intentional self-harm in young people aged 10-24 in 2023/4, which is the lowest figure reported since records began in 2011/12 and reduced by 15% from the previous year (32,624 admissions). Admission rates remain considerably higher among girls and young women than among boys and young men, with rates almost four times greater (433 per 100,000 compared with 104 per 100,000). The increasing prevalence of self-reported self-harm may reflect greater awareness, reduced stigma and increased willingness to disclose self-harming behaviour, as well as genuine changes in underlying need.

Policy context

Recent national policy developments have sought to reduce both self-harm and suicide. In September 2025 the UK government announced urgent action to strengthen the Online Safety Act (GOV.UK, 2025). They pledged to introduce stricter legal requirements for technology companies to remove content promoting or encouraging serious self-harm. These proposals acknowledge that both children and adults can be vulnerable to harmful online content. The government published the Suicide Prevention Strategy for England: 2023 to 2028 in September 2023 (GOV.UK, 2023). The strategy aims to reduce the suicide rate in England over a five-year period. They highlighted several priority groups including children and young people, middle-aged men, pregnant women and new mothers, and people in contact with mental health services. Finally, the NICE guidance on self-harm: assessment, management and preventing recurrence was published in September 2022 (last updated 2024; NICE, 2022). This guideline provides evidence-based recommendations for professionals working with children, young people and adults who have self-harmed, with the aim of improving assessment, treatment and longer-term support.

Summary

Self-harm continues to be a significant public health concern. Whilst hospital admissions have recently declined, self-reported lifetime prevalence continues to increase, particularly among young people and women. A complex interaction of psychological, social and environmental factors contributes to self-harming behaviour, highlighting the need for early intervention, targeted support for high-risk groups and continued efforts to reduce stigma and improve access to appropriate care.

Methodology

The Trauma and Injury Intelligence Group (TIIG) is an injury and violence surveillance system covering areas across England and Wales. TIIG sits within the Faculty of Health, Innovation, Technology and Science at Liverpool John Moores University and is part of the World Health Organization (WHO) Collaborating Centre for Violence Prevention. TIIG provides access to reliable Emergency Department (ED) and ambulance data, working to collate, process, analyse and improve the quality of data collected, for local partners to use in their injury and violence prevention work (Figure 1). This work is underpinned by Information Sharing to Tackle Violence guidance, which is a small de-identified dataset collected by EDs and shared with local Community Safety Partnerships (CSP), covering all ED attendances resulting from violent incidents.

Data for this report were obtained from the TIIG Injury Surveillance System. For ED attendances, data were included if the attendance date was between April 2019 and March 2026, they attended an ED in Cheshire and Merseyside, were residents of Cheshire and Merseyside and attended due to a self-harm incident. Data from Urgent Treatment Centres (UTCs) are provided if part of the same trust as the ED; however, data from UTCs or walk-in centres (WiC) not attached to an ED trust are not currently part of the TIIG data provision across Cheshire and Merseyside.

North West Ambulance Service (NWAS) data included any callout between April 2019 and March 2026 which took place in Cheshire and Merseyside. Callouts were for individuals, in which an ambulance had been called for a self-harm incident. NWAS moved from AMPDS (Advanced Medical Priority Dispatch System) onto NHS Pathways in April 2022 and this system was gradually rolled out across the region between April and September 2022. NHS Pathways is a clinical tool used for assessing, triaging and directing the public to urgent and emergency care services. The data received from Pathways significantly reduced the ability to identify core injury groups such as self-harm. Whilst NWAS now include additional data from the Electronic Patient Record (EPR) which is collected by paramedics to enable better identification of injury types, this has not fully resolved the issue. For both ED and NWAS data, records were only included if they were specifically coded as self-harm, incidents coded as overdose were excluded as these may have been accidental, however some attendances coded as self-harm may have included overdoses.

Data is provided at both Local Authority and Lower Layer Super Output level (LSOA). LSOAs are geographic regions comprising between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons. Population rates have been calculated as cumulative crude rates per 100,000 people, and using mid-2022 population estimates. Where data providers have sent postcode or LSOA21, data is provided at LSOA21 level. Where data has been provided by LSOA11, the Office for National Statistics (ONS) best fit lookup between LSOA11 and LSOA21 has been used. TIIG are commissioned by Champs Public Health Collaborative, acting on behalf of the nine Directors of Public Health across Cheshire & Merseyside. Record level non-patient identifiable ED data is shared with local partners to inform their injury and violence prevention work. This report provides an overview of self-harm related ED attendances and ambulance callouts across Cheshire and Merseyside.

Throughout the report, numbers less than five have been suppressed (***). 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.

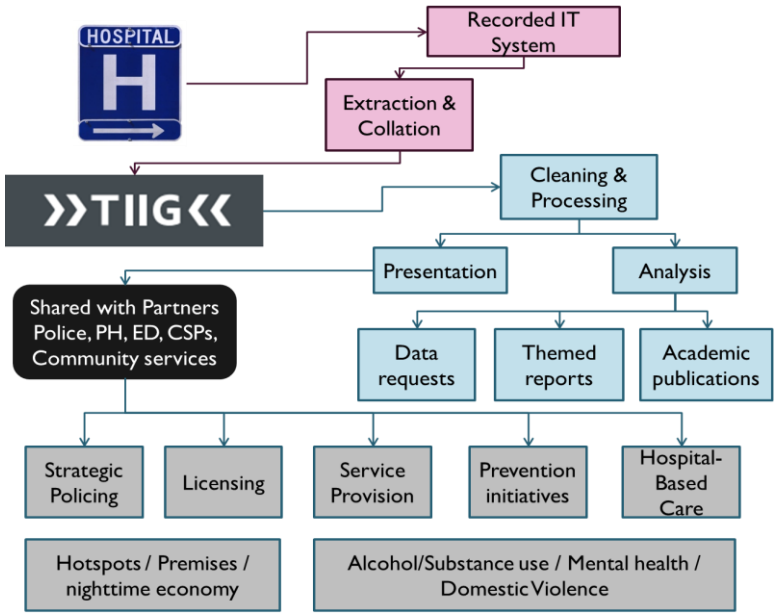


Figure 1. TIIG process overview

Self-harm ED attendances across Cheshire and Merseyside (Apr 19 – Mar 26)

Overview

Overall, between April 2019 and March 2026, there were 31,975 self-harm attendances made by Cheshire and Merseyside residents to hospitals across the North West of England. Of those, 31,286 attendances (98%) were made to Cheshire and Merseyside sites; these attendances will be the focus of this section of the report.

Hospital attended

Close to six in ten attendances were made to Merseyside Hospitals (17,720; 57%), with the remaining 43% (13,566) to Cheshire sites (Table 1). Across the whole of Cheshire and Merseyside, the highest proportion of attendances were made to University Hospital Aintree (7,295; 23%) and Leighton Hospital (6,478; 21%).

Table 1. Self-harm ED attendances by hospital site (April 2019 to March 2026)

	Hospital	N	Overall %
Merseyside	Alder Hey Children's NHS Foundation Trust	758	2%
	Southport & Formby District General Hospital	933	3%
	Royal Liverpool University Hospital	1166	4%
	Whiston Hospital	3131	10%
	Arrowe Park Hospital	4437	14%
	University Hospital Aintree	7295	23%
	Merseyside total	***17720***	***57%***
Cheshire	Halton General Hospital (MIU)	10	0%
	Urgent Care Centre Leighton Hospital (UUC)	25	0%
	Victoria Infirmary Northwich (MIU)	553	2%
	Macclesfield District General Hospital	1614	5%
	Countess Of Chester Hospital	1626	5%
	Warrington Hospital	3260	10%
	Leighton Hospital	6478	21%
	Cheshire total	***13566***	***43%***
	Total	**31286**	**100%**

Geography of residence

Table 2 shows that Cheshire residents comprised 45% of attendances (14,068), with Merseyside seeing 17,218 residents attend due to self-harm (55%). In most cases, patients attended the hospital(s) in either their own or neighbouring Local Authority, for example, 96% of Warrington residents attended Warrington Hospital (2,243).

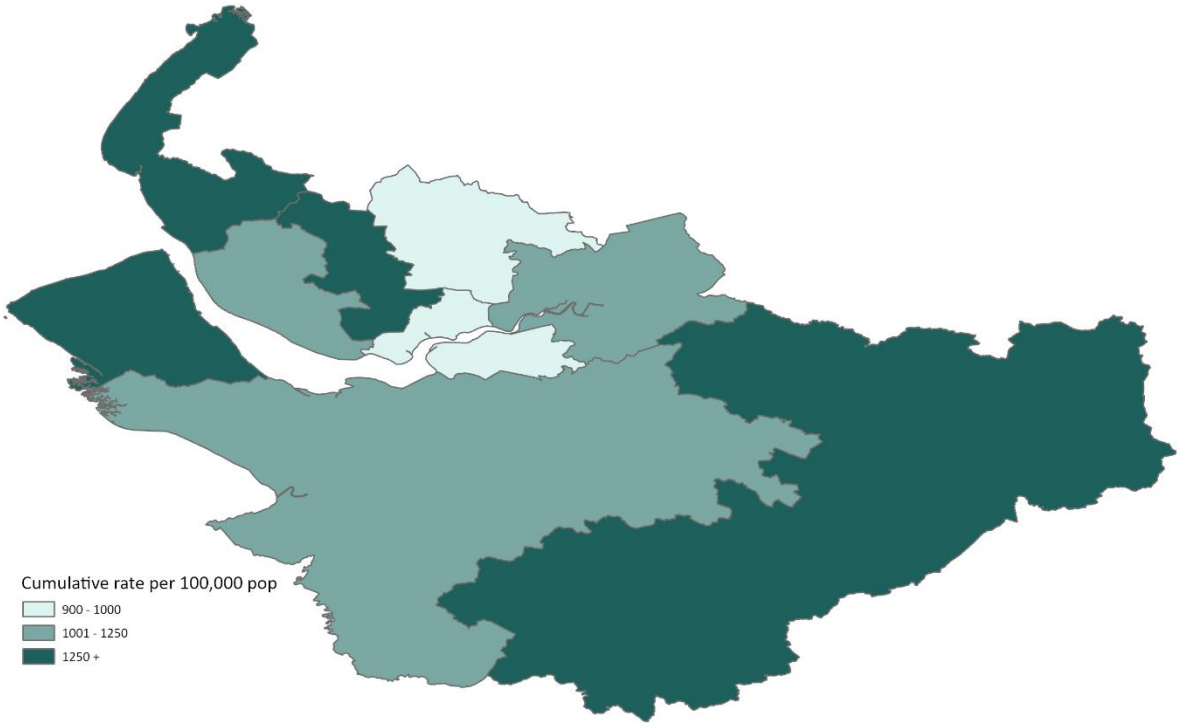
Table 2. Self-harm ED attendances by hospital site and Local Authority of residence (April 2019 to March 2026)

Hospital/Local Authority of residence	Cheshire East	Liverpool	Wirral	Cheshire West and Chester	Sefton	Warrington	Knowsley	St. Helens	Halton	N	%
University Hospital Aintree	8	3194	50	27	2826	27	1041	88	34	7295	23%
Leighton Hospital	4426	<10	15	2002	***	8	9	***	5	6478	21%
Arrowe Park Hospital	***	58	4160	184	19	***	8	***	0	4437	14%
Warrington Hospital	7	24	***	44	<10	2243	7	171	754	3260	10%
Whiston Hospital	***	282	10	***	30	50	782	1506	468	3131	10%
Countess Of Chester Hospital	17	10	47	1520	9	7	6	5	5	1626	5%
Macclesfield District General Hospital	1602	0	***	7	0	***	0	***	0	1614	5%
Royal Liverpool University Hospital	***	1007	18	***	81	***	38	10	***	1166	4%
Southport & Formby District General Hospital	0	13	***	***	897	***	10	6	***	933	3%
Alder Hey Children's NHS Foundation Trust	***	445	15	***	203	***	71	9	9	758	2%
Victoria Infirmary Northwich (MIU)	73	***	***	471	0	***	0	0	***	553	2%
Urgent Care Centre Leighton Hospital (UUC)	19	0	0	6	0	0	0	0	0	25	0%
Halton General Hospital (MIU)	0	0	0	0	0	***	0	0	<10	10	0%
Total	**6162**	**5040**	**4328**	**4270**	**4075**	**2348**	**1972**	**1803**	**1288**	**31286**	**100%**
%	**20%**	**16%**	**14%**	**14%**	**13%**	**8%**	**6%**	**6%**	**4%**	**100%**	**NA**

