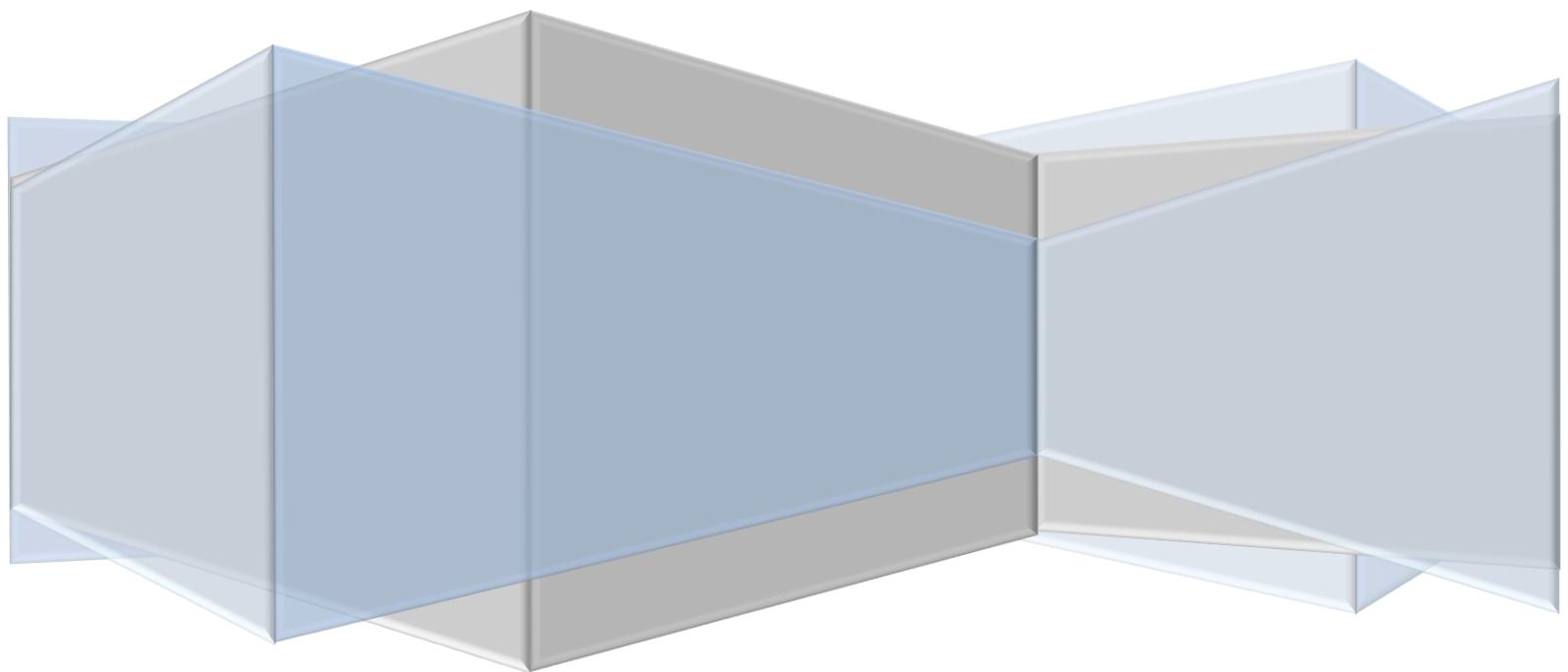




**Hospital Inpatient  
Self-Harm Admissions  
for  
Children Aged 10-17 Years  
2010/11 to 2014/15**



## Introduction:

This report is based upon the HES data for Shropshire County (lower level super output areas: LSOA11) self-harm (ICD10 codes: X60-X84) admissions between 2010/11 to 2014/15 for children aged between 10-17 years. The data has been aggregated for the five year period by 5-year age quintiles, gender, deprivation (IMD15), place plan, rurality and diagnosis (cause).

