

File reference	W16FOI438
Key words	Self-harm
Date of release	16/09/2016
Attachments	No

Freedom of Information Act Disclosure log - Reply Extract

Response introduction

The term "self-harming" is open to interpretation. This is because a person may have harmed himself or herself, but the intention is unclear and not recorded or is unknown to us. For example, a child may have taken an overdose of a substance and harmed itself, but the child did not take the substance with the purpose of harming itself. This makes the reporting of data unreliable. During 2015, the Trust introduced changes to the way we record statistical information relating to diagnosis. The headings we now use are, possible, probable and proven. Having introduced this change, the content and reliability of the data is such that its use and reliability, without further detailed scrutiny of the case notes, should not be used for any reporting purposes and statistical analysis. We have added some data, but would ask that you are careful in deducing any information from it; noting the reiterated comments.

You asked

- How many children aged under 18 were admitted to each of your accident & emergency departments in the below years due to self-harming?**

Financial year	Volume of all admissions in the specified age group	The number of children aged under 18 that were admitted to our accident & emergency department in the below years due to self-harming
2015-16	18,404	Please refer to our response to question 3 Noting the comments
2014-15	18,195	
2013-14	17,389	

- Can you provide an age breakdown of admittances for each of these years?**

All attendances that may or may not include some self-harming accidents and emergencies

Patient Age	2013/14	2014/15	2015/16
0	1498	1519	1706
1	1947	1996	2060
2	1514	1657	1487
3	1104	1222	1302
4	878	943	1042
5	737	831	853
6	666	693	699
7	650	681	705
8	591	651	717
9	644	687	682
10	764	826	671
11	772	832	835
12	765	804	820
13	837	821	780
14	892	856	896
15	1013	962	979
16	1053	1032	995
17	1064	1182	1175

3. Can you provide an injury breakdown for each of these years?

Data title	2013/14	2014/15	2015/16
Mental health / psychological - deliberate self-harm - attempted	30	44	Five or fewer
Mental health / psychological - deliberate	40	40	13

self-mutilation			
Mental health / psychological - deliberate self-poisoning	140	131	77

Please note that the numbers have fallen because the methodology changed in July 2015 (See introduction). We cannot differentiate, for example, between a proven overdose and a proven overdose resulting from self-harm. We do **not** record any intention linked to the presenting condition; nor can it be assumed from the figures provided, that the presenting problems relate to self-harm.

Patients listed in the table above prior to July 2015, have since been listed in other tables and we are not assured that they meet your requested criteria.

4. If your trust manages more than one hospital, can you please provide this information for each of your A&E departments?

Not applicable

Attachments included: No