

Suicide, Self-harm and Recession

Ann John

Professor of Public Health and Psychiatry, , Swansea University

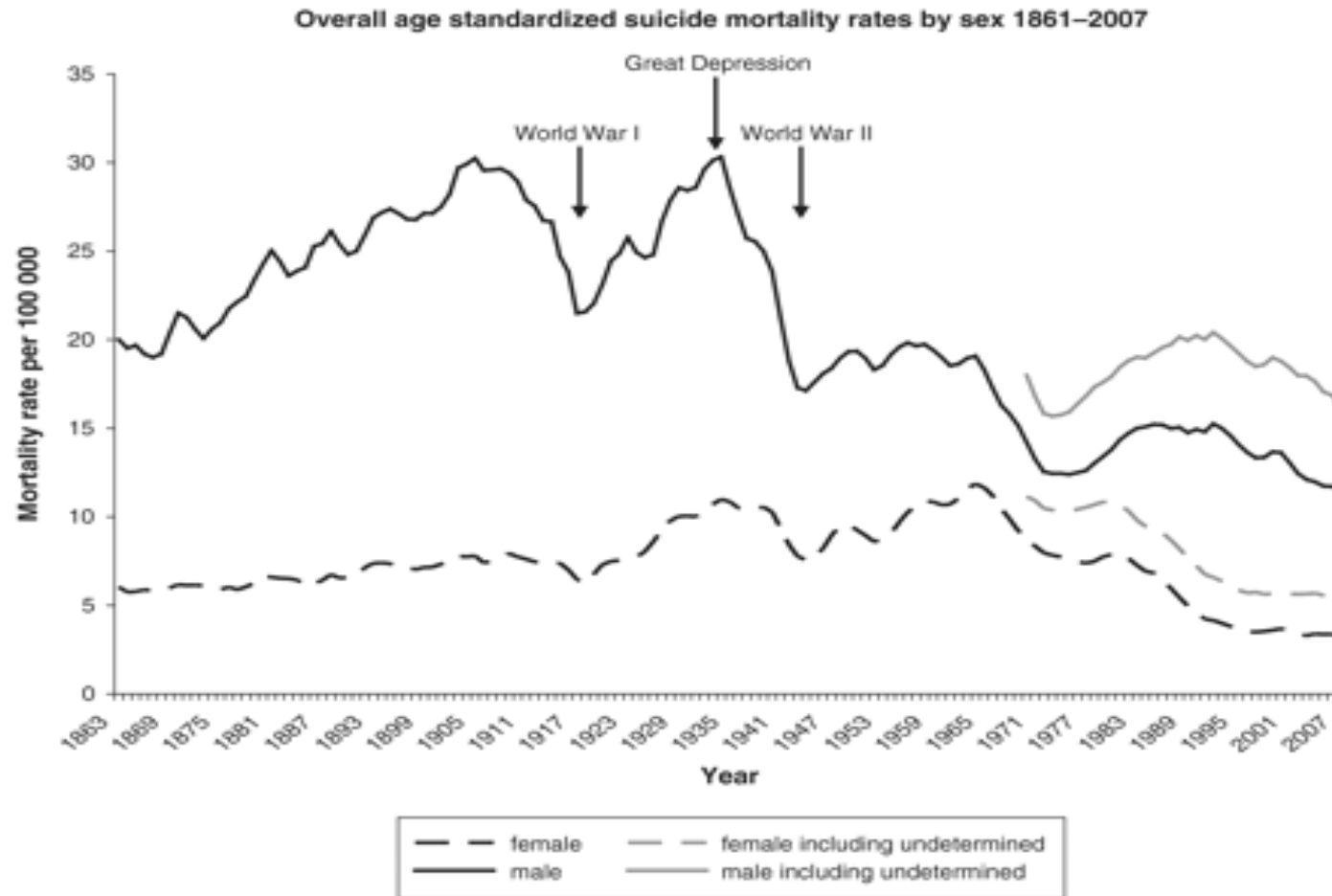
Chair of NAG to Welsh Gov

@ProfAnnJohn



Swansea University
Prifysgol Abertawe

Trends in UK last 100 years



1932- 33 ↑ recession
1939- 45 decrease WWII
1950-63 ↑ ?austerity
1963-74 decrease
1975-81 increase
1981- downward trend
Then.....
2008- upturn males (recession)

BMJ

BMJ 2012;345:e5142 doi: 10.1136/bmj.e5142 (Published 14 August 2012)

Page 1 of 7

RESEARCH

Suicides associated with the 2008-10 economic recession in England: time trend analysis

OPEN ACCESS

Ben Barr *NIHR research fellow*¹, David Taylor-Robinson *MRC research fellow*¹, Alex Scott-Samuel *senior clinical lecturer in public health*¹, Martin McKee *professor*², David Stuckler *lecturer*^{2,3}

¹Department of Public Health and Policy, University of Liverpool, Liverpool L69 3GB UK; ²London School of Hygiene and Tropical Medicine, London, UK; ³Department of Sociology, Cambridge University, Cambridge, UK

