

## Population Health & Healthcare Surveillance

### Analysis of suicide and self-harm across the North East and North Cumbria

November 2022

Compared with England

Significantly Better

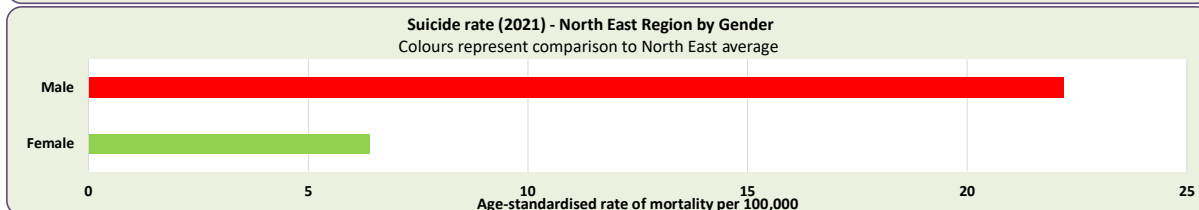
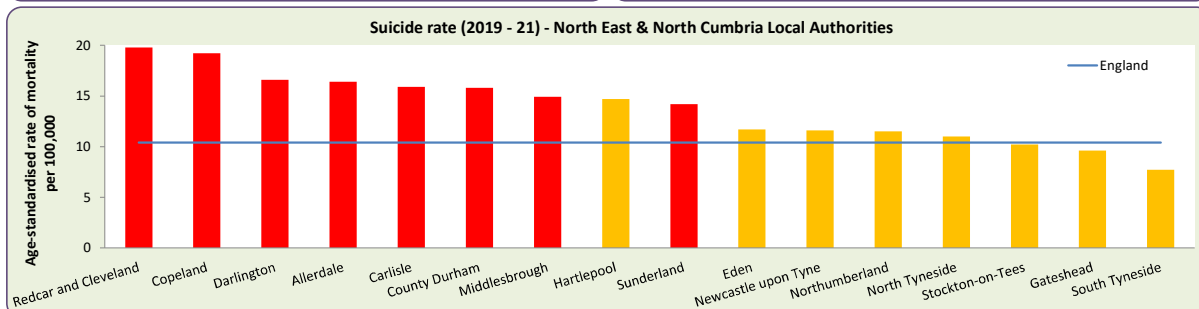
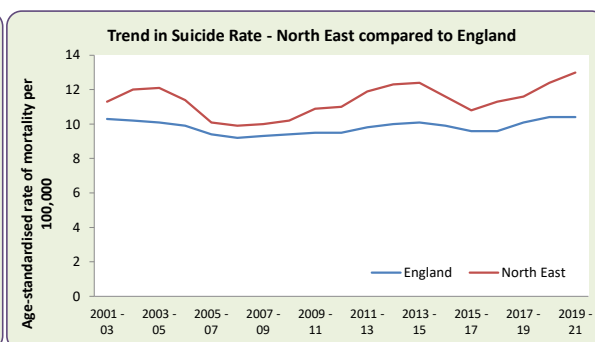
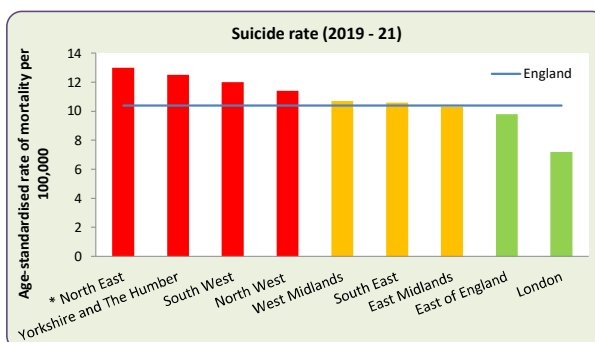
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#### Suicide rate (2019 - 2021)

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

North East	Yorkshire and The Humber	South West	North West	West Midlands	South East	East Midlands	East of England	London	England
13.0	12.5	12.0	11.4	10.7	10.6	10.3	9.8	7.2	10.4



Data source: Suicides in England and Wales: 2021 registrations, Office for National Statistics © Crown copyright 2022.

