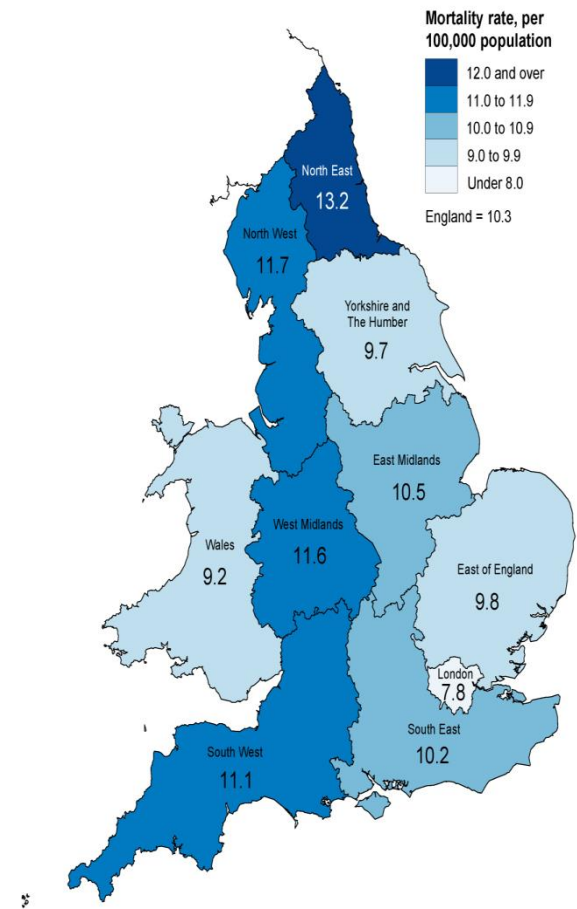


# Background to STITCH

- 4880 suicides in England in 2014 – half are in contact with health services in the month before death
- Approx. 200,000 hospital attendances every year for suicide attempt / self-harm
- Previous suicide attempt / self harm is the strongest risk factor for suicide
- 15-20% suicides treated in A&E in the year before their death
- Suicide attempt / self-harm care is a key opportunity for suicide prevention
- But .....there are huge variations in practice, underfunding of services, evidence gaps and slow uptake of research findings



# Aims of STITCH

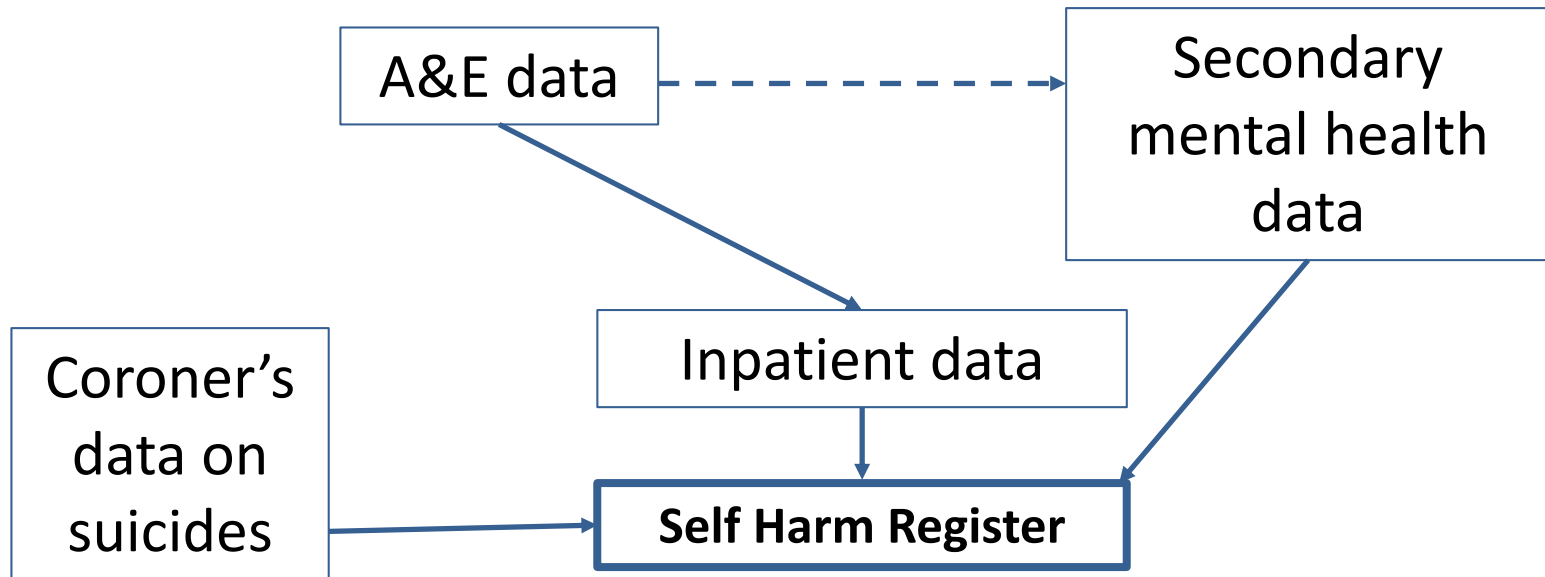
**Treatment and care is equitable across the health system, fully evidence based and non-stigmatising for all people who self harm and to reduce suicides in Bristol**

