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Suicide prevention during COVID-19

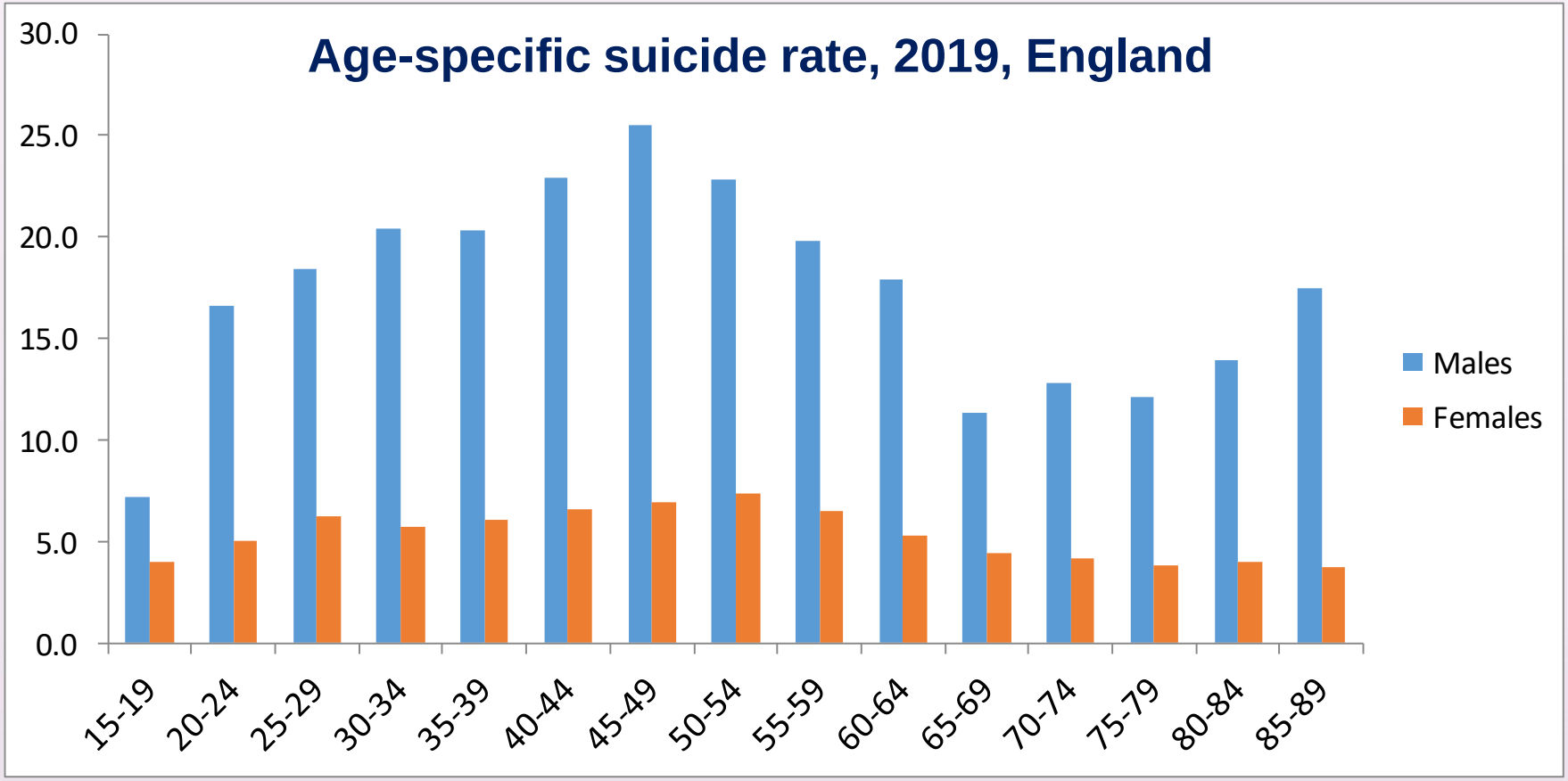
28th January 2021

Louis Appleby, University of Manchester

Suicide rate in England

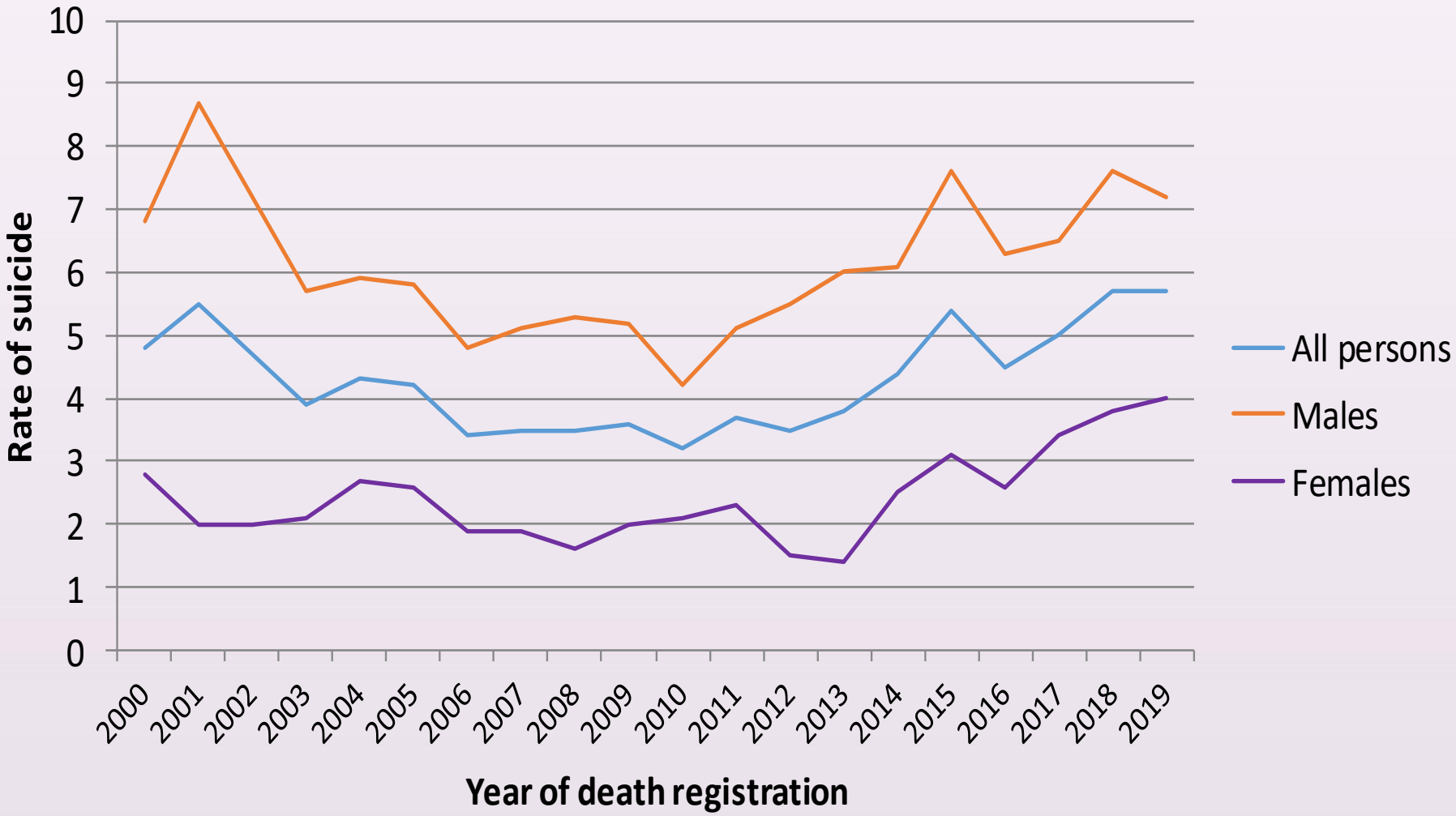
Source: ONS, England

Suicide in age & sex groups



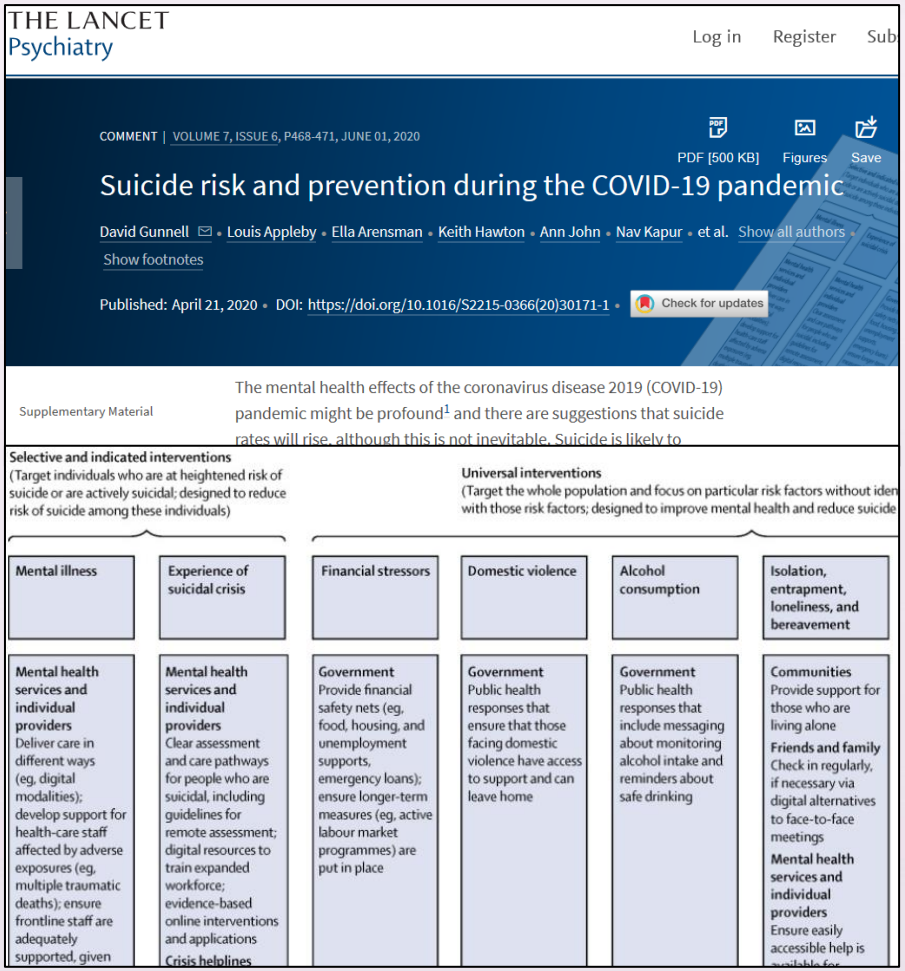
Source: ONS, England

Suicide rates 15-19 year olds



Source: ONS, England

Suicide prevention response to Covid-19



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Suicide risk and prevention during the COVID-19 pandemic

David Gunnell • Louis Appleby • Ella Arensman • Keith Hawton • Ann John • Nav Kapur • et al. Show all authors • Show footnotes

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Supplementary Material

The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound[1] and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to

Selective and indicated interventions
(Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)

Universal interventions
(Target the whole population and focus on particular risk factors without iden with those risk factors; designed to improve mental health and reduce suicide

Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given	**Mental health services and individual providers** Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications **Crisis helplines**	**Government** Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	**Government** Public health responses that ensure that those facing domestic violence have access to support and can leave home	**Government** Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	**Communities** Provide support for those who are living alone **Friends and family** Check in regularly, if necessary via digital alternatives to face-to-face meetings **Mental health services and individual providers** Ensure easily accessible help is

