

Strategic Evidence Base for Bath and North East Somerset

Wellbeing & Mental Health

Wellbeing and Mental Health

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Summary

Wellbeing and Mental Health Summary 1

- Following the pandemic, **wellbeing** (based on happiness, satisfaction, worthwhileness and anxiety ratings) has been **lower** in B&NES than national levels (to 2023). In 2024, wellbeing ratings in England remained similar to 2023¹.

Children and Young People (CYP):

- Based on national estimates of prevalence (2023), it is estimated that **around one in five CYP** (aged 8 to 25 years) have a **probable mental disorder**. This would equate to **~10,800 CYP in B&NES** with a probable mental disorder.
 - Prevalence of a probable mental disorder is **more than twice as high in young women** aged 20-25 years compared to young men. This would suggest **~5,500 young women** (17-25 years) in B&NES with a probably mental disorder.
- Rates of **hospital admissions for mental health conditions in those under 18 years** have shown a **reduction** in B&NES since 2021/22. **Females** have consistently **higher** rates of hospital admissions for mental health conditions than males, both nationally and in B&NES.
- Referrals to CAMHS** have continued to **rise** with a **68% increase** seen from 2016/17 to 2024/25. **Emergency/urgent referrals** have **increased** since 2016/17 but have shown decreases in the past few years. **Waiting times** for the Getting Help (GH) and Getting More Help (GMH) services improved in 2024/25 compared to 2023/24 with 62% and 66% of patients being seen within 4 weeks respectively. Median waiting times reduced from 95 days to 21 days (GH service) and from 76 days to 15 days (GMH service) in the same timeframe.
- Of children in B&NES being assessed as needing social care intervention, **parent mental ill-health** has been the **highest** factor identified as contributing to a safeguarding concern for the past few years and has shown an increasing trend. Assessments with **mental ill-health of the child** identified as a factor have also increased.
- In 2024/25, of the children in **B&NES with an EHCP**, **Social, Emotional and Mental Health (SEMH)** was the **second most common** primary need identified. SEMH is the **most common** primary need in **females** and also the most common primary need in **secondary school age** children (11 to 15 years).

¹ Due to issues with the Annual Population Survey, estimates of wellbeing at Local Authority level are not available in 2024. This is hoped to be a temporary pause.

Wellbeing and Mental Health Summary 2

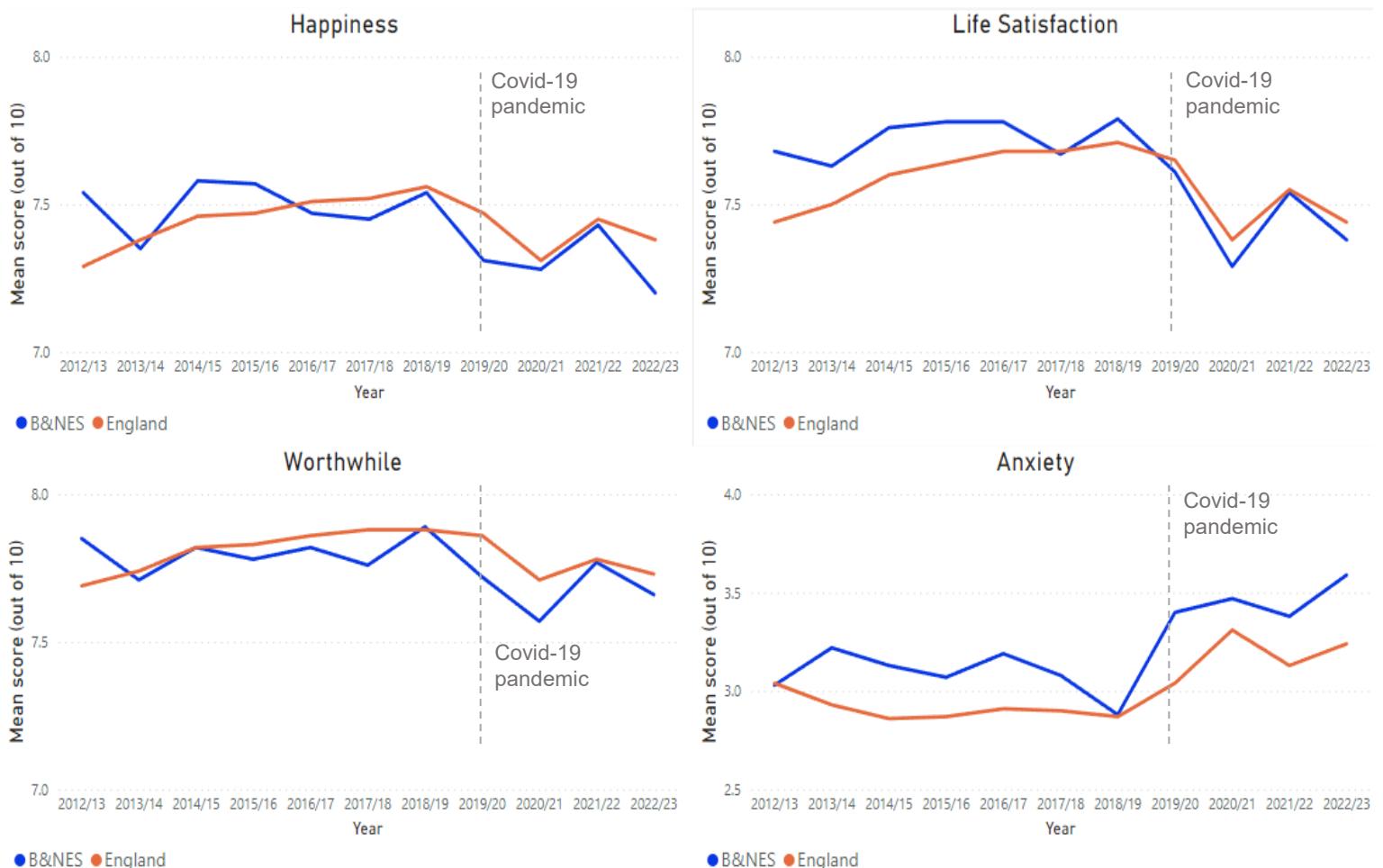
Adults:

- Based on 2024 national estimates of prevalence, it is estimated that **one in five adults** (aged 16+) have a **common mental health condition (CMHC)**. This would equate to **~33,900 adults in B&NES** with a CMHC, a **notable increase of over 10,000 additional adults since 2014**.
 - Women are more likely** to be affected than males with around **one in four women** having a CMHC compared to **one in six males**.
- Referrals to the Talking Therapies service in B&NES have decreased since 2018/19. Waiting times for this service remain **above** national targets with 90% of patients completing treatment having waited under 6 weeks from referral to first treatment.
- Adults living with **Severe Mental Illness (SMI)** have an increased risk of dying prematurely compared to those living without SMI. **Excess under-75 mortality** in adults with SMI is **significantly higher** in B&NES than England and ranks as one of the **highest rates in the country**.
 - The percentage of patients on the SMI register receiving all 6 health checks in B&NES is **above the national target** (62% compared to 60% target) and is above national and regional figures (as at Q1 2025/26).

Self-harm:

- 2024 national estimates suggest **one in nine adults** (16+) have **self-harmed** without suicidal intent at some point in their life. This would suggest **~18,000 adults in B&NES** have ever self-harmed. Prevalence of self-harm is **higher in women** than men and is highest in the 16 to 24 year age group with a steep decline with increasing age.
- Hospital admissions as a result of self-harm (10-24 years)** have been consistently **higher** in B&NES than the national average¹ since at least 2011/12 but have shown decreases since 2020/21. Females have consistently higher rates than males both nationally and in B&NES but have shown decreases since 2020/21.
- The rate of **hospital admissions for self-harm (all ages)** has remained **fairly stable** in B&NES since 2014/15. Females have consistently higher rates than males both nationally and in B&NES.

¹ Recent declines in national hospital admission rates may in part be due to a [methodological change](#) so caution is advised when comparing B&NES rates with national rates from 2023 onwards.



The [NHS](#) describes wellbeing as not just the absence of ill-health but includes the way people feel about themselves and their lives. The ONS assess Personal Wellbeing through four measures: Life Satisfaction, feelings the things done in life are Worthwhile, Happiness, and Anxiety.

Annual Population Survey (APS)¹ findings March 2023:

- Average (mean) ratings of personal wellbeing have **worsened** across all indicators in B&NES and nationally since 2021/22 and **remain below pre-Covid-19 pandemic levels** (year ending March 2019).
- Mean ratings in B&NES for **happiness** (7.20), **life satisfaction** (7.38), and **worthwhileness** (7.66) have all **decreased** since Mar 2022 and all lower than national figures. In the same time period, the mean rating for **anxiety** (3.59) **worsened** slightly (i.e. increased) and continues the trend of **higher anxiety levels in B&NES** compared to national for the majority of the past decade.

