

National Confidential Inquiry into Suicide and Safety in Mental Health

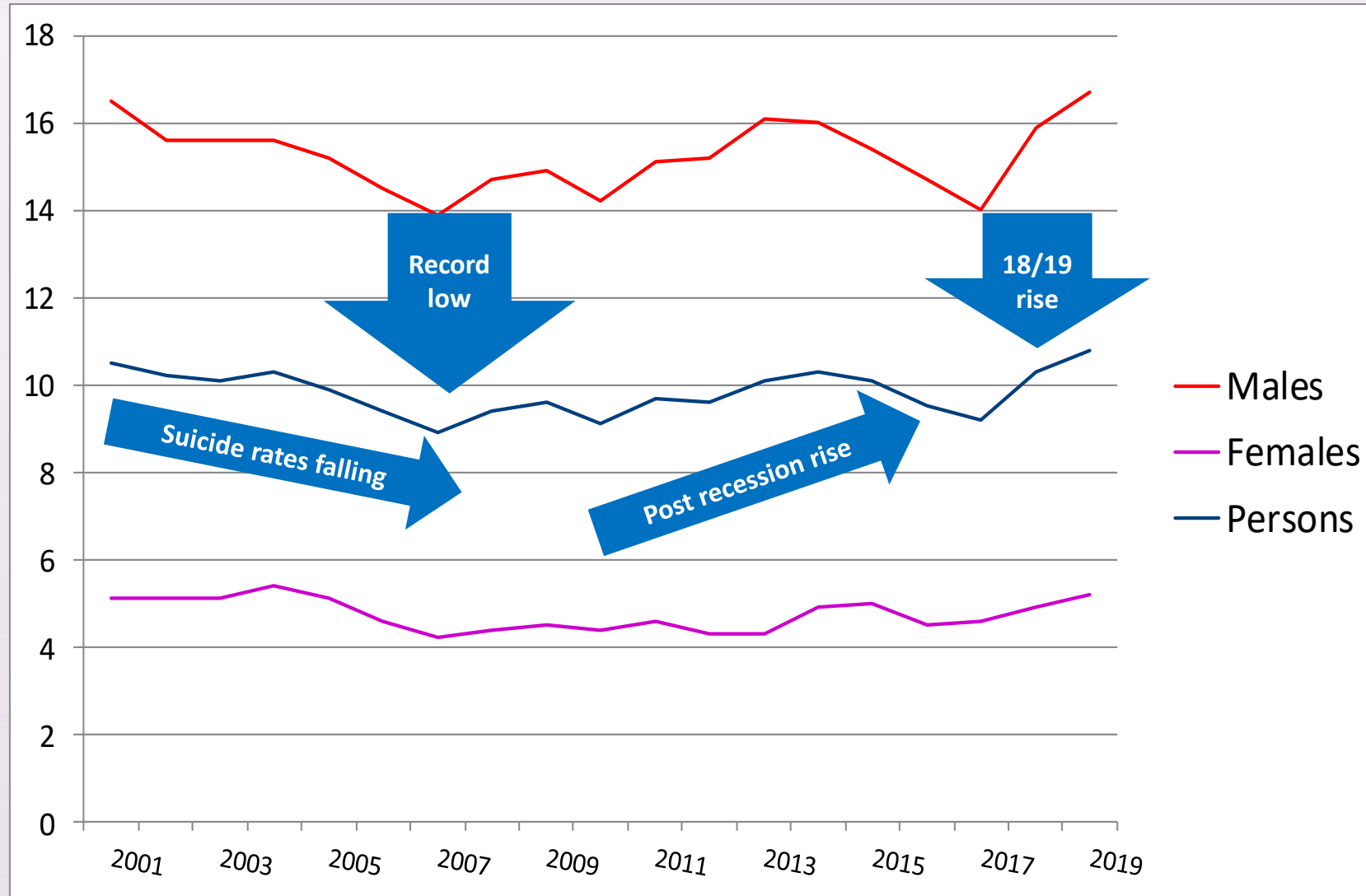
STP Learning Day
Latest findings on self-harm and suicide prevention
10th June 2021

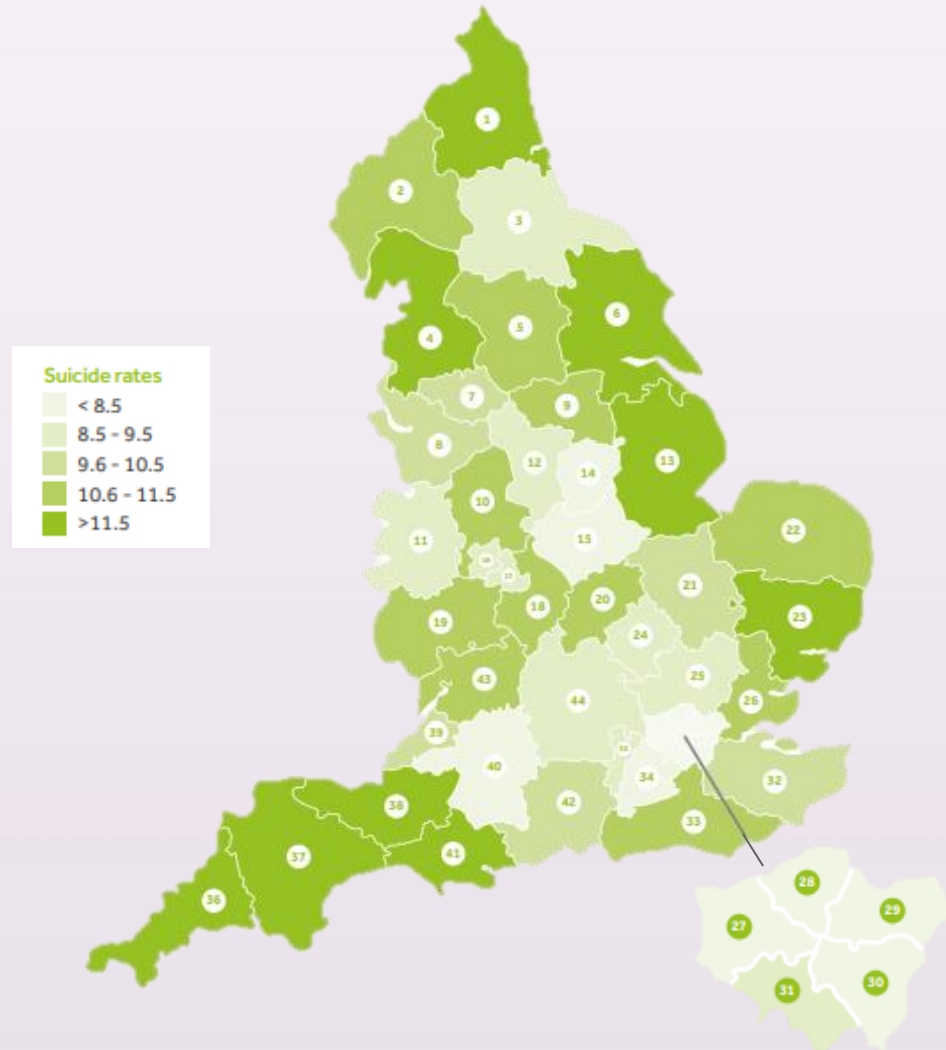
Professor Nav Kapur

- QI for suicide prevention
- Suicidal behaviour and ethnicity
- Ongoing work and new reports

- **QI for suicide prevention**
- Suicidal behaviour and ethnicity
- Ongoing work and new reports

Suicide rates vary over time...





Variation by geography:

Highest rates in north
& south-west

Lowest rates in London
& south-central areas

High rates also in **rural**
& **coastal areas**

Policy Context

Preventing suicide in England

A cross-government outcomes strategy to save lives

Local suicide prevention planning

A practice resource



The NHS Long Term Plan



#NHSLongTermPlan
www.longtermplan.nhs.uk



House of Commons
Health Committee

Suicide prevention

Sixth Report of Session 2016–17

Search NICE...

Preventing suicide in community and custodial settings

In development [GID-PH095] Expected publication date: 10 September 2018 Register as a stakeholder

Project information Project documents Consultation

Preventing suicide in community and custodial settings:
Draft guidance consultation



Health Education England

Self-Harm & Suicide Prevention Competence Framework

NICE National Institute for Health and Care Excellence

Search NICE...

NICE Pathways NICE guidance Standards and indicators Evidence search BNF BNFC CKS

Read about our approach to COVID-19

Home > NICE Guidance > Conditions and diseases > Mental health and behavioural conditions > Self-harm

Self harm: assessment, management and preventing recurrence

In development [GID-NG10148] Expected publication date: 18 May 2022 Register as a stakeholder

Project information Project documents

This guidance will fully update the following:

- Self-harm in over 8s: short-term management and prevention of recurrence (CG16)
- Self-harm in over 8s: long-term management (CG133)