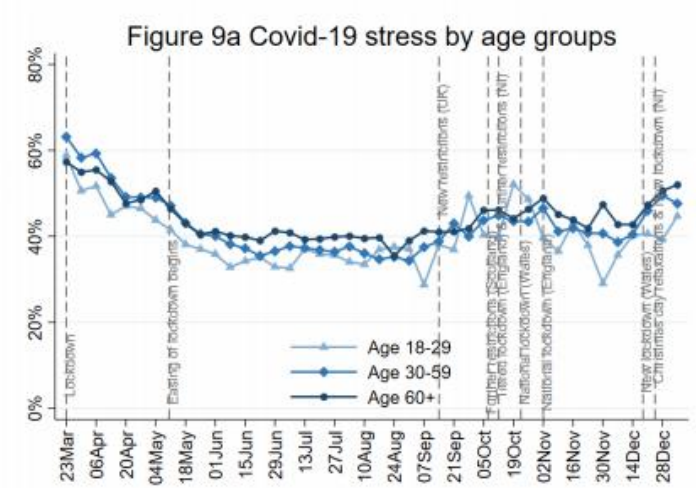
Research evidence & experience of **national strategies** provide strong basis for suicide prevention

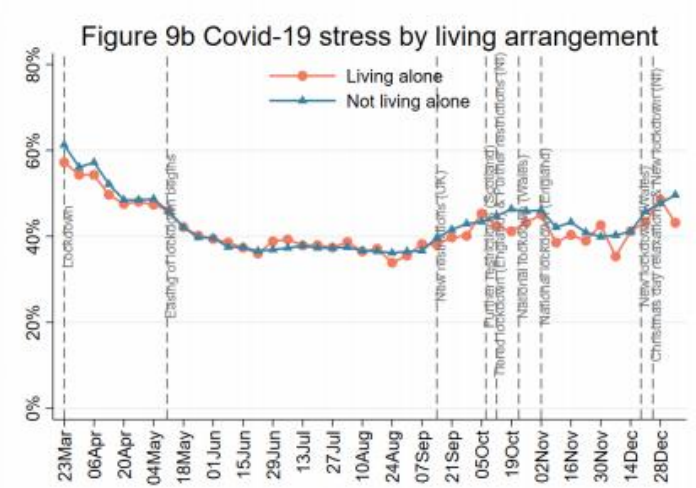
Universal interventions on economic stresses, isolation, alcohol, domestic violence, access to means & media reporting

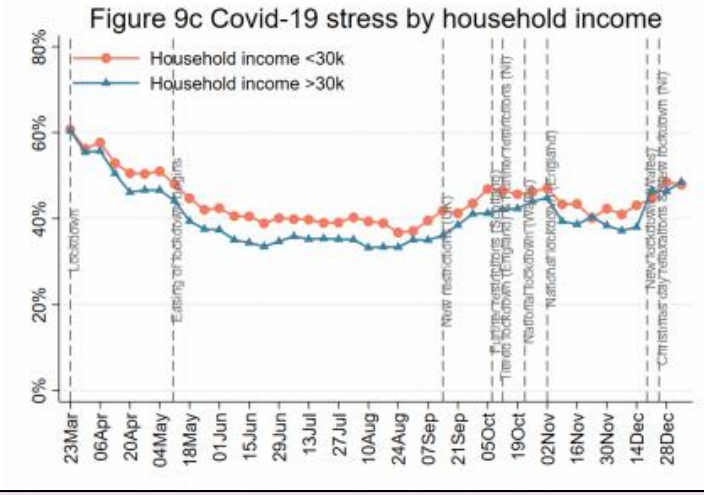
Targeted interventions for those with pre-existing MH problems & people in crisis, bereaved or traumatised

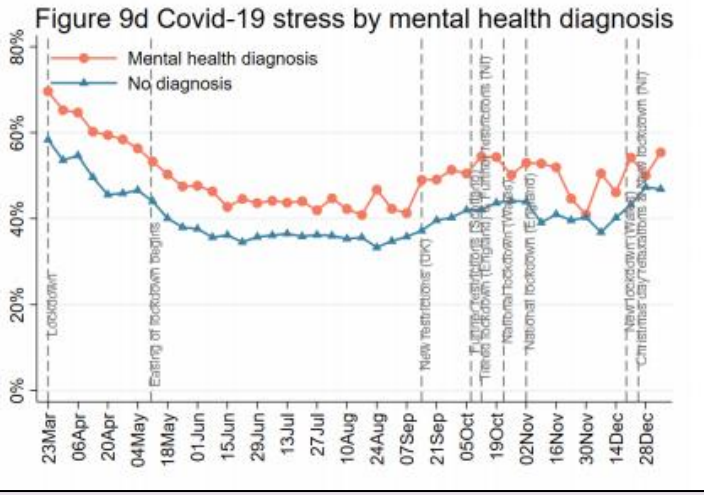
Source: Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., ... & Chan, L. F. (2020). Suicide risk and prevention during the COVID-19 pandemic. The Lancet Psychiatry, 7(6), 468-471.