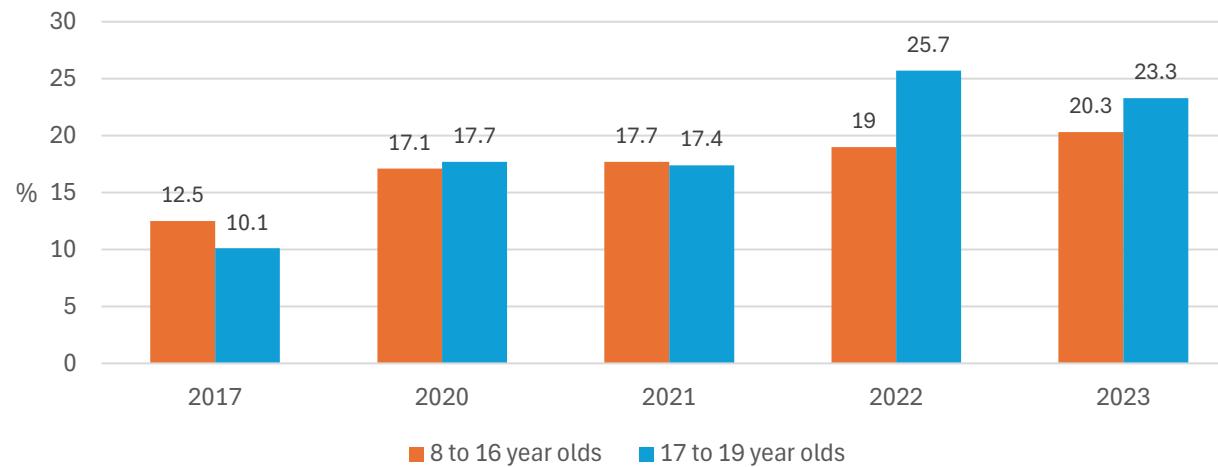
Due to ongoing challenges with the APS which affected LA sample sizes, **ONS have not published personal wellbeing measures in 2024**. This is intended to be a temporary pause while work continues to improve the quality of APS. The ONS considers the quality of the APS to be robust for national estimates. These [national results](#) suggest feelings of happiness, life satisfaction, worthwhile, and anxiety have remained **stable** in the year since Q3 2023.

Source: [ONS Personal Wellbeing in the UK](#) **Note:** Axes do not start at 0 and differ for each domain.

¹ The APS is a continuous household survey which provides a representative sample of those living in private residential households in the UK. People living in communal establishments (such as care homes) or other non-household situations are not represented in this survey. Questions asked: 'Overall, how **satisfied** are you with your life nowadays?', 'Overall, to what extent do you feel that the things you do in your life are **worthwhile**?', 'Overall how **happy** did you feel yesterday?', and 'Overall, how **anxious** did you feel yesterday?'. Responses were on a scale from 0 to 10 where 0 is 'not at all' and 10 is 'completely'.

Children & Young People: Prevalence (1)

Percentage of children & young people with a probable mental disorder, by age



Prevalence Estimates for B&NES based on MHCYP 2023 rates

Measure	Age	National Rate	B&NES Estimate ¹
Probable mental disorder rate	8-16	20.3%	3,954
Probable mental disorder rate	17-19	23.3%	2,637
Probable mental disorder rate	20-23	21.7%	4,208
Possible mental disorder rate	8-16	12.0%	2,337
Possible mental disorder rate	17-19	15.3%	1,731
Possible mental disorder rate	20-23	15.4%	2,987
Total:			17,854

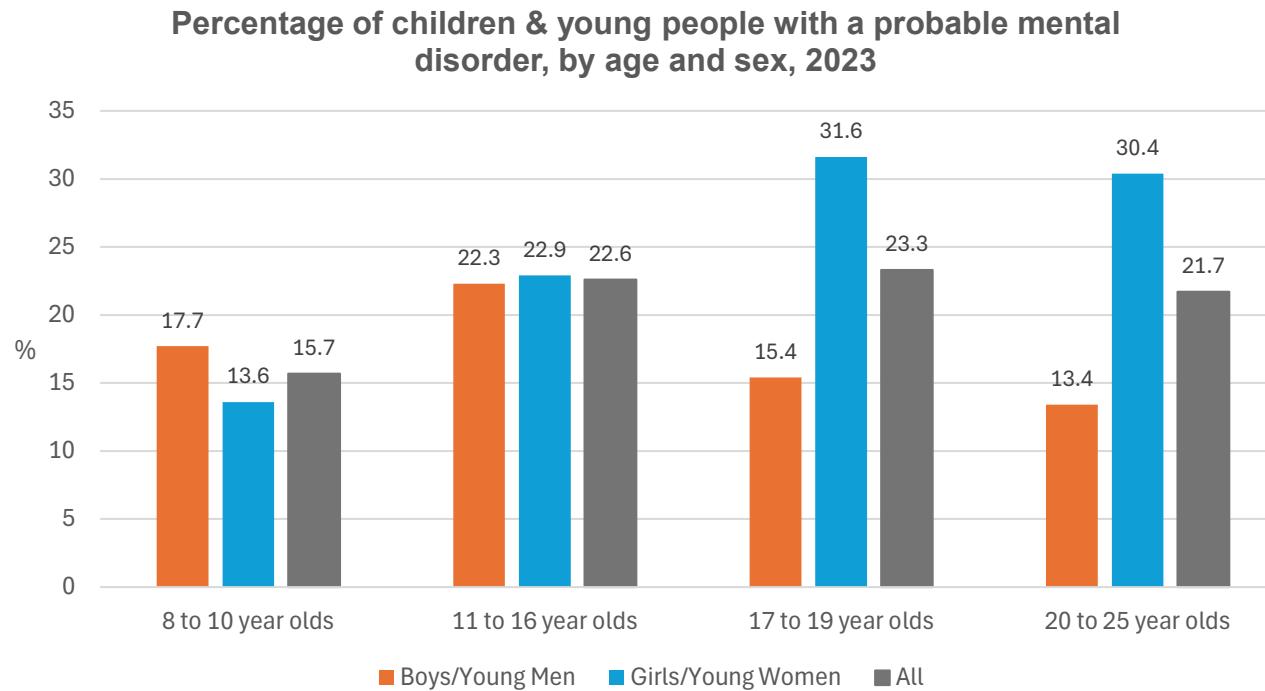
- The national Mental Health of Children and Young People (MHCYP) survey found that in 2023, around **one in five children and young people aged 8 to 25 years had a probable mental disorder**. It found rates of probable mental disorder have **increased from 2017 to 2023²**. Prevalence rates increased from **one in eight (12.5%)** to **around one in five (20.3%)** in 8-16 year olds. In 17-19 year olds, the rate **more than doubled** from 10.1% in 2017 to 23.3% in 2023.
- These observed survey rates would suggest there are an **estimated 10,800 children and young people (aged 8-25 years) in B&NES** with a probable mental disorder and a **further 7,000** with a possible mental disorder.

Source: [MHCYP in England Wave 4 follow-up \(2023\)](#) Information collected during Feb to Apr 2023, covering 2,370 children and young people aged 8 to 25 years in England.

¹ Estimate in B&NES population based on ONS population mid-year estimates 2023.

² Rates in 2023 were statistically significantly higher than 2017.

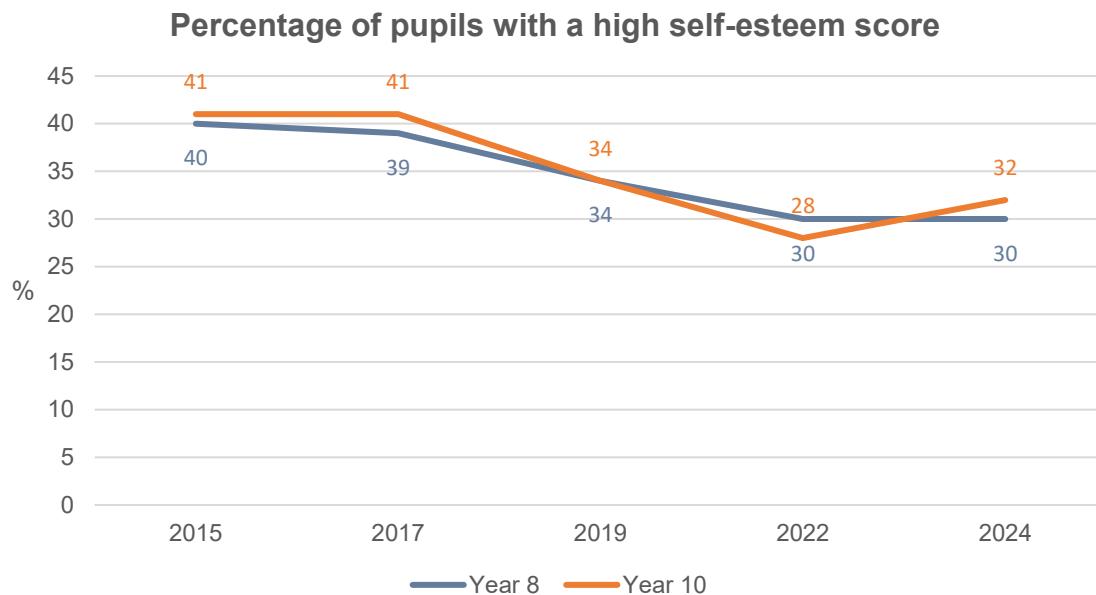
Children & Young People: Prevalence (2)



Source: [MHCYP in England Wave 4 follow-up \(2023\)](#) Information collected during Feb to Apr 2023, covering 2,370 children and young people aged 8 to 25 years in England.