Status In progress

Developed As CG

Provisional Schedule

Draft guidance consultation 30 November 2021 - 18 January 2022

Expected publication 18 May 2022

Project Team

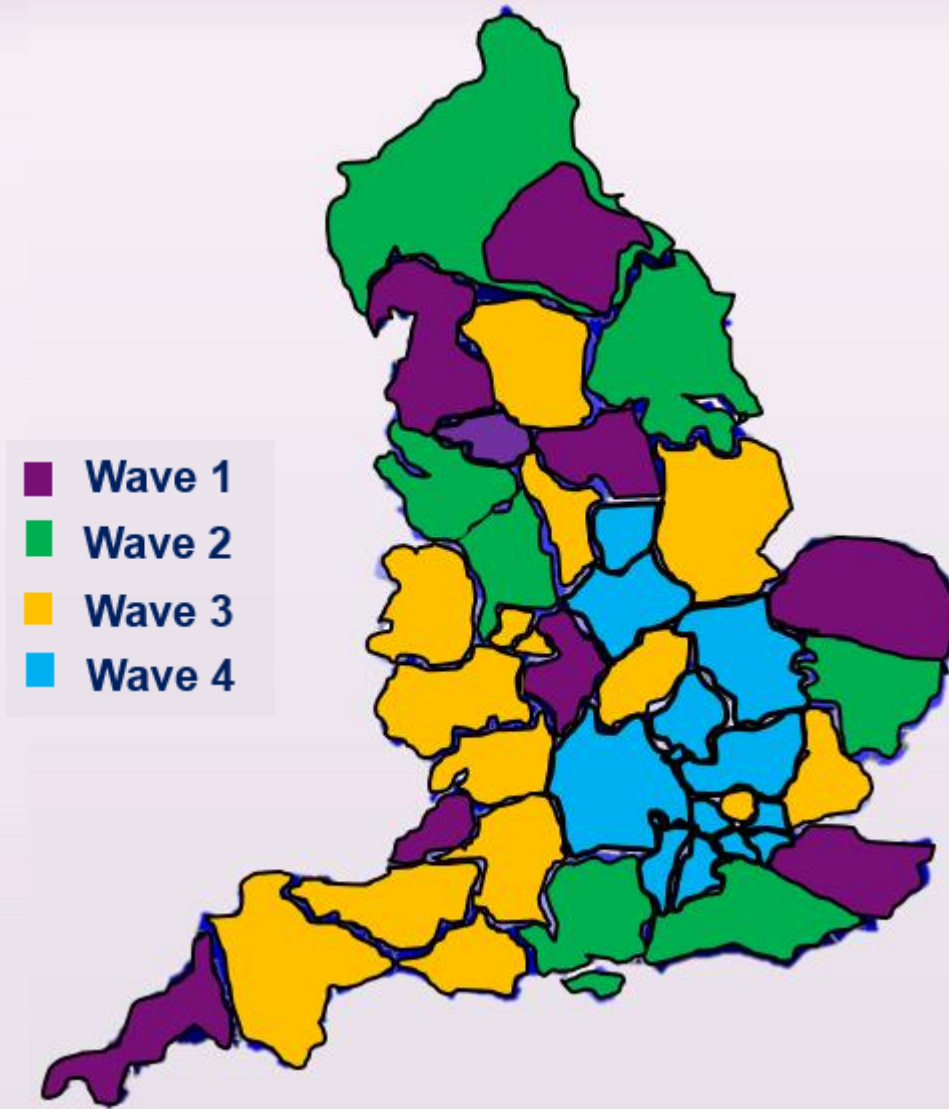
Developer National Guideline Alliance

Email enquiries

If you have any queries please email Selfharm@nice.org.uk

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

A report from the independent Mental Health Taskforce to the NHS in England February 2016



MANCHESTER
The University of Manchester

National Suicide Prevention Programme

Suicide prevention in action

HQIP

Local suicide prevention plans based on

20

years

of NCISH recommendations

10 ways to improve safety

3 priority areas

Mental health patients

Self-harm

Middle-aged men

National support

Local data report

Email support

Virtual calls with NCISH professors

Telephone clinics

Site visits

NCISH

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Men Sport Pubs



MEET THE TEAM
READ MORE

STATE OF MIND SPORT IS A CHARITY THAT HARNESSSES THE POWER OF SPORT TO PROMOTE POSITIVE MENTAL HEALTH AMONG OUR SPORTSMEN AND WOMEN, FANS AND WIDER COMMUNITIES, AND ULTIMATELY TO PREVENT SUICIDE.

WE RAISE AWARENESS OF THE ISSUES SURROUNDING MENTAL HEALTH AND WELL BEING AND DELIVER EDUCATION ON THE SUBJECT TO ALL LEVELS OF SPORT, BUSINESS, EDUCATION AND COMMUNITY GROUPS.



WE SIGNPOST INDIVIDUALS TO WHERE THEY CAN RECEIVE CARE AND SUPPORT IN THEIR AREA.

FIRST ESTABLISHED IN UK SUPER LEAGUE IN 2011, STATE OF MIND SPORT IS NOW A MUCH-LOVED NATIONAL CHARITY AND INTERNATIONAL MOVEMENT DELIVERING ITS MESSAGE ACROSS RUGBY LEAGUE, RUGBY UNION, MULTIPLE OTHER SPORTS, AGE GROUPS AND TERRITORIES.

SUPPORT | DONATE | CONTACT




Feeling the pressure?
Don't suffer in silence.

divorce
KNACKERED MONEY WORRIES
LONELY
BURNT OUT
STRESSED
TRAVEL REGRET NEGLECTED
GUILT
name change
CHILDREN'S FEAR
INSECURE
BEREAVEMENT

"I was in a really dark place. Talking helped me realise things would get better."
- Bill, 40 Year Old

0800 107 0160
releasethepressure.uk

Get Set to GO



for better mental health



LOTTERY FUNDED



12th Man
Cycling Club



12th Man
PUB

Pint, chat, support. →



DON'T BOTTLE IT UP

Cornwall cares about you
Don't flush your life away

If things are getting you down, your first step towards a better day is to talk to your GP. A trusted friend or family member can also help. Your GP, Samaritans.



Friends in knead

Self raising awareness
Kneading our way to a better day

Hartisan BREAD

For more information call Debbie on
07980 808920

@littlesprouthealth

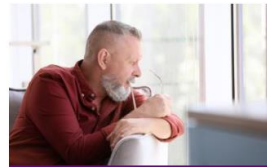
Suicide Prevention National Transformation Programme



About this programme



Our programme resources



Mental health patients



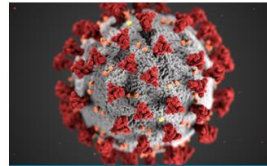
Middle-aged men



Self-harm resources



Real-time surveillance



COVID-19 webinars



Other useful resources

Reducing suicides: Quality improvement and patient safety

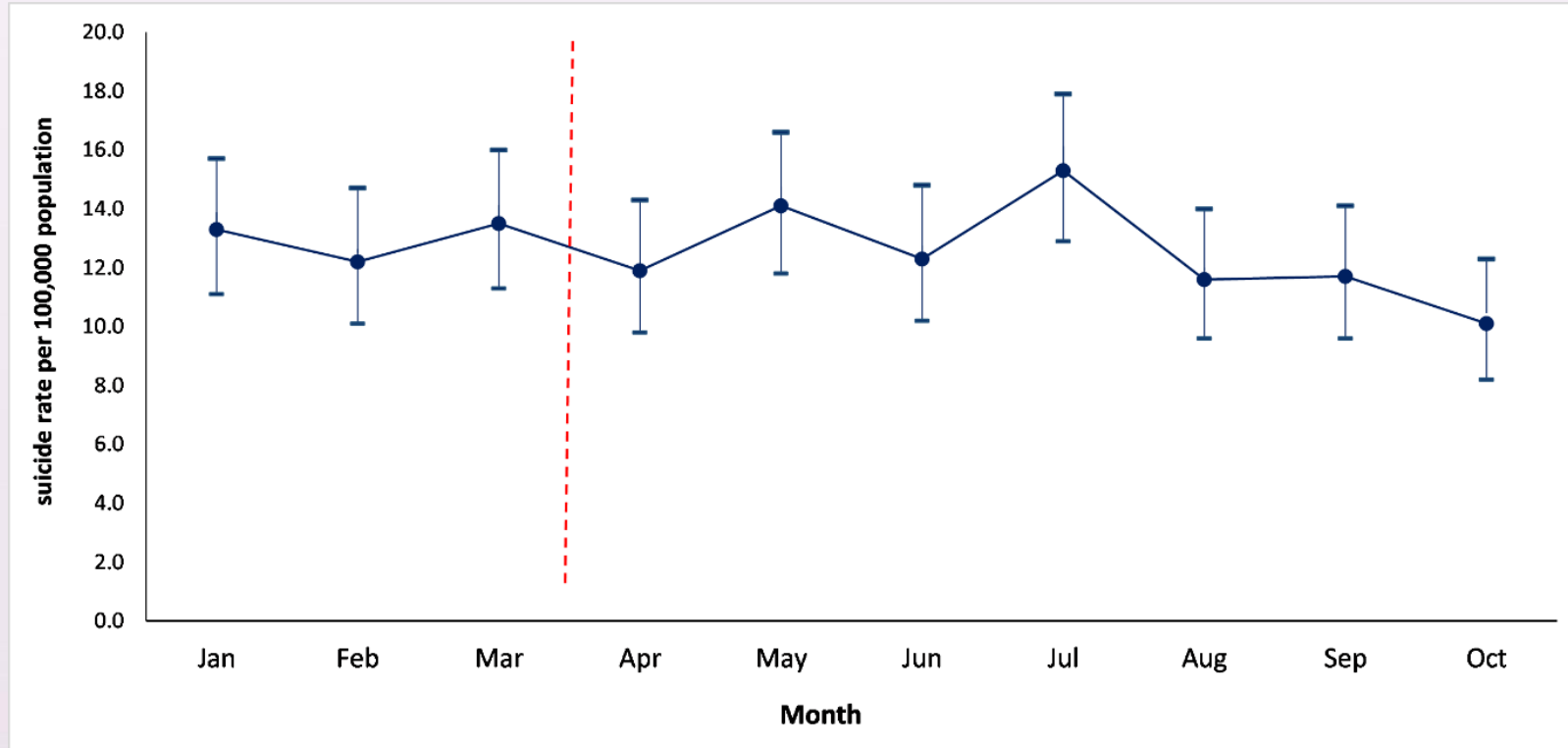
We are working with experts in Quality Improvement at the [National Collaborating Centre for Mental Health \(NCCMH\)](#) to support Sustainability and Transformation Partnerships (STPs) to strengthen their local suicide prevention quality improvement plans. This is part of a nationally recognised suicide reduction priority across Department of Health, NHS England, and an overall [Mental Health Five Year Forward View](#) recommendation to reduce the suicide rate by 10% by 2020/21.