#### Definitions / Notes

Suicide is a significant cause of death especially in young adults, and is widely used as an indicator of mental health and health care. Figures are based on the National Statistics definition of suicide; this includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. Please note: Figures in the charts above are based on deaths registered in each calendar year, rather than the date on which the death occurs. The registration delay in 2021 had increased to its highest level since 2001, and was likely explained by the continuing disruption to inquests caused by the coronavirus (COVID-19) pandemic<sup>1</sup>.

#### What is the data telling us?

During 2019-21, the North East experienced the highest suicide rate of all the English regions at 13.0 per 100,000 compared with 10.4 per 100,000 nationally. The gap between the North East and England fluctuates over time, as demonstrated by the trend chart. Currently the region's rate is showing an increasing trend and the latest data shows the highest suicide rate in the region across the entire time period since 2001. Data shows that mental health deteriorated during the pandemic, particularly during lockdowns<sup>2</sup>. During 2019-21, wide intra-regional variation remained across Local Authority areas with suicide rates of 7.7 per 100,000 in South Tyneside but more than twice as high in Redcar and Cleveland at 19.8 per 100,000. There are marked gender differences with males experiencing much higher suicide rates than females.

#### Other relevant resources

FutureNHS Suicide and Self Harm Prevention: [future.nhs.uk/EHIME/view?objectId=36042608](https://future.nhs.uk/EHIME/view?objectId=36042608) [login required]

National Confidential Inquiry into Suicide and Safety in Mental Health: Annual report: [hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-in-mental-health-annual-report/#.Y3zEnUnP02w](https://hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-in-mental-health-annual-report/#.Y3zEnUnP02w)

Suicide by middle-aged men: [sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/](https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/)

1.ONS. (2022). Suicides in England and Wales: 2021 registrations. [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations)

2.Office for Health Improvement and Disparities. (2020). COVID-19 mental health and wellbeing surveillance: report. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>

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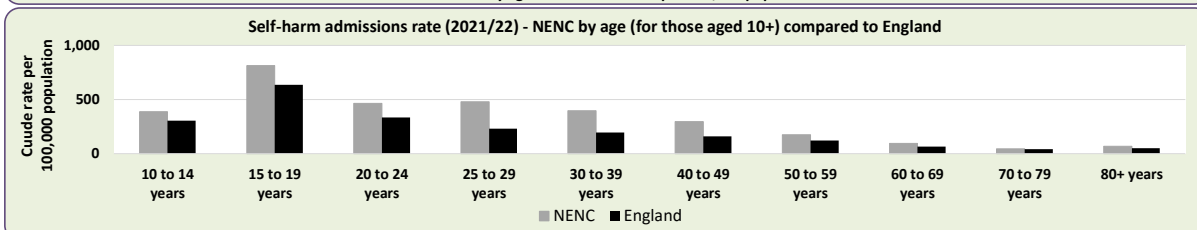
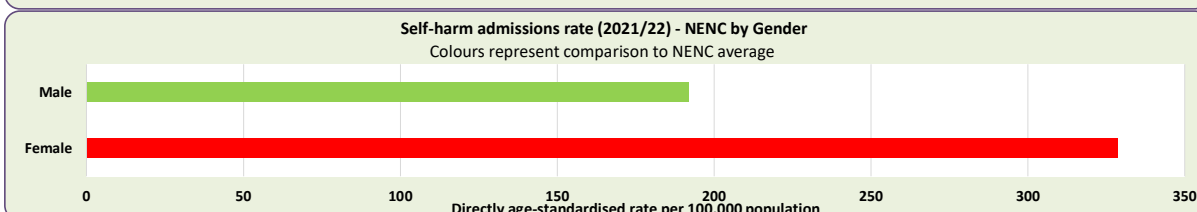
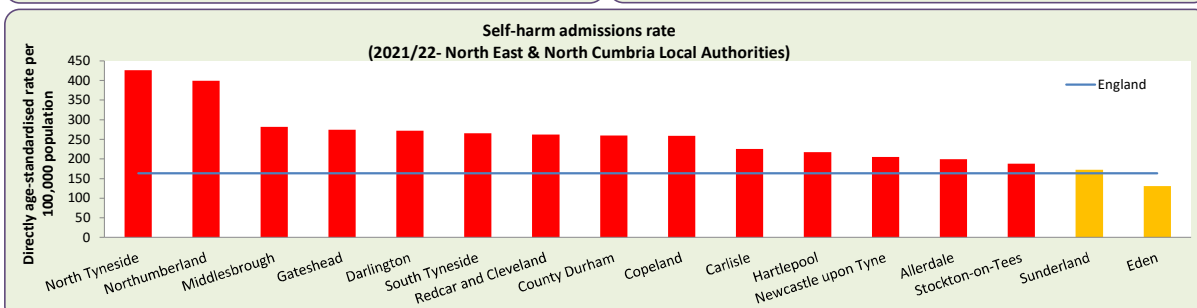
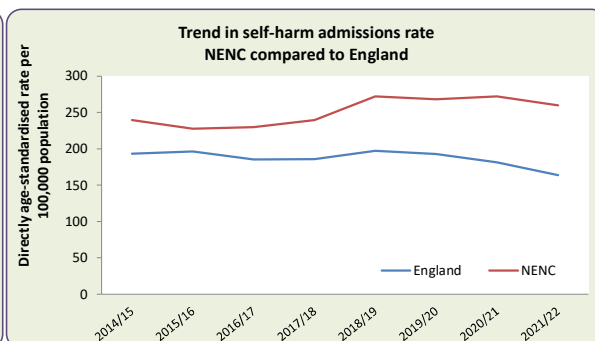
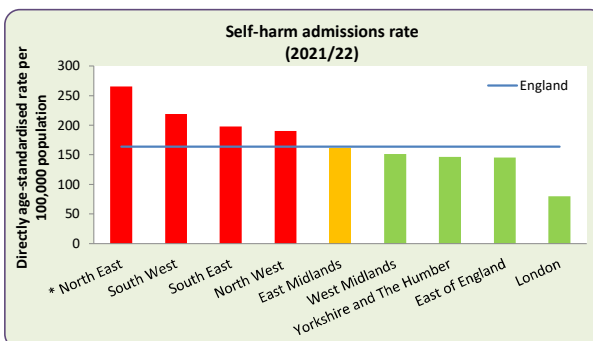
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## Self-harm admissions: rate of emergency hospital admissions for intentional self-harm (2021/22)