UCL social survey: Covid stress





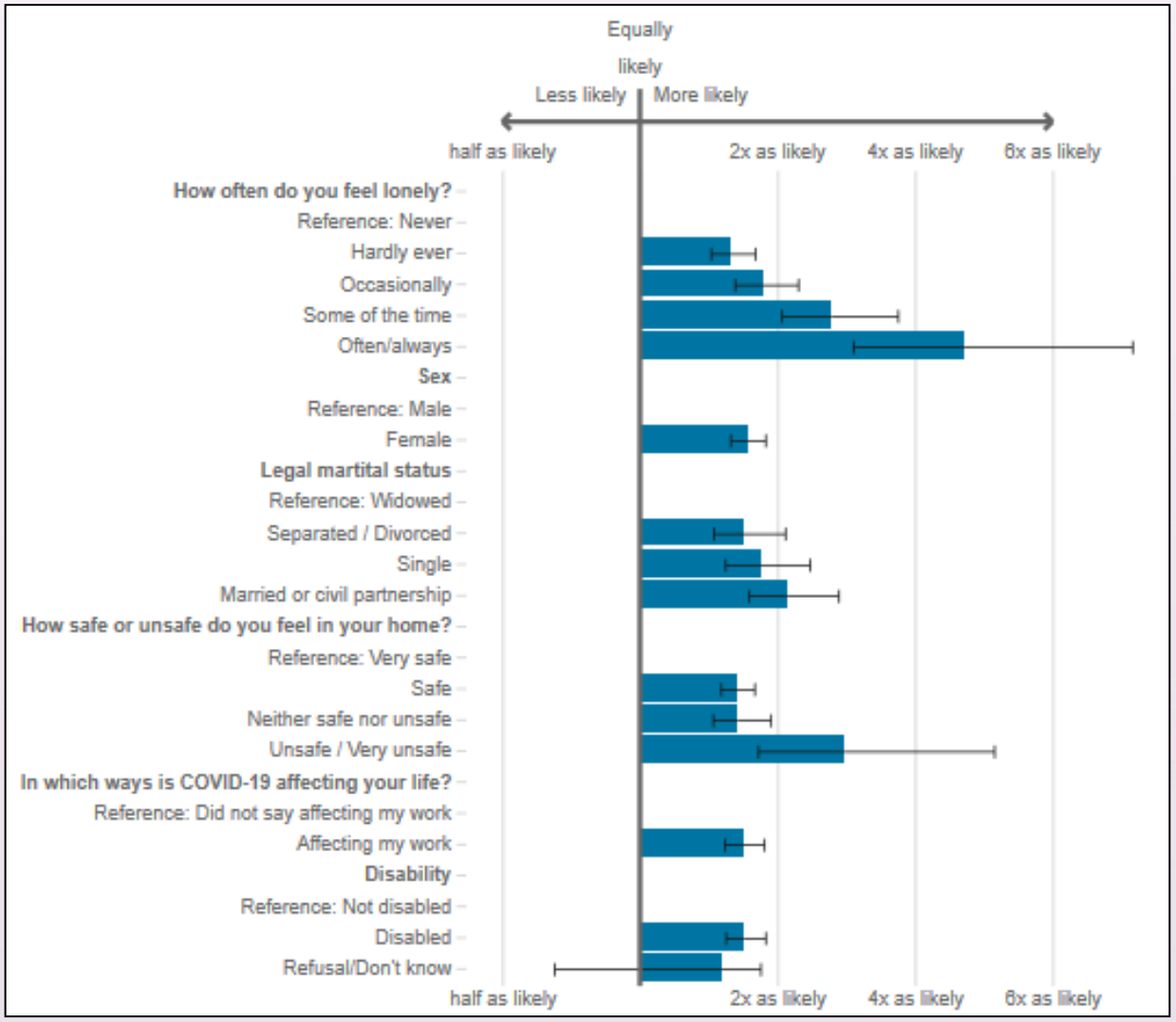




Source: UCL, 2021

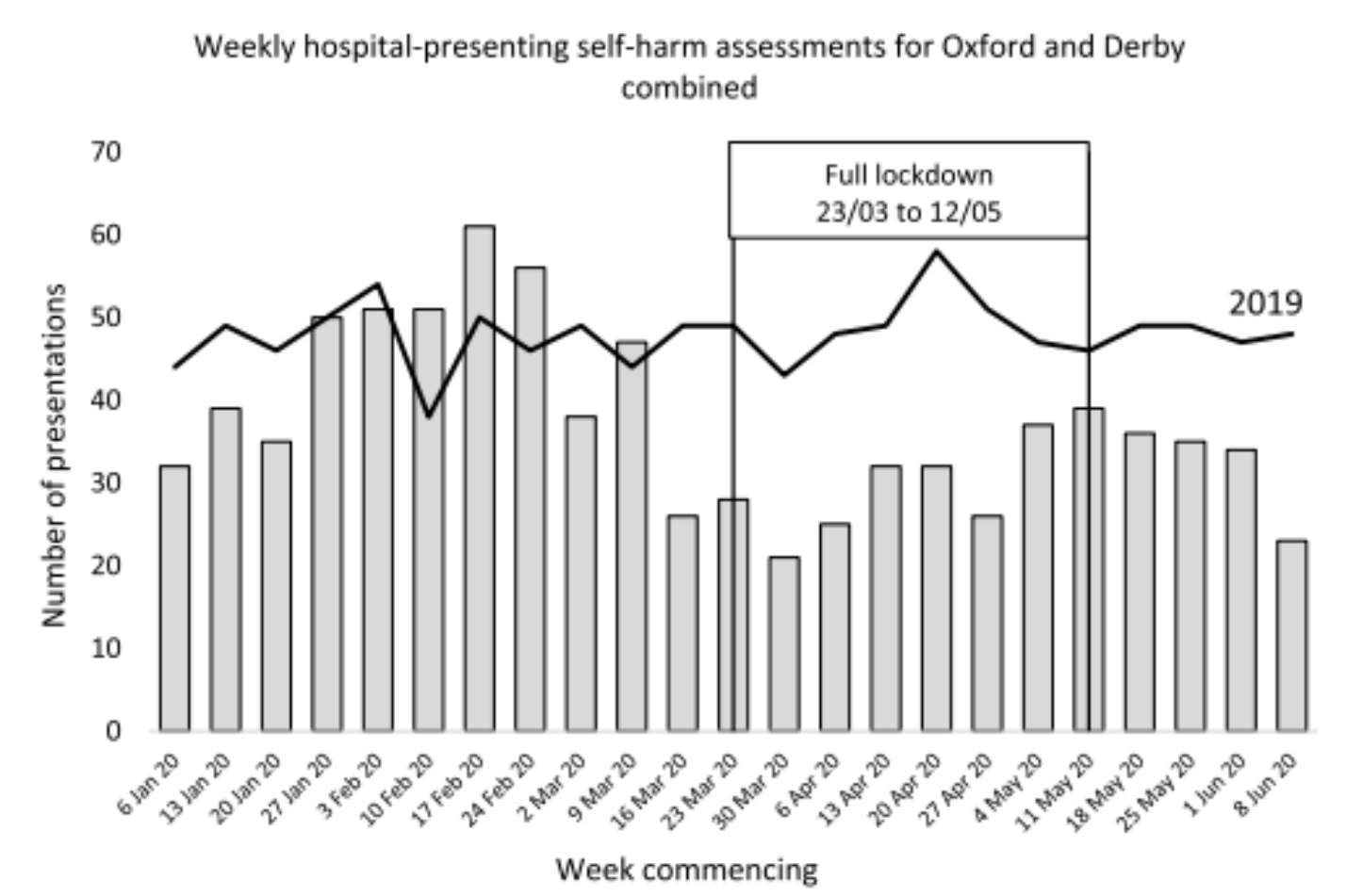
ONS: Coronavirus and Anxiety

Factors affecting anxiety