- Monitor self harm in Bristol
- Improve service user engagement
- Provide a psychosocial assessment following self harm
- Reduce the 'the science to service' gap
- Reduce repetition, LOS, admission to hospital and suicide following self harm
- Improve self-harm training: ED, SWAS, GP
- Targeting improved pathways especially in deprived areas



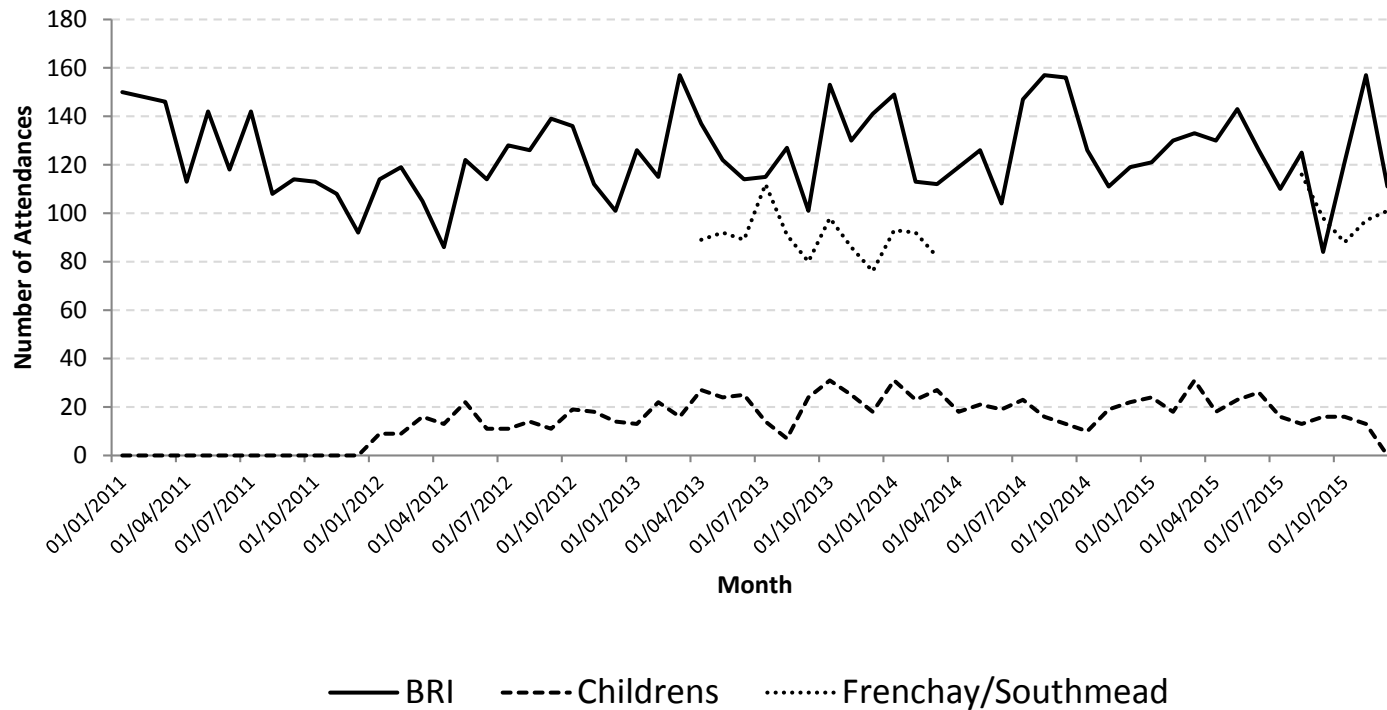
# The Bristol Self Harm Surveillance Register

