

Hospitalizations for self-harm higher in poorer neighbourhoods

More than 18 400 Canadians were hospitalized for attempted suicide and other forms of self-injury in 2011–2012, and the highest hospitalization rates were in the least-affluent neighbourhoods, according to a report released today by the Canadian Institute for Health Information (CIHI).

People living in the North had dramatically higher rates of hospitalization for self-injury — including attempted hanging, drug overdoses and cutting — than the rest of Canada, according to *Health Indicators 2013*, the institute's annual report on 15 health indicators correlated with socioeconomic status using neighbourhood income quintiles (https://secure.cihi.ca/free_products/Health_Indicators_2013_EN.pdf). Nunavut had a rate of 383 per 100 000 — almost six times the national rate of 67 per 100 000.

Residents of the Northwest Territories had a rate of 210 per 100 000 and people living in the Yukon 175 per 100 000. (The report, produced in conjunction with Statistics Canada, did not have socioeconomic data for the territories, and so did not compare their hospitalization rates on that basis.)

“When you have a hospitalization rate for self-injury that is 5.5 times the national rate, that’s as significant as the suicide rate [for Inuit], which is 10 times the national average,” says Jack Hicks, a suicide researcher and PhD student who helped create Nunavut’s suicide-prevention policy. “It speaks to the magnitude of the problem of self-harm in Nunavut.”

The discrepancy between the self-harm rate and the suicide rate likely reflects an unmet need for suicide prevention in Nunavut, as well as the impulsive nature of many of the suicides and suicide attempts in the territory by people who have not previously sought help, Hicks says.

Among the provinces, hospitalization rates for self-harm were highest in



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Nunavut, the Northwest Territories and the Yukon had the highest rates in Canada of hospitalization for attempted suicide and other forms of self-harm, including drug overdoses and cutting.

Newfoundland and Labrador and New Brunswick, at 86 and 85 per 100 000, respectively. Prince Edward Island (57 per 100 000), Alberta (59), Quebec (59) and Ontario (62) had the lowest hospitalization rates for attempted suicide and self-harm.

The message the institute wants to send in its report is that “equity matters,” says Kira Leeb, director of health system performance. People living in poorer neighbourhoods are more vulnerable to self-harm, she adds. “When we produce these kinds of reports, it just allows us to shine a spotlight for people to target funding towards those populations that are more vulnerable,” says Leeb.

The institute contends that the number of Canadians hospitalized for these behaviours would be 27% lower if people from all neighbourhoods had the same hospitalization rate as those living in the most affluent areas.

“The mental health folks tell us that a good portion of these self-injuries can

be prevented,” says Leeb. “Once they are injured, they need to be hospitalized. It’s the prevention from self-injury in the first place that we need to work on.”

Although some risk factors for suicide attempts and self-injury are beyond the control of the health system, the report says, “high rates of self-injury hospitalization could be interpreted as being the result of the system’s failure to prevent self-injuries that are severe enough to require hospitalization.”

In a news release accompanying the report, the institute linked lower hospitalization rates in more affluent neighbourhoods to better community supports and services.

“Any time a person is hospitalized for self-injury, it means they were not able to be adequately cared for through the community,” Leeb said in the release. “Variation in the rates across the provinces generally indicates that there is room for improvement.”

But Leeb acknowledged the variation in rates for these types of self-harm

injuries could also reflect the different ways regions organize care, especially in rural versus urban areas. Access to primary care and social support within a community is critical to preventing these injuries and suicide attempts, she says.

About 70% of people admitted to hospital for suicide attempts or other forms of self-injury have been diagnosed with a mental illness, which means 30% have not — so preventive

programs need to be accessible to those with and without a diagnosis, she says.

The report also indicates that people living in less affluent neighbourhoods were more likely to be hospitalized for chronic conditions such as diabetes, asthma and heart failure, while there was more uniformity of rates, regardless of socioeconomic situation, for people readmitted to hospital following surgery.

“The report tells us we don’t need to focus on things like surgical and medical readmissions,” says Leeb. “We do need to focus on social determinants of health. That’s where you make the biggest bang for your buck in improving the health system and health care delivery.” — Laura Eggertson, *CMAJ*

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