- In children aged **8-16 years**, the prevalence of a probable mental disorder was **similar in boys and girls** (8-10 years: 17.7% boys, 13.6% girls; 11-16 years: 22.3% boys, 22.9%). In young people aged **17-19 years**, the prevalence of a probable mental disorder was **twice as high in young women** (31.6%) as in young men (15.4%). It was also **more than twice as high in young women aged 20-25 years** (31.6%) compared to young men (13.4%). This suggests that **almost a third of young women aged 17-25** have a probable mental disorder.
 - This would equate to approximately **5,500** young women (17-25 years) in B&NES with a probable mental disorder.
- [Poverty is a significant driver of mental health problems for young people and their families](#). The MHCYP results show children and young people from **more socio-economically deprived backgrounds are more likely to experience a probably mental disorder**. Children aged 8 to 16 years with a probable mental disorder were more than **twice as likely** to live in a household that had fallen behind with rent, bills or mortgage (18.7%) than those unlikely to have a mental disorder (6.8%). Young people aged 17 to 24 years with a probable mental disorder were about **4 times as likely** to report falling behind with bills, rent or mortgage (20.6%) than those unlikely to have a mental disorder (5.4%).

Children & Young People: Health & Wellbeing surveys



Data Notes: ¹ The Children's Society surveys around 2,000 UK children (aged 10 to 17) and their parent/carer annually. In 2024, 2,056 children responded (conducted in April to June 2024).

Survey Source: Internal reports prepared for the Health Related Behaviour surveys, developed by the Schools Health Education Unit. The surveys were conducted February to July 2024.

Primary school data included 984 year 4 pupils and 1,028 year 6 pupils. Secondary school data included 1,660 year 8 pupils and 1,483 year 10 pupils.

High self esteem is derived from the responses to a set of ten statements taken from a standard self-esteem enquiry method developed by Denis Lawrence (1981). The scale is based on social confidence and relationships with friends.

² Issues listed were: School-work, SATS/tests, Health, My mental health, Friends, Family, Money, The way I look, Puberty and growing up, Being bullied online, Being bullied in person, The environment, The future, Other worries

³ Issues listed were: School-work, Exams and tests, Health, Getting a job, Friends, Family, Money, The way you look, Your sexuality or gender identity, Sex and relationships, Being bullied or harassed online, Being bullied or harassed in person, The environment, The future, My mental health, Terrorism, Sexual harassment, Gangs, Knife Crime, Other worries

⁴ Young Carers vs non-carers, SEND vs non-SEND and Pupil Premium (PP) vs non-PP comparisons.

The [Good Childhood Report \(2024\)](#) highlights that too many young people are unhappy with their lives. **11%** of the children aged 10 to 17 completing their survey¹ had **low wellbeing**. It also found that in 2022, the UK's 15-year-olds had the **lowest average life satisfaction in Europe**.

The **2024 B&NES Children and Young People's Health and Wellbeing surveys** were conducted across primary and secondary schools in B&NES. Results showed:

Primary schools:

- 9% of boys and 11% of girls responded that they were 'quite' or 'very' unhappy with their life at the moment.
- 69% of boys and 65% of girls responded that they were 'quite' or 'very' happy with their life at the moment.
- 34% of pupils had a high self-esteem score.
- 88% of pupils responded that they worry about at least one of the issues² listed 'quite a lot' or 'a lot'.
- 33% of female year 6 pupils and 45% of male year 6 pupils said they at least 'sometimes' deal with things by hurting themselves in some way when they are struggling/feel bad or stressed/have a problem that worries them.

Secondary schools:

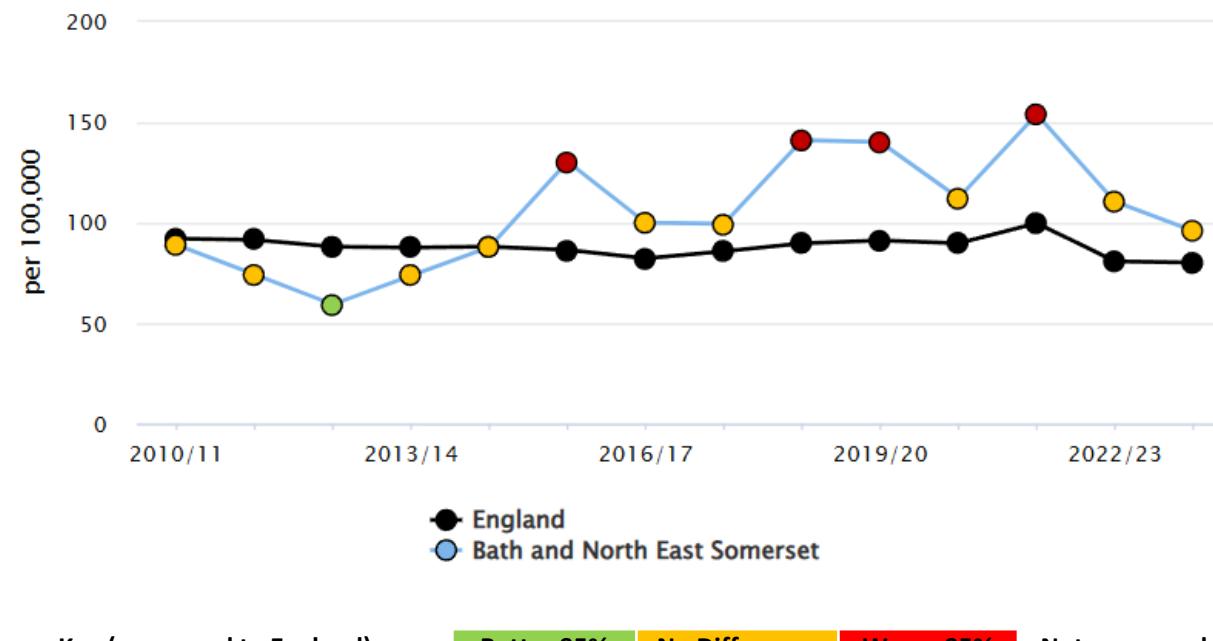
- 21% of pupils responded in the lower half of the scale for feeling satisfied (0 – 4), with 3% giving the lowest response (0 – not at all satisfied).
- 68% of pupils responded in the upper half of the scale for feeling satisfied (6 – 10), with 9% giving the highest response (10 – completely satisfied).
- 31% of pupils had a high self-esteem score. The proportion reporting a high self-esteem has shown a downwards trend since 2015.
- 90% of pupils responded that they worry about at least one of the issues³ listed 'quite a lot' or 'a lot'. 50% worry about more than five of the issues listed.
- 33% of female pupils and 20% of male pupils said they at least 'sometimes' deal with things by hurting themselves in some way when they are struggling/feel bad or stressed/have a problem that worries them.

Inequalities:

- Young carers, SEND and Pupil Premium pupils reported lower happiness or satisfaction, lower self-esteem and were more worried compared to their peers⁴.

Children & Young People: Hospital Admissions

Hospital admissions for mental health conditions (<18 years)



- Rates of hospital admissions for mental health conditions¹ in those under 18 years is higher than the national rate² but has shown a reduction since 2021/22. In 2023/24 the rate was 96 per 100,000 in B&NES, a fall from 154 per 100,000 in 2021/22. Admissions increased to 55* in 2021/22 in B&NES but have since decreased to 35* in 2023/24.
- Females have consistently higher rates of hospital admissions for mental health conditions than males both nationally and in B&NES. In 2023/24 there were 25* female admissions and 15* male admissions in B&NES.

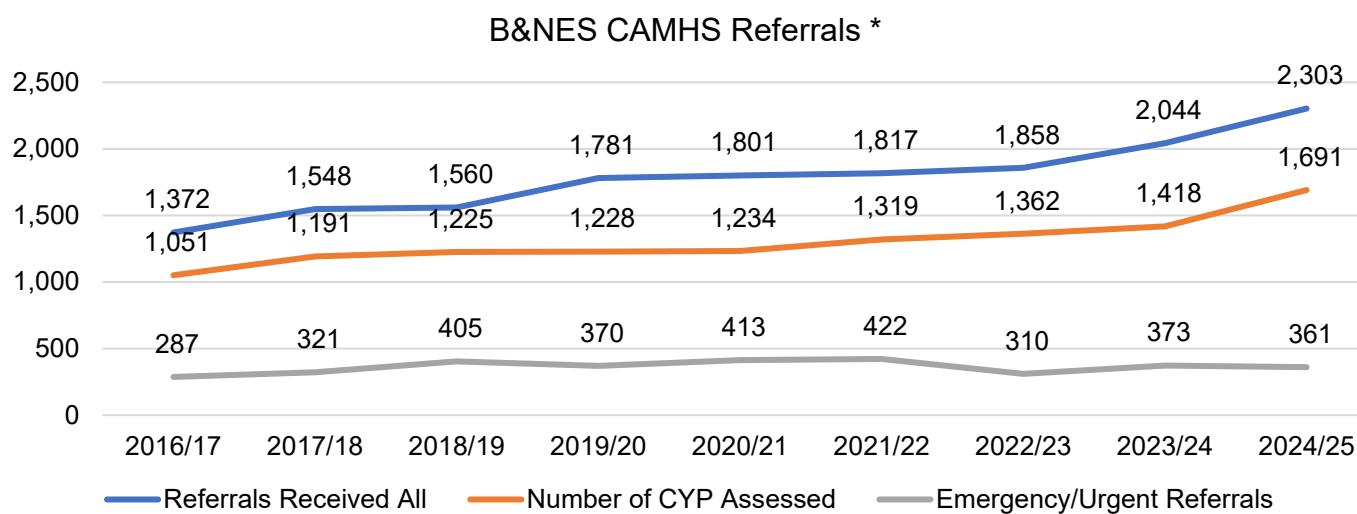
Source: [OHID Fingertips Public Health Profiles](#)