Detailed information is collected describing the self-harm patient pathway

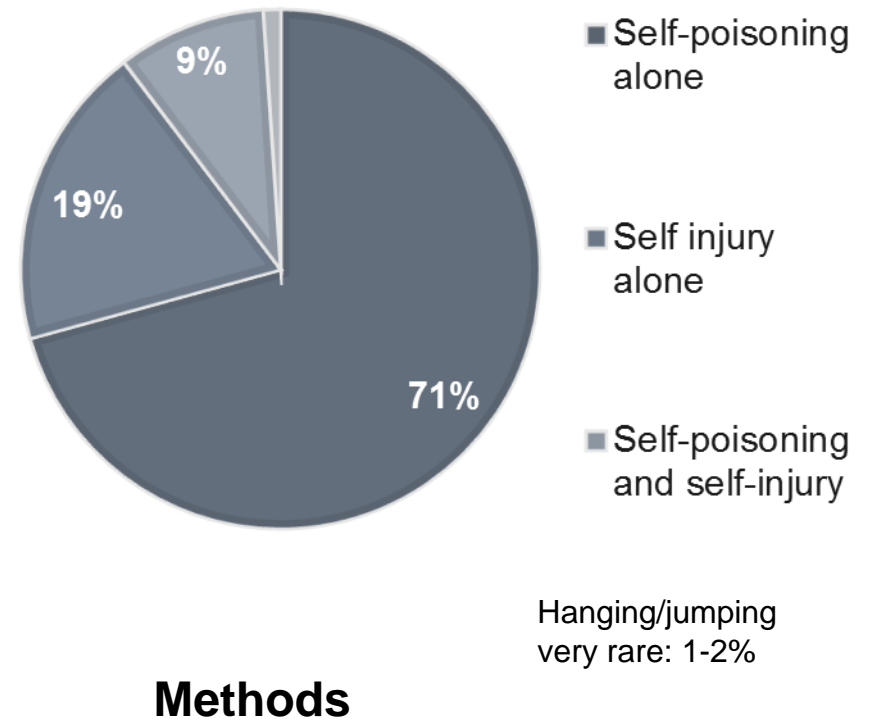
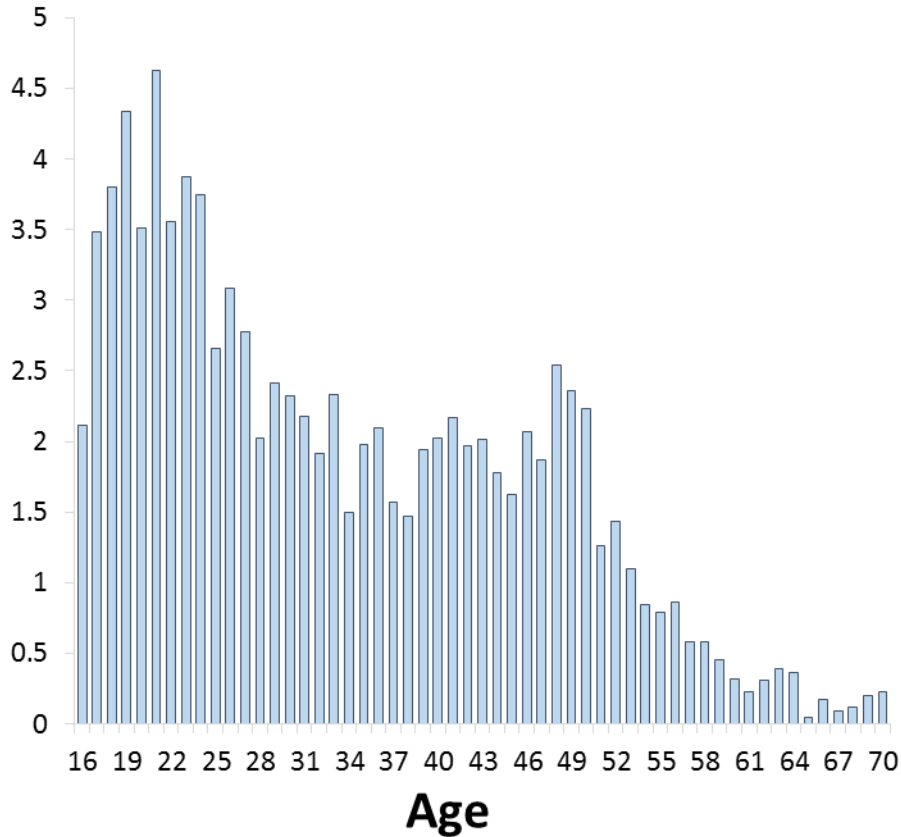