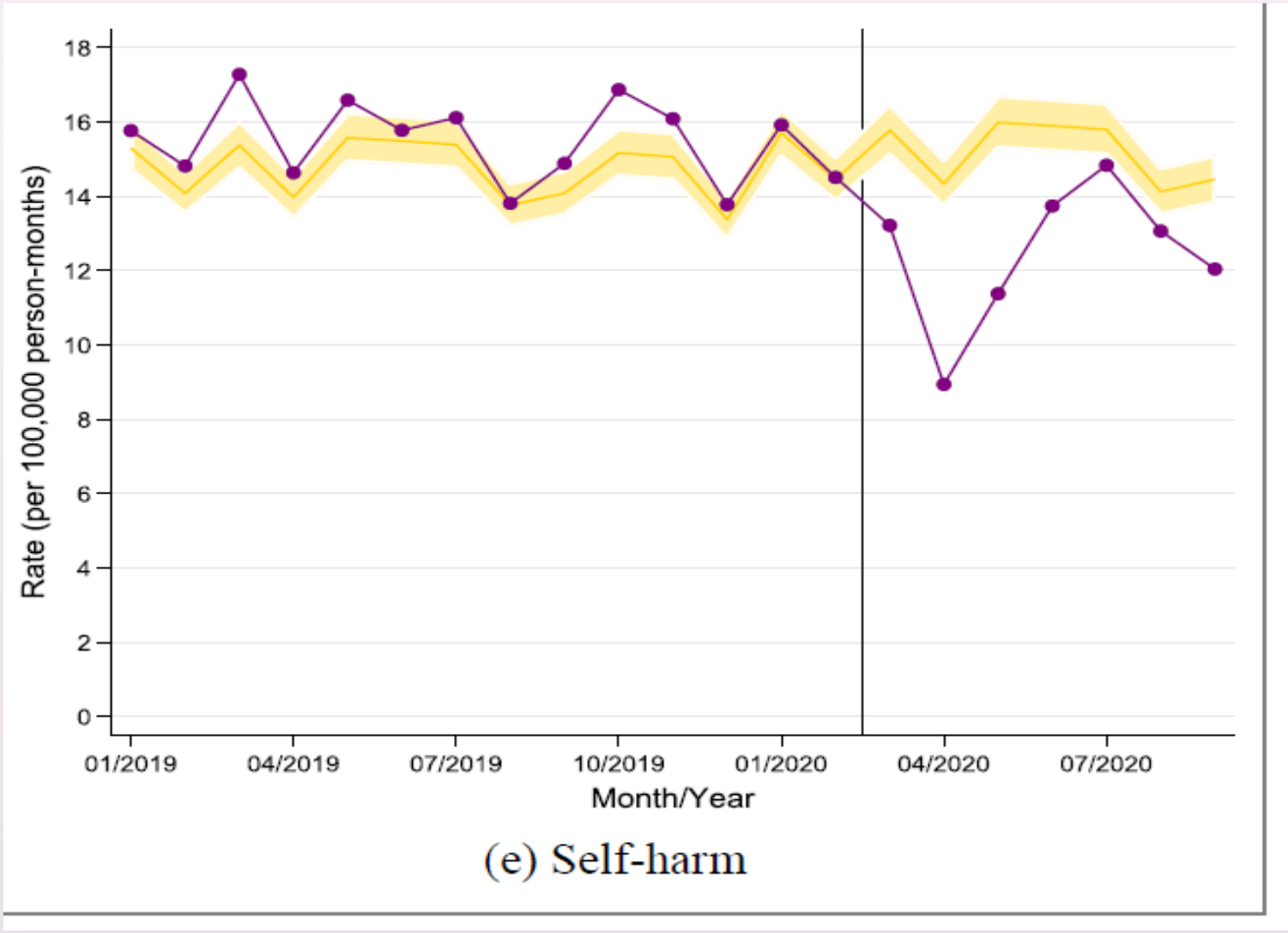
Source: ONS

Self-harm during the COVID-19 pandemic in England



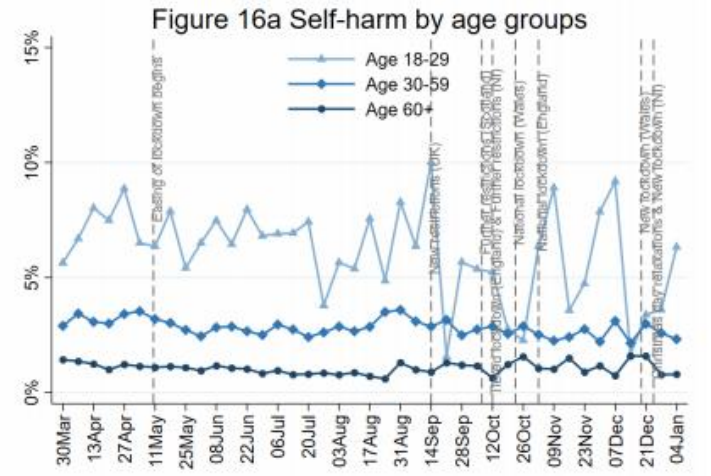
Source: Hawton et al., (2021)