Directly age-standardised or crude rates per 100,000 population.

North East	South West	South East	North West	East Midlands	West Midlands	Yorkshire and The Humber	East of England	London	England
265.3	219.1	197.8	190.3	161.5	151.0	146.5	145.5	80.1	163.9



Data sources: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2022, NHS Digital. All rights reserved. The 2021/22 HES data is classed as final. Populations 2014 to 2020 mid-year estimates: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland (Mid-2001 to mid-2020 detailed time series edition), Office for National Statistics © Crown copyright 2021. 2021 populations from Demography and migration data, England and Wales: Census 2021: Sex by single year of age (Lower Tier Local Authorities): TS009, Office for National Statistics © Crown copyright 2022.

### Definitions / Notes

Emergency hospital admissions for intentional self-harm, definition as in Public Health Outcomes Framework<sup>1</sup>. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm. This indicator measures self-harm events severe enough to warrant hospital admission. These hospital admissions are being used as a proxy of the prevalence of severe self-harm, these are only the tip of the iceberg in relation to the health and well-being burden of self-harm. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.

### What is the data telling us?

During 2021/22, the North East experienced the highest self-harm admission rate of all the English regions at 265.3 per 100,000 compared with 163.9 per 100,000 nationally. The gap between the NENC and England fluctuates, as demonstrated by the trend chart. The admission rate in the NENC was at a high in 2020/21, with the latest year slightly lower. During 2021/22, wide intra-regional variation remained across Local Authority areas with self-harm admission rates of 131.2 per 100,000 in Eden but more than three times as high in North Tyneside at 426.5 per 100,000. There are marked gender differences with females having a higher self-harm admission rate than males.

<sup>1</sup> [fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/at/15/are/E92000001/iid/21001/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/at/15/are/E92000001/iid/21001/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1)