¹ Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 with primary diagnosis codes F00 to F99 (includes: organic mental disorders, mental and behavioural disorders due to psychoactive substance use, schizophrenia and delusional disorders, mood disorders, neurotic disorders, behavioural syndromes, disorders of adult personality and behaviour, mental retardation, disorders of psychological development)

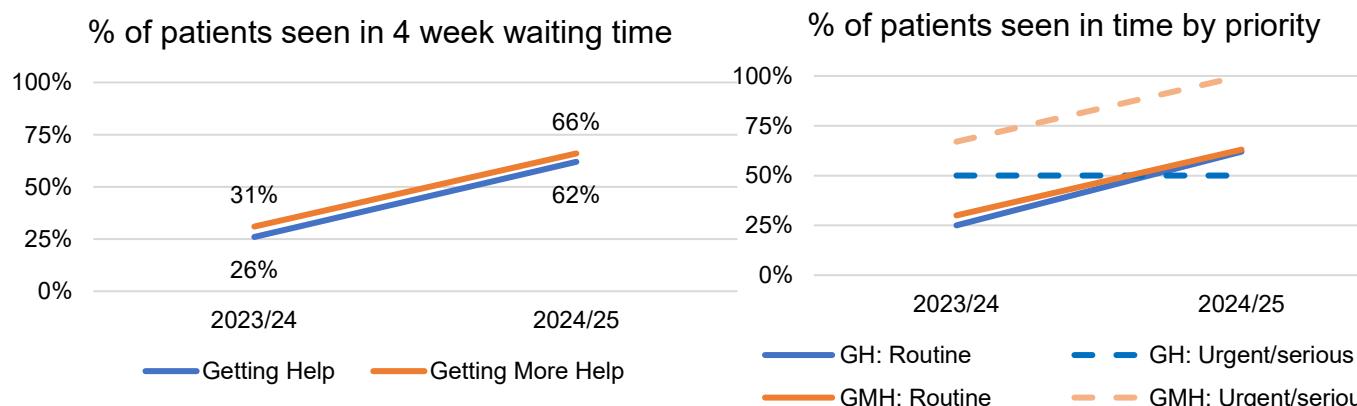
² Indicators based on hospital admissions may be influenced by local variation in referral and admission practices as well as variance in incidence or prevalence. In 2023, a [methodological change](#) was announced to require Trusts to report Same Day Emergency Care (SDEC) to the Emergency care data set. The deadline for this change was extended to July 2025. Royal United Hospital Bath had not applied this change at the time of the data shown. Therefore, the reductions in recent years are not related to this methodological change. However, due to the differing timescales this change has been implemented across organisations, **caution should be used when comparing B&NES rates with the national rate**.

* Note: counts are rounded to the nearest 5 and refer to episodes of admissions and not persons.

Children & Young People: Service Demand



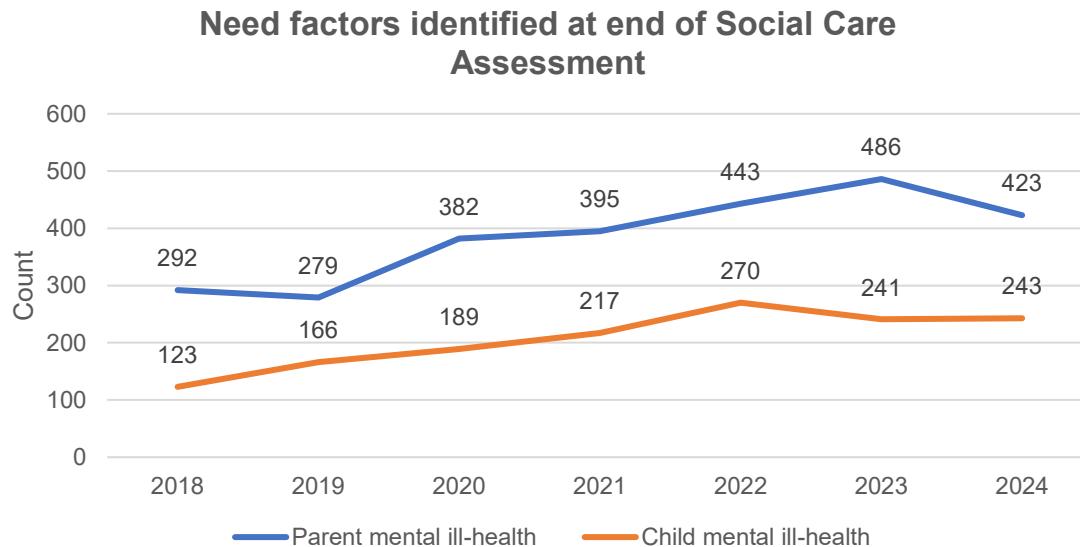
- **Referrals** to CAMHS (Child and Adolescent Mental Health Services) have continued to **increase** over time. They have shown an increase of **more than two-thirds (68%)** from 1,372 in 2016/17 to 2,303 in 2024/25. The number of CYP **assessed** have shown similar increases with an **increase of 61%** from 1,051 in 2016/17 to 1,691 in 2024/25.
- **Emergency/urgent referrals** increased from 287 in 2016/17 to 422 in 2021/22 but have since decreased (to 361 in 2024/25).
- **Waiting times for the Getting Help and Getting More Help services improved** in 2024/25 compared to 2023/24. The percentage of patients seen within 4 weeks increased from 26% to 62% for the Getting Help service and from 31% to 66% for the Getting More Help service.
 - The median waiting time for the **Getting Help** service **decreased** from **95 days** in 2023/24 to **21 days** in 2024/25.
 - The median waiting time for the **Getting More Help** service **decreased** from **76 days** in 2023/24 to **15 days** in 2024/25.
- The percentage of **routine** referrals seen within the 4 week waiting time for the **Getting Help** service increased from 25% in 2023/24 to 62% in 2024/25. The percentage of **urgent/serious** referrals seen within 4 weeks remained at 50%.
- The percentage of **routine** referrals seen within the 4 week waiting time for the **Getting More Help** service increased from 30% in 2023/24 to 63% in 2024/25. The percentage of **urgent/serious** referrals seen within 4 weeks increased from 67% to 100%.



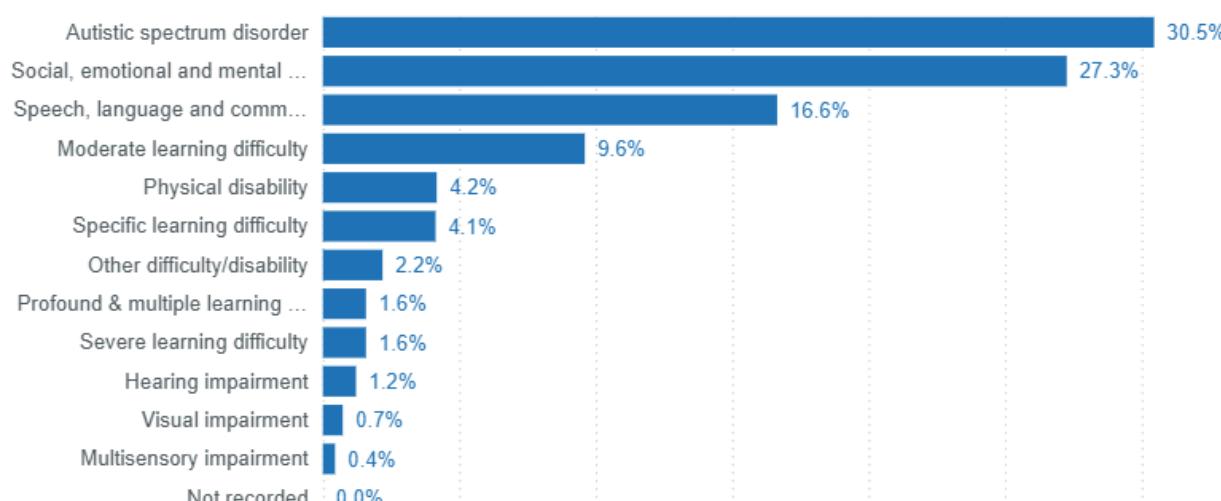
DataSource & Notes: Oxford Health Foundation Trust (OHFT) internal data for B&NES. * **Note:** There was some loss of data due to a system outage for the period Aug 2022 to Nov 2022 so data for the 2022/23 Financial Year may be incomplete.