Cheshire East residents made the highest number of attendances (6,162; 20%), followed by Liverpool (5,040; 16%), Wirral (4,328; 14%) and Cheshire West and Chester (4,270; 14%). When looking at cumulative population rate per 100,000 people, Cheshire East has the highest rate (1,515.5 per 100,000 population), followed by Sefton (1,450.0 per 100,000 population). St. Helens had the lowest population rate (976.0 per 100,000 population; Table 3)

Table 3. Self-harm ED attendances by Local Authority of residence and cumulative population rate per 100,000 (April 2019 to March 2026)

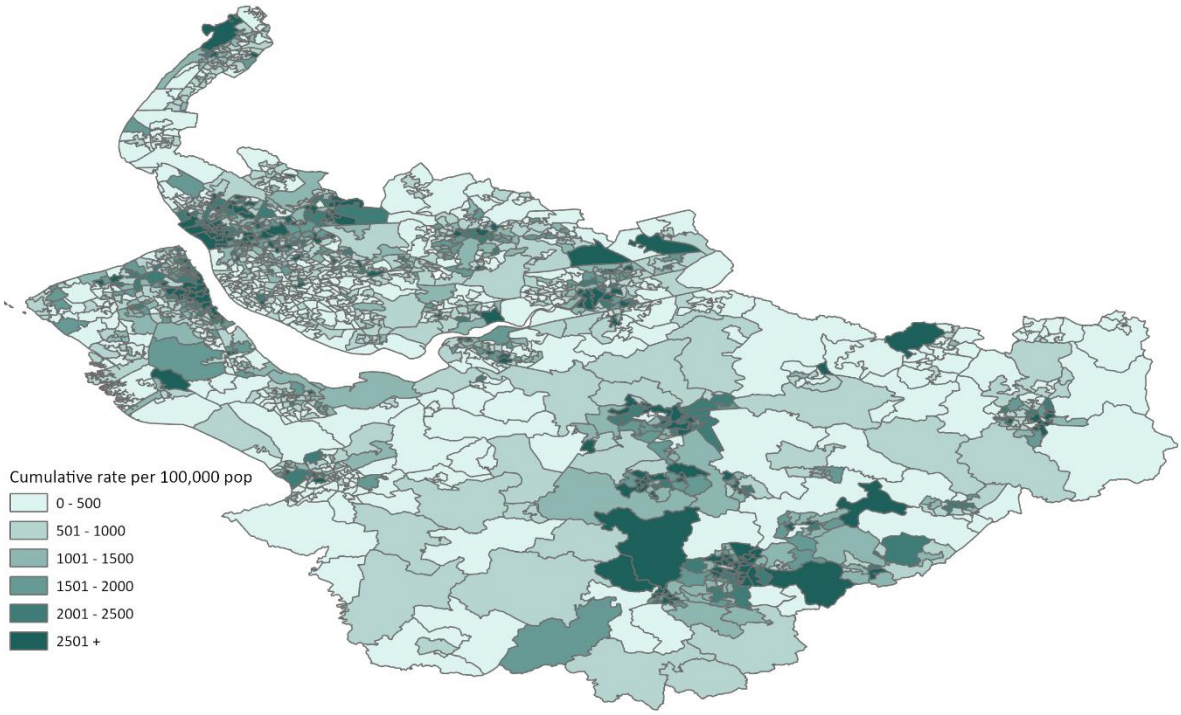
Local Authority	Local Authority code	Number of attendances	Rate per 100,000 population
Cheshire East	E06000049	6162	1515.5
Liverpool	E08000012	5040	1016.4
Wirral	E08000015	4328	1342.3
Cheshire West and Chester	E06000050	4270	1180.2
Sefton	E08000014	4075	1450.0
Warrington	E06000007	2348	1108.6
Knowsley	E08000011	1972	1255.2
St. Helens	E08000013	1803	976.0
Halton	E06000006	1288	998.4



The LSOA with the highest number of attendances in each Local Authority is listed in table 4. Cumulative population rate per 100,000 LSOA map breakdown is also provided. LSOA by Local Authority maps are provided in the supplementary material.

Table 4. Self-harm ED attendances by top LSOA of attendance in each Local Authority (April 2019 to March 2026)

Local Authority	Top LSOA	Number of attendances
Cheshire East	Cheshire East 036F	228
Liverpool	Liverpool 001B	231
Wirral	Wirral 021D	115
Cheshire West and Chester	Cheshire West and Chester 018B	115
Sefton	Sefton 037D	169
Warrington	Warrington 003B	180
Knowsley	Knowsley 004B	113
St. Helens	St. Helens 012C	53
Halton	Halton 003C	89



Demographics

Over six in ten attendees (19,069; 61%) were female, with 39% male (n=12,163), and the remaining other or not known (n=54; <1%). This is similar to figures reported in previous literature looking at self-harm prevalence in England (58.6% female)[1]. Those aged between 20 and 34 years of age comprised the largest number of attendances (n=11,153; 36%) overall (Table 5). Whilst attendances for both men (n=4,475; 37%) and women (n=6,633; 35%) were highest in the 20 to 34 year age group, women also reported high numbers in the 5 to 19 year age group (n=6,359; 33%).

Table 5. Self-harm ED attendances by sex and age group (April 2019 to March 2026)

Sex/age group	Female		Male		Other or not specified		Total	
	n	%	n	%	n	%	N	%
00–04	137	1%	164	1%	0	0%	**301**	**1%**
05–19	6359	33%	2185	18%	9	17%	**8553**	**27%**
20–34	6633	35%	4475	37%	45	83%	**11153**	**36%**
35–49	3710	19%	3153	26%	0	0%	**6863**	**22%**
50–64	1694	9%	1711	14%	0	0%	**3405**	**11%**
65+	536	3%	475	4%	0	0%	**1011**	**3%**
Total	**19069**	**100%**	**12163**	**100%**	**54**	**100%**	**31286**	**100%**

The overall peak for self-harm attendances occurs at 15 years of age (n=1,282). This is largely driven by female attendances, which also peak at 15 years (n=1,037) and where women comprise 81% of attendances at that age. Female attendances substantially begin to increase from age 12 onwards. Whilst there was an increase in male attendances also at age 12 years, this was at much lower numbers with the peak attendances for men occurring at ages 17 and 19 years (both n=368). By around age 30, male and female attendances become broadly similar (Figure 2), although women have slightly higher attendances throughout their 40s and for most ages in their 50s, although the differences are considerably smaller than observed during childhood and adolescence. This age distribution is consistent with national evidence which highlights that whilst self-harm occurs across the whole life course, it is most common in young adults and adolescents[1].

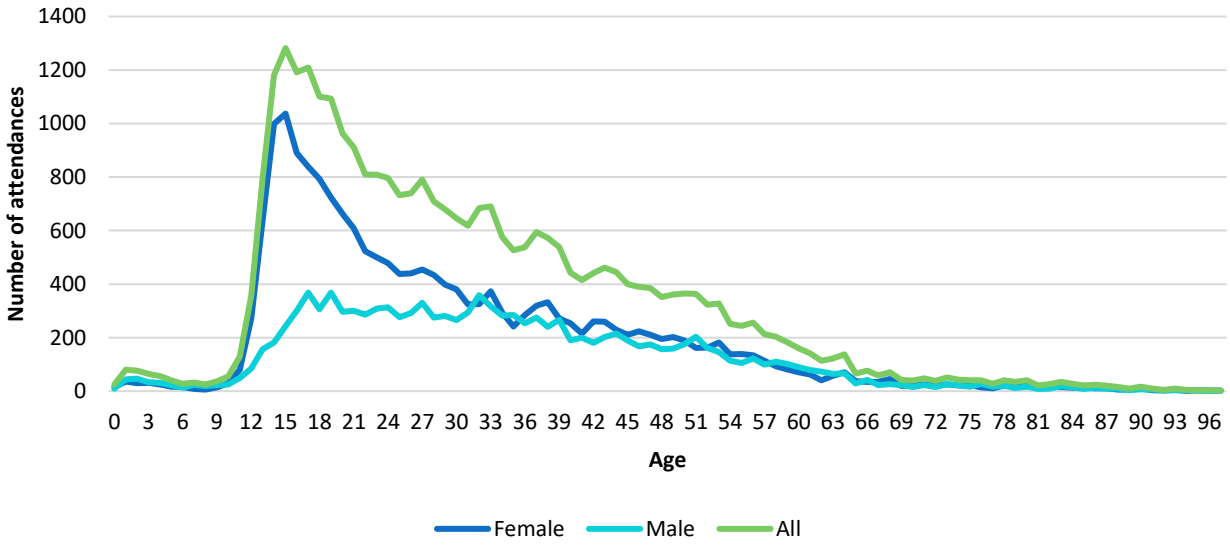


Figure 2. Self-harm ED attendances by sex and age (April 2019 to March 2026)

Where collected (N=21,068, 67%), those who were White British comprised 95% of attendances (Table 6). All other ethnic groups each accounted for less than 2% of recorded attendances. This distribution broadly reflects the ethnic breakdown across Cheshire and Merseyside which has a predominantly White population (approx. 92%)[2].

[1] Epidemiology and trends in non-fatal self-harm in three centres in England, 2000–2012: findings from the Multicentre Study of Self-harm in England | BMJ Open

[2] Ethnicity-profiles-in-Cheshire-Merseyside.pdf

Table 6. Self-harm ED attendances by ethnicity (April 2019 to March 2026)

Ethnicity	N	%
White British	19976	95%
Other White	414	2%
Other	204	1%
Other Mixed	92	0%
Other Black	66	0%
Other Asian	62	0%
African	43	0%
White Irish	41	0%
White and Asian	39	0%
White and Black African	30	0%
White and Black Caribbean	30	0%
Chinese	24	0%
Indian	17	0%
Bangladeshi	11	0%
Pakistani	10	0%
Caribbean	9	0%
Total	**21068**	**100%**

Children and adolescents (0-17 years)

There were 6,660 attendances made by those aged between 0 and 17 years of age (21% of all self-harm attendances). Around three quarters of attendances were made by girls (n=4,979; 75%), 25% by boys (n=1,675), with six attendees not having a sex recorded. For girls, 94% (n=4,672) of attendances within this age cohort were made by those aged 12 and older. Figure 3 shows the gender split by age for this group.