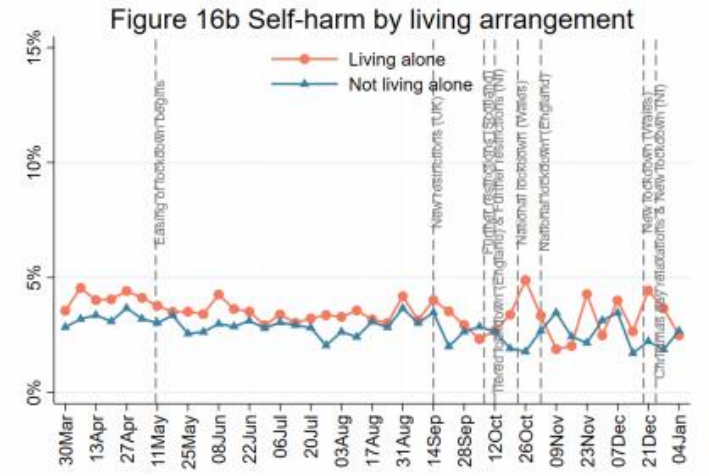
Primary care data on self–harm

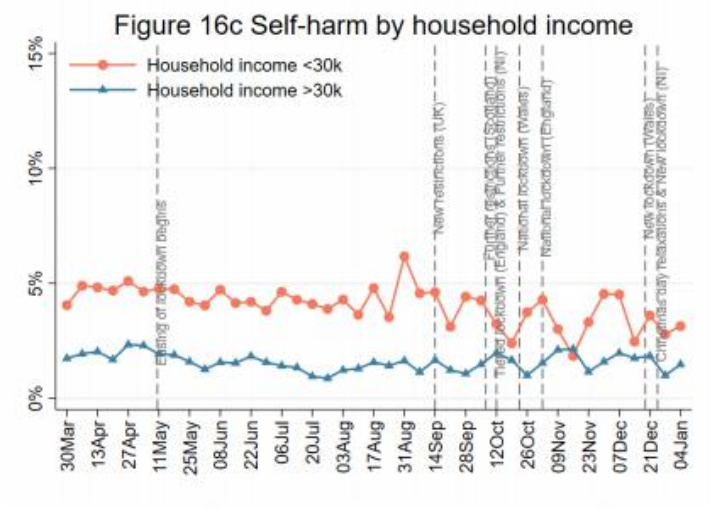


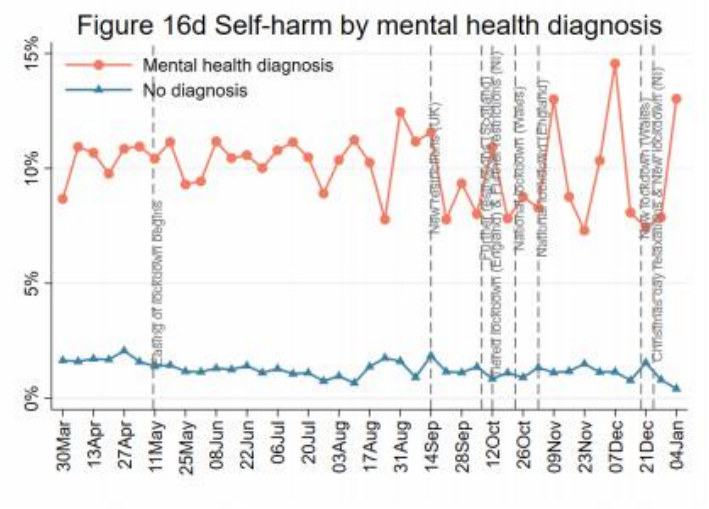
Source: Steeg, Carr et al Lancet Public Health 2020 (in press). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3706269