Getting Help (GH) is a service within CAMHS designed for children & young people who need a short intervention (usually 6 sessions). **Getting More Help (GMH)** is designed for those needing a more intensive treatment (usually 12 sessions). Getting More Help also includes specialist support such as the Eating Disorders service.

Identified Needs for Children & Young People in Social Care & SEND



B&NES: Active EHCPs Primary Need (2024/25)



- In 2024, of children in B&NES being assessed as needing **social care intervention**, **parent mental ill-health was the highest factor identified as contributing to a safeguarding concern** (423 occurrences¹). This has been the **highest factor of need** in recent years. Following an increase year on year since 2019, this number **fell** in 2024.
- Assessments with **mental ill-health of the child identified as a factor have also increased**, rising from 123 occurrences in 2018 to 243 occurrences in 2024, making this the **3rd highest factor of need** in 2024.
- In 2024/25, of those children in B&NES with an **EHCP** (0 to 25 years), **Social, Emotional and Mental Health (SEMH) was the primary need identified in 27% of cases**. This is the **second most common primary need** after Autism Spectrum Disorder (31%).
 - **SEMH is the most common primary need in females** with an EHCP (29%) and the **second most common primary need** in **males** with an EHCP (26%).
 - In **secondary school age children (11 to 15 years)** with an EHCP, **SEMH is the most common primary need** (30%). It is also the **most common primary need** in the **16 to 19 age group** (34%).

Source: Analysis of B&NES internal data & DfE: [SEN2 data](#).

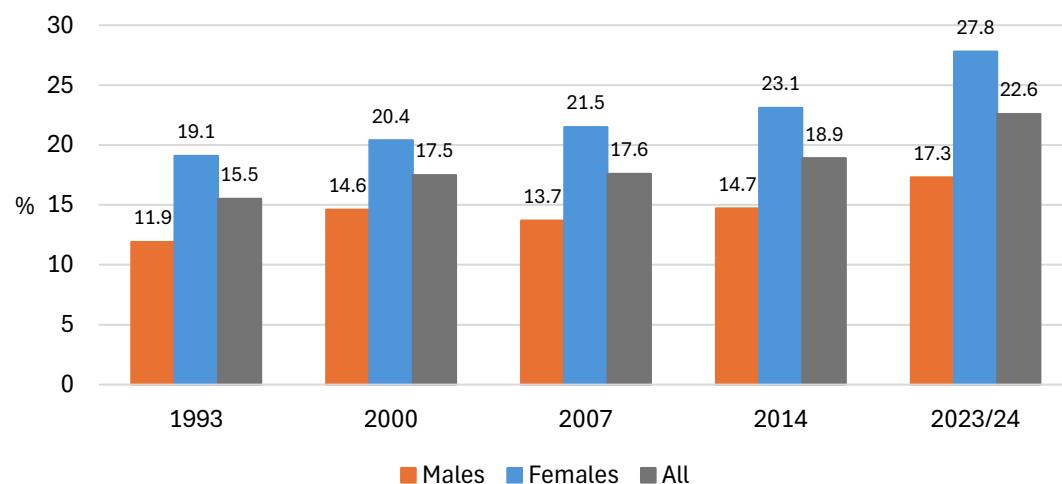
¹ A child may have multiple assessment factors recorded so these numbers represent **count of need factor rather than number of children**.

Adults: Prevalence

CMHC Prevalence Estimates (2023/24) for B&NES¹

Measure	National Rate	B&NES estimate
No. of Adults ² with a CMHC	20.2%	33,887
No. of Females with a CMHC	24.2%	20,829
No. of Males with a CMHC	15.4%	12,580

Percentage of 16-64 year olds with CMHC symptoms



- **Common Mental Health Conditions (CMHCs)** comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMHCs to society is great.
- In 2023/24, the national Adult Psychiatric Morbidity Survey (APMS) found **one in five adults² (20.2%)** in England had a common mental health condition. **Women were more likely to be affected than men**; around one in four women (24.2%) had CMHC symptoms compared with around one in six men (15.4%). CMHC symptoms were also associated with **age** with **working-age people (16 to 64) being around twice as likely** to have symptoms of CMHC compared to those aged 75 and over.
- CMHCs have increased in prevalence among 16 to 64 year olds; from 15.5% in 1993 to 22.6% in 2023/24. Increases since 2014 were evident in males and females, and most age groups.
- Applying the rates locally would suggest there are around **33,900 adults in B&NES with a CMHC**; ~20,800 females and ~12,600 males. This is a notable increase of over **10,000 additional adults with a CMHC since 2014** (when the estimate was ~23,500*)³.
- The survey also found that **socioeconomic inequalities** in mental health persist. Adults with problem debt and those not in employment were more likely to have a CMHC, report lifetime non-suicidal self-harm and to screen positive for PTSD. Living in the most deprived fifth of areas was associated with increased prevalence of CMHCs, suicide attempts and PTSD.

Source: [Adult Psychiatric Morbidity Survey 2023/24](#). Fieldwork carried out March 2023 to July 2024. 6,912 phase one interviews and 880 phase two interviews were carried out.

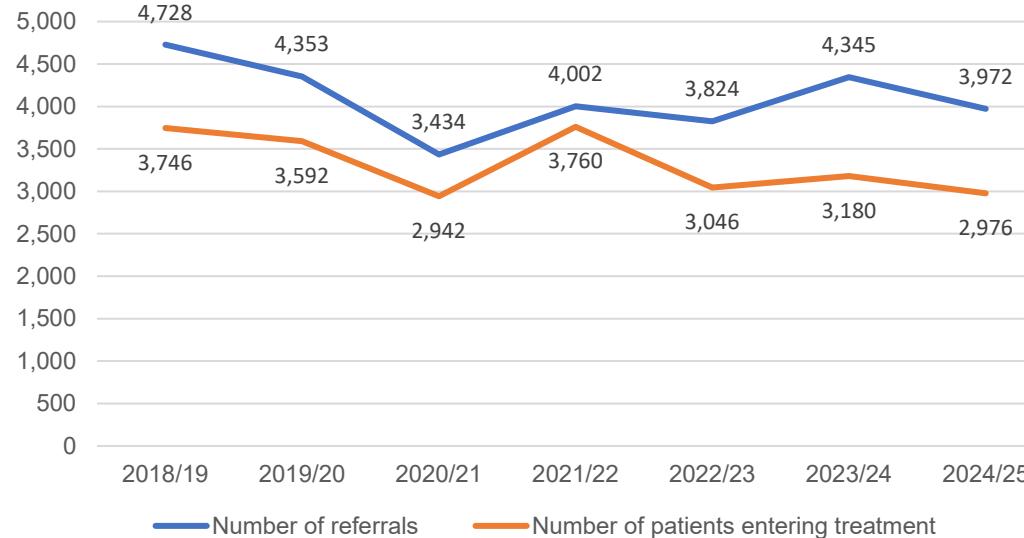
¹ Based on B&NES ONS population mid-year estimates 2023, adults age 16+. ² Age 16+.

³ Based on B&NES ONS population mid-year estimates 2014, adults age 16+ and 2014 prevalence in adults 16+ (15.7%).

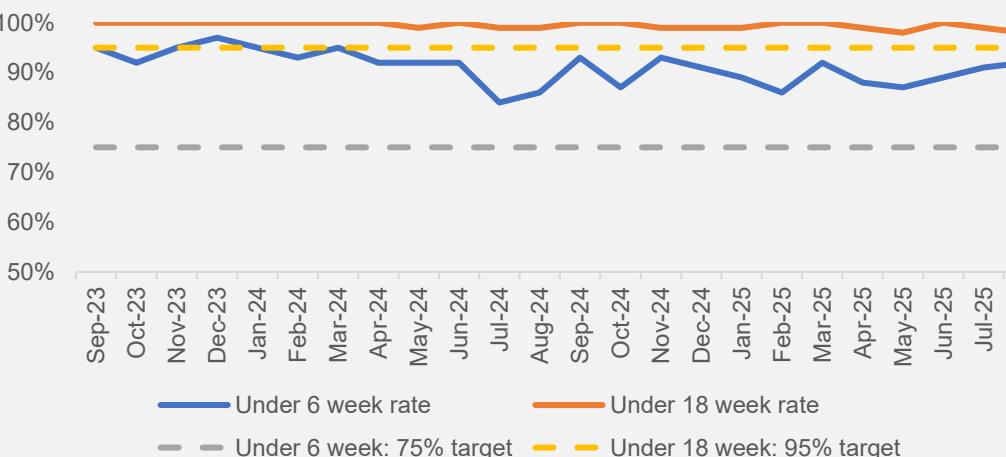
⁴ Percentage of people aged 18+ with depression recorded on practice disease registers for the first time in the financial year.