# Presentations over time

Figure 1. Number of self-harm attendances per month at the Bristol Royal Infirmary, Bristol Royal Hospital for Children and Frenchay/Southmead Hospital\*, 2011-2015.

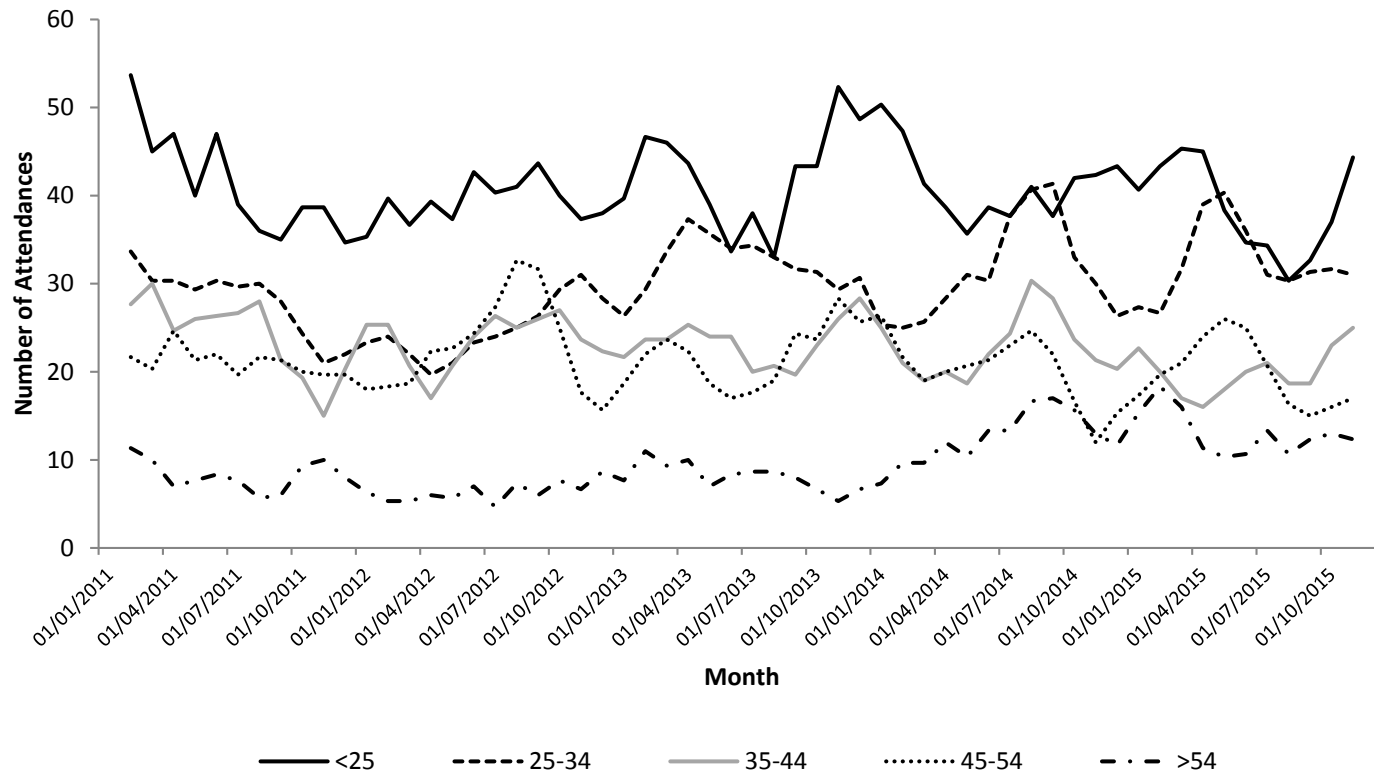