Age standardized suicide rates, ≥15 years in E&W (3-year moving averages) 1861–2007

Suicide, recession, cost of living

- There is strong and consistent evidence that individuals on low income, who are unemployed or in debt are at much greater risk of mental illness, experiencing suicidal thoughts, self-harming and dying by suicide

Unemployment and suicide in the Great Depression: Great Britain 1920s & 1930s

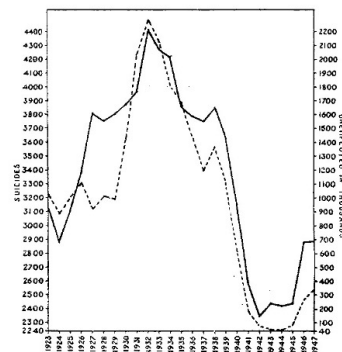


FIG. 5.—Comparison between numbers of male suicides, shown thus ———, and numbers of unemployed males, shown thus - - - - - , during 1923-47 (Great Britain).

Source: Douglas Swinscow, BMJ June 23 1951; 1417-1423

Clinical Psychology Review 33 (2013) 1148–1162

Contents lists available at ScienceDirect

Clinical Psychology Review

ELSEVIER

THE PSYCHOLOGY OF DEPRESSION

THE RELATIONSHIP BETWEEN PERSONAL UNSECURED DEBT AND MENTAL AND PHYSICAL HEALTH: A SYSTEMATIC REVIEW AND META-ANALYSIS

Thomas Richardson ^{a,*}, Peter Elliott ^a, Ronald Roberts ^b

^a Professional Training Unit, School of Psychology, University of Southampton, UK
^b Department of Psychology, Kingston University, UK

HIGHLIGHTS

- A number of studies show a relationship between unsecured debt and health.
- This relationship is especially strong for mental health in particular depression.
- There are also relationships with substance use and suicide.
- Research suffers from inconsistent use of standardised measures.
- A lack of longitudinal studies makes it difficult to demonstrate causality.

ARTICLE INFO

Article history:
 Received 3 April 2013
 Received in revised form 18 June 2013
 Accepted 29 August 2013
 Available online 10 September 2013

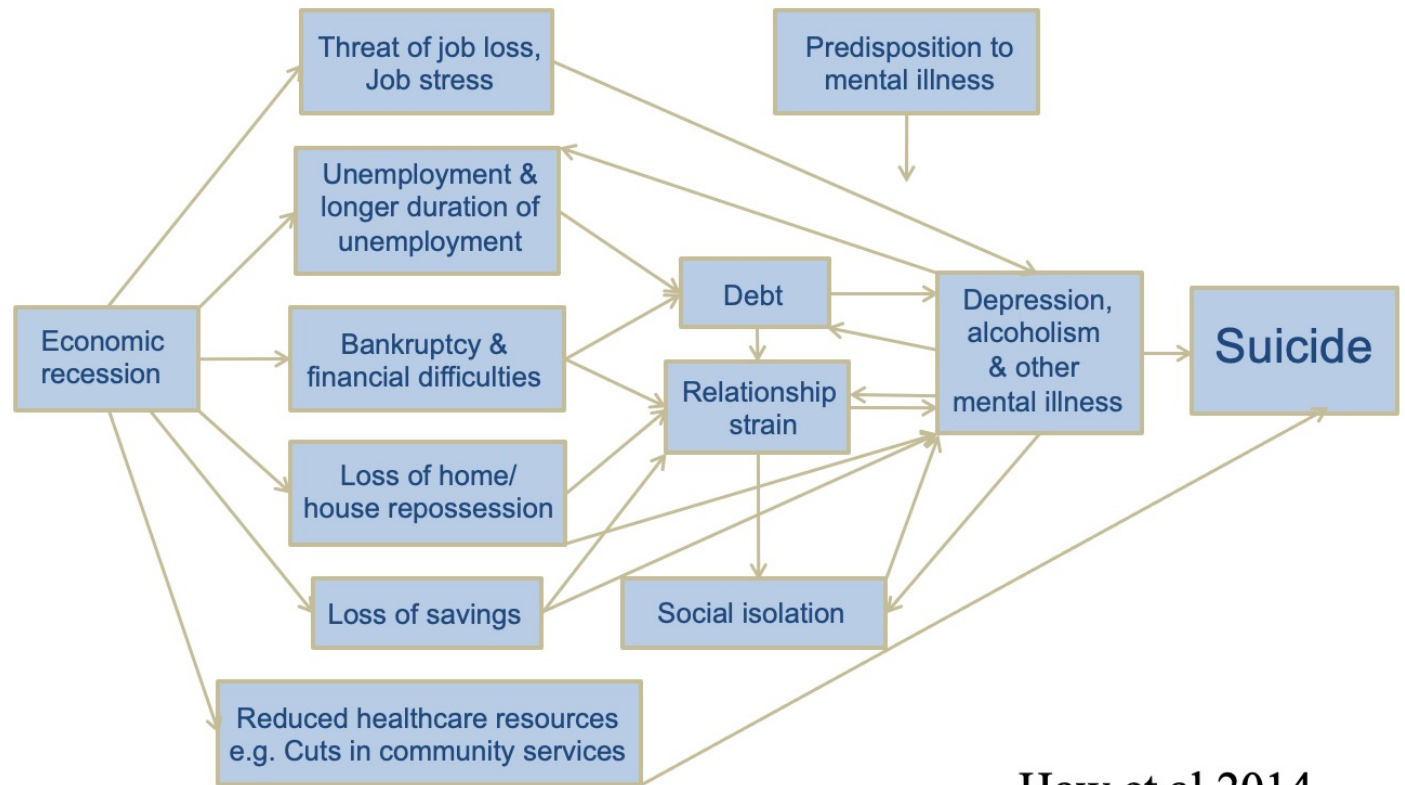
Keywords:
 Debt
 Indebtedness
 Financial Health
 Mental health
 Depression