Talking Therapies: Service Demand

Talking Therapies Referrals – B&NES



Talking Therapies Waiting Times - B&NES



Percentage of patients completing treatment waiting under 6/18 weeks from referral to first treatment

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
under 6 weeks	93%	91%	94%	94%	99%	96%	90%
under 18 weeks	100%	99.9%	99.8%	100%	100%	100%	99.6%

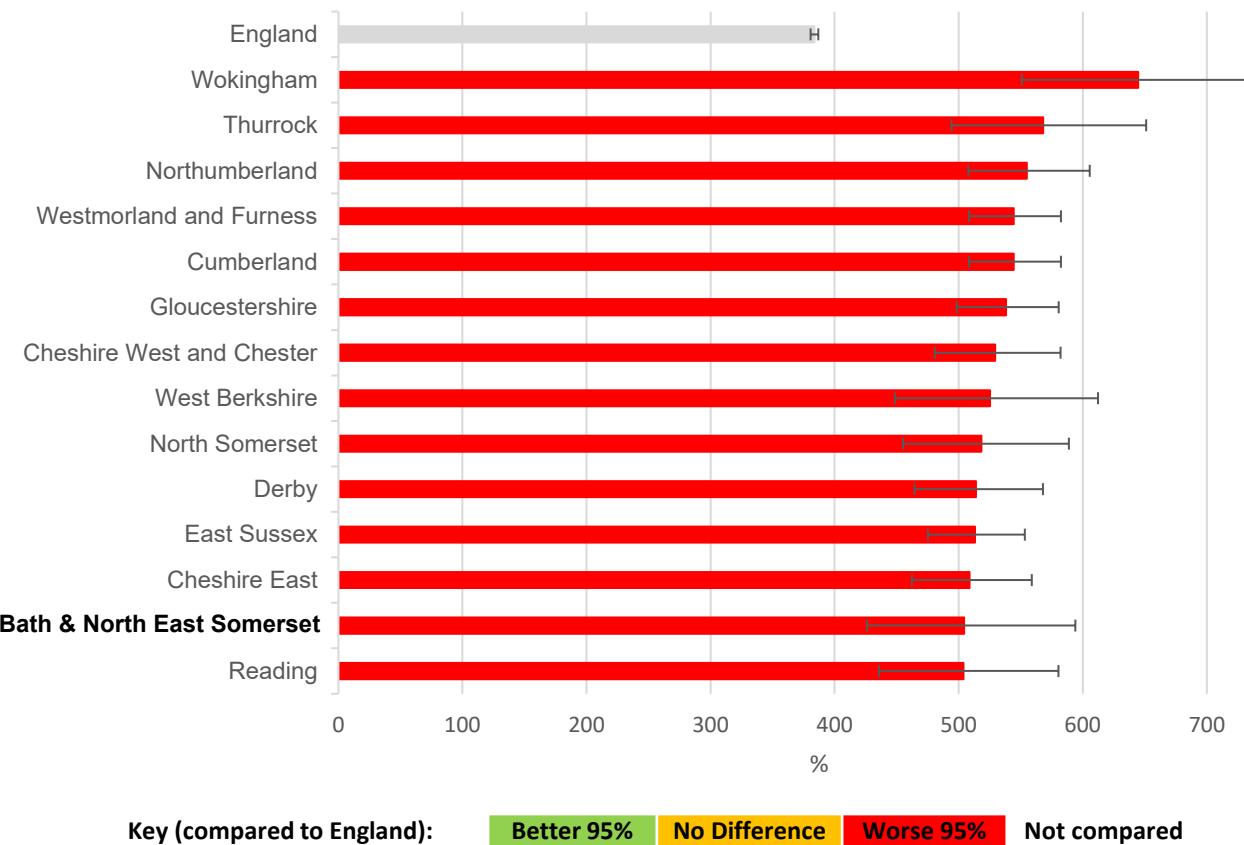
- The number of people who have been referred for Talking Therapies has shown a 16% decrease since 2018/19. Following the pandemic, referrals showed an increasing trend with 4,345 referrals in 2023/24. However, this fell to 3,972 referrals in 2024/25.
- The number of patients entering treatment has shown a decreasing trend, with numbers falling by 21% since 2018/19. Following an increase after the pandemic to 3,760 patients entering treatment, this has fallen to 2,976 in 2024/25.
- Waiting times continue to be above national targets. The percentage of patients completing treatment waiting under 6 weeks from referral to first treatment rose to 99% in 2022/23. However, this has fallen to 90% in 2024/25, still above the 75% national target. The under 18-week rate has consistently been between 99%-100%, again above the 95% national target.

Talking Therapies was formerly known as IAPT (Improving Access to Psychological Therapies)

Data source: Talking Therapies service use data provided by Avon and Wiltshire Mental Health Partnership (AWP)

Severe Mental Illness (SMI)

Excess under 75 Mortality Rate in Adults with SMI 2021-23



- **SMI** refers to people with psychological problems often so debilitating their ability to engage in functional/occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.
- In 2023/24, the percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** as recorded on GP practice disease registers was **0.9% in B&NES (2,000 patients)**. This remained **lower** than the national rate (1.0%).
- Adults living with SMI have an increased risk of dying prematurely compared to those living without SMI. **Excess under-75 mortality in adults with SMI¹** is significantly higher in B&NES than England (504% vs 384%). This is ranked as one of the **highest** rates in all Counties & UAs in England. This means in B&NES, adults with SMI have a 504% higher chance of premature mortality than those adults without SMI.
 - In B&NES, the premature mortality rate² in the SMI population is **6 times higher** (69.1 per 100,000) than the premature mortality rate in the non-SMI population (11.4 per 100,000). This is **higher** than in England where the premature mortality rate² is **4.8 times higher** in the SMI population compared to the non-SMI population.
 - B&NES has consistently been **significantly higher** than the national rate since 2015-17.

Source: [OHID Fingertips Severe Mental Illness Profile](#)

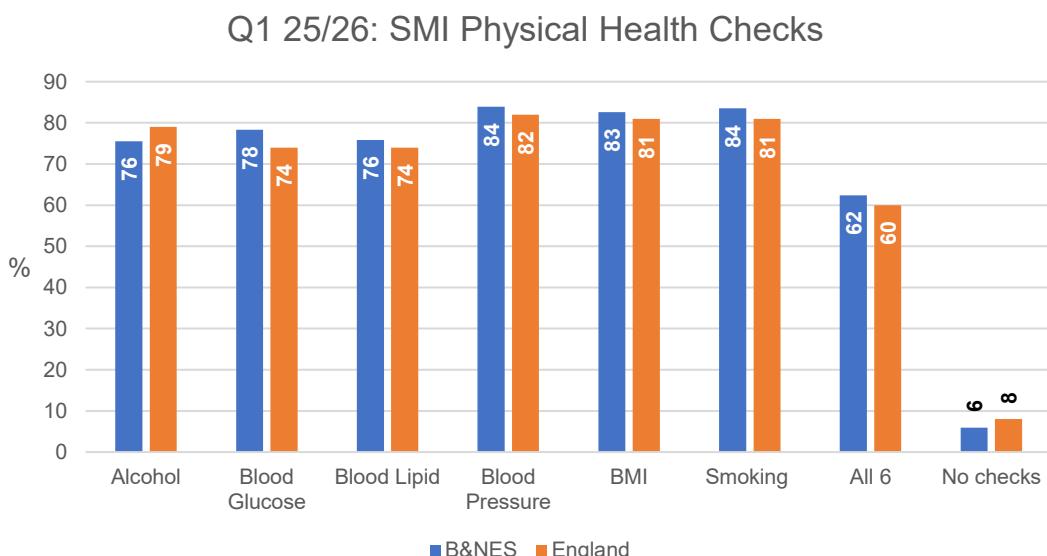
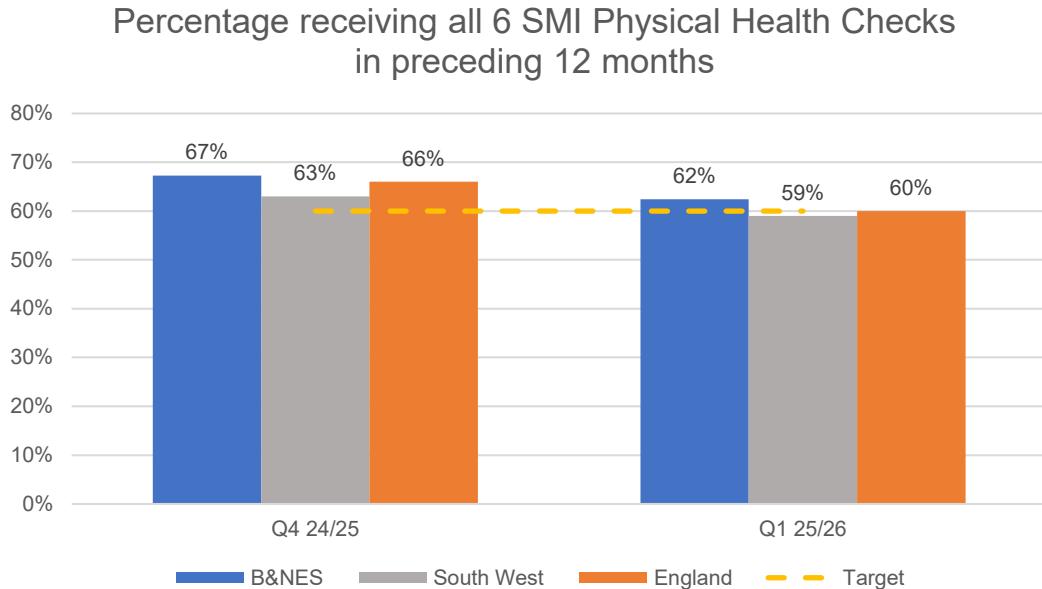
Note: The worst 14 Counties/UAs are included in the chart (where the excess mortality rate is >500%). The value for Westmorland and Furness and Cumberland is available for the former county of Cumbria only.