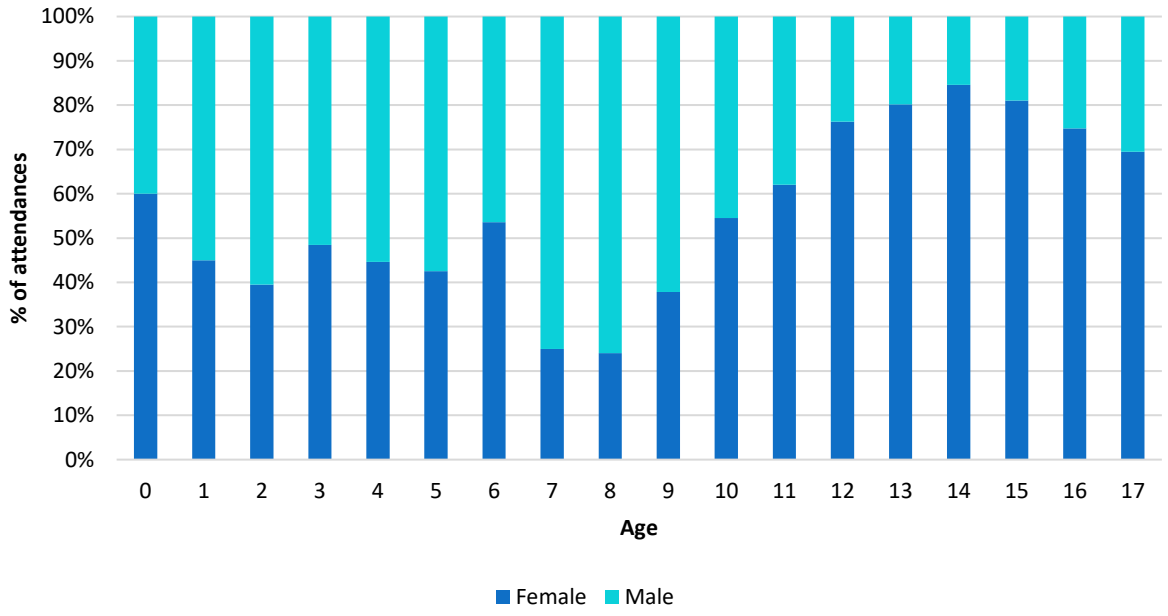


Figure 3. Children and adolescents self-harm ED attendances by sex and age (April 2019 to March 2026)

Young adults (18-39 years)

There were 16,116 attendances by those aged between 18 and 39 years (52% of all self-harm attendances). Approximately six in ten attendances were made by women (n=9,599; 60%), compared with 40% by men (n=6,469); 48 attendees did not have a sex recorded (<1%). Attendances were highest at age 18 years where they peaked at 1,101 (7%) attendances and declining gradually to 538 attendances (3%) by age 39 years. The gender gap was widest in younger adulthood with women accounting for 72% of attendances at age 18, and 60 to 70% of attendances throughout their twenties. By age 31, attendances are close to equal (52% female, 48% male), and whilst there is some variance throughout, overall, during their 30's, the gender gap closes (Figure 4).

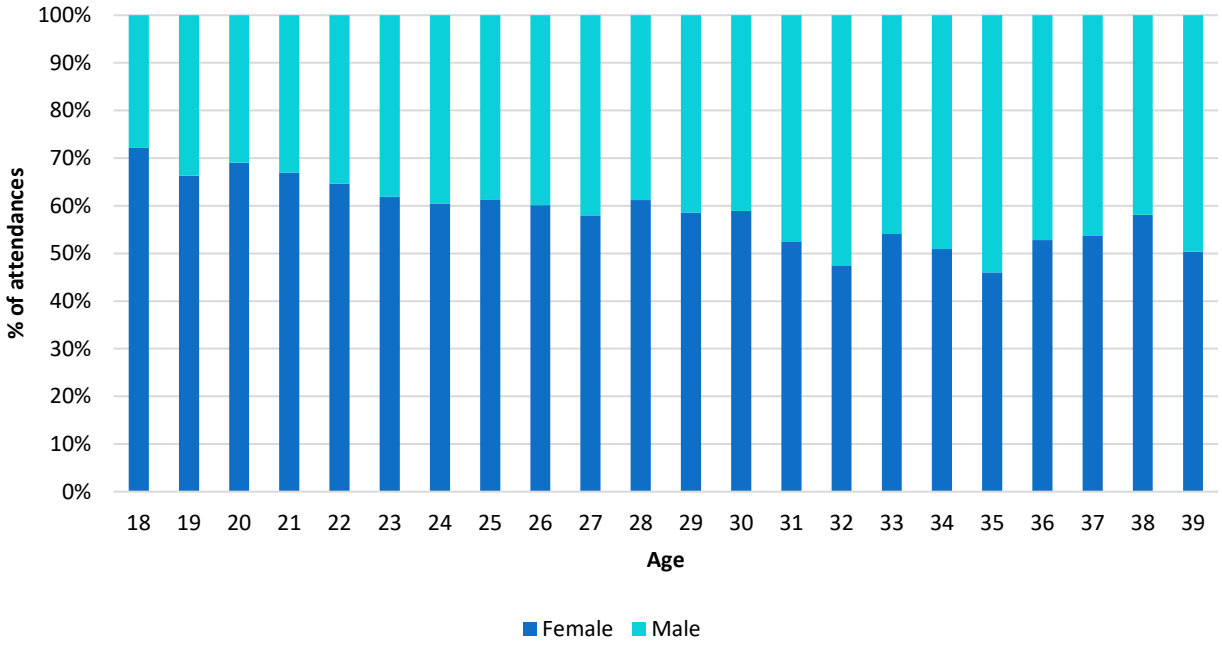


Figure 4. Young adults self-harm ED attendances by sex and age (April 2019 to March 2026)

Middle age to older adulthood (40+ years)

There were 8,510 attendances by those aged 40 years and over (27% of all self-harm attendances). Just over half of attendances (n=4,491; 53%) were made by women and 47% (n=4,019) by men. Attendances were highest at age 43 (n=462, 5%) and steadily declined to 56 attendances by those aged 90 years and older (1%). For those aged 40 years and over, the gender distribution was more balanced throughout than in younger age groups. Overall, women reported slightly higher numbers of attendances throughout their 40s and to mid-50s. However, from late 50s into 60s, men reported greater proportion of attendances. From mid-60s onwards, proportions fluctuated considerably, likely reflecting smaller attendances numbers, with no clear or sustained gender pattern being evident (Figure 5).

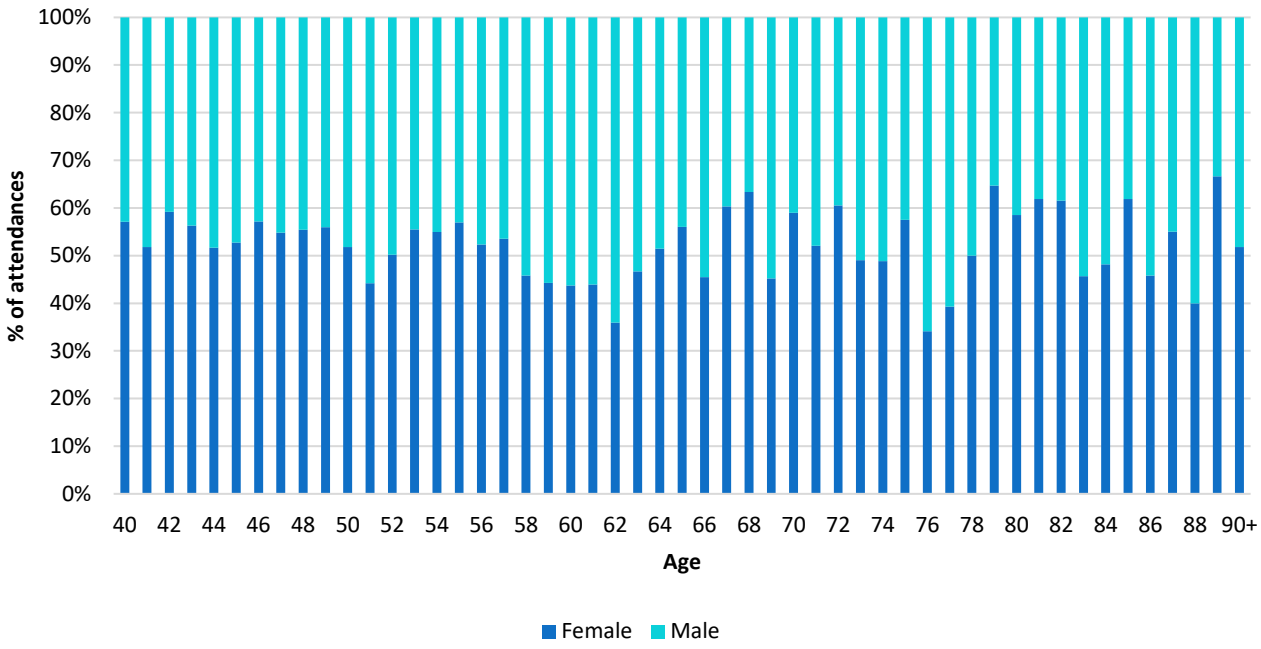


Figure 5. Middle age to older adults self-harm ED attendances by sex and age (April 2019 to March 2026)

Temporal

Between April 2019 to March 2026, Cheshire and Merseyside EDs recorded an average of 372 self-harm attendances per month. The highest number of attendances were recorded at University Hospital Aintree (n=7,295; 23%), followed by Leighton Hospital (n=6,478; 21%). Overall attendances have decreased from 5,984 in 2019/20 to 3,025 in 2025/26, representing a 49% reduction. Trends should be interpreted with caution, as the overall reduction may have been impacted by substantial decreases at University Hospital Aintree (from 2021/22), Macclesfield District General Hospital (from 2022/23) and Leighton Hospital (during 2025/26), suggesting that changes to hospital IT systems, trust mergers and data coding practices may account for some of the observed trends (Table 7). Furthermore, whilst these trends match national figures for hospital admissions[3], whereby self-harm admissions dropped from 191.2 in 2019/20 to 117.0 in 2023/24, again this reduction could be due to changes in NHS England's reporting methodology which reclassified Same Day Emergency Care (SDEC) cases, leading to fewer admissions being recorded as part of Admitted Patient Care data set[4].

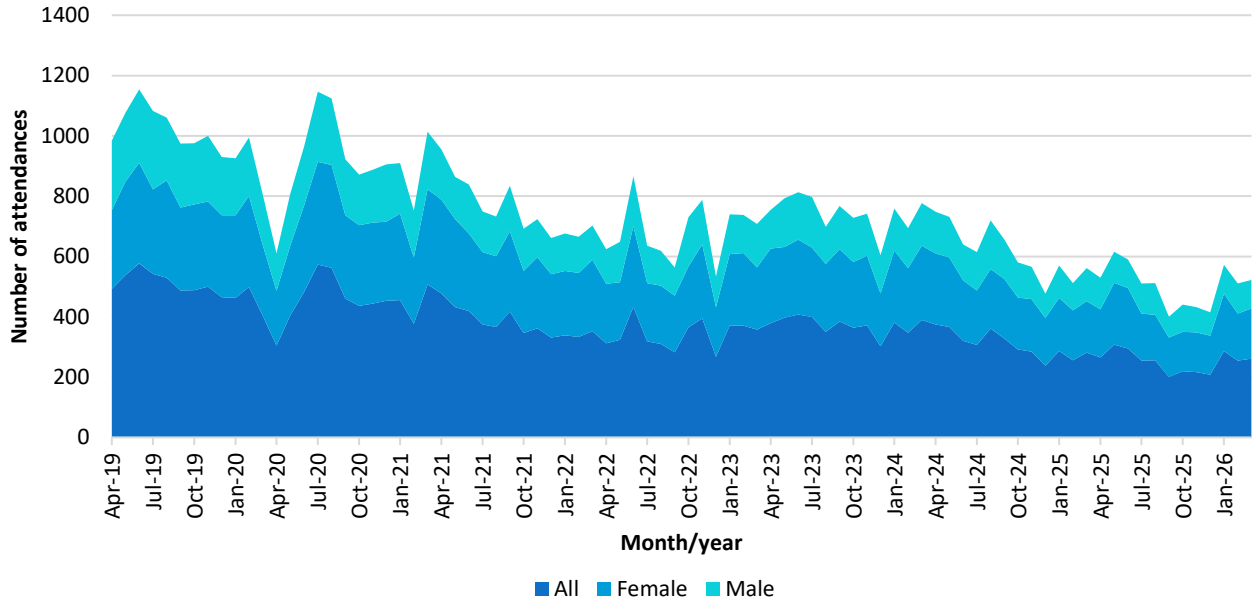
[3] Fingertips | Department of Health and Social Care