# Patient characteristics



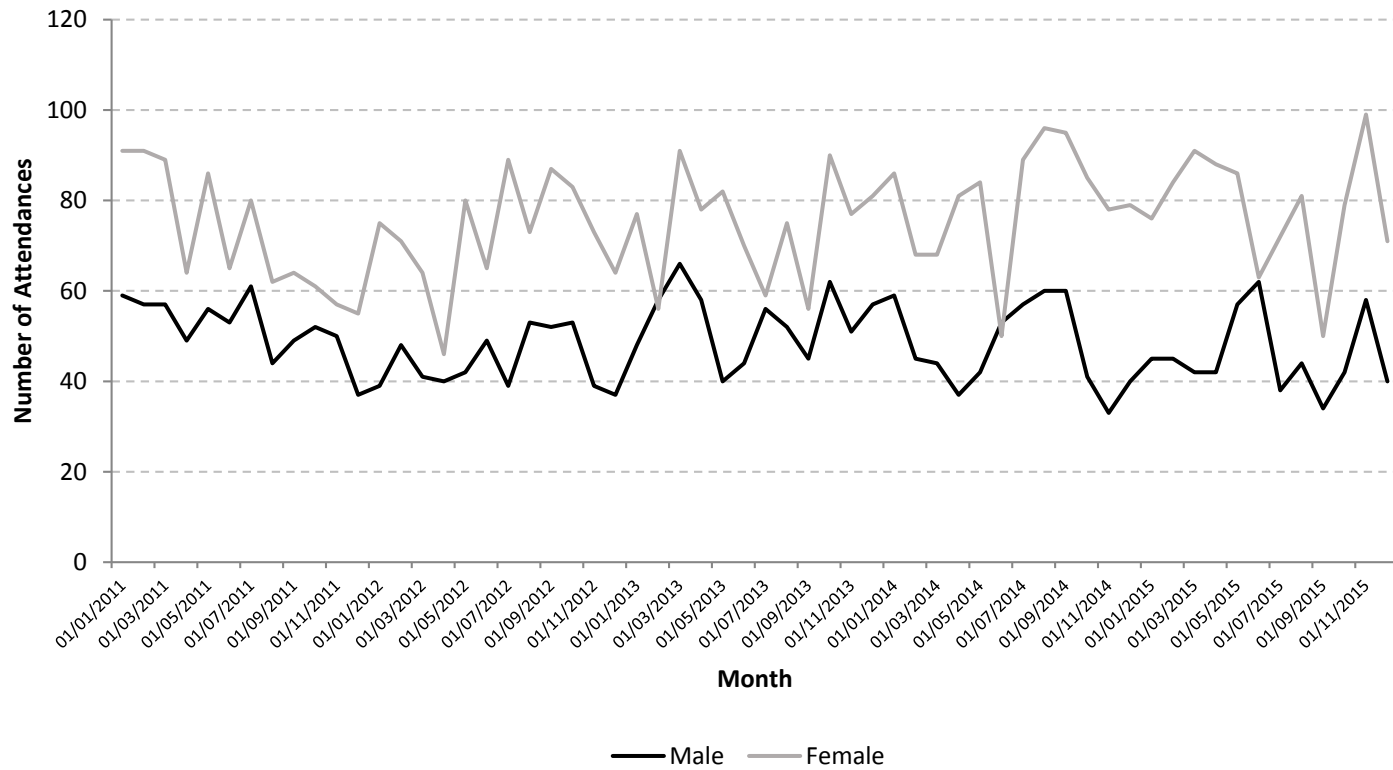
# Presentations by age

Figure 3. Number of self-harm attendances per month by age group (3-month moving average), 2011-2015.