Compared with England

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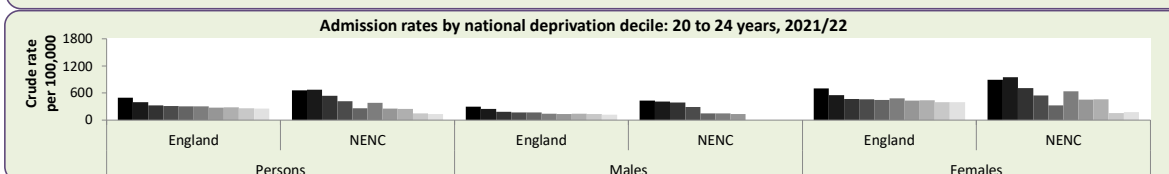
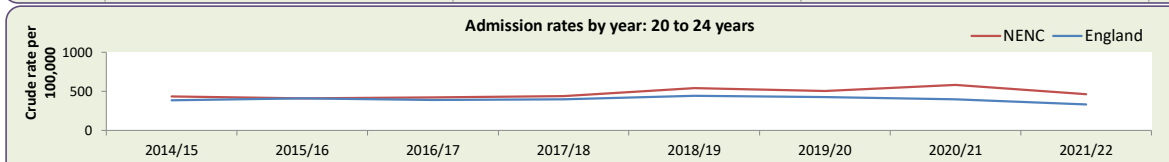
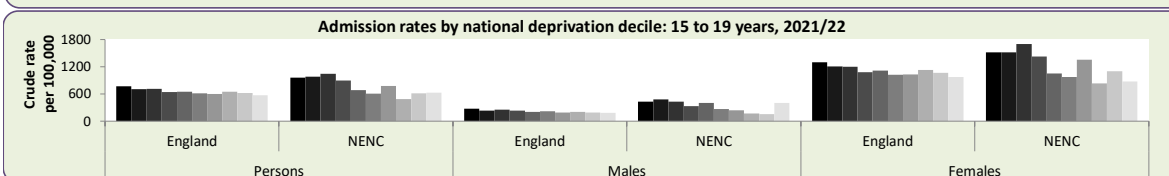
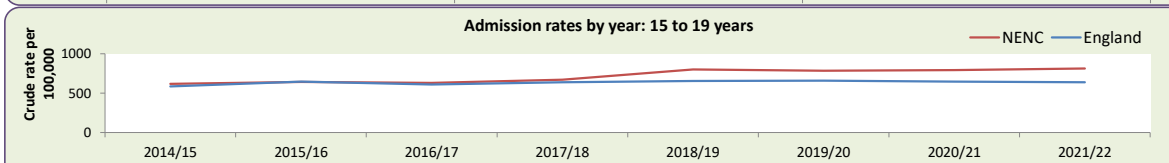
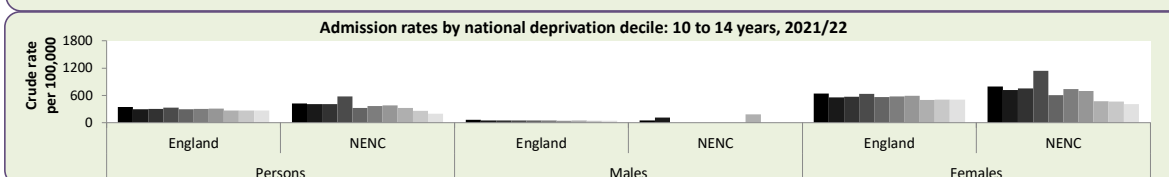
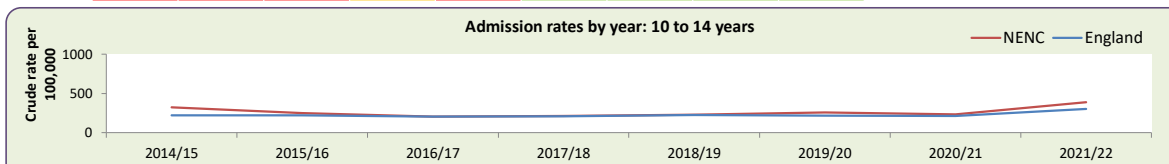
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## Self-harm admissions: rate of emergency hospital admissions for intentional self-harm (2021/22)

Crude rates per 100,000 population, by age band and by deprivation decile.

Age	North East	South West	South East	North West	East Midlands	West Midlands	Yorkshire and The Humber	East of England	London	England
10 to 14	398.3	427.0	344.5	434.3	194.6	345.9	205.9	261.0	172.8	304.2
15 to 19	822.7	980.4	843.4	657.9	544.8	560.9	481.5	587.4	361.7	636.6
20 to 24	487.9	507.2	462.8	326.2	367.1	280.7	261.7	305.2	155.3	334.5



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### Definitions / Notes

Emergency hospital admissions for intentional self-harm, definition as in Public Health Outcomes Framework<sup>1</sup>. To analyse association with deprivation, the IMD 2019 deprivation score was obtained for each small area (LSOA). LSOAs were ranked on this score, and then divided into ten deciles, with decile one containing the most deprived tenth of all LSOAs, and decile ten the least deprived. Admission rates were then calculated for each decile as a whole, based on LSOA numerators and denominators.