[4] Hospital admissions as a result of self-harm in children and young people | Nuffield Trust

Table 7. Self-harm ED attendances by hospital attended and financial year (April 2019 to March 2026)

ED	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	Total	%
Alder Hey Children's NHS Foundation Trust	80	91	116	103	94	103	171	**758**	**2%**
Arrowe Park Hospital	789	721	673	657	531	453	613	**4437**	**14%**
Countess Of Chester Hospital	280	133	212	279	206	216	300	**1626**	**5%**
Halton General Hospital (MIU)	***	***	***	***	***	***	***	**10**	**0%**
Leighton Hospital	516	770	992	1125	1374	1084	617	**6478**	**21%**
Macclesfield District General Hospital	470	426	362	108	115	117	16	**1614**	**5%**
Royal Liverpool University Hospital	29	144	94	175	314	264	146	**1166**	**4%**
Southport & Formby District General Hospital	157	106	143	157	166	97	107	**933**	**3%**
University Hospital Aintree	2345	1948	885	502	673	571	371	**7295**	**23%**
Urgent Care Centre Leighton Hospital (UUC)	***	***	***	<10	<10	<10	***	**25**	**0%**
Victoria Infirmary Northwich (MIU)	114	43	96	96	87	70	47	**553**	**2%**
Warrington Hospital	593	506	459	520	494	379	309	**3260**	**10%**
Whiston Hospital	608	570	512	377	409	328	327	**3131**	**10%**
Total	**5984**	**5459**	**4549**	**4105**	**4470**	**3694**	**3025**	**31286**	**100%**

Self-harm attendance decreased between April 2019 to March 2026, averaging approximately 500 attendances per month during 2019/20 and declining to around 250 per month by the end of the date period. There was a sharp drop in attendances during the first national Covid-19 lockdown period in April 2020, however numbers quickly returned to pre-Covid-19 levels during the summer of 2020 and remained relatively stable throughout the rest of the pandemic. Attendances were generally lower across winter months, and higher throughout spring and summer, with June (n=2,933; 9%), May, July (both n=2,769; 9%) and August (n=2,735; 9%) seeing the highest numbers. National evidence of seasonal variation in self-harm incidents is limited, however previous international literature suggests summer peaks for suicidal activity, self-harm presentations to hospitals and manic-related hospital admissions [5]. Whilst attendances decreased overall, this was more pronounced amongst women, with a modest narrowing of the gender gap over time (Figure 6).



[5] Seasonality in Mood Disorders and Suicide Risk

Figure 6. Self-harm ED attendances by sex and time period (April 2019 to March 2026)

Attendances for self-harm varied across the week, with highest numbers recorded during late evening and overnight (Figure 7). Attendances were highest between 8pm and 4am, and lowest between 6am and 10am. Tuesday saw the highest number of attendances overall (n=4,794; 15%), with peak time between 10pm and midnight (n=3,772; 12%). The peak overall time was Tuesday between 10pm and midnight (n=612; 2%). Previous evidence of self-harm presentations in England, similarly, highlighted that they peaked at night, in particular between 10pm and 2am [6].

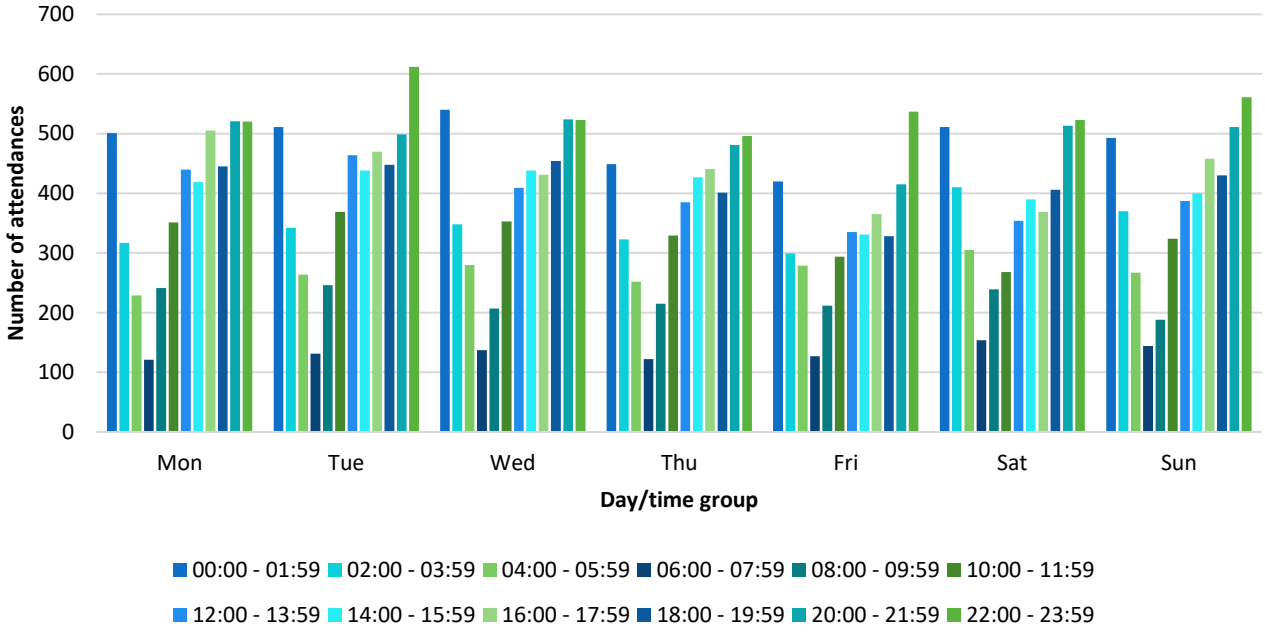


Figure 7. Self-harm ED attendances by day and time of attendance (April 2019 to March 2026)

Location

Incident location was recorded for 72% of self-harm attendances (n=22,715). Where collected, 73% (n=16,660) of incidents took place in the home (Table 8).

Table 8. Self-harm ED attendances by location of incident (April 2019 to March 2026)

Incident location	N	%
Home	16660	73%
Other	3784	17%
Public Place	798	4%
Road/RTA	601	3%
Educational Establishment	328	1%
Public Building	291	1%
Prison	101	0%
Work	63	0%
Hospital	56	0%
Licensed premises e.g. bar cafe club	18	0%
Sports facility	15	0%
Total	**22715**	**100%**

[6] Self-harm in England: a tale of three cities | Social Psychiatry and Psychiatric Epidemiology | Springer Nature Link

Whilst self-harm attendances were highest for women overall, there were several locations where men accounted for a greater proportion of attendances (Table 9). This included public places/buildings (53% male) and roads (61% male), prisons (99% male), work (70% male), and sports facilities (60% male).

Table 9. Self-harm ED attendances by sex and location of incident (April 2019 to March 2026)

Incident location	Female	Male
Home	63%	37%
Other	61%	39%
Public Place	47%	53%
Road/RTA	39%	61%
Educational Establishment	64%	36%
Public Building	47%	53%
Prison	1%	99%
Work	30%	70%
Hospital	73%	27%
Licensed premises e.g. bar cafe club	56%	44%
Sports facility	40%	60%
Total	**61%**	**39%**

Overall, attendances were highest amongst those aged between 18 and 39 years and this remained the case across the majority of incident locations (Table 10), with prisons showing the highest concentration of 18 to 39 year olds. In contrast, educational establishments (94%) and hospitals (100%) were overwhelmingly associated with those aged 0-17 years. Licensed premises (33%), homes (31%) and work (30%) had the highest proportions of attendances among those aged 40 years and over.

Table 10. Self-harm ED attendances by age group and location of incident (April 2019 to March 2026)

Incident location	0-17 years	18-39 years	40+ years
Home	16%	53%	31%
Other	25%	51%	25%
Public Place	12%	59%	28%
Road/RTA	19%	60%	21%
Educational Establishment	94%	5%	0%
Public Building	18%	55%	27%
Prison	0%	78%	22%
Work	5%	65%	30%
Hospital	100%	0%	0%
Licensed premises e.g. bar cafe club	11%	56%	33%
Sports facility	27%	47%	27%
Total	**19%**	**53%**	**29%**

Source of referral

Table 11 shows that just over seven in ten attendances self-referred into hospital (n=22,396; 72%). Collectively referrals from emergency services and the police accounted for approximately one in ten attendances (11%).

Referrals from other health care providers generally only accounted for a small proportion of attendances (1-2%).

Table 11. Self-harm ED attendances by source of referral (April 2019 to March 2026)

Referral source	N	%
Self-referral	22396	72%
Other	2319	7%
Emergency services - Any	1911	6%
Police	1701	5%
Health Care Provider: same or other	671	2%
Health Care Provider: Ambulance service - patient in transit	664	2%
Health Care Provider: NHS telephone/internet advice e.g. NHS 111	574	2%
General Medical Practitioner	315	1%
Parent/Guardian	214	1%
Health Care Provider: Emergency department	126	0%
Unknown	90	0%
Health Care Provider: Mental health assessment team	48	0%
Health Care Provider: Urgent care service	44	0%
Educational Establishment	40	0%
Health Care Provider: Advanced care practitioner	33	0%
Health Care Provider: School nurse	30	0%
Local Authority Social Services	26	0%
Health Care Provider: Community mental health nurse	20	0%
Health Care Provider: Inpatient	14	0%
Emergency services - Search and rescue	10	0%
Other: Custodial services: prison	8	0%
Health Care Provider: Outpatient service inc. ambulatory care	8	0%
Work	5	0%
Other: Custodial services: detention centre	***	0%
Health Care Provider: Community nurse (not practice nurse)	***	0%
Health Care Provider: Pharmacist (including community pharmacist)	***	0%
General Dental Practitioner	***	0%
Health Care Provider: Health visitor	***	0%
Other: Homeless persons drop in centre	***	0%
Emergency services - Coastguard	***	0%
Total	**31286**	**100%**

Arrival mode

The highest proportion of attendances arrived by ambulance (n=14,002; 45%), followed by patient arranged transport (11,843; 38%). Overall, more than half of attendances (55%) arrived by means other than an emergency ambulance (Table 12).

Table 12. Self-harm ED attendances by arrival mode (April 2019 to March 2026)

Arrival mode	N	%
Brought in by Emergency Ambulance	14002	45%
Patient arranged own transport	11843	38%
Police transport	1870	6%
Other	1289	4%
Public transport/taxi	1022	3%
Walk-in/on foot	983	3%
Non-emergency road ambulance	154	0%
Custodial services: prison/detention centre transport	86	0%
Brought in by Emergency Ambulance Air/Helicopter	19	0%
Unknown	18	0%
Total	**31286**	**100%**

Disposal

Over a third of attendances were discharged from hospital with no further treatment required (n=11,559; 37%), (Table 13). Three in ten attendances were admitted into hospital (n=9,432; 30%), and 11% left the department before receiving or having refused treatment (n=3287). Deaths in department were uncommon (n=11, <1%).