Together with NCCMH, we are working with Quality Improvement teams in each STP to:



<https://sites.manchester.ac.uk/ncish/research-projects/>

Main results



No significant rise in individual months after lockdown began
Comparison of rates (2020 v 2019) showed no difference

The Lancet Regional Health - Europe 000 (2021) 100110

Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/lanep

Research Paper

Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance

Louis Appleby^{a,*}, Nicola Richards^a, Saied Ibrahim^a, Pauline Turnbull^a, Cathryn Rodway^a, Nav Kapur^{a,b,c}

^a National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), Centre for Mental Health and Safety, School of Health Sciences, University of Manchester, Manchester, United Kingdom
^b NIHR Greater Manchester Patient Safety Translational Research Centre, Manchester, United Kingdom
^c Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

ARTICLE INFO

Article History:
 Received 16 March 2021
 Revised 30 March 2021
 Accepted 1 April 2021
 Available online xxx

ABSTRACT

Background: There have been concerns that the COVID-19 pandemic may lead to an increase in suicide. The coronial system in England is not suitable for timely monitoring of suicide because of the delay of several months before inquests are held.

Methods: We used data from established systems of "real time surveillance" (RTS) of suspected suicides, in areas covering a total population of around 13 million, to test the hypothesis that the suicide rate rose after the first national lockdown began in England.

Findings: The number of suicides in April–October 2020, after the first lockdown began, was 121 (3 per month, compared to 125 (7 per month in January–March 2020 (-4%; 95% CI -19% to 13%, $p = 0.59$). Incidence rate ratios did not show a significant rise in individual months after lockdown began and were not raised during the 2-month lockdown period April–May 2020 (IRR: 1.01 [0.81–1.25]) or the 5-month period after the easing of lockdown, June–October 2020 (0.94 [0.81–1.09]). Comparison of the suicide rates after lockdown began in 2020 for the same months in selected areas in 2019 showed no difference.

Interpretation: We did not find a rise in suicide rates in England in the months after the first national lockdown began in 2020, despite evidence of greater distress. However, a number of caveats apply. These are early figures and may change. Any effect of the pandemic may vary by population group or geographical area. The use of RTS in this way is new and further development is needed before it can provide full national data.

Funding: This study was funded by the Healthcare Quality Improvement Partnership (HQIP). The HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact of the

Results

Suicide numbers remained unchanged or declined

Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries

Jane Pirakis, Ann John, Sangsoo Shin, Marcos DelPozo-Banos, Vikas Arya, Pablo Analuisa-Aguilar, Louis Appleby, Ella Arensman, Jason Bantjes, Anna Baran, Jose M Bertolote, Guilherme Borges, Petrona Brečić, Eric Caine, Giulio Castelpietra, Shu-Sen Chang, David Colchester, David Crompton, Marko Curkovic, Eberhard A Daisenhammer, Chengan Du, Jeremy Dwyer, Annette Erlangsen, Jeremy S Faust, Sarah Fortune, Andrew Garrett, Devin George, Rebekka Gerstner, Renske Gillissen, Madelyn Gould, Keith Hawton, Joseph Kanter, Navneet Kapur, Murad Khan, Olivia J Kirtley, Duleeka Kripe, Kairi Kolves, Stuart Leske, Kedar Marahatta, Ellenor Middendorfer-Rutz, Nikolay Neznanov, Thomas Niederkrotenthaler, Emma Nielsen, Merete Nordentoft, Herwig Oberlechner, Rory C O'Connor, Melissa Pearson, Michael R Phillips, Steve Platt, Paul L Plener, Georg Psota, Ping Qin, Daniel Radeloff, Christa Rados, Andreas Reif, Christine Reif-Leonhard, Vsevolod Rozanov, Christiane Schlang, Barbara Schneider, Natalia Semenova, Mark Sinyor, Ellen Townsend, Michiko Ueda, Lakshmi Vijayakumar, Roger T Webb, Manjula Weerasinghe, Gil Zalsman, David Gunnell*, Matthew J Spittal*

Summary

Background The COVID-19 pandemic is having profound mental health consequences for many people. Concerns have been expressed that, at their most extreme, these consequences could manifest as increased suicide rates. We aimed to assess the early effect of the COVID-19 pandemic on suicide rates around the world.

Methods We sourced real-time suicide data from countries or areas within countries through a systematic internet search and recourse to our networks and the published literature. Between Sept 1 and Nov 1, 2020, we searched the official websites of these countries' ministries of health, police agencies, and government-run statistics agencies or equivalents, using the translated search terms "suicide" and "cause of death", before broadening the search in an attempt to identify data through other public sources. Data were included from a given country or area if they came from an official government source and were available at a monthly level from at least Jan 1, 2019, to July 31, 2020. Our internet searches were restricted to countries with more than 3 million residents for pragmatic reasons, but we relaxed this rule for countries identified through the literature and our networks. Areas within countries could also be included with populations of less than 3 million. We used an interrupted time-series analysis to model the trend in monthly suicides before COVID-19 (from at least Jan 1, 2019, to March 31, 2020) in each country or area within a



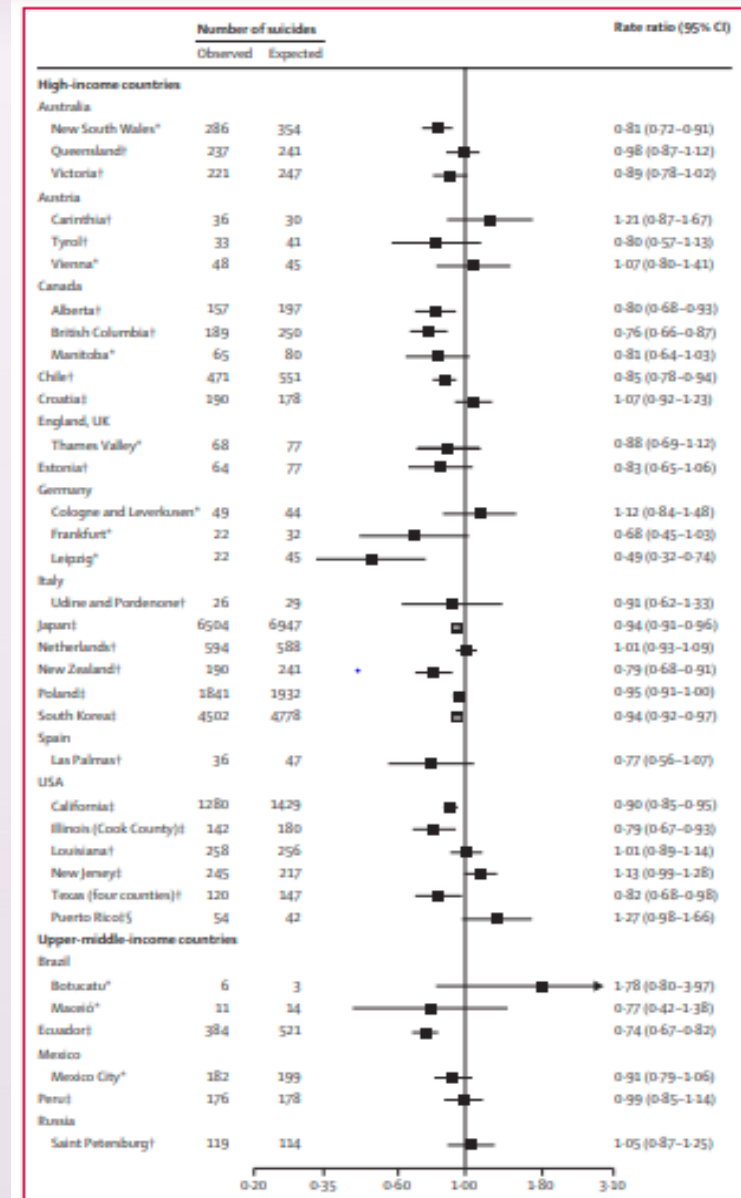
Lancet Psychiatry 2021

Published Online
April 13, 2021
[https://doi.org/10.1016/S2215-0366\(21\)00091-2](https://doi.org/10.1016/S2215-0366(21)00091-2)