### What is the data telling us?

For children aged 10 to 14 years, there has been a slight increase in rates of admissions for intentional self-harm in the most recent year, both in NENC and nationally. For this age group, rates are higher for females than for males, and there is no clear association with deprivation in the NENC or nationally.

For young people aged 15 to 19 years and those aged 20 to 24 years, rates of self-harm in the NENC have been consistently above the national level in recent years. Again, rates are higher in females than in males, and rates appear higher in areas of greater deprivation.

<sup>1</sup> [fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/att/15/are/E92000001/lid/21001/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/att/15/are/E92000001/lid/21001/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1)

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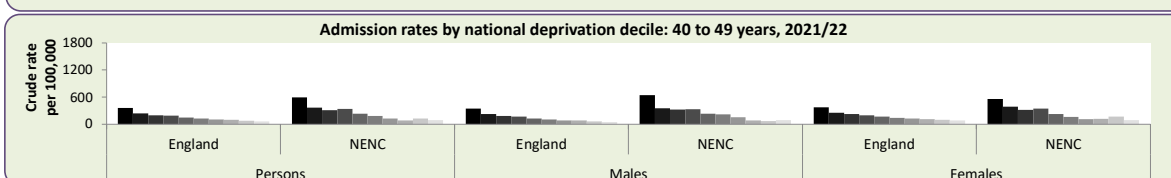
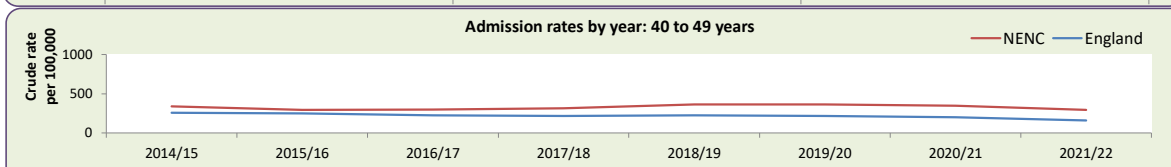
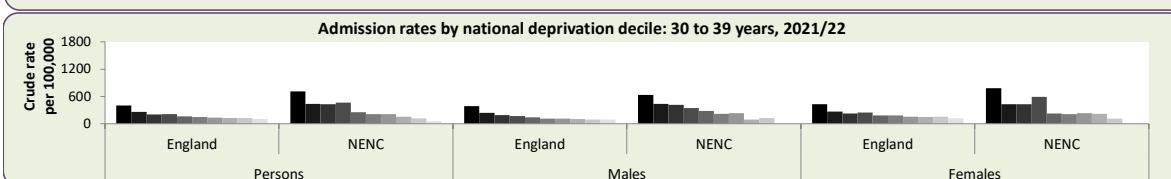
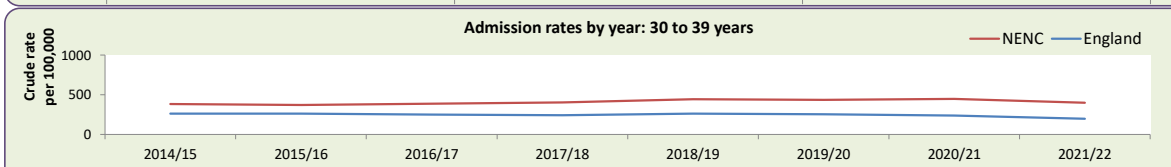
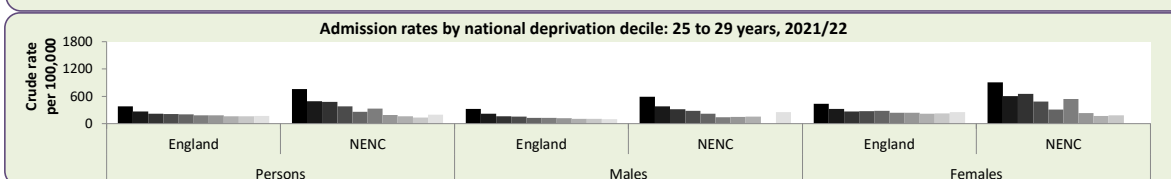
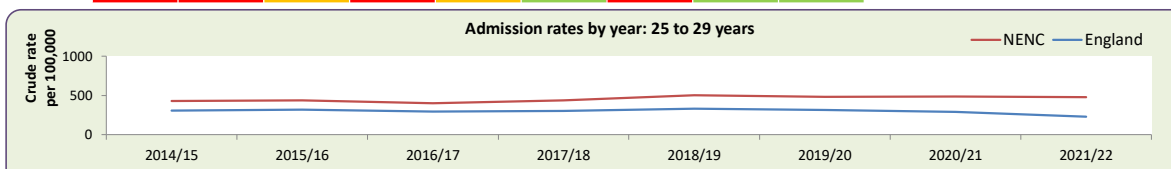
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## Self-harm admissions: rate of emergency hospital admissions for intentional self-harm (2021/22)