Table 13. Self-harm ED attendances by disposal (April 2019 to March 2026)

Disposal	N	%
Discharged - did not require any follow up treatment	11559	37%
Admitted to a Hospital Bed /became a lodged patient of the same Health Care Provider	9432	30%
Left Department before being seen for treatment	2836	9%
Unknown	2408	8%
Discharged - follow up treatment to be provided by General Practitioner	1960	6%
Transferred to other Health Care Provider	1298	4%
Other	716	2%
Left Department having refused treatment	451	1%
Referred to other Out-Patient Clinic	305	1%
Referred to other Health Care Professional	197	1%
Referred to Fracture Clinic	57	0%
Referred to A&E Clinic	56	0%
Died in Department	11	0%
Total	**31286**	**100%**

Self-harm attendances were higher for women overall and women accounted for the majority of attendances in most disposal outcome. The exception to this was referrals to the fracture clinic where 63% of referrals were for men (Table 14), however this finding should be interpreted with caution as fracture clinic referrals comprise only a small number of attendances overall (n=57).

Table 14. Self-harm ED attendances by sex and disposal (April 2019 to March 2026)

Disposal	Female	Male
Discharged - did not require any follow up treatment	61%	39%
Admitted to a Hospital Bed /became a lodged patient of the same Health Care Provider	62%	38%
Left Department before being seen for treatment	58%	42%
Unknown	64%	36%
Discharged - follow up treatment to be provided by General Practitioner	61%	39%
Transferred to other Health Care Provider	60%	40%
Other	61%	39%
Left Department having refused treatment	57%	43%
Referred to other Out-Patient Clinic	60%	40%
Referred to other Health Care Professional	66%	34%
Referred to Fracture Clinic	37%	63%
Referred to A&E Clinic	64%	36%
Died in Department	55%	45%
Total	61%	39%

Those aged between 18 to 39 years comprised the greater number of attendances overall, and represented the largest age group across most disposal categories (Table 15). The highest proportions of 18 to 39 year olds were observed among those who left the department having refused treatment (62%), those referred to A&E clinics (61%), those referred to fracture clinics (61%), those discharged with follow-up from a general practitioner (60%), and those who left before being seen for treatment (61%). In contrast, attendances among those aged 0 to 17 years accounted for the highest proportions of referrals to other health care professionals (41%).

Table 15. Self-harm ED attendances by age group and disposal (April 2019 to March 2026)

Disposal	0-17 years	18-39 years	40+ years
Discharged - did not require any follow up treatment	26%	53%	21%
Admitted to a Hospital Bed /became a lodged patient of the same Health Care Provider	19%	47%	34%
Left Department before being seen for treatment	6%	61%	33%
Unknown	29%	45%	26%
Discharged - follow up treatment to be provided by General Practitioner	12%	60%	28%
Transferred to other Health Care Provider	15%	57%	29%
Other	37%	45%	17%
Left Department having refused treatment	14%	62%	24%
Referred to other Out-Patient Clinic	24%	52%	24%
Referred to other Health Care Professional	41%	38%	21%
Referred to Fracture Clinic	18%	61%	21%
Referred to A&E Clinic	23%	61%	16%
Died in Department	0%	45%	55%
Total	21%	52%	27%

Self-harm NWAS callouts across Cheshire and Merseyside (Apr 19 – Mar 26)

Overview

Between April 2019 and March 2026, there were 22,815 ambulance self-harm related callouts across Cheshire and Merseyside (Table 16). Changes to ambulance recording systems introduced in April 2022 (see Methodology), resulted in a marked reduction in the ability to identify self-harm related callouts. Therefore, figures from April 2022 are not directly comparable with those reported prior to this date and any changes in activity should be interpreted with caution. During the first year of Covid-19 pandemic, in particular the first Covid-19 lockdown, callouts decreased significantly, reducing by approximately 11% during 2020/21 when compared to 2019/20. However, callouts subsequently increased throughout 2021/22 exceeding pre-Covid-19 levels, highlighting that any initial reduction was not sustained. For April 2022 onwards, average callouts increased from approximately 80 per month during 2022/23, before stabilising to around 100-110 per month during subsequent years. Post April 2022 data also shows some evidence of seasonal changes with callouts highest across Spring and Summer months.

Table 16. Self-harm ambulance callouts by month and year (April 2019 to March 2026)

Month/year	2019	2020	2021	2022	2023	2024	2025	2026	Total
Jan		349	372	684	61	97	86	98	**1747**
Feb		379	599	746	59	78	96	114	**2071**
Mar		320	706	704	66	118	126	88	**2128**
Apr	508	275	647	69	62	138	111		**1810**
May	721	448	577	73	96	122	120		**2157**
Jun	762	452	503	55	79	98	111		**2060**
Jul	750	541	413	72	74	109	122		**2081**
Aug	681	462	420	67	85	120	135		**1970**
Sep	628	398	423	78	114	107	103		**1851**
Oct	606	353	408	65	90	92	104		**1718**
Nov	500	431	353	76	95	111	95		**1661**
Dec	261	391	605	38	75	103	88		**1561**
Total	**5417**	**4799**	**6026**	**2727**	**956**	**1293**	**1297**	**300**	**22815**

Demographics

Just over half of callouts were made by women (n=11,727; 51%), with men comprising 48% (n=10,878) of callouts and the remaining (n=210; 1%) recorded as other or not specified (Table 17). The highest proportion of callouts were made by those aged between 20 and 34 years (n=7,401; 32%) followed by those aged between 35 and 49 years (n=6,063; 27%). Collectively those aged between 20 and 49 years old comprised close to six in ten of callouts (n=13,464; 59%). Females accounted for a greater proportion of callouts amongst the younger age groups, comprising 65% (n=1,662) of those aged between 5 and 19 years. Conversely, males accounted for slightly higher proportions in those aged 35 to 64 years, particularly those aged between 50 and 64 years where men comprised 53% of callouts (n=2,017).

Table 17. Self-harm ambulance callouts by sex and age group (April 2019 to March 2026)

Sex/age group	Female		Male		Other or not specified		Total	
	n	%	n	%	n	%	N	%
00–04	0	0%	***	0%	0	0%	***	**0%**
05–19	1662	14%	892	8%	17	8%	**2571**	**11%**
20–34	3885	33%	3491	32%	25	12%	**7401**	**32%**
35–49	2979	25%	3067	28%	17	8%	**6063**	**27%**
50–64	1771	15%	2017	19%	13	6%	**3801**	**17%**
65+	1134	10%	<1000	9%	***	1%	**2115**	**9%**
Unknown	296	3%	431	4%	<150	65%	**<900**	**4%**
Total	**11727**	**100%**	**10878**	**100%**	**210**	**100%**	**22815**	**100%**

Callouts increased sharply during adolescence, peaked in early adulthood (approximately ages 20 to 35 years), and declined progressively with increasing age (Figure 8). Although women accounted for a slightly higher proportion of callouts overall, the peak ages were broadly similar for both sexes, with female callouts being higher largely driven by those aged 20 years and older. It should also be noted that the repeated peaks at ages ending in a 0 or 5, e.g. 20, 25, 30, are likely due to approximate age reporting by callers ringing for an ambulance.

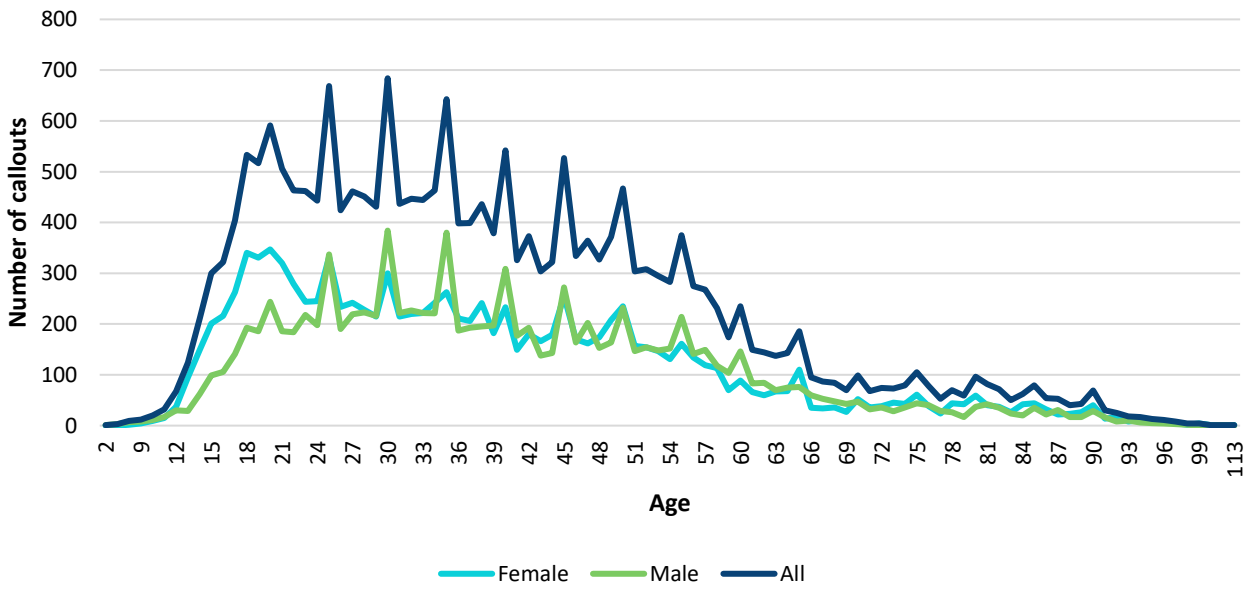


Figure 8. Self-harm ambulance callouts by sex and age (April 2019 to March 2026)

Children and adolescents (0-17 years)

Children and adolescents comprised 7% (n=1,505) of self-harm related callouts. There were no callouts for children aged 0-1 and 3-6 years, with very low numbers reported at ages two and seven (<5 callouts) (Figure 9). Among children aged between 6 and 11 years, boys accounted for a higher proportion of callouts than girls. However, from age 12 onwards, girls reported higher levels of callouts comprising 77% of callouts at age 13, and 65% of callouts by age 17.

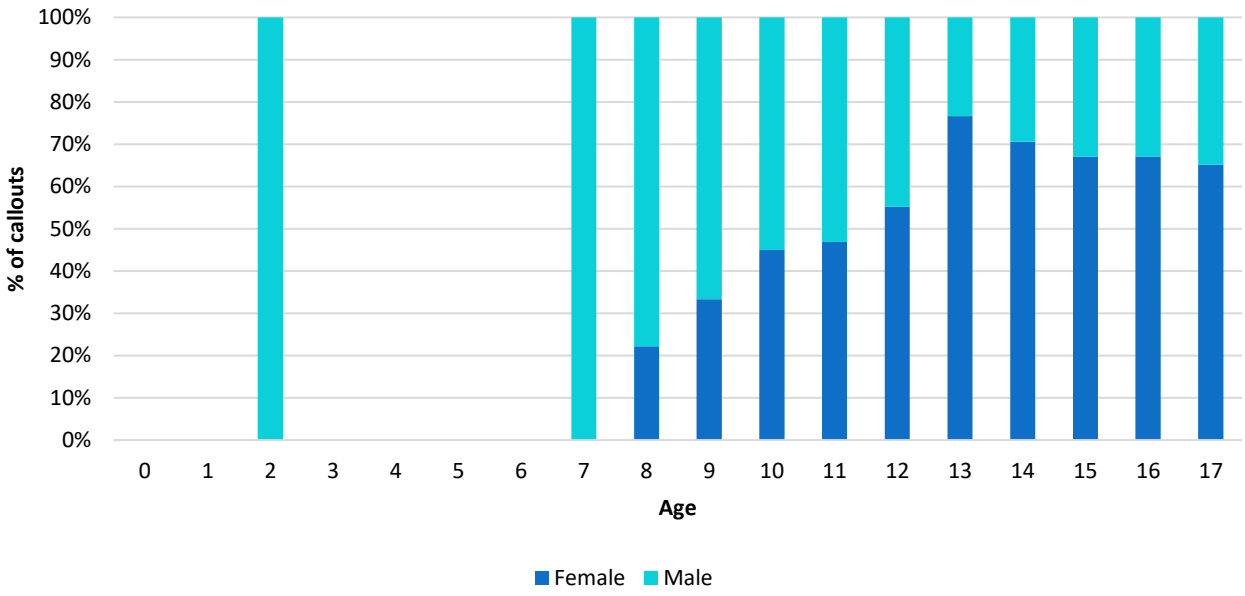


Figure 9. Children and adolescents self-harm ambulance callouts by sex and age (April 2019 to March 2026)

Young adults (18-39 years)

Young adults accounted for 47% (n=10,681) of self-harm related callouts (Figure 10). Amongst this age group, the sex distribution of callouts was relatively balanced, with women accounting for slightly higher proportions at most ages (between 50-60%).