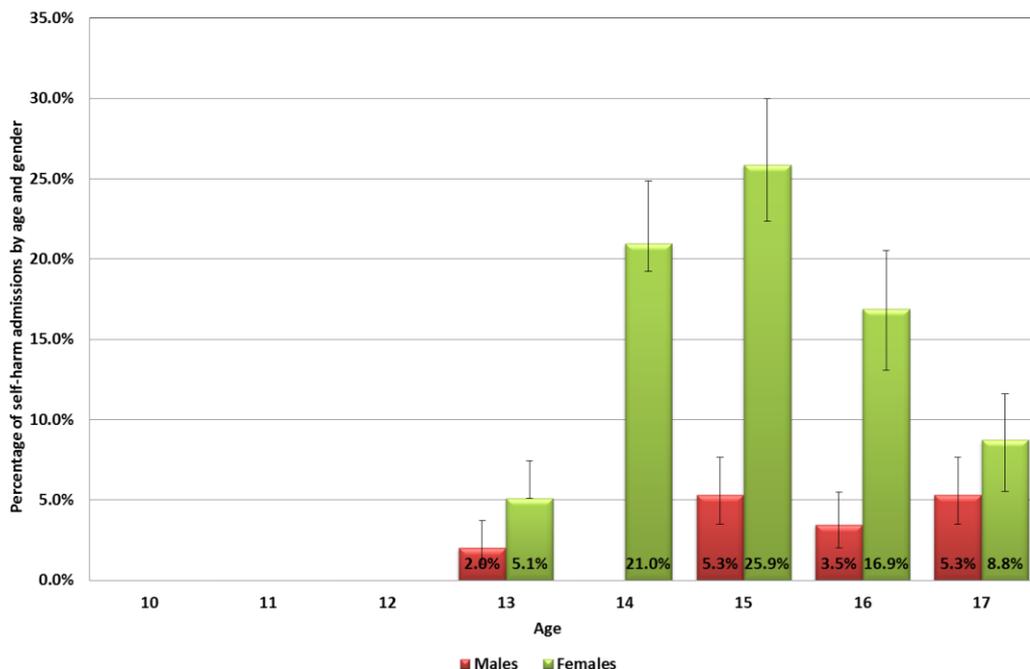
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (CCGs) in England. Data is also received from a number of independent sector organisations for activity commissioned by the English NHS.

To protect patient confidentiality, figures between 0 and 5 inclusive have been suppressed and have been aggregated under 'other'.

### Age and gender: Total 491 admissions

In total there were significantly more females (80.9% - 397) compared to males (19.1% - 94) admitted with a self-harm diagnosis for all children aged 10-17. Figure 1 shows that there were significantly more girls to boys admitted in the age-bands 13 to 16 but a similar percentage of admissions for both genders in the 17-year age band.

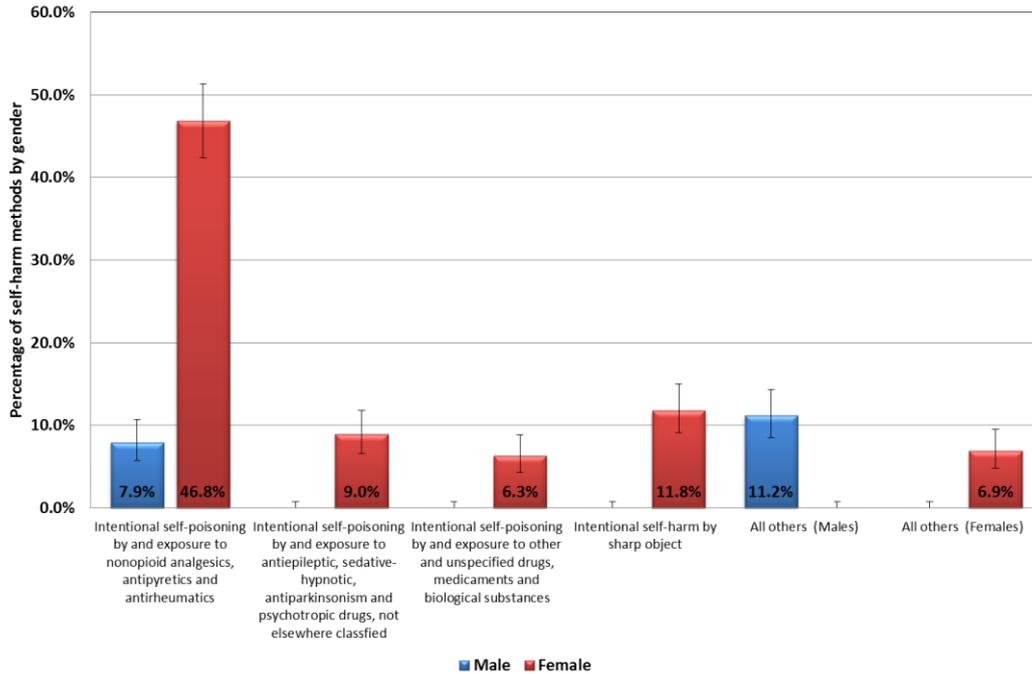
Figure 1 Percentage of Shropshire County self-harm admissions for children aged 10-17 by gender



Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre

Given that a significantly higher percentage of self-harm admissions were for girls compared to boys, figure 2 shows that significantly more girls self-harmed by methods of poisoning and sharp objects compared to boys but were similar for both genders in 'other' self-harm admissions.