Crude rates per 100,000 population, by age band and by deprivation decile.

Age	North East	South West	South East	North West	East Midlands	West Midlands	Yorkshire and The Humber	East of England	London	England
25 to 29	466.6	296.5	304.0	267.4	262.3	198.4	222.3	192.0	88.4	229.0
30 to 39	405.9	247.9	228.3	239.5	230.4	177.5	195.9	166.8	66.4	195.2
40 to 49	303.7	192.3	162.8	208.2	162.3	145.8	167.7	138.4	63.8	157.9



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### Definitions / Notes

Emergency hospital admissions for intentional self-harm, definition as in Public Health Outcomes Framework<sup>1</sup>. To analyse association with deprivation, the IMD 2019 deprivation score was obtained for each small area (LSOA). LSOAs were ranked on this score, and then divided into ten deciles, with decile one containing the most deprived tenth of all LSOAs, and decile ten the least deprived. Admission rates were then calculated for each decile as a whole, based on LSOA numerators and denominators.

### What is the data telling us?

For those in their late twenties, thirties and forties, rates of admission for self-harm have been higher in the NENC compared with England for all years since the earliest period shown on the charts, 2014/15. Although there is a clear association with deprivation (with more deprived areas having higher rates), rates between men and women seem broadly comparable. Inequalities relating to deprivation in NENC appear greater than the national inequalities (there is a steeper gradient across the deciles).

<sup>1</sup> [fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/ati/15/are/E92000001/iid/21001/age/1/sex/4/cat/-1/ctpl/-1/yr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/ati/15/are/E92000001/iid/21001/age/1/sex/4/cat/-1/ctpl/-1/yr/1/cid/4/tbm/1)