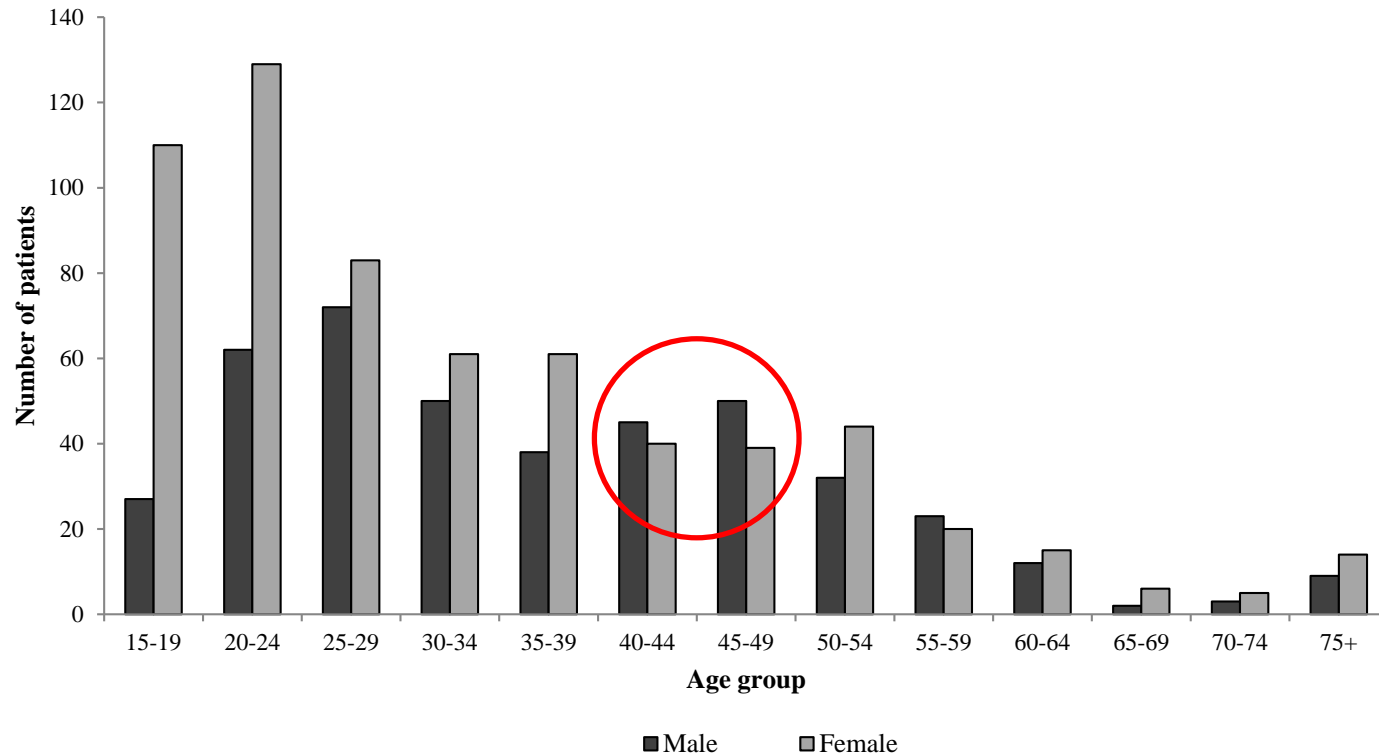
# Presentations by gender

Figure 2. Number of self-harm attendances per month at the Bristol Royal Infirmary by gender, 2011-2015.