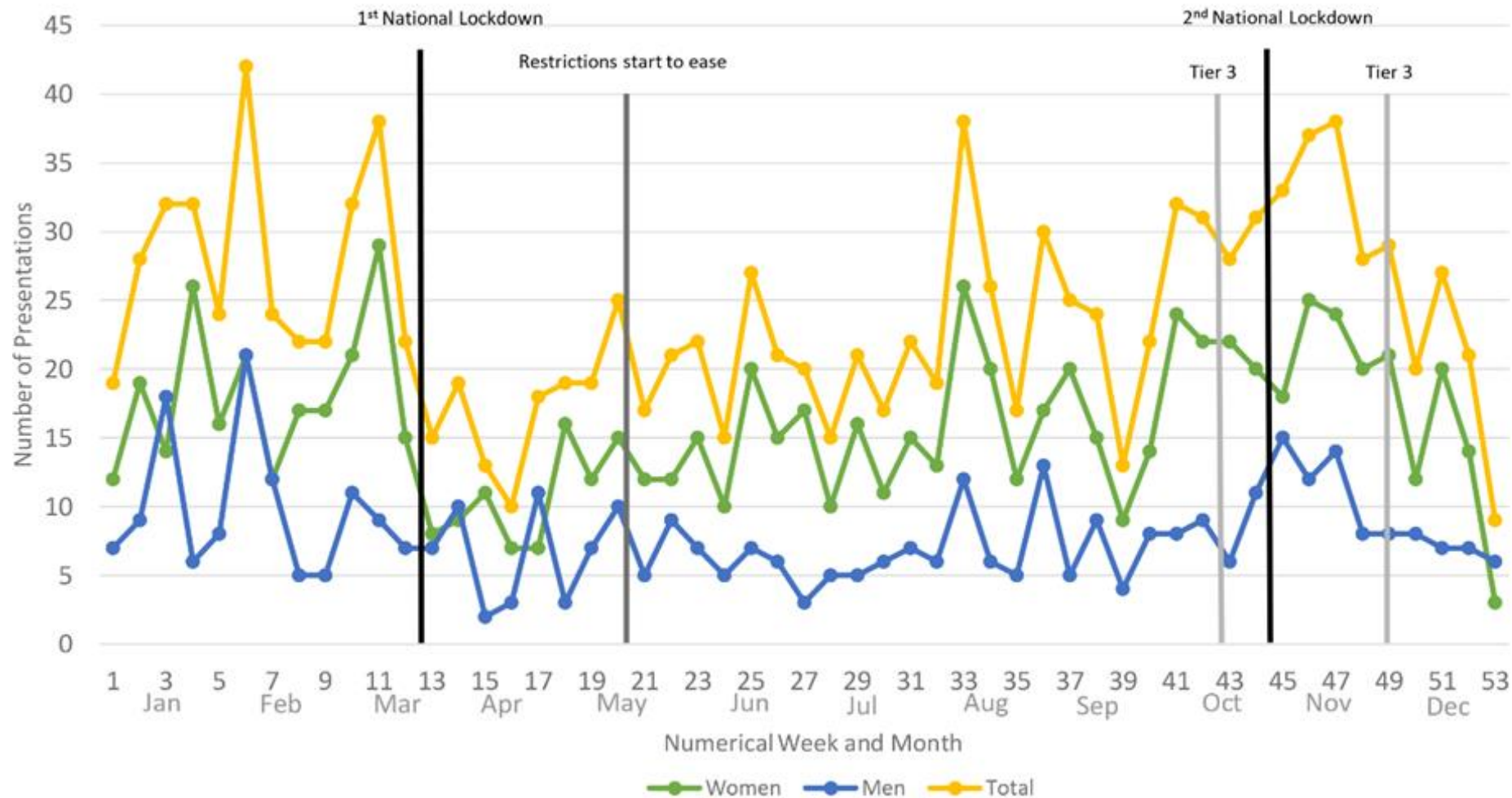
See Online/Comment
[https://doi.org/10.1016/S2215-0366\(21\)00117-6](https://doi.org/10.1016/S2215-0366(21)00117-6)

*Joint last authors

Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia (Prof) Pirakis PhD, S Shin MPH, V Arya MRes, J Dwyer PhD, M Spittal PhD, Surgeon



Weekly self-harm presentations in 2020 for women and men in two Manchester Emergency Departments (ECDS data courtesy of Caroline Clements & Nav Kapur)



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NEWS

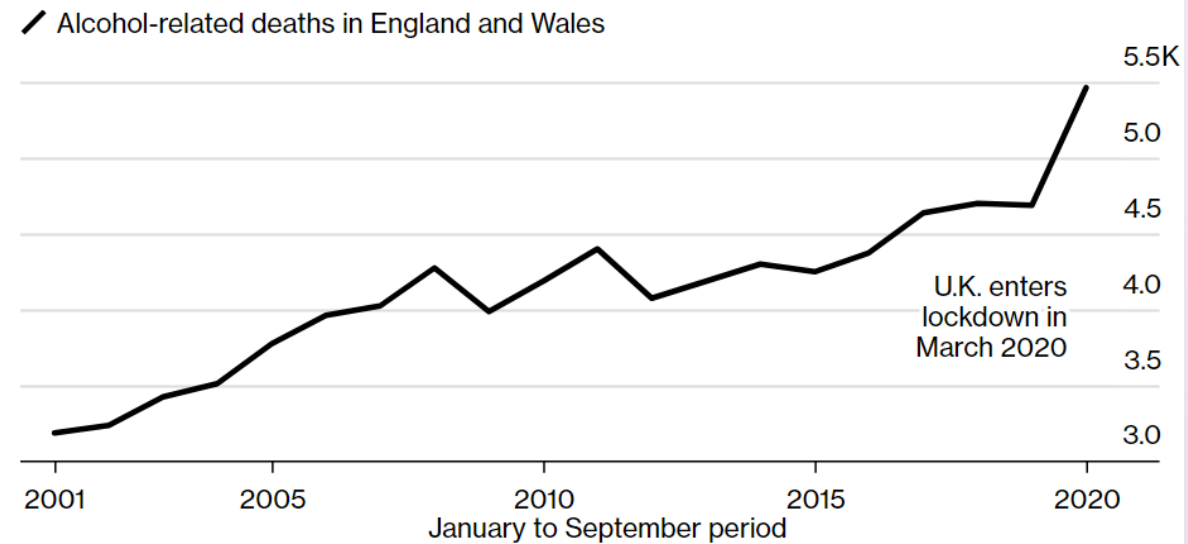
Home | Brexit | Coronavirus | UK | World | Business | Politics | Tech | Science | Health | Family & Education

Health

Alcohol deaths hit record high during Covid pandemic

19 hours ago

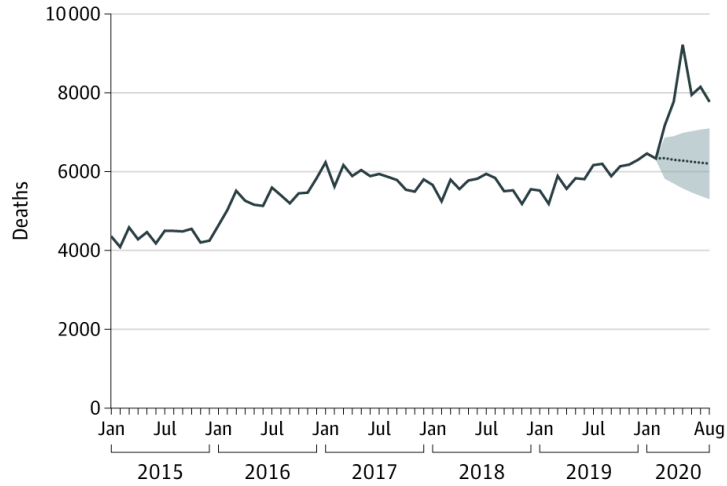
Coronavirus pandemic



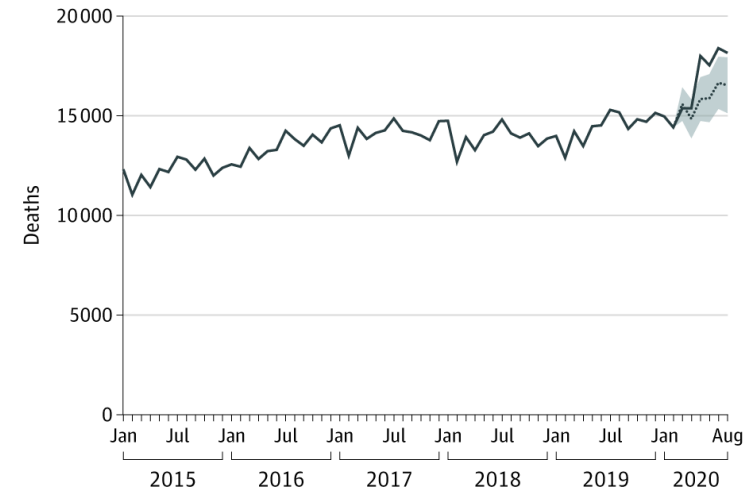
Source: Office for National Statistics

From: **Mortality From Drug Overdoses, Homicides, Unintentional Injuries, Motor Vehicle Crashes, and Suicides During the Pandemic, March-August 2020**

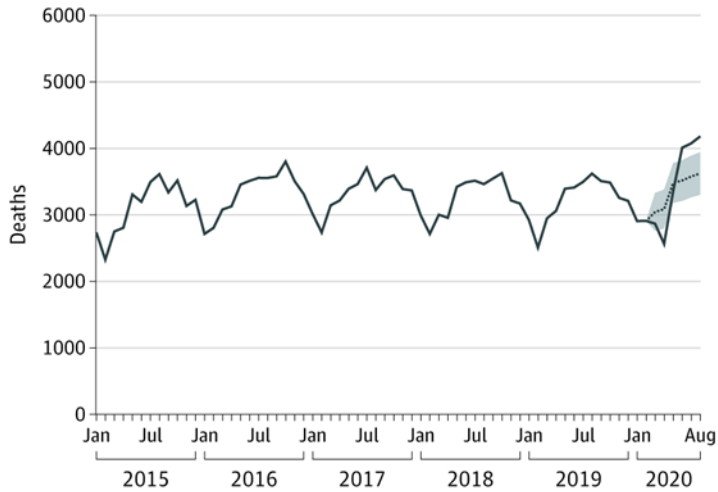
A Drug overdose deaths (all intents)



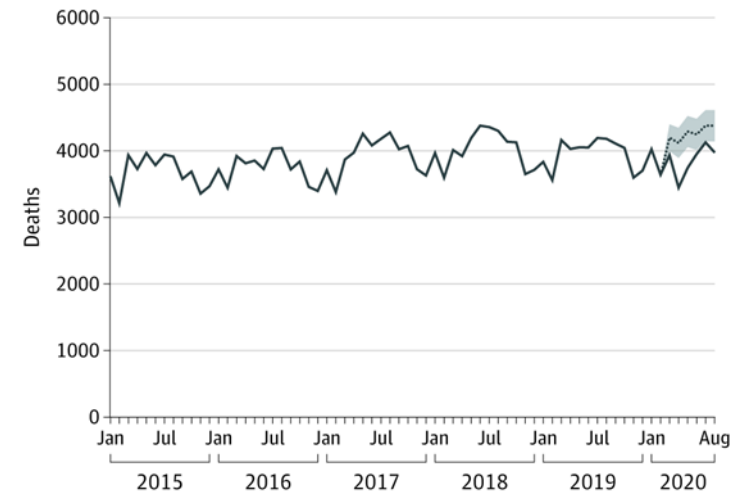
C Deaths from unintentional injuries



D Deaths due to motor vehicle crashes



E Suicide deaths





Suicide behaviors during the COVID-19 pandemic: A meta-analysis of 54 studies

Justin P. Dubé^a, Martin M. Smith^b, Simon B. Sherry^{a,*}, Paul L. Hewitt^b, Sherry H. Stewart^{a,c}