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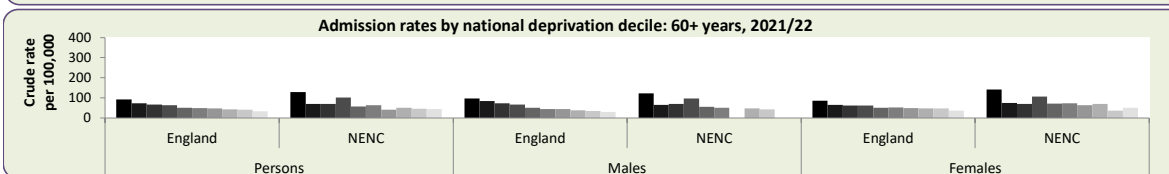
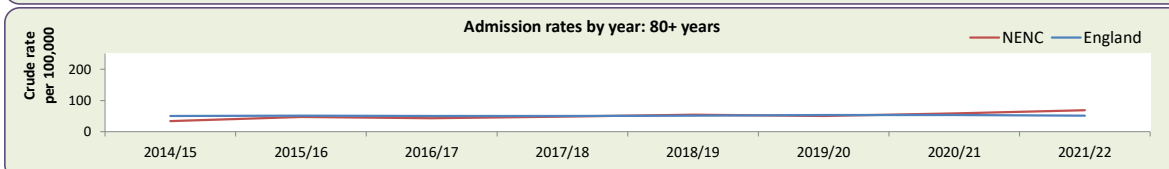
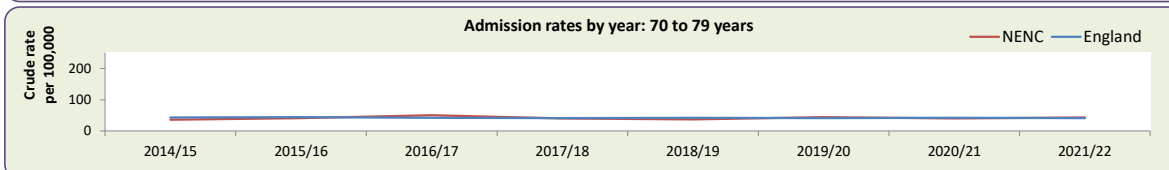
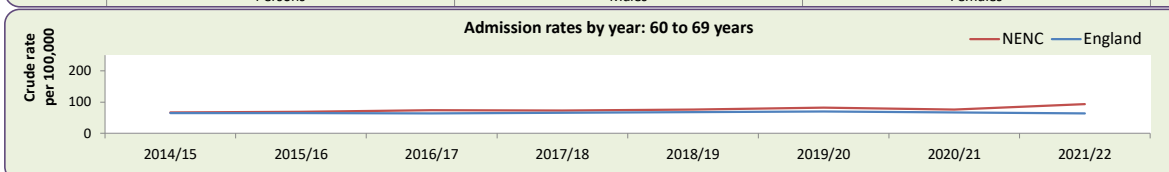
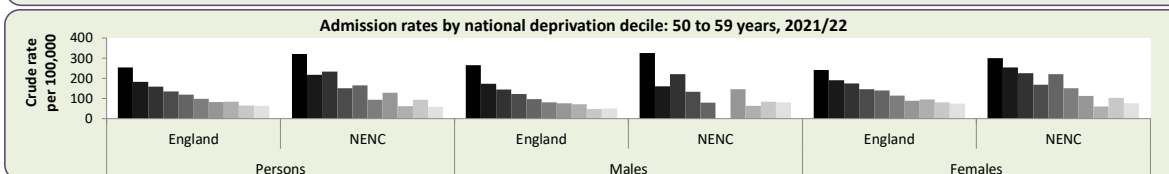
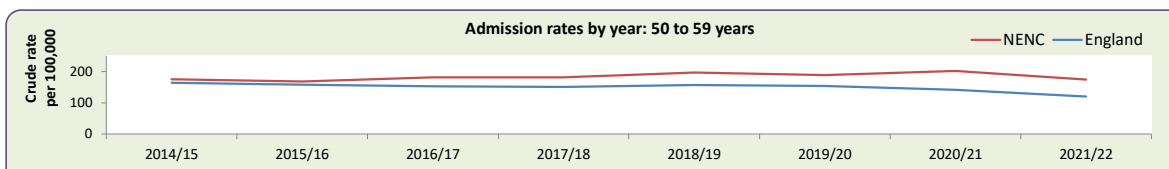
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## Self-harm admissions: rate of emergency hospital admissions for intentional self-harm (2021/22)

Crude rates per 100,000 population, by age band and by deprivation decile.

Age	North East	South West	South East	North West	East Midlands	West Midlands	Yorkshire and The Humber	East of England	London	England
50 to 59	179.7	141.2	132.1	139.4	112.9	114.4	118.6	106.8	64.0	120.0
60 to 69	96.4	67.8	70.2	70.8	64.1	56.1	62.5	57.4	42.9	64.2
70 to 79	48.1	36.7	46.5	41.6	45.4	39.5	41.2	38.6	30.5	41.0
80+	71.8	55.6	56.7	47.1	48.7	46.0	52.8	48.3	39.5	51.1



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### What is the data telling us?

For adults in their fifties and sixties rates of admission for self-harm have been consistently above the national level in recent years. For those in their seventies and eighties, rates appear broadly comparable to the national average. Again, although there is a clear association with deprivation (with more deprived areas having higher rates), rates between men and women seem broadly comparable. Inequalities relating to deprivation in NENC appear similar to or slightly higher than the national inequalities (looking at gradient across the deciles). Please note a single chart showing admission rates by deprivation decile is shown for those aged 60 years and above, as further breakdowns within this age group leads to many bars needing to be suppressed.

<sup>1</sup> [fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/at/15/are/E92000001/lid/21001/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/159/par/K02000001/at/15/are/E92000001/lid/21001/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1)