ABSTRACT

This paper systematically reviews the relationship between personal unsecured debt and health. Psychiatry, Embase and Medline were searched and 52 papers were accepted. A hand and cited-by search produced an additional 13 references leading to 65 papers in total. Panel surveys, nationally representative epidemiological surveys and psychological autopsy studies have examined the relationship, as have studies on specific populations such as university students, debt management clients and older adults. Most studies examined relationships with mental health and depression in particular. Studies of physical health have also shown a relationship with self-rated health and outcomes such as obesity. There is also a strong relationship with suicide completion, and relationships with drug and alcohol abuse. The majority of studies found that more severe debt is related to worse health; however causality is hard to establish. A meta-analysis of pooled odds ratios showed a significant relationship between debt and mental disorder (OR = 3.24), depression (OR = 2.77), suicide completion (OR = 7.9), suicide completion or attempt (OR = 5.76), problem drinking (OR = 2.68), drug dependence (OR = 8.57), neurotic disorder (OR = 3.21) and psychotic disorders (OR = 4.03). There was no significant relationship with smoking (OR = 1.35, $p > .05$). Future longitudinal research is needed to determine causality and establish potential mechanisms and mediators of the relationship.

© 2013 Elsevier Ltd. All rights reserved.

How? Mechanisms linking recession and Suicide

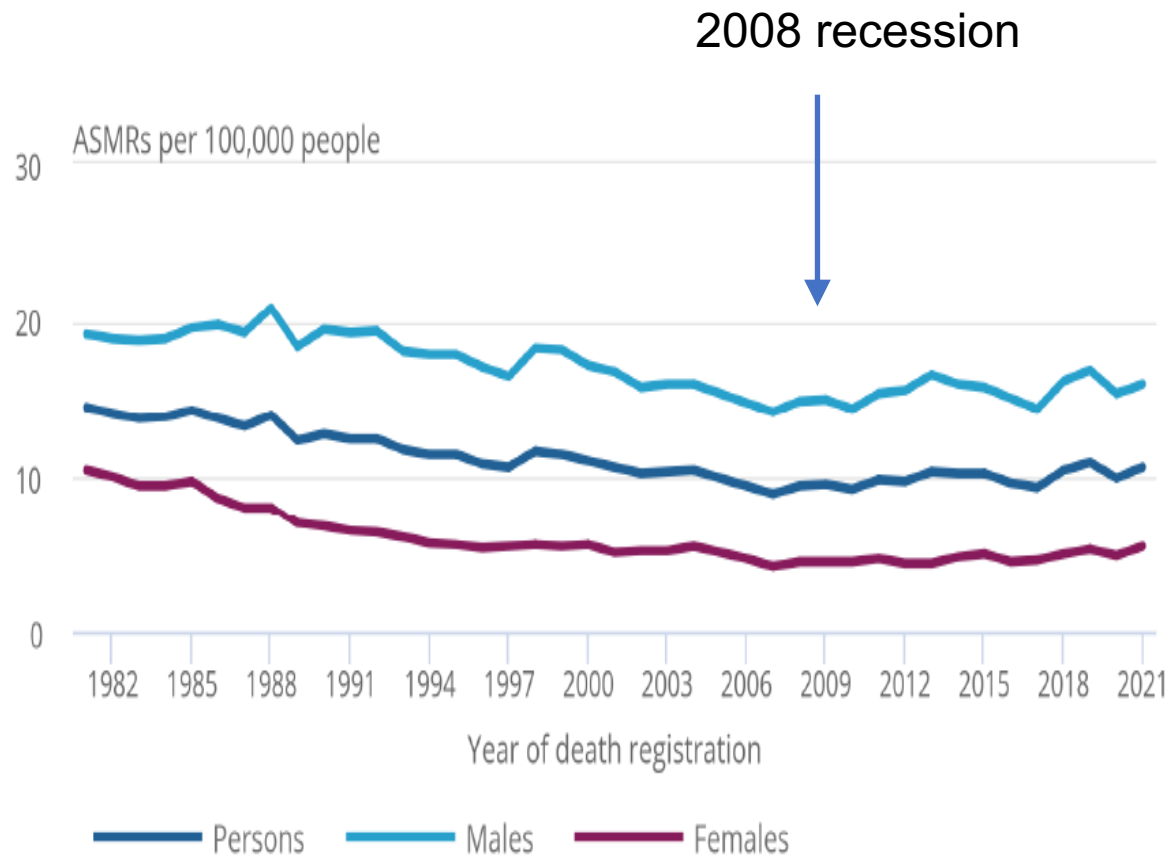


Haw et al 2014

Back to that ONS DATA

Figure 1: Suicide rates registered in 2021 are similar to pre-pandemic years levels in 2018 and 2019

Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2021



Previously declining rates of suicide reversed around the time of the recession. There were an estimated 1000 excess deaths from suicide in the UK between 2008 and 2010

Rise greatest in:



- males
- 45-74 year olds

SH and recession

- Self-harm in Oxford, Manchester and Derby
- Increased rates of self-harm were found in areas where there were greater rises in rates of unemployment.
- Work, financial and housing problems increased in people who self-harmed.
- Changes in welfare benefits may have contributed”
- We do not have this sort of data in Wales
- We do have SAIL


Journal of Affective Disorders 191 (2016) 132–138

Contents lists available at ScienceDirect

 Journal of Affective Disorders 

journal homepage: www.elsevier.com/locate/jad

Research paper

Impact of the recent recession on self-harm: Longitudinal ecological and patient-level investigation from the Multicentre Study of Self-harm in England 

Keith Hawton ^{a,*}, Helen Bergen ^a, Galit Geulayov ^a, Keith Waters ^b, Jennifer Ness ^b, Jayne Cooper ^c, Navneet Kapur ^c

^a Centre for Suicide Research, University Department of Psychiatry, Warneford Hospital, Oxford, UK
^b Derbyshire Healthcare NHS Foundation Trust, Royal Derby Hospital, Derby, UK
^c Centre for Suicide Prevention, Centre for Mental Health and Risk, University of Manchester, Oxford Road, Manchester, UK