^a Department of Psychology and Neuroscience, Dalhousie University, 1355 Oxford Street, PO Box 15000, Halifax, NS, Canada B3H 4R2

^b Department of Psychology, University of British Columbia, Vancouver, British Columbia, Canada V6T 1Z4

^c Department of Psychiatry, Dalhousie University, 8th floor, Abbie J. Lane Building, 5909 Veterans' Memorial Lane, Halifax, Nova Scotia, Canada B3H 2E2

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Keywords:

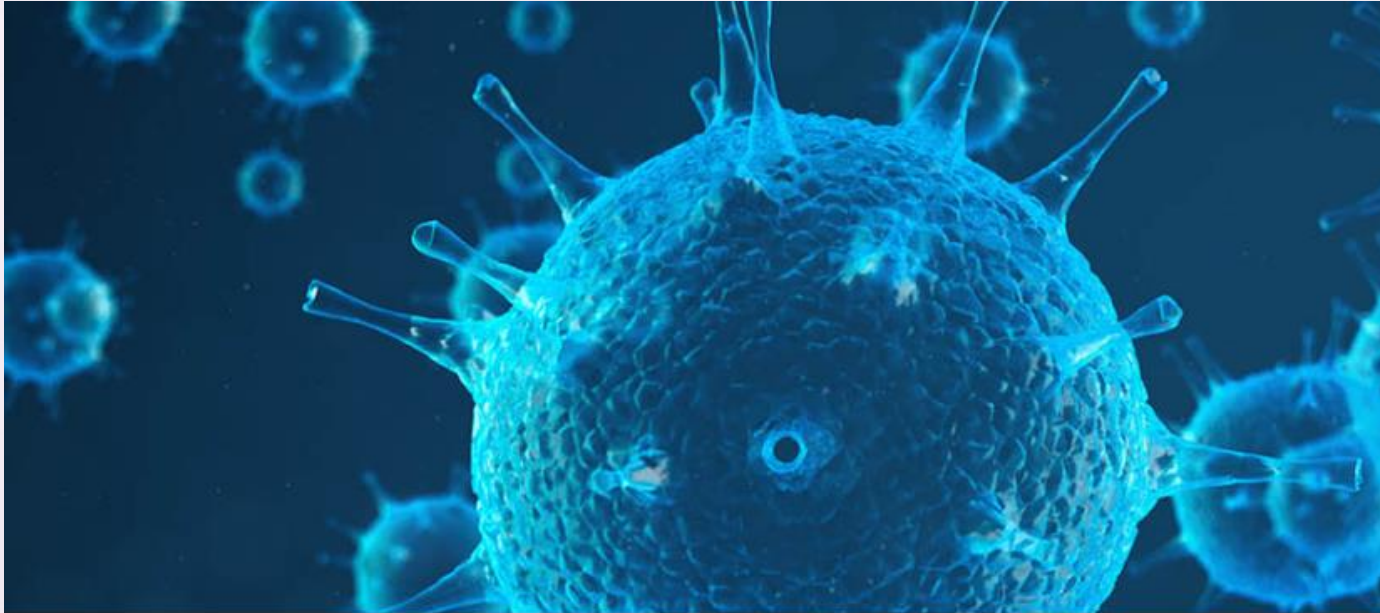
Suicide ideation
Suicide attempts
Self-harm
Suicide prevention

ABSTRACT

COVID-19, and efforts to mitigate its spread, are creating extensive mental health problems. Experts have speculated the mental, economic, behavioral, and psychosocial problems linked to the COVID-19 pandemic may lead to a rise in suicide behavior. However, a quantitative synthesis is needed to reach an overall conclusion regarding the pandemic-suicide link. In the most comprehensive test of the COVID-19—suicidality link to date, we meta-analyzed data from 308,596 participants across 54 studies. Our results suggested increased event rates for suicide ideation (10.81%), suicide attempts (4.68%), and self-harm (9.63%) during the COVID-19 pandemic when considered against event rates from pre-pandemic studies. Moderation analysis indicated younger people, women, and individuals living in urban areas were more likely to experience these behaviors during the pandemic. Policy implications for mental health care during the COVID-19 pandemic are discussed. © 2021 Elsevier B.V.

4.3. Conclusions

Our meta-analysis provides the most comprehensive test of the pandemic–suicide ideation link to date. COVID-19, and efforts to mitigate its spread, are linked to a rise in suicide behavior, including



to COVID-19-related suicide prevention


National academic response to COVID-19-related suicide prevention

- + Bereavement support
- + How mental health services have adapted in response to COVID-19
- + High risk groups
- + Changes in modes of access for help
- + Pandemic-related stressors and suicide prevention
- + Mental health in the community
- + Occupational concerns and support
- + Ethnicity
- + Support for students and older people
- + Suicide data and statistics
- + Responsible media reporting of suicide and self-harm
- + Children and young people
- + Beyond the pandemic



- QI for suicide prevention
- **Suicidal behaviour and ethnicity**
- Ongoing work and new reports

Articles

Trends in suicide among migrants in England and Wales 1979–2003

Maria J. Maynard , Michael Rosato, Alison Teyhan & Seeromanie Harding

Pages 135-140 | Received 20 Jan 2011, Accepted 04 Jan 2012, Published online: 30 Jan 2012

 Download citation  <https://doi.org/10.1080/13557858.2012.655265>

1999–2003

	Population	Deaths	Rate	95% CI	Percentage change ^c (3rd vs. 1st period)
Males					
England and Wales	70,630,464	14,818	21.0	20.6–21.3	9.4
East Africa	563,195	90	15.5	11.9–19.1*	–22.5
India	916,280	145	15.9	13.1–18.6*	–9.7
Pakistan	667,605	70	10.3	7.8–12.9*	9.6
Jamaica	260,680	75	51.9	38.3–65.5**	124.7
Northern Ireland	435,520	108	25.4	20.5–30.3	–4.2
Republic of Ireland	805,065	271	39.2	33.8–44.7**	8.6
Scotland	1,635,310	473	29.8	27.0–32.6**	–5.7

BJPsych

The British Journal of Psychiatry (2010)
197, 212–218. doi: 10.1192/bjp.bp.109.072637

Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study

Jayne Cooper, Elizabeth Murphy, Roger Webb, Keith Hawton, Helen Bergen, Keith Waters and Navneet Kapur

Background

Studies of self-harm in Black and minority ethnic (BME) groups have been restricted to single geographical areas, with few studies of Black people.

Aims

To calculate age- and gender-specific rates of self-harm by ethnic group in three cities and compare characteristics and outcomes.

Method

A population-based self-harm cohort presenting to five emergency departments in three English cities during 2001 to 2006.

Results

A total of 20 574 individuals (16–64 years) presented with

self-harm; ethnicity data were available for 75%. Rates of self-harm were highest in young Black females (16–34 years) in all three cities. Risk of self-harm in young South Asian people varied between cities. Black and minority ethnic groups were less likely to receive a psychiatric assessment and to re-present with self-harm.

Conclusions

Despite the increased risk of self-harm in young Black females fewer receive psychiatric care. Our findings have implications for assessment and appropriate management for some BME groups following self-harm.

Declaration of interest

N.K. is Chair of the NICE Guidelines Development Group for the new self-harm guidelines.

	South Asian RR ^a (95% CI)	Black RR ^a (95% CI)
<i>Manchester</i>		
Males		
16–34 years	0.53 (0.41–0.68)	1.02 (0.77–1.35)
35–64 years	0.34 (0.21–0.53)	0.50 (0.33–0.78)
Females		
16–34 years	1.01 (0.87–1.17)	1.56 (1.31–1.86)
35–64 years	0.46 (0.32–0.66)	0.64 (0.46–0.90)
<i>Derby</i>		
Males		
16–34 years	0.55 (0.39–0.77)	1.14 (0.64–2.02)
35–64 years	0.36 (0.18–0.69)	1.01 (0.52–1.95)
Females		
16–34 years	0.67 (0.51–0.88)	1.55 (1.00–2.39)
35–64 years	0.43 (0.25–0.75)	0.74 (0.37–1.50)
<i>Oxford</i>		
Males		
16–34 years	1.39 (0.92–2.10)	1.61 (0.93–2.81)
35–64 years	0.33 (0.11–1.03)	0.38 (0.12–1.20)
Females		
16–34 years	1.32 (0.96–1.82)	1.59 (1.06–2.37)
35–64 years	0.82 (0.42–1.60)	0.57 (0.24–1.38)

BJPsych

The British Journal of Psychiatry (2010)
197, 212–218. doi: 10.1192/bjp.bp.109.072637

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People from ethnic minority groups:

- ↓ psychosocial assessment
- ↓ psychiatric aftercare
- ↑ no follow up
- ↓ repetition

Articles

Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data



Matthias Pierce, Sally McManus, Holly Hope, Matthew Hotopf, Tamsin Ford, Stephani L Hatch, Ann John, Evangelos Kontopantelis, Roger T Webb, Simon Wessely, Kathryn M Abel*