UCL social survey: Self-harm



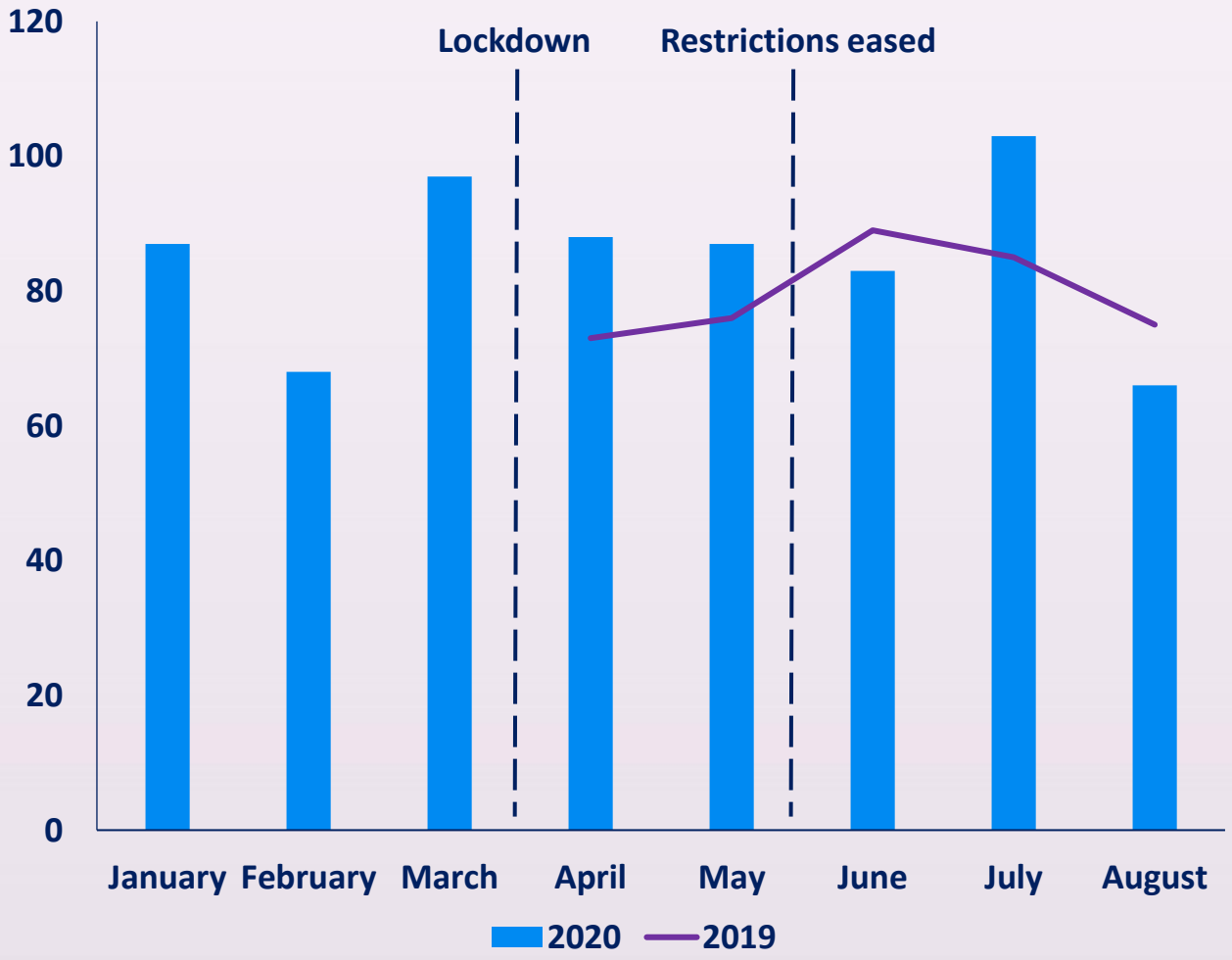






Source: UCL, 2021

Real time surveillance (RTS): early findings



Total population: 9m

2020 monthly average
Pre-lockdown: 84.0
Post-lockdown: 85.4

April-August 2020
+ 7.3%

Early RTS conclusions

Predicted large national rise has **not occurred**

No convincing rise **in these areas**

Caution - **Early** overall data,
local impact may vary

May change with **economic adversity**

Consistent with reports from other **high income countries**

EDITORIALS

Check for updates

Trends in suicide during the covid-19 pandemic

Prevention must be prioritised while we wait for a clearer picture

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Published: 12 November 2020

As many countries face new stay-at-home restrictions to curb the spread of covid-19, there are concerns that rates of suicide may increase—or have already increased.[1,2] Several factors underpin these concerns, including a deterioration in population mental health,[3] a higher prevalence of reported thoughts and behaviours of self-harmamong people with covid-19,[4] problems accessing mental health services,[4] and evidence suggesting that previous epidemics such as SARS (2003) were associated with a rise in deaths by suicide.[5]

Widely reported studies modelling the effect of the covid-19 pandemic on suicide rates predicted increases ranging from 1% to 145%,[6] largely reflecting variation in underlying assumptions. Particular emphasis has been given to the effect of the pandemic on children and young people. Numerous surveys have highlighted that their mental health has been disproportionately affected, relative to older adults,[7] and some suggest an increase in suicidal thoughts and self-harm.[8]

Supposition, however, is no replacement for evidence. Timely data on rates of suicide are vital, and for some months we have been tracking and reviewing relevant studies for a living systematic review.[6] The first version in June found no robust epidemiological studies with suicide as an outcome, but several studies reporting suicide trends have emerged more recently. Overall, the literature on the effect of covid-19 on suicide should be interpreted with caution. Most of the available publications are preprints, letters (neither is peer reviewed),[9–14] or commentaries using news reports of deaths by suicide as the data source.[15]

Nevertheless, a reasonably consistent picture is beginning to emerge from high income countries. Reports suggest either no rise in suicide rates (Massachusetts, USA[16]; Victoria, Australia[13]; England[14]) or a fall (Japan,[9] Norway[10]) in the early months of the pandemic. The picture is much less clear in low income countries, where the safety nets available in better resourced settings may be lacking. News reports of police data from Nepal suggest a rise in suicides,[12] whereas an analysis of data from Peru suggests the opposite.[10]

Any change in the risk of suicide associated with covid-19 is likely to be dynamic. The 20% decrease in Japan early in the pandemic seemed to reverse in August, when a 7.7% rise was reported.[9] Evidence from previous epidemics suggests a short term decrease in suicide can occur initially—possibly linked to a "honeymoon period" or "pulling together" phenomenon.[5] Trends in certain groups may be hidden when looking at overall rates, and the National Child Mortality Database has identified a concerning signal that deaths by suicide among under 18s may have increased during the first phase of lockdown in the UK.[16]

Preventive action

We must remain alert to emerging risk factors for suicide but also recognise how known risk factors may be exacerbated—and existing trends and inequalities entrenched—by the pandemic. In 2019, suicide rates among men in England and Wales were the highest since 2000, and although suicide in young people is relatively rare, rates have been rising in 10-24 year olds since 2010.[17]

Tackling known risk factors that are likely to be exacerbated by the pandemic is crucial. These include depression, post-traumatic stress disorder, hopelessness, feelings of entrapment and burdensomeness, substance misuse, loneliness, domestic violence, child neglect or abuse, unemployment, and other financial insecurity.[15]

Appropriate services must be made available for people in crisis and those with new or existing mental health problems.[15] Of greatest concern, is the effect of economic damage from the pandemic. One study reported that after the 2008 economic crisis, rates of suicide increased in two thirds of the 54 countries studied, particularly among men and in countries with higher job losses.[18]