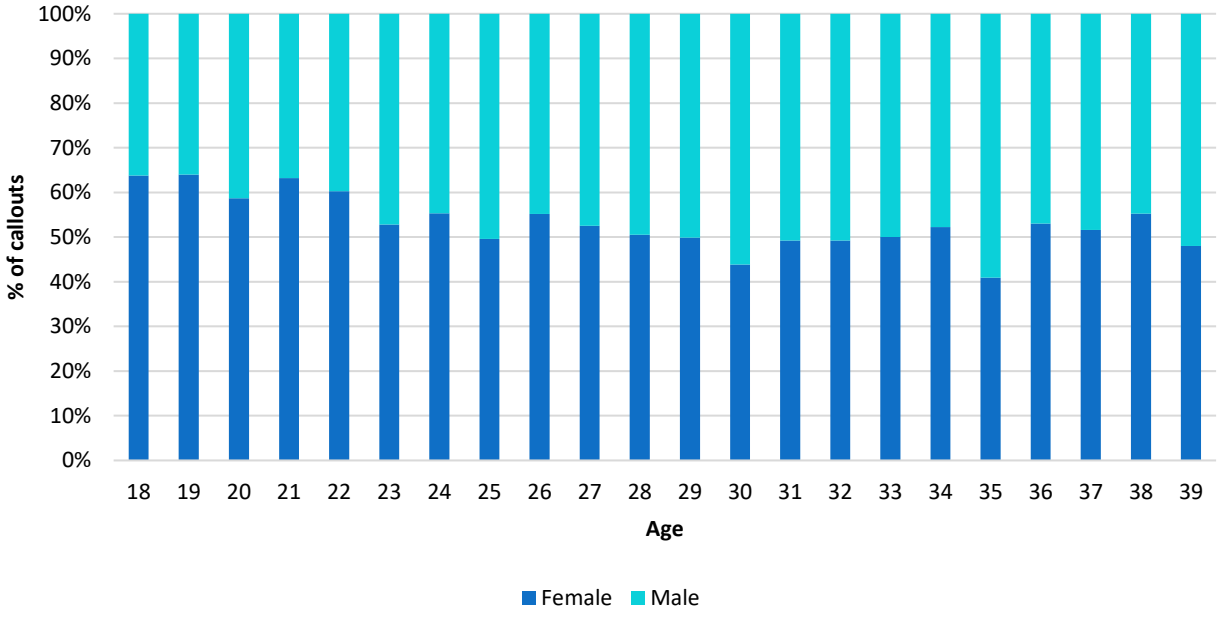


Figure 10. Young adults self-harm ambulance callouts by sex and age (April 2019 to March 2026)

Middle age to older adulthood (40+ years)

Those aged 40 years and over comprised 42% (n=9,692) of self-harm related callouts (Figure 11). Overall, for this age group, the distribution of self-harm callouts was broadly similar for men and women, although men comprised the highest proportion of callouts during their 60s (approximately 60%).

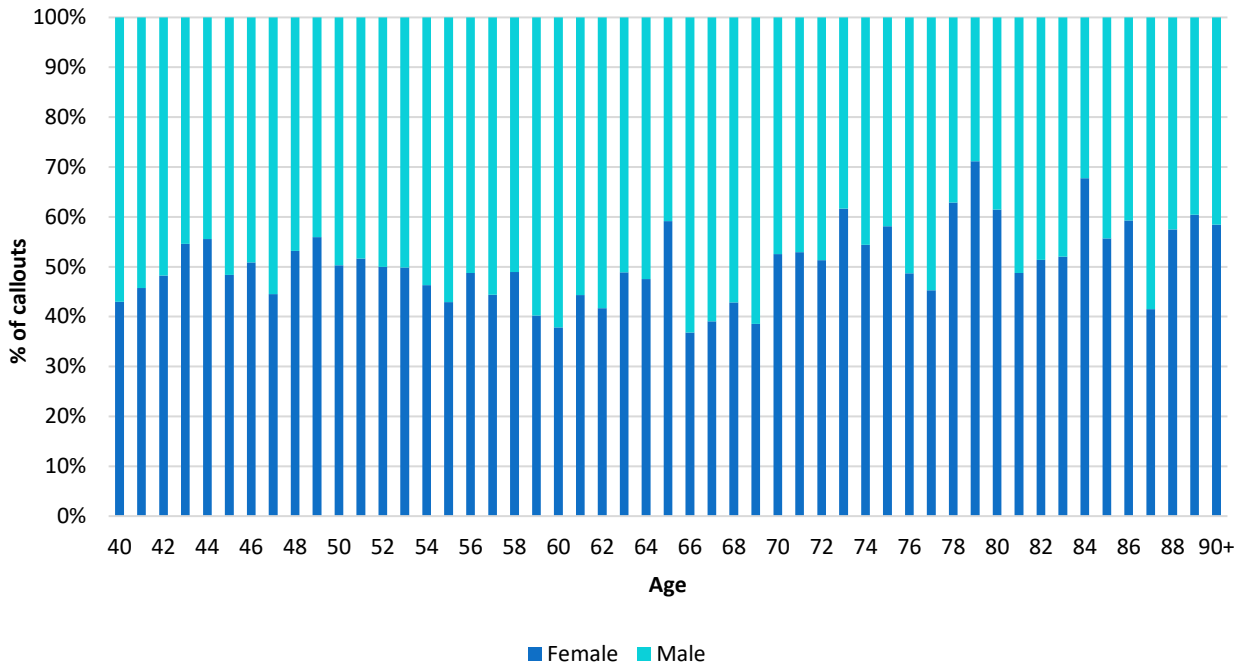


Figure 11. Middle age to older adulthood self-harm ambulance callouts by sex and age (April 2019 to March 2026)

Geography of callout

The highest proportion of callouts occurred in Liverpool (n=6,402; 28%), followed by Wirral (n=3,041; 13%) and Cheshire East (n=2,969; 13%). In contrast, the lowest number of callouts were across Knowsley (n=1,154; 5%), and Halton (n=1,062; 5%). Overall, Merseyside comprised 64% (n=14,663) and Cheshire 36% (n=8,152) of callouts (Table 18).

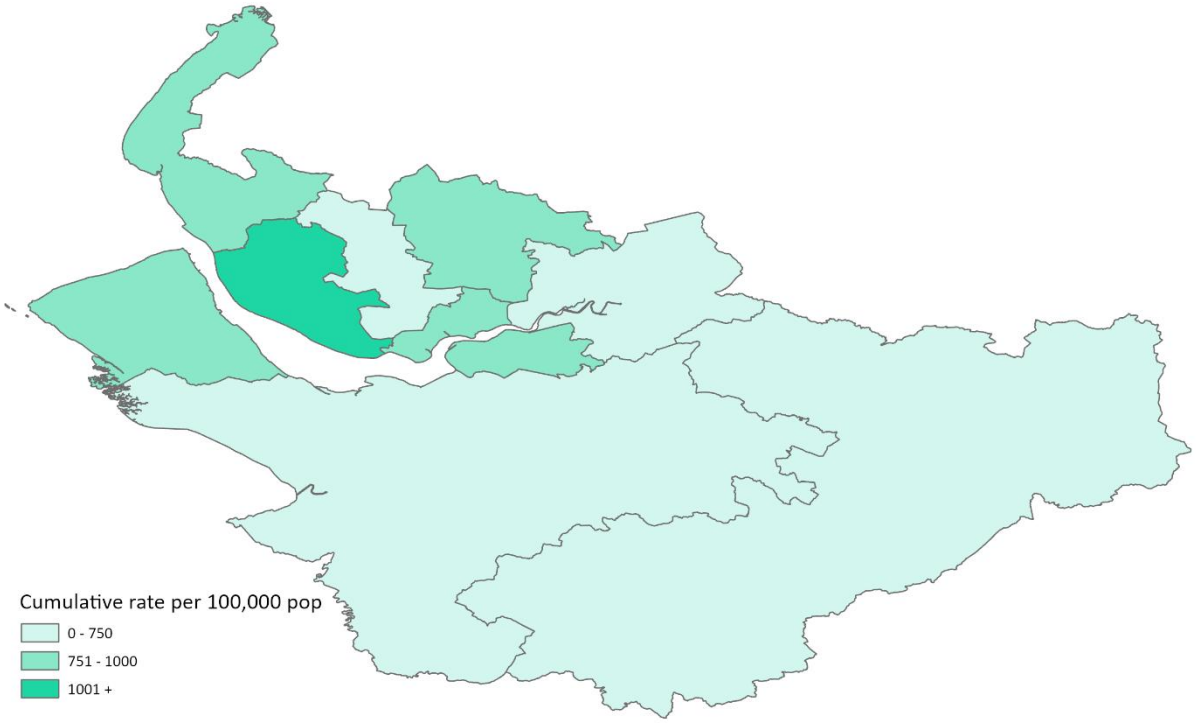
Table 18. Self-harm ambulance callouts by Local Authority of callout (April 2019 to March 2026)

Local Authority	N	%
Liverpool	6402	28%
Wirral	3041	13%
Cheshire East	2969	13%
Cheshire West and Chester	2688	12%
Sefton	2516	11%
St. Helens	1550	7%
Warrington	1433	6%
Knowsley	1154	5%
Halton	1062	5%
Total	**22815**	**100%**

Table 19 shows that Liverpool had the highest rate of callouts for self-harm (1,291.1 per 100,000 population), followed by Wirral (943.1 per 100,000 population) and Sefton (895.2 per 100,000 population. Halton had the highest rate amongst Cheshire (823.2 per 100,000 population), and Warrington had the lowest rate overall (676.6 per 100,000 population).