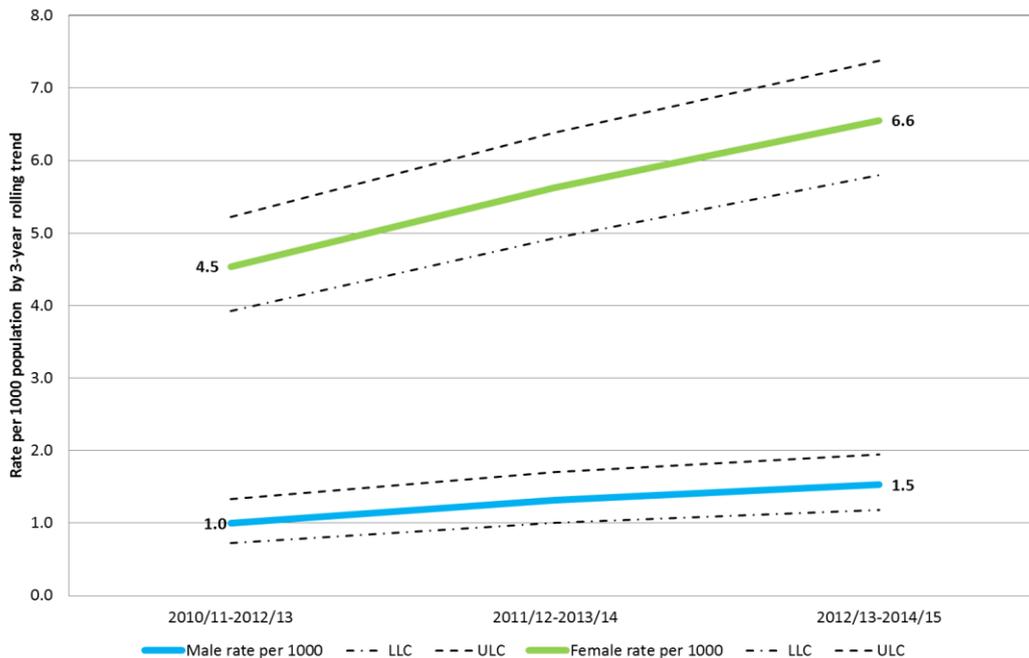
**Figure 2: Percentage of Shropshire County Self-harm admissions for children by admission reason and gender**



Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre

### Annual Trend:

**Figure 3: Shropshire County self-harm admissions rates by 3-year rolling trend and gender**



Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre

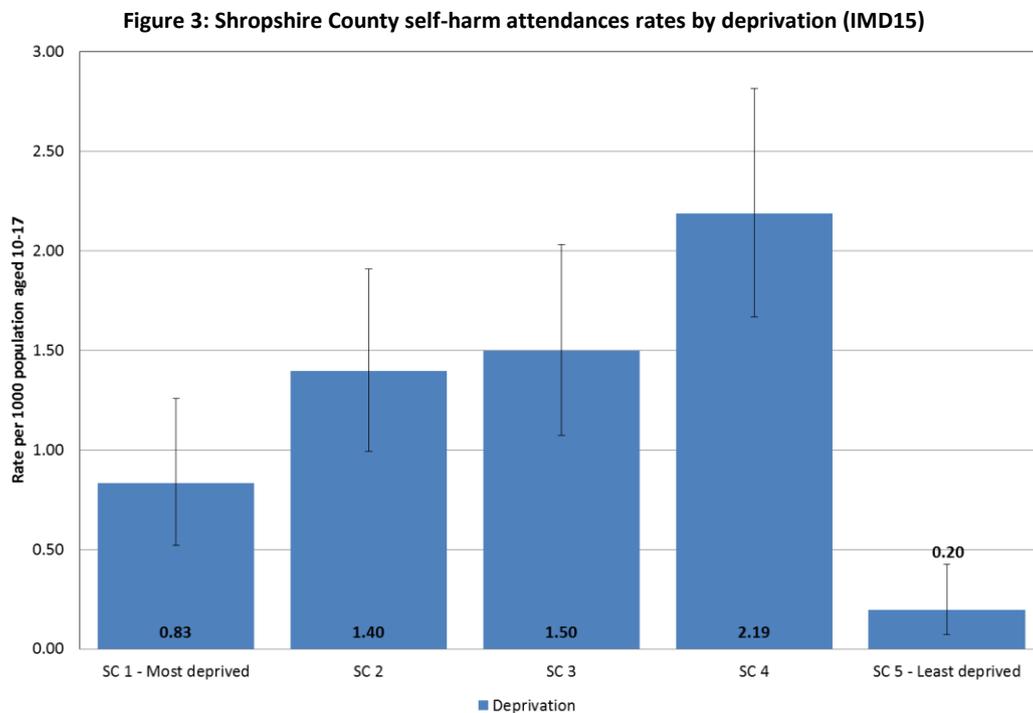
Figure 3 plots the 3-year rolling trends between 2010/11 and 2014/15 for both genders and shows that female self-harming was significantly higher than males and that the trend trajectory year-on-year increased at a much steeper rate for females (2.5 rate increase between 2010/11 and 2014/15) compared to males (0.5 rate increase between 2010/11 and 2014/15) resulting in a 5.1 rate difference between the genders in 2012/12-2014/15.

