

Appendix 1

Extract drawn from **Brown, I. (2015) Self-Harm among Children and Young People in Central Bedfordshire. UK: Public Health Directorate, Central Bedfordshire Council.**

Prevalence of self-harm

The Central Bedfordshire population aged 10 to 19 years was 30,400¹ in 2013, and applying the national prevalence of 1 in 15 to this figure indicates that there are likely to be around 2,030 children and young people self-harming in the last year.

Table 1. Emergency hospital admissions for self-harm in Central Bedfordshire, children and young people 10 to 19 years old, 2011/12 to 2013/14.
Source: Medeanalytics

	2011/12	2012/13	2013/14
Males	11	20	13
Females	39	60	102
Age 10-14	11	11	30
Age 15-19	39	69	85
Total	50	80	115

Emergency hospital admissions

A small proportion of self-harming behaviour has life-threatening consequences resulting in emergency hospital admission and sometimes death. In 2013/14 there were 115 A&E admissions for self-harm. In previous years, admissions for self-harm were three to four times more common in girls than boys, consistent with national findings. In 2013/14 however the gap appeared wider and admissions for self-harm were nearly eight times more common in girls than boys. The number of admissions in girls more than doubled in three years from 39 to 102 admissions. Expressed as a proportion of the underlying population this represents a statistically significant increase from 27 to 69 per 10,000. In 2011/12 the rate of emergency hospital admissions for self-harm in girls was significantly lower than the England and NHS Area Team averages. In 2012/13 and 2013/14 admissions in Central Bedfordshire increased at a faster rate than the national average and is now similar to England overall.

The rate of emergency hospital admission for self-harm in boys has not significantly increased over the last three years, and in 2013/14 the rate was significantly lower than the England average.

¹ ONS: Analysis Tool mid-2013.

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The apparent rise in girls could reflect a true increase in the underlying rate of life threatening self-harm behaviour, or it could reflect either changes in hospital coding practice or admission thresholds. However, it is unclear why changes in coding or admission practice would disproportionately affect girls. The increase was observed across multiple hospital trusts, which also makes it less likely that changes in coding or admission practice are responsible.