Table 19. Self-harm ambulance callouts by Local Authority of callout and cumulative population rate per 100,000

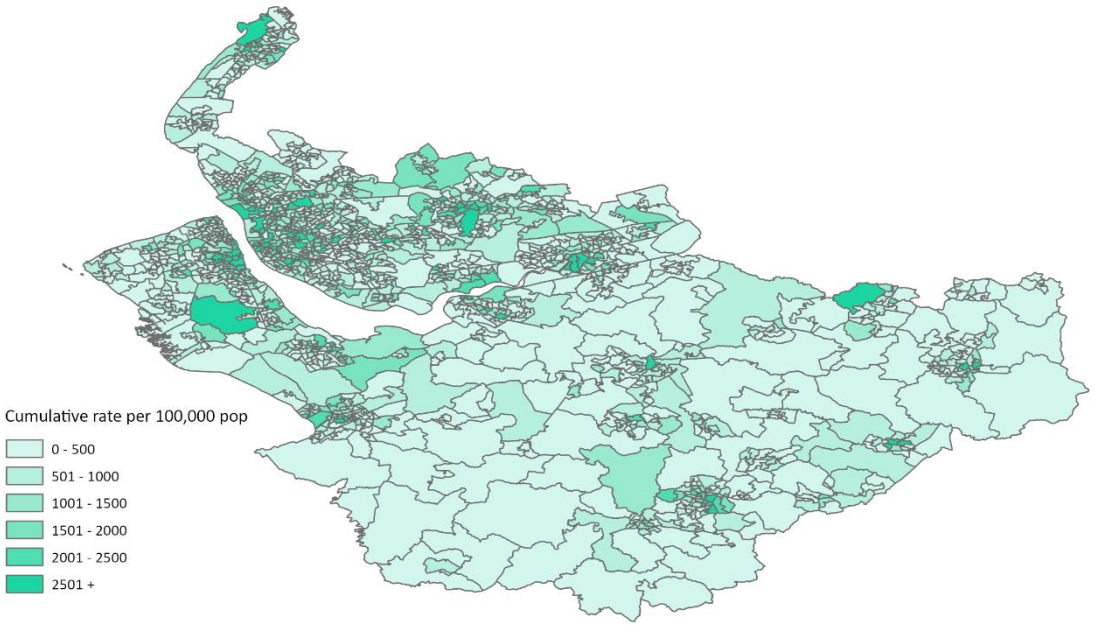
Local Authority	Local Authority code	No of self-harm callouts	Rate per 100,000 population
Liverpool	E08000012	6402	1291.1
Wirral	E08000015	3041	943.1
Cheshire East	E06000049	2969	730.2
Cheshire West and Chester	E06000050	2688	743.0
Sefton	E08000014	2516	895.2
St. Helens	E08000013	1550	839.1
Warrington	E06000007	1433	676.6
Knowsley	E08000011	1154	734.5
Halton	E06000006	1062	823.2



The LSOA with the highest number of callouts in each Local Authority is listed in table 20. Cumulative population rate per 100,000 LSOA map breakdown is also provided. LSOA maps by Local Authority are provided in the supplementary material.

Table 20. Self-harm ambulance callouts by top LSOA of callout in each Local Authority

Local Authority	Top LSOA	Number of callouts
Liverpool	Liverpool 061C	164
Wirral	Wirral 016G	137
Cheshire East	Cheshire East 036F	102
Cheshire West and Chester	Cheshire West and Chester 034G	120
Sefton	Sefton 004I	113
St. Helens	St. Helens 012C	75
Warrington	Warrington 018F	103
Knowsley	Knowsley 004B	48
Halton	Halton 007D	57



Temporal

Callouts were highest on Saturdays (n=3,490; 15%), with Tuesdays seeing the lowest (n=3,032; 13%). The peak time was between 8 and 10pm (n=2,567; 11%), with the lowest number of callouts between 6 and 8am (n=839; 4%). Peak day/time overall was Saturdays between 10pm and 12am (n=403; 2%). Overall, callouts increased throughout the day, peaking during evening and late-night hours before declining overnight (Figure 12).

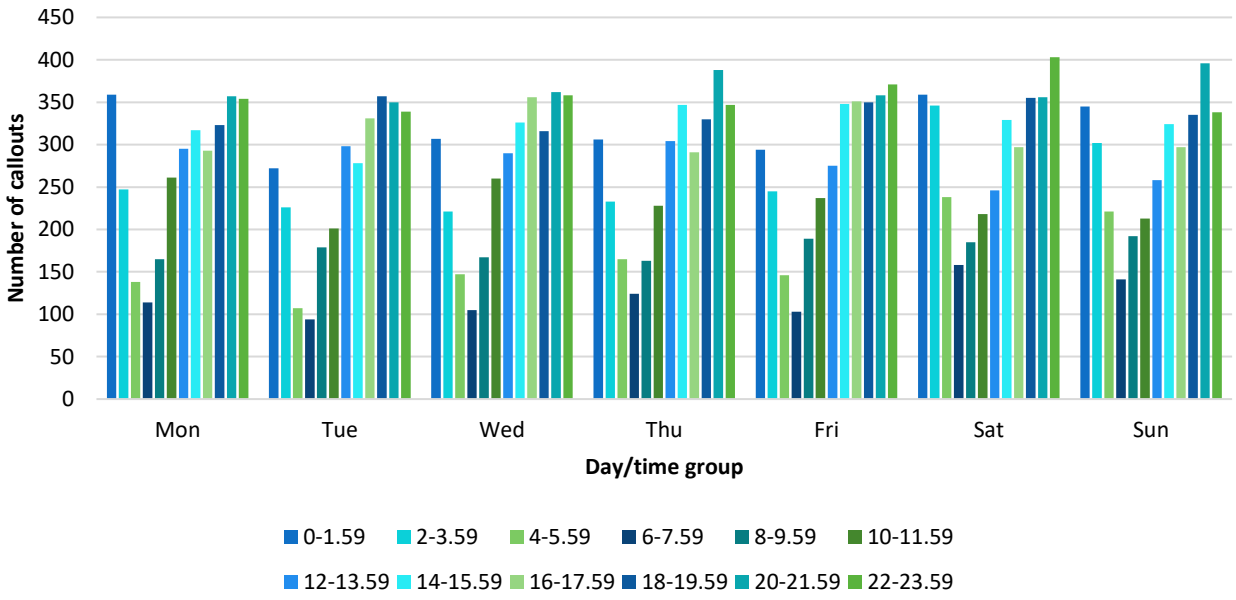


Figure 12. Self-harm ambulance callouts by day and time of callout (April 2019 to March 2026)

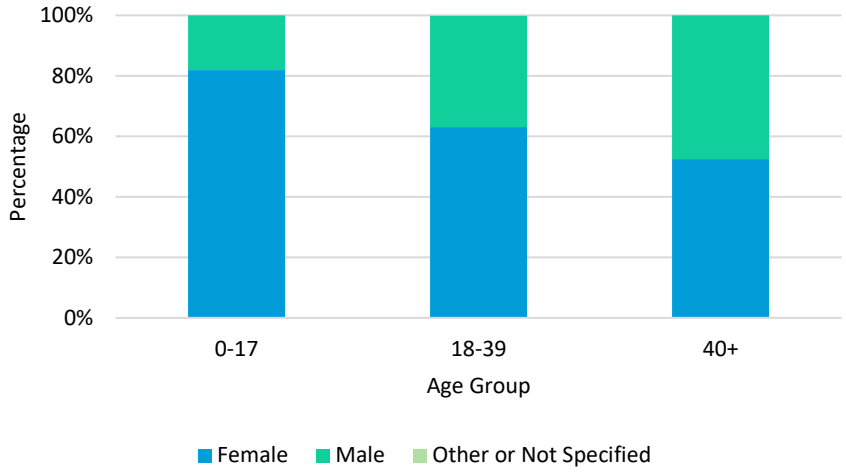
Outcome

Overall, 38% (n=8,569) of self-harm related callouts resulted in conveyance to hospital. Men were slightly more likely to be conveyed (n=4,254; 39%), than women (n=4,261; 36%). The likelihood of conveyance increased with age, rising from 35% among those aged 0-17 years, to 37% for those aged 18 to 39 years to 39% of those aged 40 years and older.

Local Authority Brief Profiles

Cheshire East

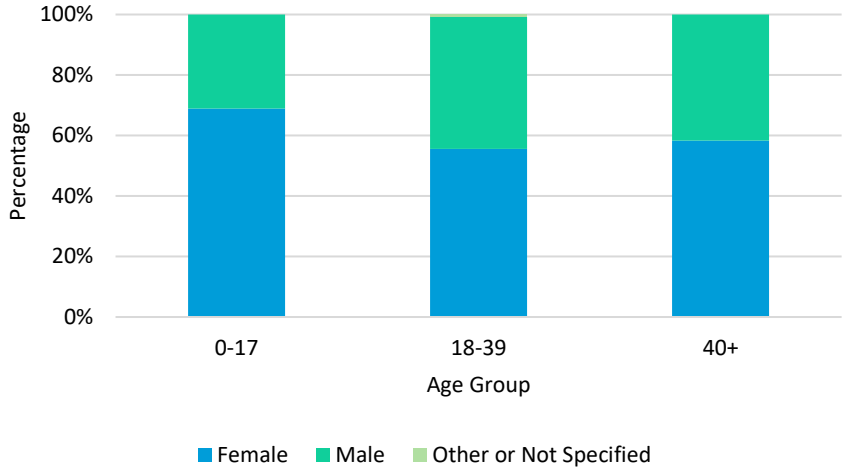
Between April 2019 and March 2026, there were 6,162 self-harm attendances made by Cheshire East residents of all ages, with the majority being in the 18-39 age group (49.4%). The highest concentration of attendances occurred between the hours of 14:00 and 23:59 (56.2%), with a peak between 20:00 and 21:59 (12.1%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
58.4% female	Mean age 29.4 years	7.4% reside in Crewe East	Where known, 95.6% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
36.2% arrived by ambulance	75.2% self-referred	32.5% hospitalised	71.8% attended Leighton Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
7.5% of calls were in Crewe South	52.8% female	46.6% aged 18-39	22.9% of calls between 20.00 and 23.59

Cheshire West and Chester

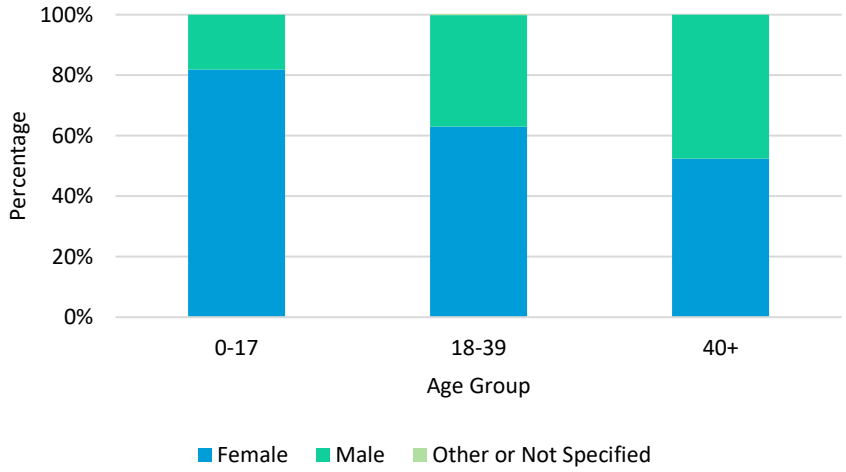
Between April 2019 and March 2026, there were 4,270 self-harm attendances made by Cheshire West and Chester residents of all ages, with the majority being in the 18-39 age group (48.0%). The highest concentration of attendances occurred between the hours of 18:00 and 21:59 (21.5%), with a peak between 20:00 and 21:59 (11.1%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
60.1% female	Mean age 29.0 years	10.0% reside in Winsford Over & Verdin	Where known, 94.8% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
33.8% arrived by ambulance	68.3% self-referred	25.5% hospitalised	46.9% attended Leighton Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
15.8% of calls were in Chester City & the Garden Quarter	50.4% female	48.2% aged 18-39	24.9% of calls between 20.00 and 23.59