ARTICLE INFO

Article history:
Received 23 September 2015
Received in revised form 20 October 2015
Accepted 1 November 2015
Available online 27 November 2015

Keywords:
Recession
Self-harm
Unemployment
Life problems
Welfare benefits

ABSTRACT

Background: Economic recessions are associated with increases in suicide rates but there is little information for non-fatal self-harm.

Aims: To investigate the impact of the recent recession on rates of self-harm in England and problems faced by patients who self-harm.

Method: Analysis of data from the Multicentre Study of Self-harm in England for 2001–2010 and local employment statistics for Oxford, Manchester and Derby, including interrupted time series analyses to estimate the effect of the recession on rates of self-harm.

Results: Rates of self-harm increased in both genders in Derby and in males in Manchester in 2008–2010, but not in either gender in Oxford, results which largely followed changes in general population unemployment. More patients who self-harm were unemployed in 2008–10 compared to before the recession. The proportion in receipt of sickness or disability allowances decreased. More patients of both genders had employment and financial problems in 2008–2010 and more females also had housing problems, changes which were also largely found in employed patients.

Limitations: We have assumed that the recession began in 2008 and information on problems was only available for patients having a psychosocial assessment.

Conclusions: Increased rates of self-harm were found in areas where there were greater rises in rates of unemployment. Work, financial and housing problems increased in people who self-harmed. Changes in welfare benefits may have contributed.

Declaration of interest: None.

© 2015 Elsevier B.V. All rights reserved.

MH Patients, Recession and Suicide

- NCISH, 2008 recession and suicide in Mental Health Patients
- Recession-associated increases in suicide were seen in male mental health patients as well as the male general population, with those in mid-life at particular risk
- Rises seen in those with diagnosis of drug dependence / misuse

Recession, recovery and suicide in mental health patients in England: time trend analysis

Saied Ibrahim, Isabelle M. Hunt, Mohammad S. Rahman, Jenny Shaw, Louis Appleby and Nav Kapur

Background

The 2008 economic recession was associated with an increase in suicide internationally. Studies have focused on the impact in the general population with little consideration of the effect on people with a mental illness.

Aims

To investigate suicide trends related to the recession in mental health patients in England.

Method

Using regression models, we studied suicide trends in mental health patients in England before, during and after the recession and examined the demographic and clinical characteristics of the patients. We used data from the National Confidential Inquiry into Suicide and Safety in Mental Health, a national data-set of all suicide deaths in the UK that includes detailed clinical information on those seen by services in the last 12 months before death.