# Middle aged men – repetition?

Figure 4. Number of patients by gender per 5 year age group



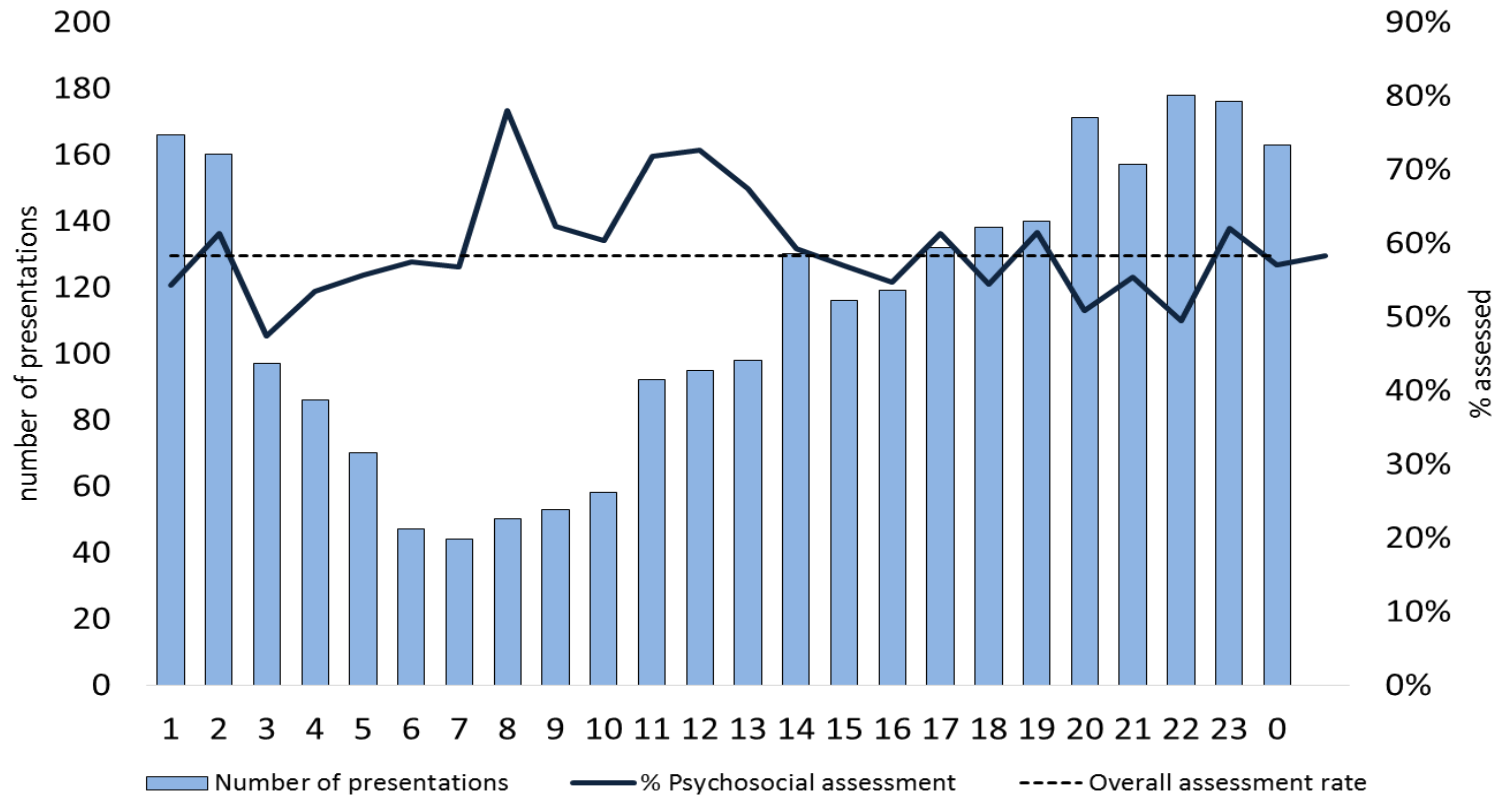


# Suicides

*Characteristics of episodes that resulted in probable suicide compared to those with a non-fatal outcome at the BRI.*

	<b>Non-fatal n=7808</b>	<b>Suicide n=57</b>
<i>Age</i>		
Median	31	40
range	16-96	16-87
<i>Gender</i>		
Male	3042 (39.1)	33 (57.9)
Female	4732 (60.9)	24 (42.1)
<i>Method</i>		
SI&SP	592 (7.6)	5 (8.8)
SP	5569 (71.3)	39 (68.4)
SI	1584 (20.3)	13 (22.8)
Unknown	63 (0.8)	0 (0.0)

# Service development



# Key STITCH Indicators

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
No. of attendances (n)	1,494	1,402	1,538	1,539	1,491
Use of TCA's in overdose (n [%])	47 (3.98)	42 (3.80)	32 (2.70)	63 (5.15)	49 (4.24)
Psychosocial assessment (%)	57.09%	56.11%	58.84%	58.3%	65.41%
Medical admission (%)	64.66%	63.27%	64.76%	65.24%	67.47%
ITU admission (%)	2.28%	3.49%	2.22%	3.92%	1.4%
Self-discharges (%)	18.41%	13.77%	14.3%	15.66%	11.74%
LOS (days)*	3.06	3.63	2.37	2.14	2.39
Within year repetition (%)	16.20%	16.98%	19.72%	18.48%	18.00%
Suicide within a year (n)**	3	6	5	6	5

\*Excludes outliers: <0 or >10, only includes admitted patients, and is based on date of attendance to date of discharge. \*\* Figures may change over time - 2015 data doesn't not include a full year of follow-up.