Halton

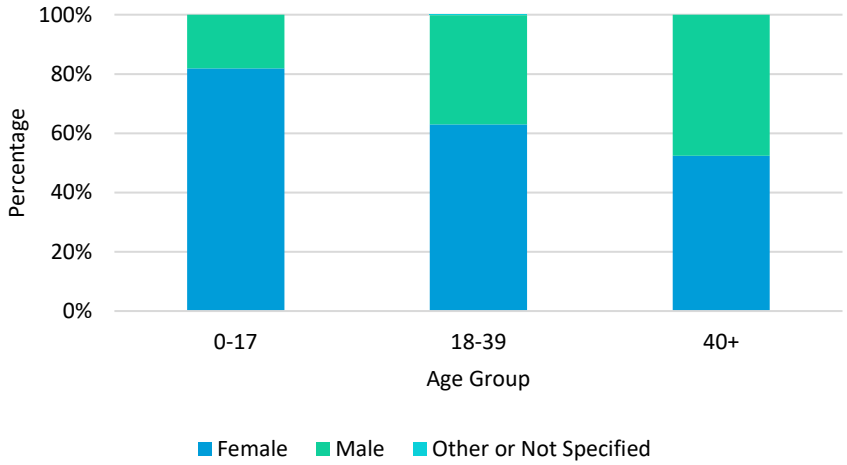
Between April 2019 and March 2026, there were 1,288 self-harm attendances made by Halton residents of all ages, with the majority being in the 18-39 age group (53.9%). The highest concentration of attendances occurred between the hours of 22:00 and 01:59 (31.2%), with a peak between 00:00 and 01:59 (17.2%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
64.2% female	Mean age 30.7 years	11.4% reside in Mersey & Weston	Where known, 98.2% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
52.3% arrived by ambulance	85.3% self-referred	23.1% hospitalised	58.5% attended Warrington Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
9.8% of calls were in Halton Lea	50.0% male	47.6% aged 18-39	24.7% of calls between 20.00 and 23.59

Knowsley

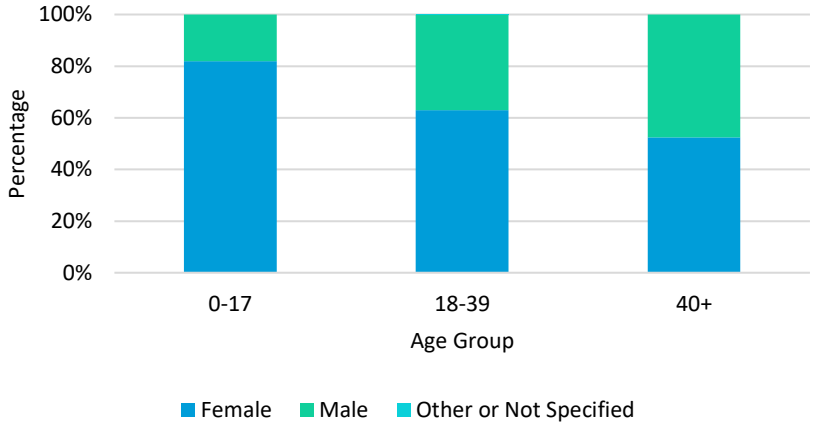
Between April 2019 and March 2026, there were 1,972 self-harm attendances made by Knowsley residents of all ages, with the majority being in the 18-39 age group (49.7%). The highest concentration of attendances occurred between the hours of 20:00 and 01:59 (34.3%), with a peak between 20:00 and 21:59 (11.8%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
61.2% female	Mean age 33.6 years	14.8% reside in Page Moss	Where known, 96.0% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
49.3% arrived by ambulance	66.3% self-referred	42.8% hospitalised	52.8% attended University Hospital Aintree
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
10.8% of calls were in Cherryfield	53.7% female	45.9% aged 18-39	23.6% of calls between 20.00 and 23.59

Liverpool

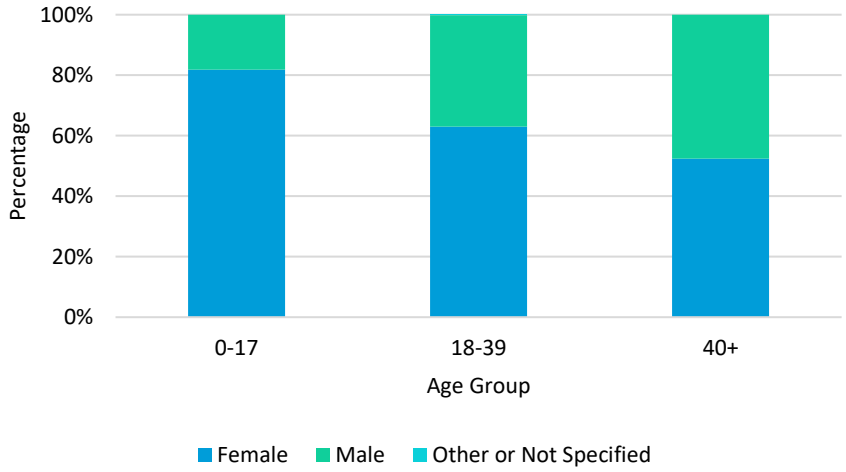
Between April 2019 and March 2026, there were 5,040 self-harm attendances made by Liverpool residents of all ages, with the majority being in the 18-39 age group (55.8%). The highest concentration of attendances occurred between the hours of 20:00 and 23:59 (23.0%), with an equal peak between 20:00 to 21:59 and 22:00 to 23:59 (11.5% each).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
60.0% female	Mean age 32.9 years	7.8% reside in Wavertree Village	Where known 89.1% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
51.6% arrived by ambulance	55.8% self-referred	29.3% hospitalised	63.4% attended University Hospital Aintree
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
10.8% of calls were in Kensington & Fairfield	49.7% male	45.4% aged 18-39	31.3% of calls between 14.00 and 19.59

Sefton

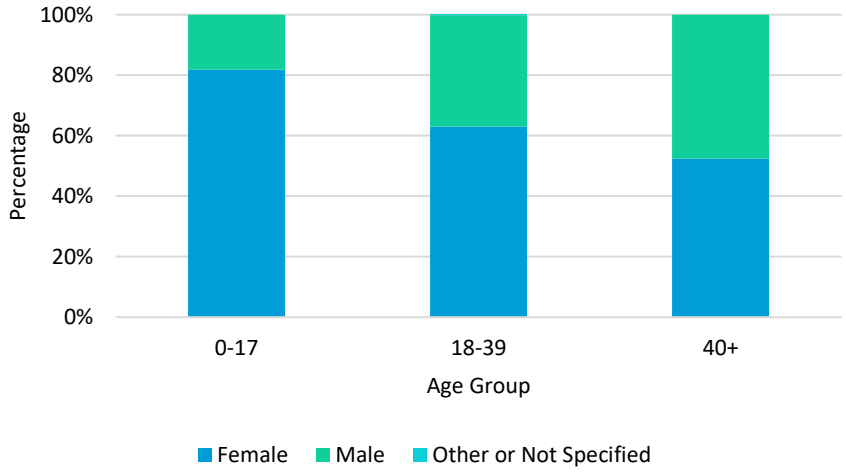
Between April 2019 and March 2026, there were 4,075 self-harm attendances made by Sefton residents of all ages, with the majority being in the 18-39 age group (53.5%). The highest concentration of attendances occurred between the hours of 20:00 and 23:59 (33.0%), with a peak between 22:00 and 23:59 (11.2%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
59.2% female	Mean age 34.6 years	11.8% reside in Linacre	Where known, 96.4% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
53.6% arrived by ambulance	62.7% self-referred	33.4% hospitalised	69.4% attended University Hospital Aintree
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
12.7% of calls were in Linacre	54.3% female	47.0% aged 40+	20.5% of calls between 20.00 and 23.59

St. Helens

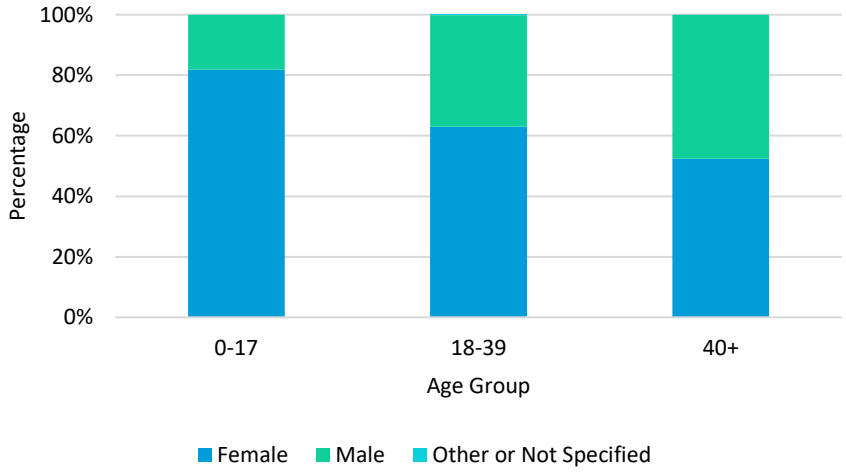
Between April 2019 and March 2026, there were 1,803 self-harm attendances made by St. Helens residents of all ages, with the majority being in the 18-39 age group (50.1%). The highest concentration of attendances occurred between the hours of 20:00 to 01:59 (39.5%), with a peak between 22:00 and 23:59 (14.5%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
61.8% female	Mean age 29.8 years	11.7% reside in Thatto Heath	Where known, 96.5% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
45.1% arrived by ambulance	67.2% self-referred	51.0% hospitalised	83.5% attended Whiston Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
19.0% of calls were in St. Helens Town Centre	52.2% female	48.0% aged 18-39	22.1% of calls between 20.00 and 23.59

Warrington

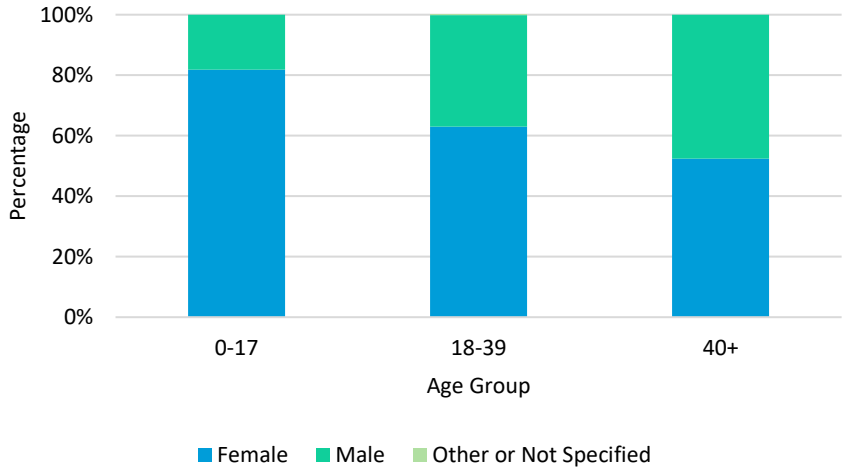
Between April 2019 and March 2026, there were 2,348 self-harm attendances made by Warrington residents of all ages, with the majority being in the 18-39 age group (54.7%). The highest concentration of attendances occurred between the hours of 22:00 and 01:59 (35.1%), with a peak between 22:00 and 23:59 (18.8%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
67.4% female	Mean age 30.3 years	12.6% reside in Fairfield and Howley	Where known, 91.3% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
41.9% arrived by ambulance	97.9% self-referred	2.6% hospitalised	95.5% attended Warrington Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
17.5% of calls were in Bewsey and Whitecross	54.4% female	46.5% aged 18-39	24.2% of calls between 20.00 and 23.59

Wirral

Between April 2019 and March 2026, there were 4,328 self-harm attendances made by Wirral residents of all ages, with the majority being in the 18-39 age group (50.0%). The highest concentration of attendances occurred between the hours of 20:00 and 01:59 (32.6%), with a peak between 00:00 and 01:59 (11.4%).



DEMOGRAPHICS			
Gender	**Age**	**Ward**	**Ethnicity**
64.0% female	Mean age 30.4 years	9.8% reside in Tranmere	Where known, 95.9% were White British
HOSPITAL VISIT			
Arrival	**Referral**	**Outcome**	**Hospital**
52.5% arrived by ambulance	82.3% self-referred	32.4% hospitalised	96.1% attended Arrowe Park Hospital
AMBULANCE CALLOUTS			
Area	**Gender**	**Age**	**Time**
17.2% of calls were in Birkenhead & Tranmere	51.9% female	46.4% aged 18-39	23.0% of calls between 20.00 and 23.59

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