**Directly age-standardised mortality rate from intentional self-harm and injury undetermined per 100,000 population (15+ years)**

**2008-10 to 2013-15 (3-year pooled data)**

**England, South East Region, Oxfordshire and Districts within Oxfordshire**

### Definitions and data quality

**Definition**
Directly age-standardised mortality rates per 100,000 persons aged 15 years and over from intentional self-harm and injury undetermined whether accidentally or purposely inflicted. Rates are standardised to the European Standard Population.

**Source**

**Numerator**
Deaths in people aged 15 years and over from intentional self-harm and injury undetermined whether accidentally or purposely inflicted (ICD-10: X60-X84, Y10-Y34), registered in the respective calendar years.

**Denominator**
2017 Census based Office for National Statistics (ONS) mid-year population estimates for the respective calendar years (figures in table represent the middle year of the three-year period).

### Strengths & Limitations

1. The definition of mortality from suicide and injury undetermined has been updated. This is to ensure parity with the ONS definition. In England and Wales, it is assumed that most deaths from injury/poisoning undetermined intent (ICD10 Y10-Y34) at ages 15 and over are cases where the harm was self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves. For this reason, suicide statistics include deaths from intentional self-harm and those from injury or poisoning undetermined intent. The same cannot be assumed for deaths of children under 15 yrs due to the possibility that these deaths were caused by unverifiable abuse, neglect or accidents. Because of this and the variation between the coroners in what age they will return a suicide verdict, only registrations for people aged 15 and over are included. Y33.9 was originally excluded due to pending verdicts. These have now been recorded differently so are now included. The impact on the data is very small e.g. for the period 2008-10 the total number of registrations was 12,889 (England) of which 42 were under 15s and the number coded Y33.9 was 26.

2. 3-year rolling data are used to create a smoother line which is easier to interpret and less susceptible to annual fluctuation.

### Latest available data

2013-15

### Time Trend

1. The national and regional rates for intentional self-harm and injury undetermined have been fairly static over this time period.

2. There is some fluctuation between data points for local mortality because of the low numbers involved at a district level.

### Epidemiological facts

1. There is no significant difference between national, regional and local rates in this time period.

### Benchmarking

1. There are no significant differences among local authorities in Oxfordshire. This is due to the small numbers involved and the wide confidence intervals.

2. There is some fluctuation between data points for local mortality because of the low numbers involved at a district level.

### Expert interpretation and conclusions with additional information

1. Even with 3-year rolling data, rates are subject to variation due to the very small numbers involved at a local level which makes it difficult to draw conclusions.

2. Oxfordshire carries out a suicide audit every two years which gives more detail on age and method of suicide, and provides recommendations for commissioners.

3. Suicide in Oxfordshire is more common in men and in people who have had contact with specialist mental health services in line with national trends.

4. Data from across the county show that no particular area has a higher rate of suicide amongst its residents than another and any difference is not statistically significant.

5. Effective interventions to reduce suicide rates nationally have reduced access to specific methods of suicide, for example controls on the number of packets of paracetamol that can be purchased and building barriers on bridges to prevent people jumping.

6. Oxford Health is involved in a regional project to establish and share best practice in managing and assessing risk among patients.

7. Because the rates are not significantly different to the national and regional rates, the RAG rating is green.

### Directly age-standardised mortality rate from intentional self-harm and injury undetermined per 100,000 population (15+ years)

**2008-10 to 2013-15 (3-year pooled data)**

**England, South East Region, Oxfordshire and Districts within Oxfordshire**

### Table

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<thead>
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<th>Year</th>
<th>England</th>
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**Key:**
- Indicates a significantly lower rate compared to England rate.
- Indicates a significantly higher rate compared to England rate.
- Indicates a significantly higher rate compared to Oxfordshire rate.
- Indicates a significantly lower rate compared to Oxfordshire rate.