¹ Definition: Measure of excess premature mortality experienced in adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the 5 years preceding death.

² Premature mortality rate in those under 75: Directly Standardised rate per 100,000 population

* Note: counts rounded to nearest 5

Physical Health Checks for people with Severe Mental Illness (PHSMI)



- People with SMI are at an increased risk of poor physical health. Annual **physical health checks** for people with SMI are strongly encouraged and at a minimum should include:
 - Alcohol consumption status
 - Blood glucose or HbA1c test (as clinically appropriate)
 - Blood pressure
 - Body mass index (BMI)
 - Lipid profile
 - Smoking status.
- The national target is for 60% of patients on the SMI register to receive all 6 of these health checks at least once a year.
- In Q1 2025/26, the number of people in B&NES¹ on the PHSMI register was **1,610**. The percentage of patients on the register receiving all 6 health checks in the preceding 12 months was **62%**, **higher** than the national and regional figures (59% and 60% respectively). This has fallen from 67% in Q4 24/25.
- In Q1 2025/26, the percentage receiving each individual check was **higher in B&NES¹ than national for all tests except alcohol consumption status**. The percentage receiving **no checks** was **6%, lower** than the national figure (8%).

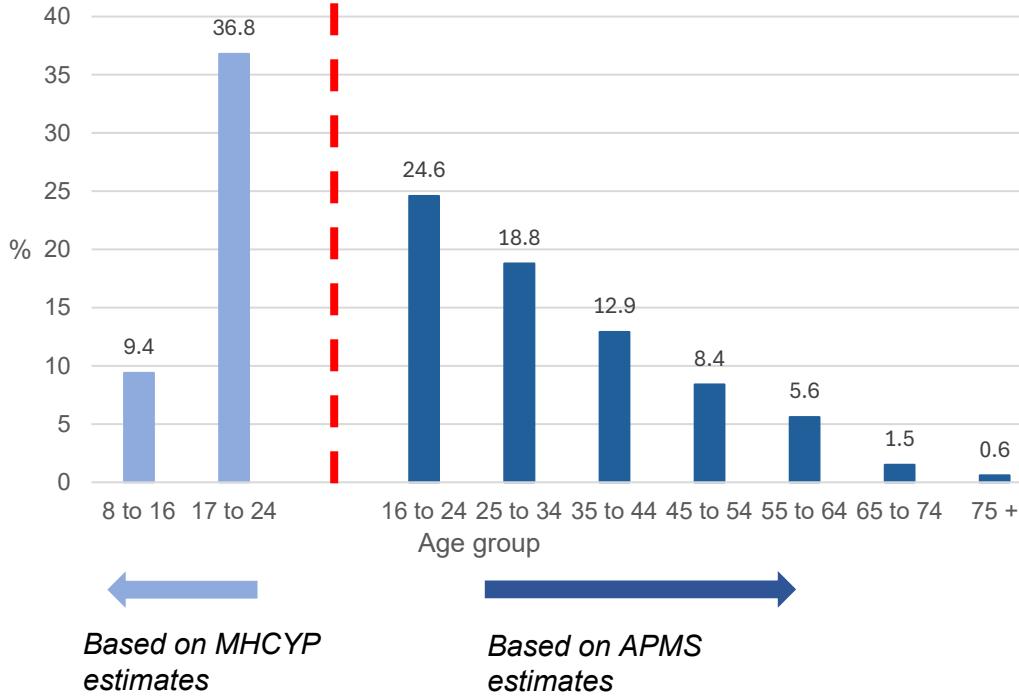
Source: [NHS Digital: Physical Health Checks for people with SMI](#)

These statistics include the proportion of people on the General Practice PHSMI register at the end of each quarter who received each individual and combinations thereof, of the physical health check in the 12-months to the end of the reporting period. The data presented here are considered experimental as they are known to be incomplete in terms of the number of Practices who have not supplied information as well as some of those that have supplied information have supplied partial data. The experimental label of these statistics will be reviewed once data completeness improves sufficiently.

¹ Figures for B&NES have been calculated by adding together data from the 6 PCNs within B&NES, namely Three Valleys Health, Bath Independents, Keynsham, Heart of Bath, Minerva Health Group and Unity Medical Group. Since PCN level data is rounded to the nearest five, percentages given are an approximation due to this rounding.

Self-Harm: Prevalence

Prevalence of self-harm by age



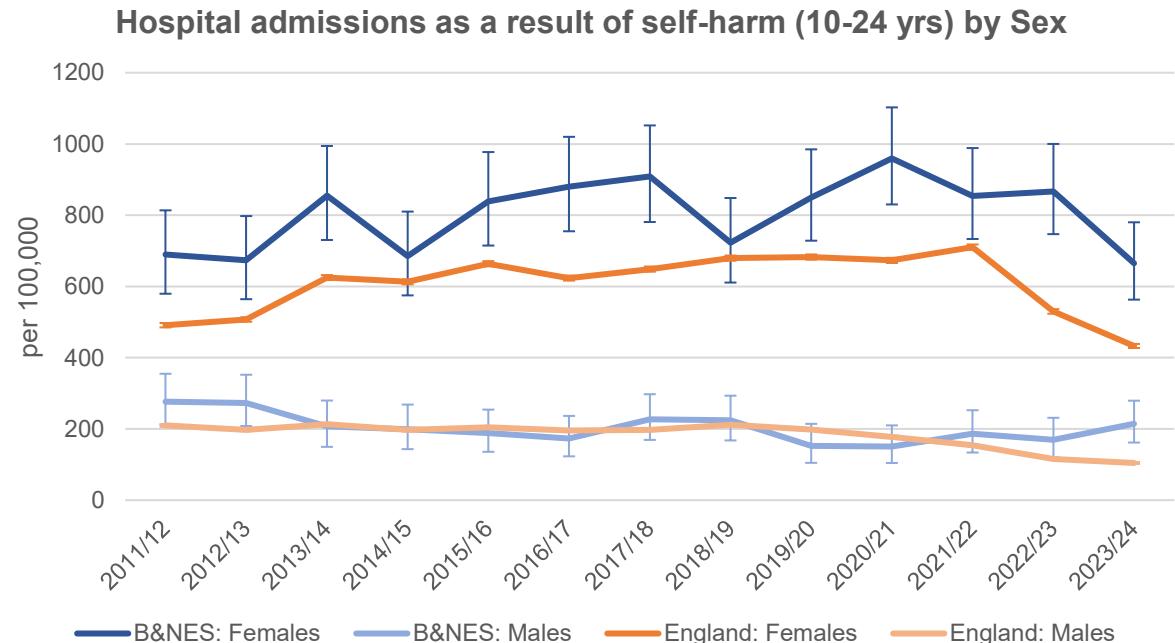
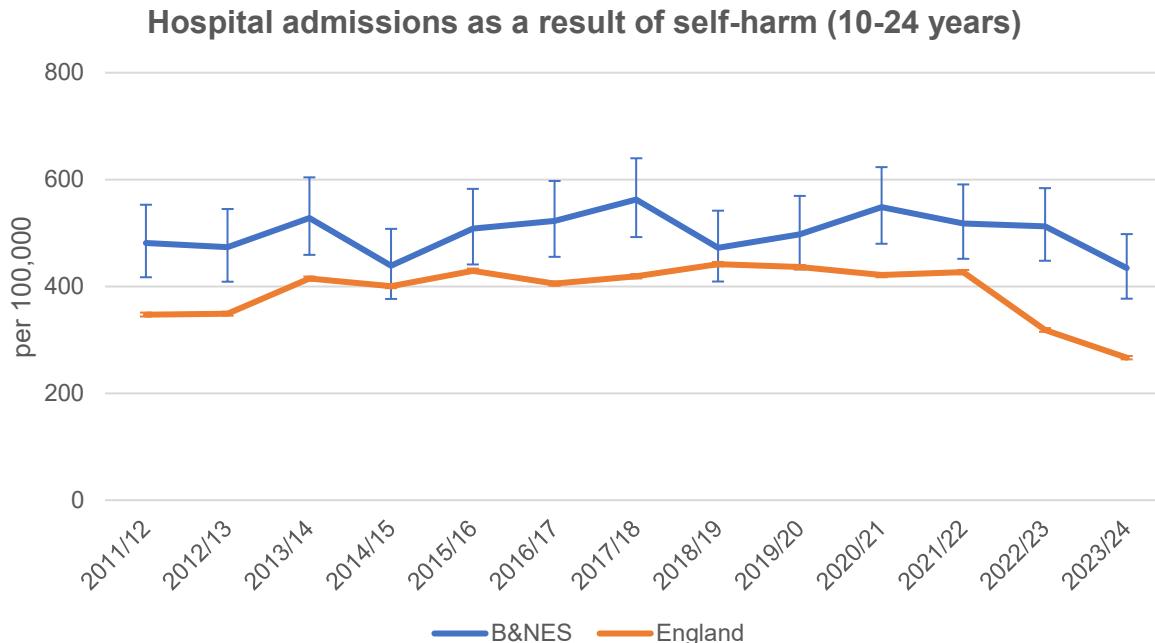
- **NICE Guidelines** define the term '**self-harm**' as **intentional self-poisoning or injury, irrespective of the apparent purpose**. This commonly involves self-poisoning with medication or self-injury by cutting. People who self-harm have a substantially greater risk of suicide.
- In 2023, the Mental Health of Children and Young People (MHCYP) survey reported that **9.4%** of **8 to 16 year olds had ever self-harmed**. Applying this rate locally would suggest **~1,800** 8 to 16 year olds in **B&NES** have ever self-harmed. For **17 to 24 year olds**, the rate increased to **36.8%** who had ever self-harmed. This would suggest **~12,200** 17-24 year olds in B&NES have ever self-harmed.
 - **Self-harm was more common in children and young people with a probable mental disorder.** Nearly a third (30.4%) of 8 to 16 year olds with a probable mental disorder had ever tried to harm themselves, compared to 4.0% of those unlikely to have a mental disorder. **Over two-thirds (69.5%)** of 17 to 24 year olds with a probable mental disorder had ever self-harmed compared with 21.3% of those unlikely to have a mental disorder.
 - **Self-harm was more common in young women than young men** with 45.7% of young women vs 28.8% of young men reporting ever having self-harmed (17 to 24 year olds).
- In 2023/24, the Adult Psychiatric Morbidity survey (APMS) found that around **one in nine adults**¹ (10.8%) reported having self-harmed without suicidal intent at some point in their life. Applying this rate locally would suggest **~18,000 adults in B&NES** have ever self-harmed.
 - **Women were more likely to self-harm than men** (12.6% vs 8.5%) and there was a **steep decline with increasing age**. **One in four (24.6%)** 16 to 24 year olds reported having self-harmed, compared with **5.6%** of 55 to 64 year olds. This would equate to **~8,700** 16 to 24 year olds in B&NES having self-harmed.