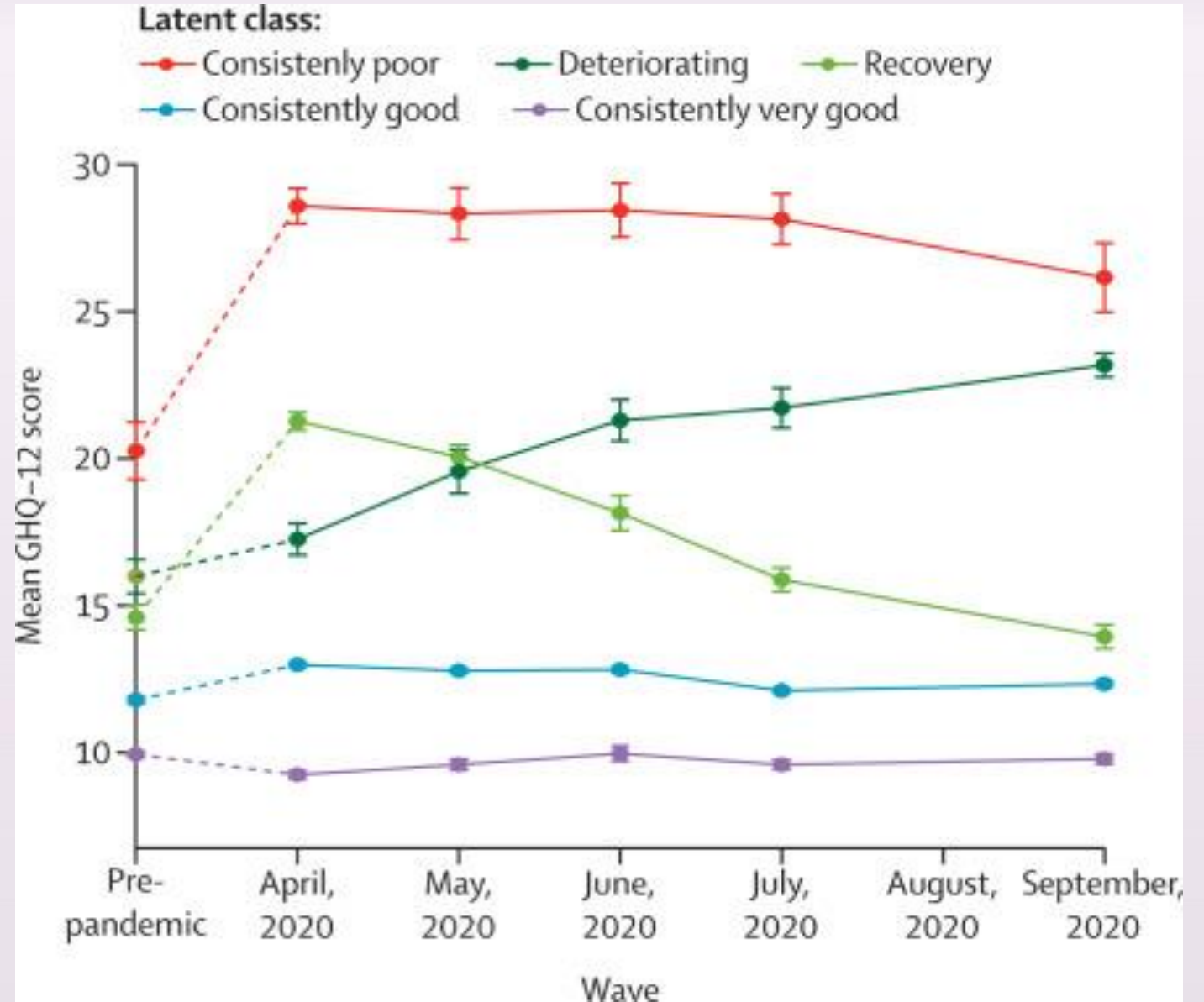
Summary

Background The mental health of the UK population declined at the onset of the COVID-19 pandemic. Convenience sample surveys indicate that recovery began soon after. Using a probability sample, we tracked mental health during the pandemic to characterise mental health trajectories and identify predictors of deterioration.

Methods This study was a secondary analysis of five waves of the UK Household Longitudinal Study (a large, national, probability-based survey that has been collecting data continuously since January, 2009) from late April to early October, 2020 and pre-pandemic data taken from 2018–19. Mental health was assessed using the 12-item General Health Questionnaire (GHQ-12). We used latent class mixed models to identify discrete mental health trajectories and fixed-effects regression to identify predictors of change in mental health.

Findings Mental health was assessed in 19763 adults (≥16 years; 11477 [58.1%] women and 8287 [41.9%] men; 3453 [17.5%] participants from minority ethnic groups). Mean population mental health deteriorated with the onset of the pandemic and did not begin improving until July, 2020. Latent class analysis identified five distinct mental health trajectories up to October 2020. Most individuals in the population had either consistently good (7437 [39.3%] participants) or consistently very good (7623 [37.5%] participants) mental health across the first 6 months of the pandemic. A recovering group (1727 [12.0%] participants) showed worsened mental health during the initial shock of the pandemic and then returned to around pre-pandemic levels of mental health by October, 2020. The two remaining groups were characterised by poor mental health throughout the observation period; for one group, (523 [4.1%]

Lancet Psychiatry 2021
Published Online
May 6, 2021
[https://doi.org/10.1016/S2215-0366\(21\)00151-6](https://doi.org/10.1016/S2215-0366(21)00151-6)
*Senior author
Centre for Women's Mental Health (M Pierce PhD, Prof R Webb PhD, H Hope, Prof K M Abel PhD), Division of Informatics (Prof E Kontopantelis PhD), and Division of Psychology and Mental Health (M Pierce, Prof R Webb PhD, H Hope, Prof K M Abel), Faculty of Biology, Medicine and Health Sciences, and National Institute for Health Research Greater Manchester Patient Safety Translational Research Centre (Prof RT Webb), University of Manchester