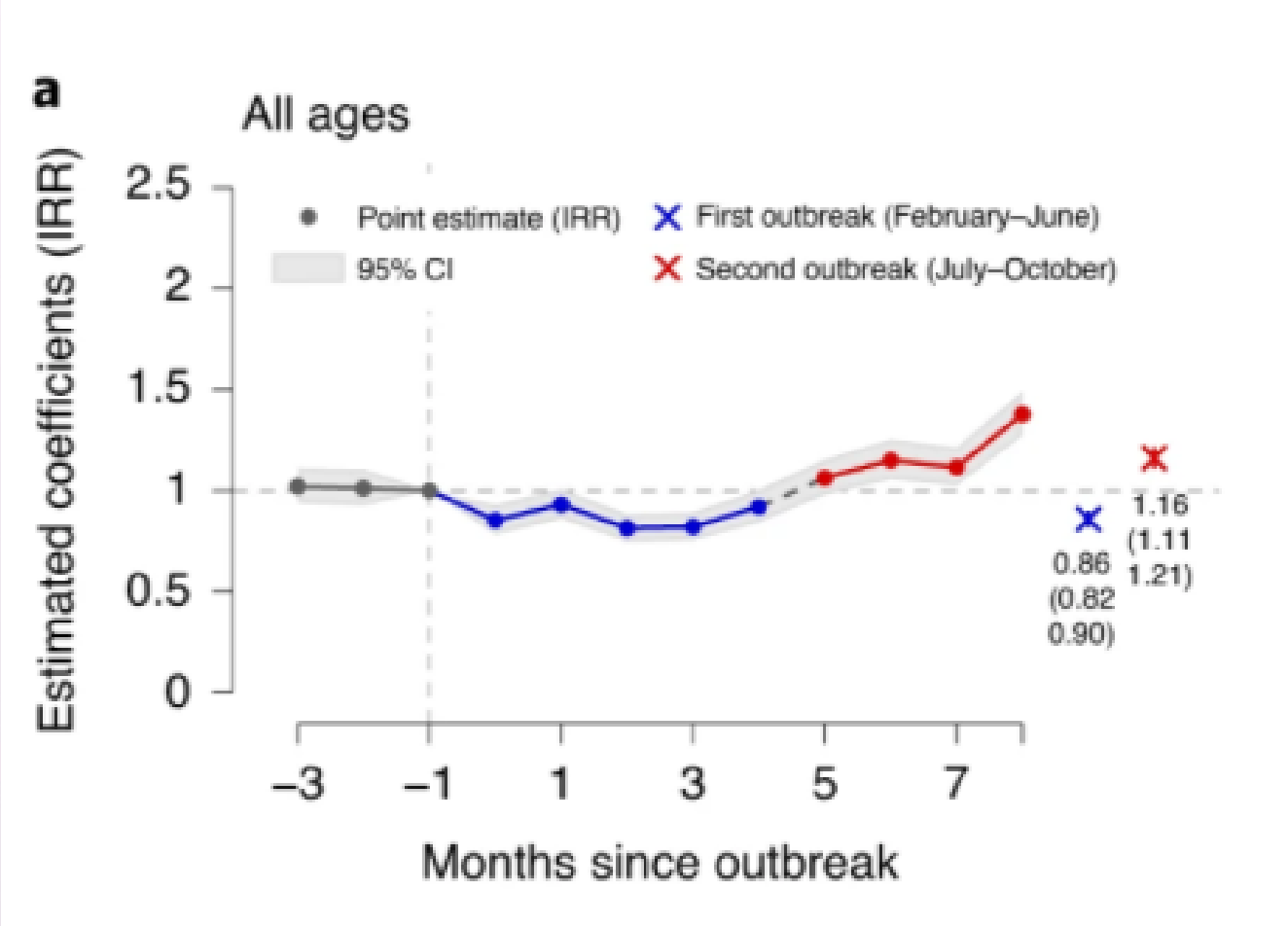
Appropriate safety nets must be put in place or strengthened for people facing financial hardship, along with active labour market policies to help people who are unemployed obtain work.Responsible media reporting also has a role: promoting the importance of mental health support, signposting sources of help, reporting stories of hope and recovery, and avoiding alarmist and speculative headlines that may heighten risk of suicide.[19,20]

It is still too early to say what the ultimate effect of the pandemic will be on suicide rates. Data so far provide some reassurance, but the overall picture is complex. The pandemic has had variable effects globally, within countries and across communities, so a universal effect on suicide rates is unlikely. The impact on suicide will vary over time and differ according to national gross domestic product and individual characteristics such as socioeconomic position, ethnicity, and mental health.

One guiding principle, however, is that suicide is preventable, and action should be taken now to protect people's mental health. We must remain vigilant and responsive, sharing evidence early and internationally (such as in the International Covid-19 Suicide Prevention Research Collaboration[20]) in these evolving uncertain times.

BMJ: first published as 10.1136/bmj.m4352 on 12 November 2020. Downloaded from http://www.bmj.com/ on 12 November 2020 by guest. Protected by copyright.

Increase in suicide during the COVID-19 pandemic in Japan



Source: Tanaka et al., (2021)

Suicide by mental health patients during the pandemic

133 patient suicides reported in **6 month** period - only 20% of expected number, therefore caution needed in interpretation

- Main clinical setting was **CMHT**
- **Majority** had **COVID-related** stresses; **anxiety**, **isolation**, **loss of job/finance problems**
- **1/3** experienced **disruption to care** related to COVID-19: **loss of facilities & regular support**

Conclusions so far...

- Pandemic has had significant impact on mental health
- This has not (yet) translated into a national rise in suicide/self-harm but serious risks remain in 2021
- Young people & MH patients remain key groups for prevention
- Addressing isolation, economic protections & maintaining MH care are important suicide prevention measures
- Recovery from pandemic means also addressing pre-Covid risk