Results

Between 2000 and 2016, there were 21 224 suicide deaths by patients aged 16 or over. For male patients, following a steady fall of 0.5% per quarter before the recession (quarterly percent change (QPC) 2000–2009 –0.46%, 95% CI –0.66 to –0.27), suicide rates showed an upward trend during the recession (QPC 2009–2011 2.37%, 95% CI –0.22 to 5.04). Recession-related rises in suicide were found in men aged 45–54 years, those who were unemployed or had a diagnosis of substance dependence/misuse. Between 2012 and 2016 there was a decrease in suicide in

male patients despite an increasing number of patients treated. No significant recession-related trends were found in women.

Conclusions

Recession-associated increases in suicide were seen in male mental health patients as well as the male general population, with those in mid-life at particular risk. Support and targeted interventions for patients with financial difficulties may help reduce the risk at times of economic hardship. Factors such as drug and alcohol misuse also need to be considered. Recent decreases in suicide may be related to an improved economic context or better mental healthcare.

Declaration of interest

N.K. is supported by Greater Manchester Mental Health NHS Foundation Trust. L.A. chairs the National Suicide Prevention Strategy Advisory Group at the Department of Health (of which N.K. is also a member) and is a non-executive Director for the Care Quality Commission. N.K. chairs the National Institute for Health and Care Excellence (NICE) depression in adults guideline and was a topic expert member for the NICE suicide prevention guideline.

Keywords

Suicide; recession; mental health patients; mental illness; economic crisis.

Copyright and usage

© The Royal College of Psychiatrists 2019.

SH, employment and financial hardship

- Qualitative interviews 19 people who SH in the context of economic or employment difficulties
- Participants struggled to gain the practical help they felt they needed for their economic difficulties
- Also struggled to get therapeutic support that might have helped with their other co-existing or historically damaging experiences....

Open Access

Research

BMJ Open Understanding vulnerability to self-harm in times of economic hardship and austerity: a qualitative study

M C Barnes,¹ D Gunnell,¹ R Davies,¹ K Hawton,² N Kapur,³ J Potokar,¹ J L Donovan¹

To cite: Barnes MC, Gunnell D, Davies R, et al. Understanding vulnerability to self-harm in times of economic hardship and austerity: a qualitative study. *BMJ Open* 2016;**6**:e010131. doi:10.1136/bmjopen-2015-010131

► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2015-010131>).

ABSTRACT

Objective: Self-harm and suicide increase in times of economic recession, but little is known about why people self-harm when in financial difficulty, and in what circumstances self-harm occurs. This study aimed to understand events and experiences leading to the episode of self-harm and to identify opportunities for prevention or mitigation of distress.

Setting: Participants' homes or university rooms.

Participants: 19 people who had attended hospital following self-harm in two UK cities and who specifically cited job loss, economic hardship or the impact of austerity measures as a causal or contributory factor.

Primary and secondary outcome measures: Semistructured, in-depth interviews. Interviews were audio recorded, transcribed and analysed using

Strengths and limitations of this study

- This is the first UK study of self-harm among people experiencing economic or austerity-related difficulties.
- Care was taken in sampling a wide range of characteristics including young men who are hard to reach and more likely to self-harm during recessions.
- The study provides insights about the experience of people who self-harmed because of financial or other economic difficulties.
- The sample was relatively small and participants were drawn from just two localities.

Self-harm healthcare contacts during COVID-19

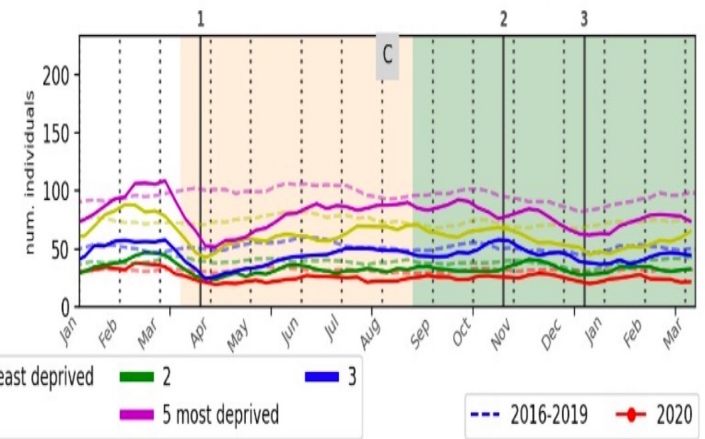
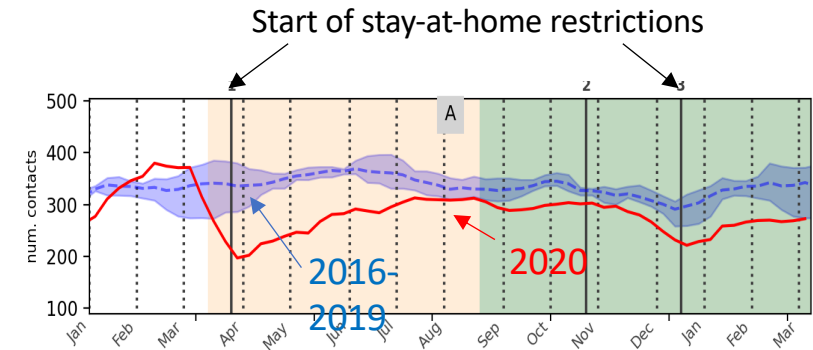
- Self-harm contacts dropped in Waves 1 and 2, lowest at the start of stay-at-home restrictions.
- Number self-harm contacts never above pre-pandemic levels.
- Differences across deprivation levels
- Fewer-than-usual adults (25+) admitted to hospital with SH Wave 2, particularly males.