### Demographics:

Geographically the self-harm HES data was provided by lower level super output area (LSOA11 - a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales) from which the numbers could be aggregated into wards, place plans areas, rurality and deprivation. When analysed by LLSOA, the LLSOA with the highest rate per 1000 population came from St Martin's ward (25), followed by Tern (23.9) and Church Stretton (20.4); the remaining LLSOAs were below a rate of 16.4 per 1000 population.

### Deprivation:

There was a significantly higher rate per 1000 population from the second least deprived quintile when compared to either the most or least deprived quintiles; however; there was also a significantly higher rate of self-harm attendances from the most deprived quintile compared to the least deprived.



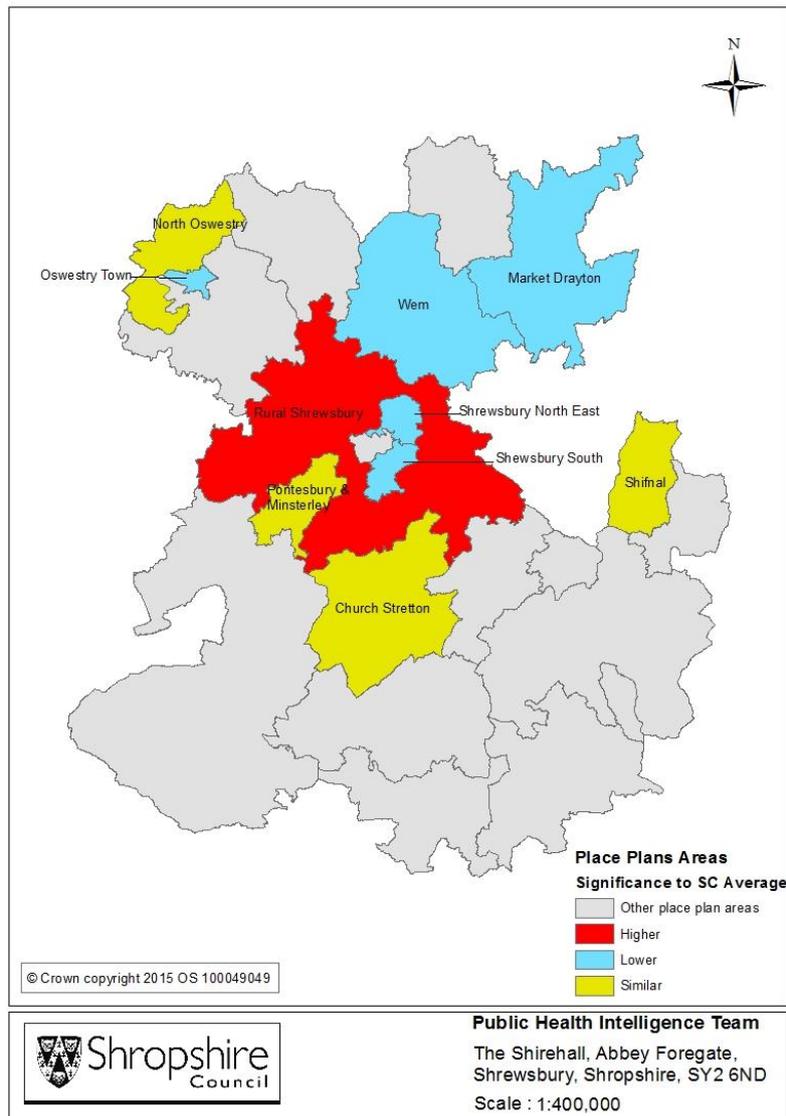
Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre

### Place Plan and Rurality:

The place plan areas that could be linked through the LLSOAs shows a significantly higher **percentage** of admissions from rural areas around Shrewsbury Town compared to all the other place plan areas. Figure 6 shows data analysed as a rate per 1000 population and shows that rural Shrewsbury had a significantly higher self-harm admissions rate compared to the Shropshire County average and the remaining place plan areas.

Overall there was a significantly higher **rate** of self-harm admissions for 10-17 year olds from rural areas (2.1 per 1000 population) when compared to either towns (0.6) or urban areas (0.6).

Figure 4 Shropshire County self-harm admission rates by place plan area



Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre

### Summary:

- A significantly higher percentage of admissions for females compared to males
- Overall a significantly higher percentage of admissions for Intentional self-poisoning.
- 3-year rolling trends show a significantly increasing higher rate of admissions by females compared to males.
- A significantly higher rate of admissions of children from the less deprived quintiles.
- A significantly higher rate of children from rural areas compared to either town or urban areas.