Increase in suicide in ethnic minority groups in the USA

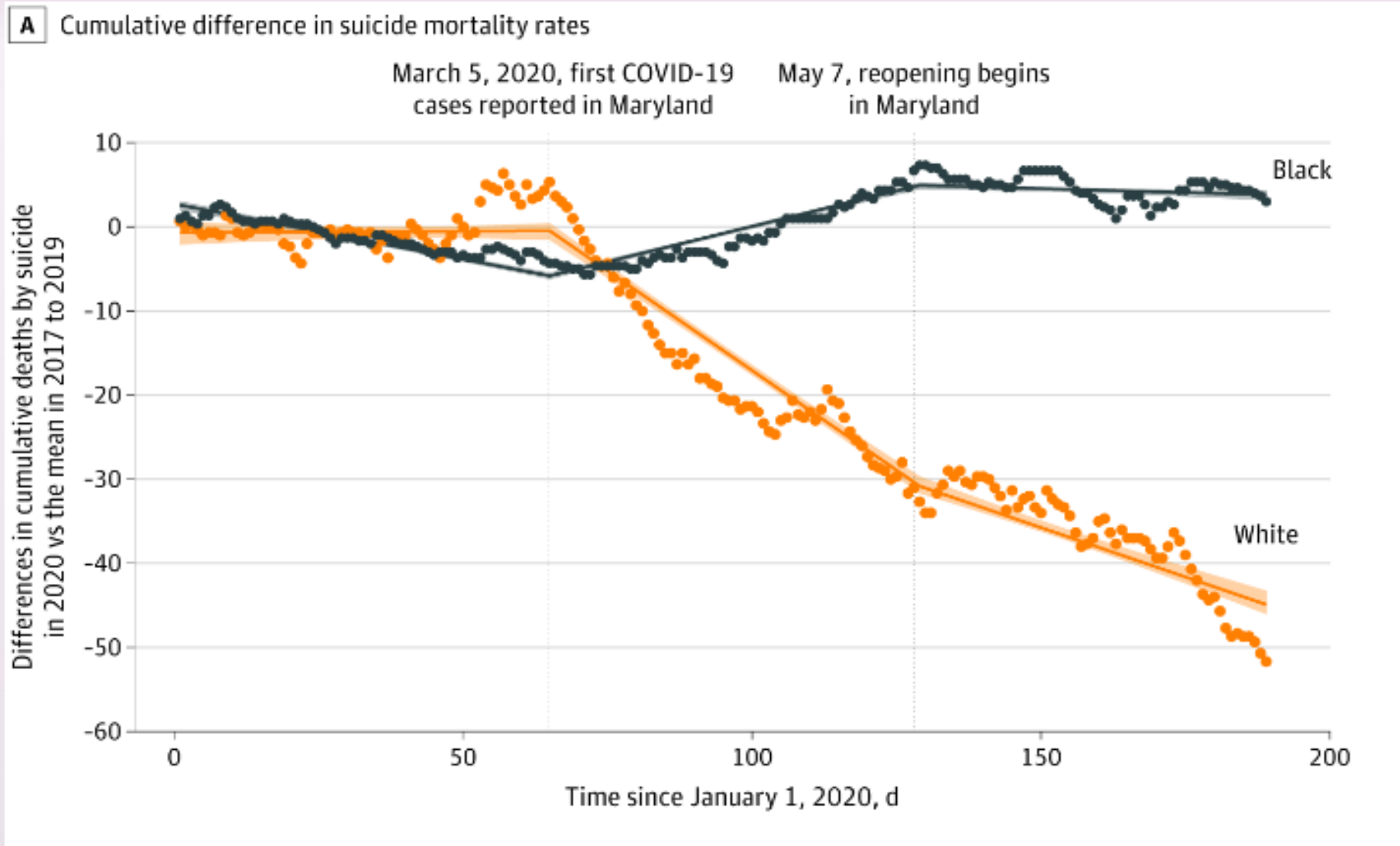
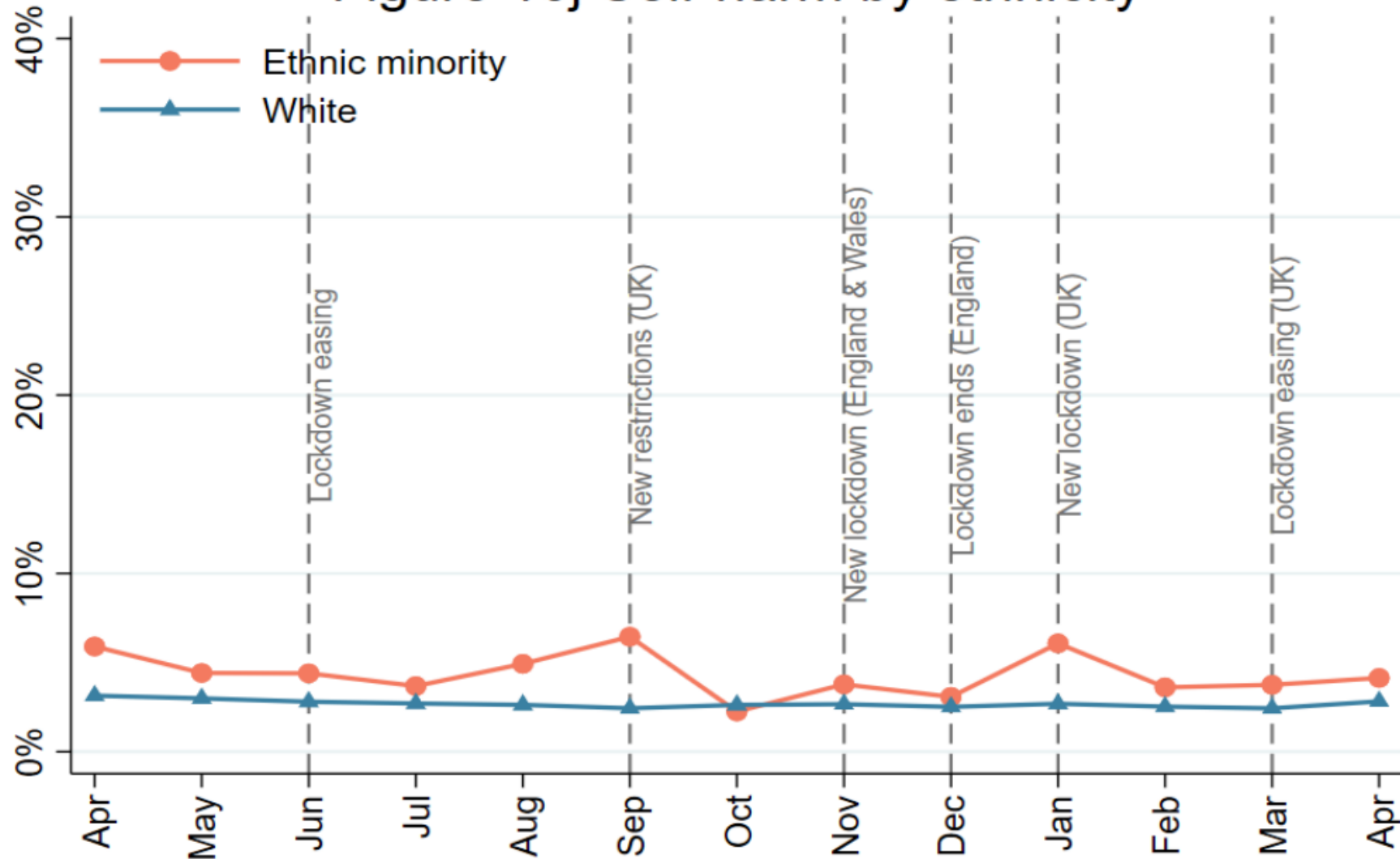
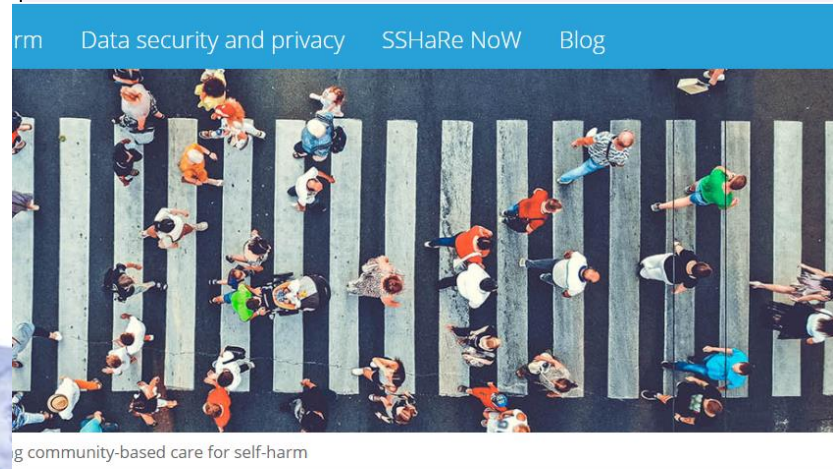
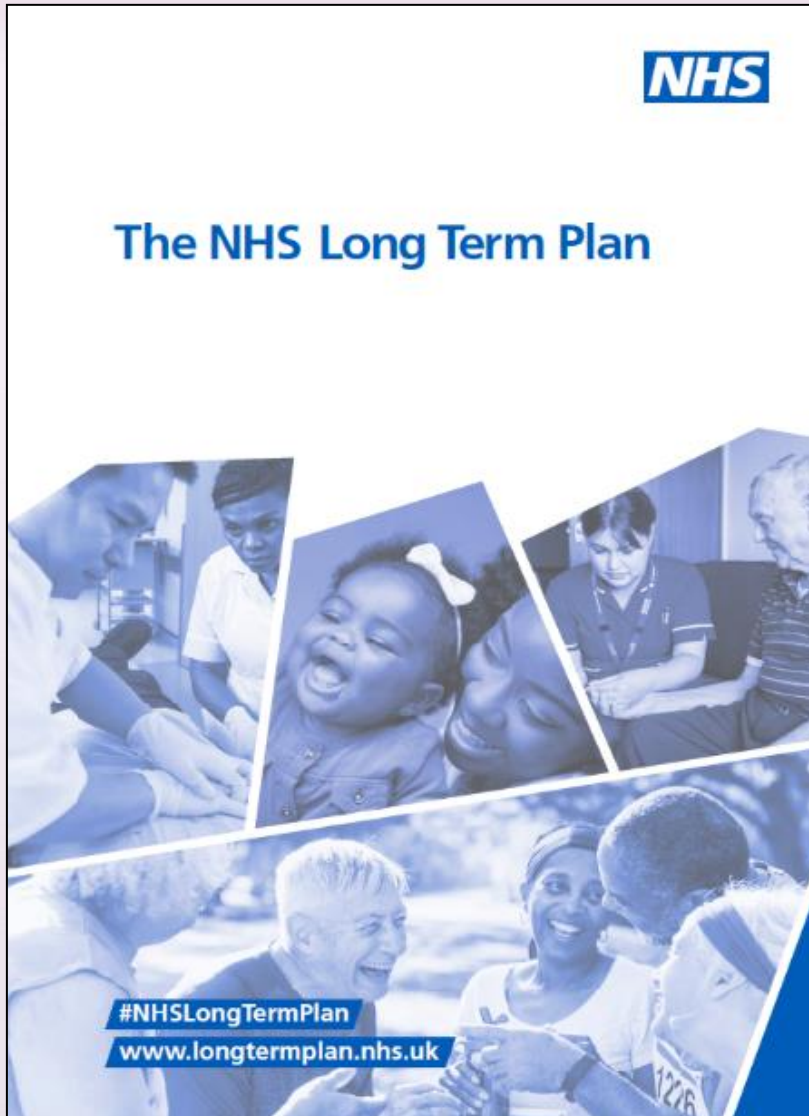


Figure 16j Self-harm by ethnicity



- QI for suicide prevention
- Suicidal behaviour and ethnicity
- **Ongoing work and new reports**



Support for improving community-based care for self-harm

MANCHESTER 1824 The University of Manchester

HQIP Healthcare Quality Improvement Partnership

Improving community-based self-harm care (2020-2021)

Strengthening self-harm projects

- Provide **knowledge** of current self-harm data and research
- Give **guidance** on national guidelines and recommendations for self-harm care
- Advise on data collection method and evaluation of the impact of service changes