Those who did seek help potentially encountered stringent criteria for hospitalisation, particularly males.

Fear of infection, stay-at-home orders and ‘protect the NHS’ may have prevented those who SH from accessing healthcare services.

Unmet need and psychosocial assessments

Number of self-harm contacts in primary and secondary care



Healthcare contacts with self-harm during COVID-19: An e-cohort whole-population-based study using individual-level linked routine electronic health records in Wales, UK, 2016–March 2021

M. DiPizzo-Bianco¹, S. C. Lee², Y. Friedmann¹, A. Akbari², F. Torabi², K. Lloyd², R. A. Lyons¹, A. Johns^{2*}

¹ Swansea University Medical School, Wales, United Kingdom. ² Population Data Science, Swansea University Medical School, Wales, United Kingdom

* a.john@swansea.ac.uk



So what can we do?

Economic crises and alternative policy responses

Examined changes in mortality with changes in unemployment and effects of government expenditure in 26 EU countries, 1970-2007

- Every US\$10 per person increased investment in active labour market programmes reduced effect of unemployment on suicide by 0.038%
- Adverse effects on suicide were mitigated when investments in active labour market programmes were high (>US\$190 per head)

Stuckler et al. Lancet 2009

Active labour market programmes

- Classroom or on the job training
- Job search assistance or sanctions for failing to search
- Subsidised private sector employment
- Subsidised public sector employment
- ? Focus on young people (rates, hospitality, opportunity)
- Targeted income protection (hospitality, carers, construction workers)





Debt and Suicide


- Debt and financial difficulties are important contributors to poor mental health and suicide: systematic review
- Over 50 relevant papers identified
- 3 fold increased risk of mental illness in people with debt
- 7 fold increased risk of suicide

- Debt relief
- Provision of adequate welfare benefits
- Funds to advice services (CAB), ?target areas most affected by recession

Clinical Psychology Review 33 (2013) 1148–1162

Contents lists available at ScienceDirect

 **Clinical Psychology Review** 

The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis 

Thomas Richardson^{a,*}, Peter Elliott^a, Ronald Roberts^b

^a Professional Training Unit, School of Psychology, University of Southampton, UK
^b Department of Psychology, Kingston University, UK

HIGHLIGHTS

- A number of studies show a relationship between unsecured debt and health.
- This relationship is especially strong for mental health in particular depression.
- There are also relationships with substance use and suicide.
- Research suffers from inconsistent use of standardised measures.
- A lack of longitudinal studies makes it difficult to demonstrate causality.

ARTICLE INFO

Article history:
Received 3 April 2013
Received in revised form 18 June 2013
Accepted 29 August 2013
Available online 10 September 2013

Keywords:
Debt
Indebtedness
Financial
Health
Mental health
Depression

ABSTRACT

This paper systematically reviews the relationship between personal unsecured debt and health. Psycinfo, Embase and Medline were searched and 52 papers were accepted. A hand and cited-by search produced an additional 13 references leading to 65 papers in total. Panel surveys, nationally representative epidemiological surveys and psychological autopsy studies have examined the relationship, as have studies on specific populations such as university students, debt management clients and older adults. Most studies examined relationships with mental health and depression in particular. Studies of physical health have also shown a relationship with self-rated health and outcomes such as obesity. There is also a strong relationship with suicide completion, and relationships with drug and alcohol abuse. The majority of studies found that more severe debt is related to worse health, however causality is hard to establish. A meta-analysis of pooled odds ratios showed a significant relationship between debt and mental disorder (OR = 3.24), depression (OR = 2.77), suicide completion (OR = 7.9), suicide completion or attempt (OR = 5.76), problem drinking (OR = 2.68), drug dependence (OR = 8.57), neurotic disorder (OR = 3.21) and psychotic disorders (OR = 4.03). There was no significant relationship with smoking (OR = 1.35, $p > .05$). Future longitudinal research is needed to determine causality and establish potential mechanisms and mediators of the relationship.

© 2013 Elsevier Ltd. All rights reserved.

And....

- Staff in NHS, social services and advice sector should be given regularly updated information on key advice agencies to signpost people affected by job loss, financial hardship and benefit changes
- Frontline staff most likely to be in contact with vulnerable people whose MH is affected should receive training in recognizing and responding to risk and ask re debt, employments etc
- Near real-time monitoring of changing suicide rates is essential for rapid response and optimally targeted policies. As well as monitoring the impact of policy changes and prevention measures and ensure timely signposting to bereavement support (prevention activity)

Not all recessions will be the same?

