

Methods We used the Hospital Episode Statistics—data covering all NHS-funded inpatient admissions, outpatient appointments and A&E attendances in English hospitals. Children aged 10–17 first seen by a CP service between 2007/8 and 2016/17 were identified using service specialty codes that identify CP services. The presence of comorbid chronic conditions (e.g., cancer, neurological disorders or mental health conditions) in the five years prior to the first attended CP appointment (CP1) were identified from inpatient data using a validated ICD-10 code list. Service utilisation was described by histograms and rates of outpatient attendances, planned and emergency admissions and A&E attendances. Analyses were conducted in R.

Results There were 3,185 (28%) boys and 8,330 (72%) girls. In boys, 24% lived in the most deprived fifth of neighbourhoods in the country and 17% in the least deprived fifth; in girls, no such gradient was observed with 20% in all fifths. Comorbidity prevalence was high: 55% of boys and girls had some other chronic condition in the five years prior to CP1. There was a rise in outpatient attendances, emergency admissions and A&E attendances in the two years prior to CP1, with rises in emergency admissions and A&E attendances most striking. For example, the rate of emergency admissions 21–24 months prior to CP1 was 11.7 (95% CI 10.8, 12.6) per 100 person-years; in the three months prior to CP1, it was 38.3 (95% CI 36.7, 39.9). All abated after CP1. There was a spike of planned admissions after CP1 with a flat trend beforehand.

Conclusion Children presenting to CP services exhibit high degrees of physical and mental comorbidity. We found patterns of service utilisation indicative of unmet need prior to CP1 that warrants further investigation. Though our results may not generalise to all children with CP, this study suggests that earlier identification and referral could reduce unnecessary A&E visits and emergency admissions.

Mental Health

RF07

RELEASE OF 13 REASONS WHY AND HOSPITAL-PRESENTING SELF-HARM IN IRELAND

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Background Portrayals of suicidal behaviour in the media have been linked with copycat suicidal behaviour, a phenomenon referred to as the Werther Effect. In recent years, media reporting of high-profile suicides and portrayals of fictional suicides in film/television have been associated with increased deaths.

The Netflix series *13 Reasons Why* was released on 31 March 2017 and received a lot of public attention, particularly for its detailed portrayal of the suicide of the female protagonist. We examined whether there was any evidence of an increase in hospital-presenting self-harm in Ireland following the release of the series.

Methods The National Self-Harm Registry Ireland records self-harm presentations to all Irish hospital emergency departments. Case ascertainment and data collection are carried out by trained data registration officers who follow standard

operating procedures. We examined the temporal pattern of hospital-presenting self-harm by persons aged ≥ 10 years, stratified by sex and whether the self-harm involved sharp objects as depicted in *13 Reasons Why* or other means. Poisson regression was used to compare the incidence in the three months after the series' release compared to the rest of the calendar year 2017 and to make the same comparison for each of the preceding six years.

Results During 2011–2017, there was an annual average of 11,515 self-harm presentations to hospital from an annual average population of 3.99 million persons aged. Self-harm involving sharp objects accounted for one in four presentations (2,937 per year, 25.5%) and had an age-standardised female and male incidence rate of 79 and 75 per 100,000 person-years, respectively. Three quarters of presentations involved other means (8,578 per year, 74.5%), primarily intentional drug overdose, with a female and male incidence rate of 245 and 197 per 100,000 person-years, respectively.

The incidence of female self-harm involving sharp objects was 100 per 100,000 in the three months after the release of *13 Reasons Why*, 20% higher than the incidence in the rest of 2017 (incidence rate ratio, IRR=1.20; 95% confidence interval=1.08–1.33). Such an increased rate was not observed for the same period in any of the previous six years (IRR range=0.95–1.07). The same three-month period showed no notable change in incidence in any year for male self-harm involving sharp objects or for female or male self-harm involving other means.

Conclusion The study findings show evidence of an increase in female hospital-presenting self-harm involving sharp objects following the release of the *13 Reasons Why* series.

RF08

PERCEIVED SEX DISCRIMINATION, MENTAL HEALTH AND WELLBEING: A PROSPECTIVE ANALYSIS OF THE UK HOUSEHOLD LONGITUDINAL STUDY

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Background Perceived sex discrimination is linked with poor mental health. However, previous research is dominated by small convenience samples of US students, with a focus on sexual harassment rather than discrimination more broadly. This study aimed to examine cross-sectional and prospective associations between perceived sex discrimination and mental health and wellbeing in a community sample from the United Kingdom (UK).

Methods Data were from 2956 women aged ≥ 16 years participating in the UK Household Longitudinal Study. Perceived discrimination was reported in 2009/10. Psychological distress, mental functioning, life satisfaction and self-rated health were assessed in 2009/10 and 2013/14. Depression was assessed in 2009/10. Linear and logistic regression analyses adjusted for age, household income, education and ethnicity.

Results Perceived sex discrimination was reported by 576 (19.5%) participants. Cross-sectionally, perceived discrimination was associated with increased depression (Odds ratio (OR)=3.16, 95% Confidence Interval (CI) 2.10; 4.79) and psychological distress ($B=1.26$, 95% CI 0.95; 1.56), and poorer mental functioning ($B=-5.39$, 95% CI -6.33; -4.46), life satisfaction ($B=-0.52$, 95% CI -0.69; -0.36) and self-rated health