Sources: [MHCYP in England Wave 4 follow-up \(2023\)](#) Information collected during Feb to Apr 2023, covering 2,370 children and young people aged 8 to 25 years in England. Parents of those aged 8 to 16 years were asked whether their child had ever self-harmed. The same questions were asked directly to young people aged 17+.

[Adult Psychiatric Morbidity Survey 2023/24](#). Fieldwork carried out March 2023 to July 2024. 6,912 phase one interviews and 880 phase two interviews were carried out.

B&NES estimates based on B&NES ONS population mid-year estimates 2023. ¹ Age 16+.

Self-Harm: Hospital Admissions 1



- The rate of **hospital admissions as a result of self-harm in 10–24-year-olds** have been consistently higher in B&NES than the national average¹ since at least 2011/12 but have shown decreases since 2020/21. In 2023/24, the rate was 434 per 100,000 which equates to 215* admissions.
 - Females have consistently higher rates than Males** both nationally and in B&NES but have shown decreases since 2020/21. In 2023/24 the rate in females was 665 per 100,000 and the rate in males was 215 per 100,000, equating to 155* female and 55* male admissions. Female rates in B&NES have generally been statistically significantly worse than the national female rate since 2011/12.

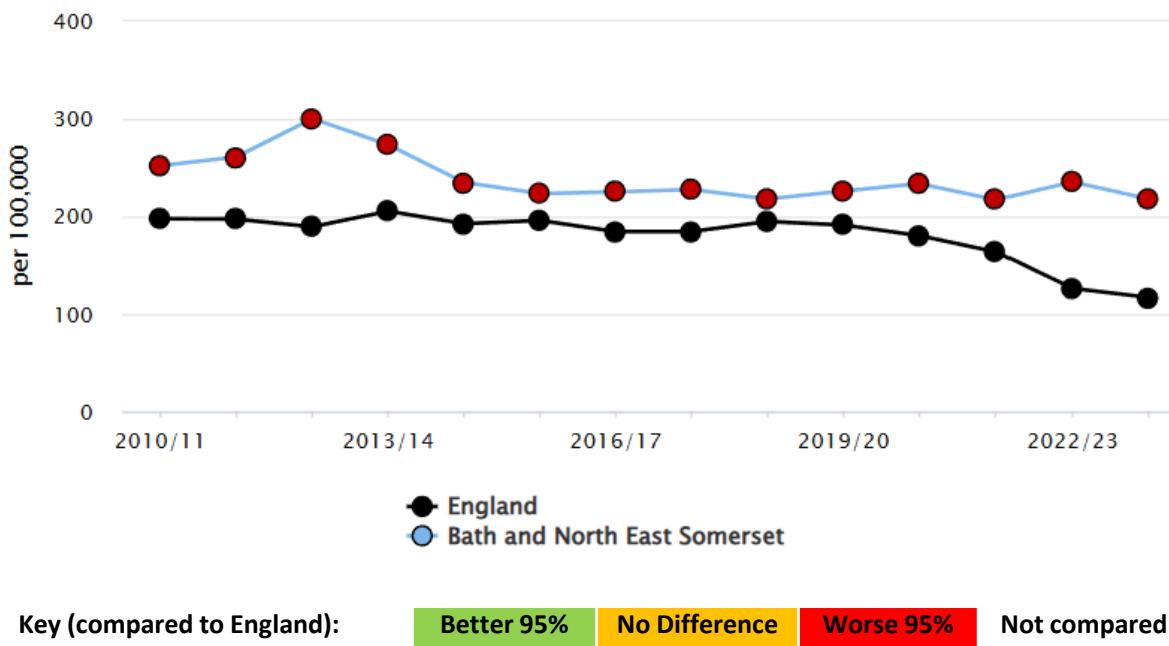
Source: [OHID Fingertips Perinatal, children and young people's mental health](#).

Plots show Directly Standardised rates per 100,000. * Note: Counts are rounded to the nearest 5.

¹ Indicators based on hospital admissions may be influenced by local variation in referral and admission practices as well as variance in incidence or prevalence. In 2023, a [methodological change](#) was announced to require Trusts to report Same Day Emergency Care (SDEC) to the Emergency care data set. The deadline for this change was extended to July 2025. Royal United Hospital Bath had not applied this change at the time of the data shown. Therefore, the reductions in recent years are not related to this methodological change. However, due to the differing timescales this change has been implemented across organisations, **caution should be used when comparing B&NES rates with the national rate**.

Self-Harm: Hospital Admissions 2

Hospital Admissions for Intentional Self-Harm (all ages)



Source: [OHID Fingertips Adult mental health and wellbeing](#)

¹ OHID South West Local Knowledge & Intelligence Service (SW LKIS), Understanding Emergency Hospital Admissions for Intentional Self-Harm in the South West, July 2022.

² Indicators based on hospital admissions may be influenced by local variation in referral and admission practices as well as variance in incidence or prevalence. In 2023, a [methodological change](#) was announced to require Trusts to report Same Day Emergency Care (SDEC) to the Emergency care data set. The deadline for this change was extended to July 2025. Royal United Hospital Bath had not applied this change at the time of the data shown so B&NES data is unaffected by this change in the time periods shown. However, due to the differing timescales this change has been implemented across organisations, **caution should be used when comparing B&NES rates with the national rate**.

* Note: Counts are rounded to the nearest 5.

- The rate of [hospital admissions for self-harm \(all ages\)](#) has remained **fairly stable** in B&NES since 2014/15. In 2023/24, the rate was 218 per 100,000 equating to 470* admissions. Whilst the rate in B&NES has been significantly higher than national since 2010/11, the recent decline seen in national levels may in part be due to methodological changes² so caution is advised when comparing the B&NES rate with the national rate.
 - [Females have consistently higher rates than males](#) both nationally and in B&NES with 310* female admissions in 2023/24 and 150* male admissions.
- Self-harm admissions have been higher than national in the South West region for a number of years.** In 2022, OHID SW LKIS undertook exploratory and explanatory analyses¹ to understand the reasons why the South West region of England had the highest emergency admission rates for self-harm. They noted that although emergency hospital admissions are used as a proxy for the prevalence of intentional self-harm, by doing so we are greatly underestimating the true prevalence of intentional self-harm in the community. Possible factors influencing high emergency admission rates from their research are shown [here](#). Further research in this area continues.
- [Risk factors for self-harm](#) include: age, socio-economic disadvantage, social isolation, stressful life events, bereavement by suicide, mental health problems, chronic physical health problems, alcohol and/or drug misuse and involvement with the criminal justice system. [Recent research](#) also suggests the following groups are at higher risk of self-harm:
 - boys with ASD
 - young people with ADHD
 - young people who spend time away from school (either through exclusion or absence)
 - girls with Free School Meal status
 - looked after children

Self-Harm in the South West

Possible factors influencing high emergency admission rates from analyses and stakeholder engagement