#DATA
SAVES
LIVES

Marmot review finds ten years of Tories has had “shocking” impact on health of poorest

“If health has stopped improving, it is a sign that society has stopped improving.”



- Differences in health outcomes for underserved and underrepresented groups are not unique to Covid-19
- but the pandemic has drawn attention to them
- also to almost RT data to inform policy
- this focus provides an opportunity to address long-standing inequalities in health care.
- COVID-19 exposed structural and social inequalities as vulnerabilities for poor mental and physical health
- Science, counting, policy, practice



6. The last ten years have been worse for ethnic minorities

Marmot says that all the austerity measures mentioned above have been worse for Black, Asian and Minority Ethnic people.

Context for ethnic minorities

- Long standing data on ethnic inequalities
 - In experience and outcomes of severe mental illness
 - Higher incidence of psychoses
 - More coercive care pathways, CJS, Police, and MHA use
 - Less Primary Care involvement
 - Black and ethnic minority groups who present to ED less likely to receive a psychiatric assessment and to re-present with self-harm

“these differences are known to largely emerge from social and environmental experiences, in part shaped by direct racism, but more likely shaped by structural and institutional influences ” (Nazroo et al, 2020).

- Priorities
 - Long-Term NHS Plan

Ethnic minorities and the Mental Health Act[†]

GLYNN HARRISON

Compulsory detentions under Part II of the Mental Health Act are six times more likely to be of Black people than of White. This headline statistic (Audini & Lelliott, 2002, this issue) will provide rich pickings for inflammatory journalism and exploitative political comment. Experienced observers

of the range of previous studies: somewhere between a two-fold and a six-fold increase.

All of these studies have methodological weaknesses and sources of bias. For example, there are different – and sometimes contentious – methods for defining ‘ethnicity’, and evidence of un-

that rates of compulsory detention among patients with psychoses are high. Thornicroft *et al* (1998) found that among 500 patients with psychoses, over 50% had been admitted under the Mental Health Act at least once in the course of their illness. Headline rates for ‘Black people’ are thrown further into perspective by evidence of a general rise in the absolute number of admissions under the Mental Health Act between 1984 and 1994, and (probably) a disproportionate increase in inner-city areas. In inner urban areas at least, most patients with a psychotic illness are likely to experience detention under the Mental Health Act at some point in their illness. Many will come from the ethnic minorities more likely to live in such areas.

What is ethnicity?



- Ethnicity is a complex, multidimensional concept
- Often defined by a shared history, common cultural traditions and common geographical origin, language and literature.
- Highly subjective classification, but one which an individual is required to articulate within a simple data item structure.
- As such is the only true meaningful categorisation self-definition?.

Othering

- The over-representation of ‘other’ codes in NHS datasets
- ‘any other ethnic group’, ‘other Black’, ‘other Asian’ and ‘other White’, led to disproportionately high rates of Covid-19 infections and mortality being recorded for the ‘other’ groups, rather than specific categories
- Identified in other contexts, i.e. MH services and detentions under the MHA 1983

Cabinet Office 2017 Race Disparity Audit

UK gov detention under the MHA

PHE, ONS

Othering is not new....

- GOV.UK's Race Disparity Audit 2017 report

“The quality of data on the ethnicity of individuals varies and is generally better when reported by people themselves, as it is in surveys and the Census. Administrative data – such as is collected from service users – can suffer high levels of non-recording of ethnicity and overuse of ‘other’ categories, undermining the ability to identify differences in how people in each ethnic group are treated. “

- Challenge to ask patients to complete a form asking for their ethnicity in a clinical setting (staff unaware of requirement, staff under pressure, patients are unwell or lack capacity).

So why is data quality important?

What gets measured, matters and gets managed

- Limited and poor-quality ethnicity data reduces understanding of ethnic inequalities and the ability to identify and evaluate effective responses.
- Inaccurate recording of ethnicity in EHRs- introduces bias, e.g. over-coding of “Other” groups, means rates for other ethnic groups, especially minority groups, are likely to be under- estimated
- Misclassification of ethnicity -an underestimation of ethnic variation, inability to detect such variation when it exists

We need good quality data to:

- supporting needs assessments and service planning
- enabling the monitoring of equity of access and outcomes
- informing clinical practice
- improving the evidence on inequalities in population-based risks and outcomes