Expertise involved

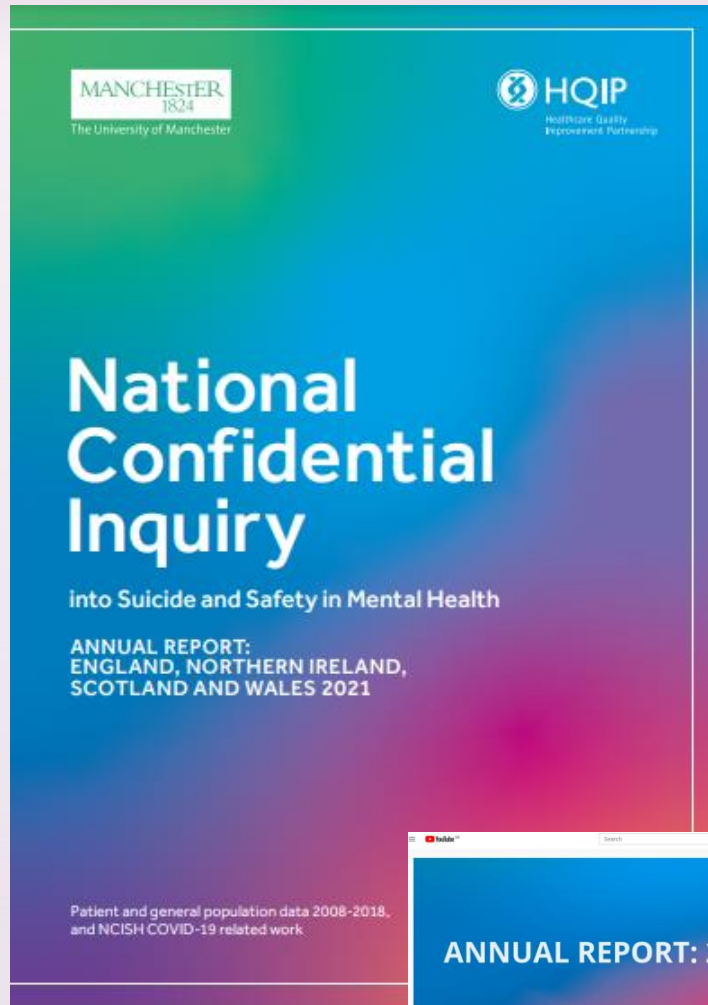
The Manchester Self-Harm Project

NCISH

NIHR Greater Manchester Patient Safety Translational Research Centre

National support

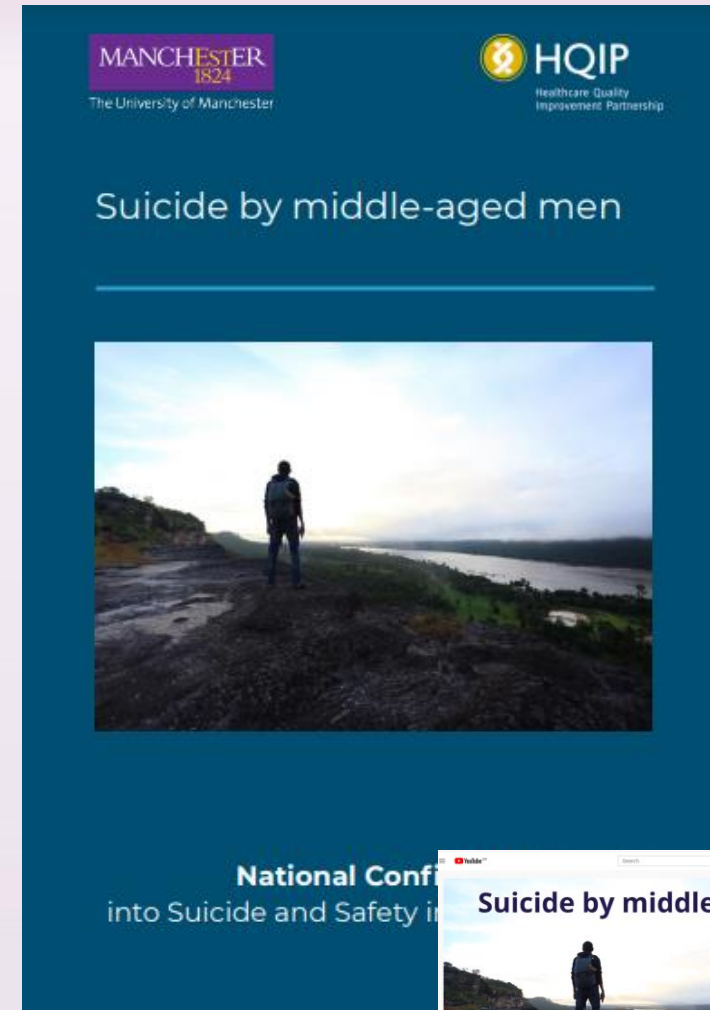
- Review of plans
- Email support
- Dedicated learning repository webpage
- Monthly virtual interactive clinics
- Site-specific virtual events



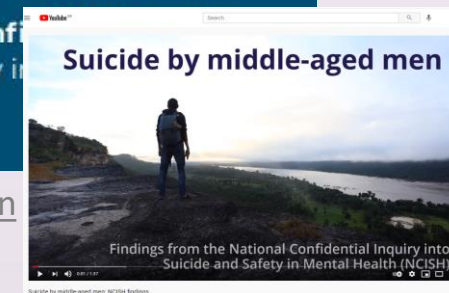
Annual report 2021



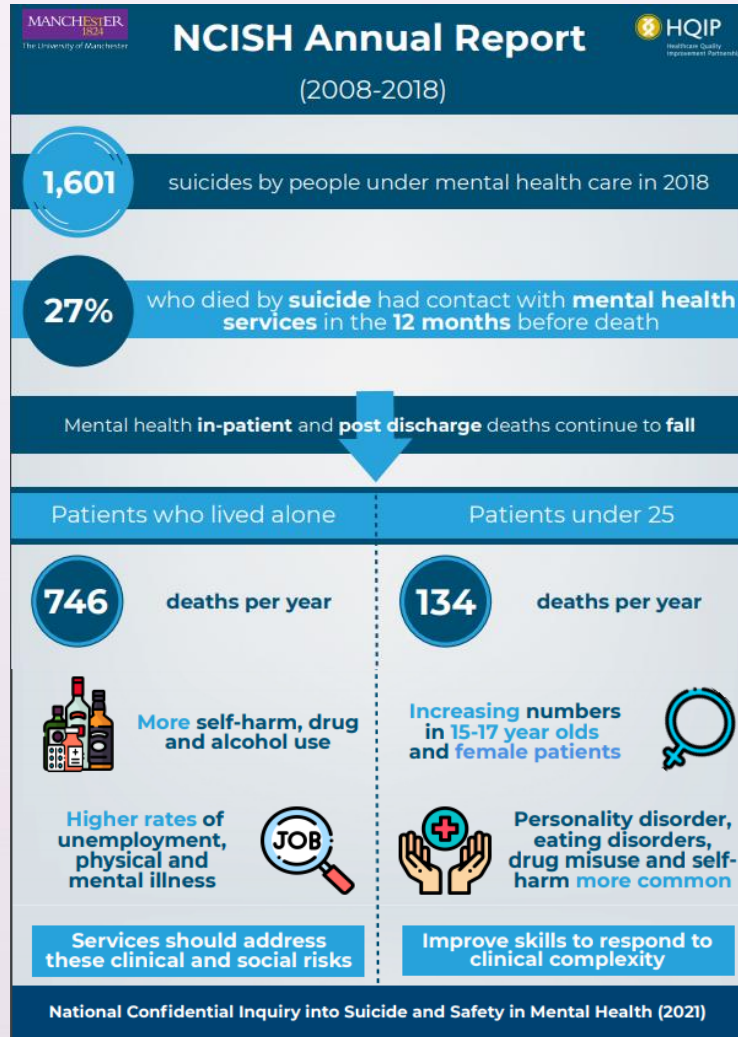
Video



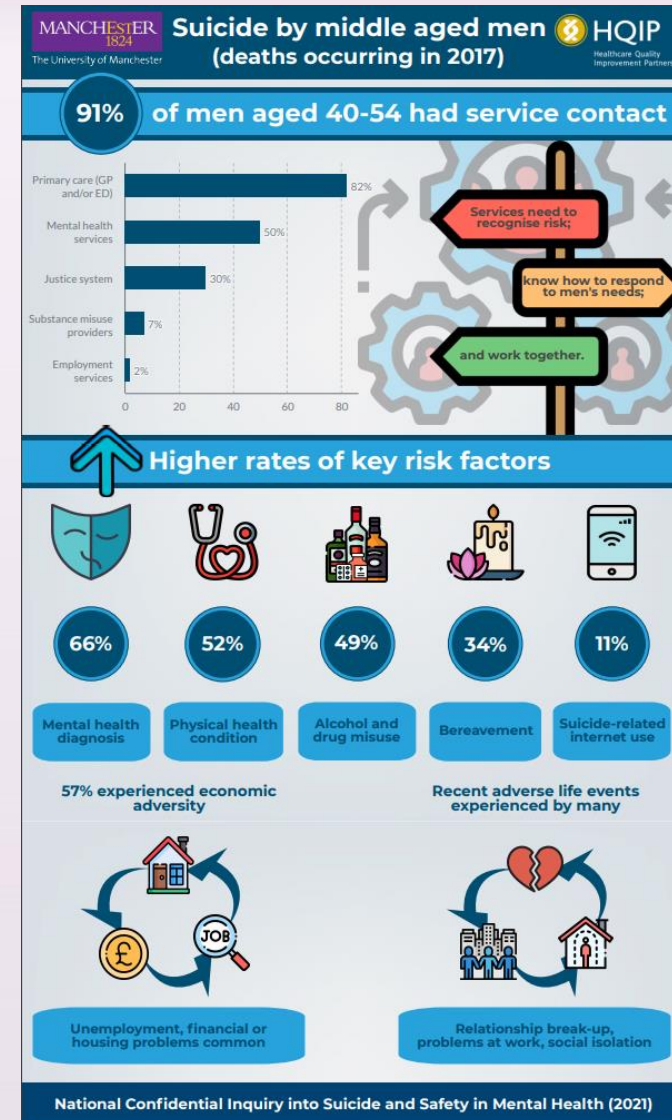
Suicide by middle-aged men



Video



Infographic



Infographic



22nd JUNE 2021
10.00am to 12.00pm (GMT)

VIRTUAL CONFERENCE
(via zoom)

Please join us for a half day virtual conference where we will present and discuss findings and recommendations from our upcoming reports

NCISH Annual Report: suicide by people under mental health services

Suicide by Middle-Aged Men: suicide by men aged 40-54



- QI for suicide prevention
- Suicidal behaviour and ethnicity
- Ongoing work and new reports



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 Centre for Mental Health and Safety

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Patient Safety Centre



The
**Manchester
Self-Harm
Project**

NCISH

NIHR Greater Manchester
Patient Safety Translational
Research Centre

MANCHESTER
1824

The
**Manchester
Self-Harm
Project**



the centre for
suicide prevention

20 Years of The Manchester Self-Harm Project
5th December 2017

The MaSH Team



Dr Caroline Clements
Project Manager



Harriet Bickley
Research Associate



Bushra Farooq
Research Assistant



Jackie Ward
Administrator



Iain Donaldson
Research Secretary



Phil Stones, Iain, Cathy, Isabelle, Nicola Worthington, Imdehwihe, Bec Lowe, Lana, Nic, MDMNSCKR, Jane Graney, Louis Appleby, Bauline Turnbull, Su-Gwan, James Burns, Saied, Jennifer Shaw, Huma Daud