Research report June 2021

Ethnicity coding in English health service datasets

Sarah Scobie, Jonathan Spencer, Veena Raleigh

Supported by

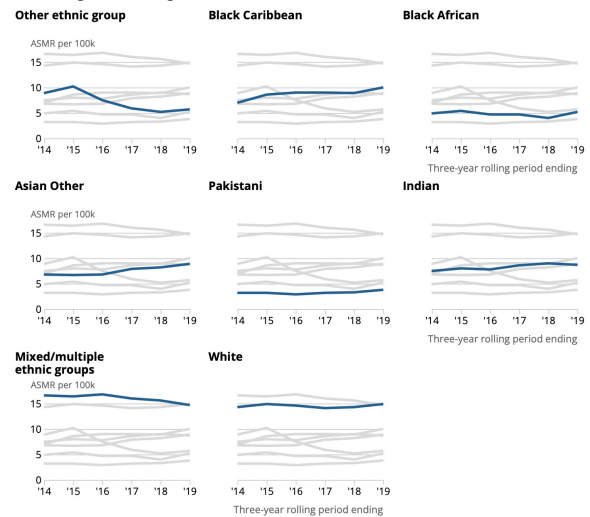
Death certificates

- In England and Wales ethnicity is not recorded at death registration but it will be
- Mortality analyses currently inevitably depend on retrospective linkage of mortality records to other data sets e.g. HES
- Recording ethnicity data on death cert in Scotland since 2012
- Quality not deemed suitable for calculating mortality data- so for covid deaths linked to 2011 census
- Need to address quality issues when doing

Suicide by ethnic group

Figure 8: Males from White and Mixed ethnic groups had the highest rates of suicide since 2012-14

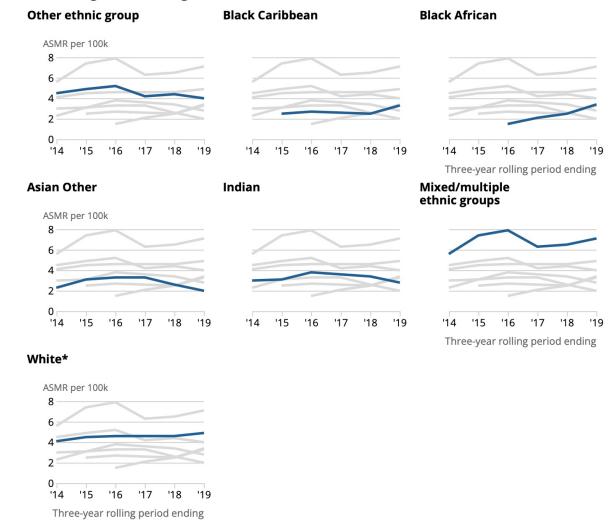
Age-standardised rates of death per 100,000 from suicide by ethnic group, deaths registered in England and Wales, males, 2012-14 to 2017-19



Source: Office for National Statistics - Mortality from leading causes of death by ethnic group

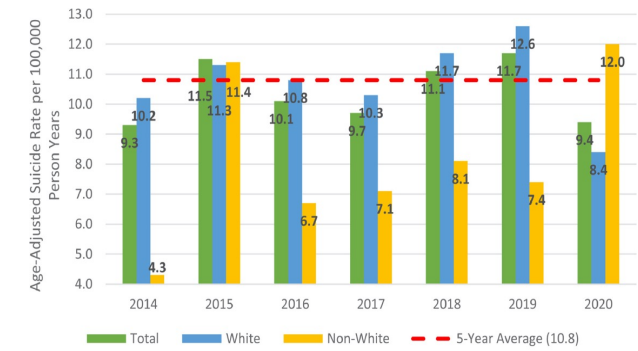
Figure 9: Females in the mixed ethnic group had the highest rate of suicide since 2012-14

Age-standardised rates of death per 100,000 from suicide by ethnic group, deaths registered in England and Wales, females, 2012-14 to 2017-19



Source: Office for National Statistics - Mortality from leading causes of death by ethnic group

COVID-19 and suicide



- Data from Connecticut, USA on suicides during the 10 weeks of stringent lockdown measures
 - Suicide rates fell during this period (13%)
 - Proportion of suicides amongst minority ethnic groups increased
 - Pandemic disproportionately impacts on minorities
- Suicide trends during the pandemic had opposite effects for Black and White residents of Maryland Black residents: suicide mortality doubled during period 2 compared with the means in 2017 to 2019.
 - White residents, suicide mortality halved during periods 2 and 3 compared with the means of 2017 to 2019. Population sizes did not change substantially between 2017 and 2019.

(Mitchell and Li., 2021)

(Bray et al, 2020)

Summary

Who's most at risk ?

Not all recessions are the same


- Probably men > women and working age people based on 2008; not just those who're out of work.
- But also those impacted by COVID- young, pre-existing MH and physical, ethnic minorities, women
- If unemployment rises – impacts depend on the sectors most affected (think re hospitality, construction, carers)
- Those who are already struggling financially
- Those with pre-existing mental health problems

Interventions?

- Economic policies – avoid austerity, support active labour market policies if recession leads to job losses
- Signposting and training frontline staff/volunteers
- Help for people to navigate support systems
- Sympathetic debt recovery
- Work with the media to avoid sensationalist reporting of recession-related suicide



TIMESONLINE

An aerial night photograph of a coastal town. The town's lights are visible, reflecting on the water of a bay or harbor. The sky is dark with some clouds, and the overall scene is illuminated by the warm glow of the town's lights.

**Diolch yn fawr—
Thank you**