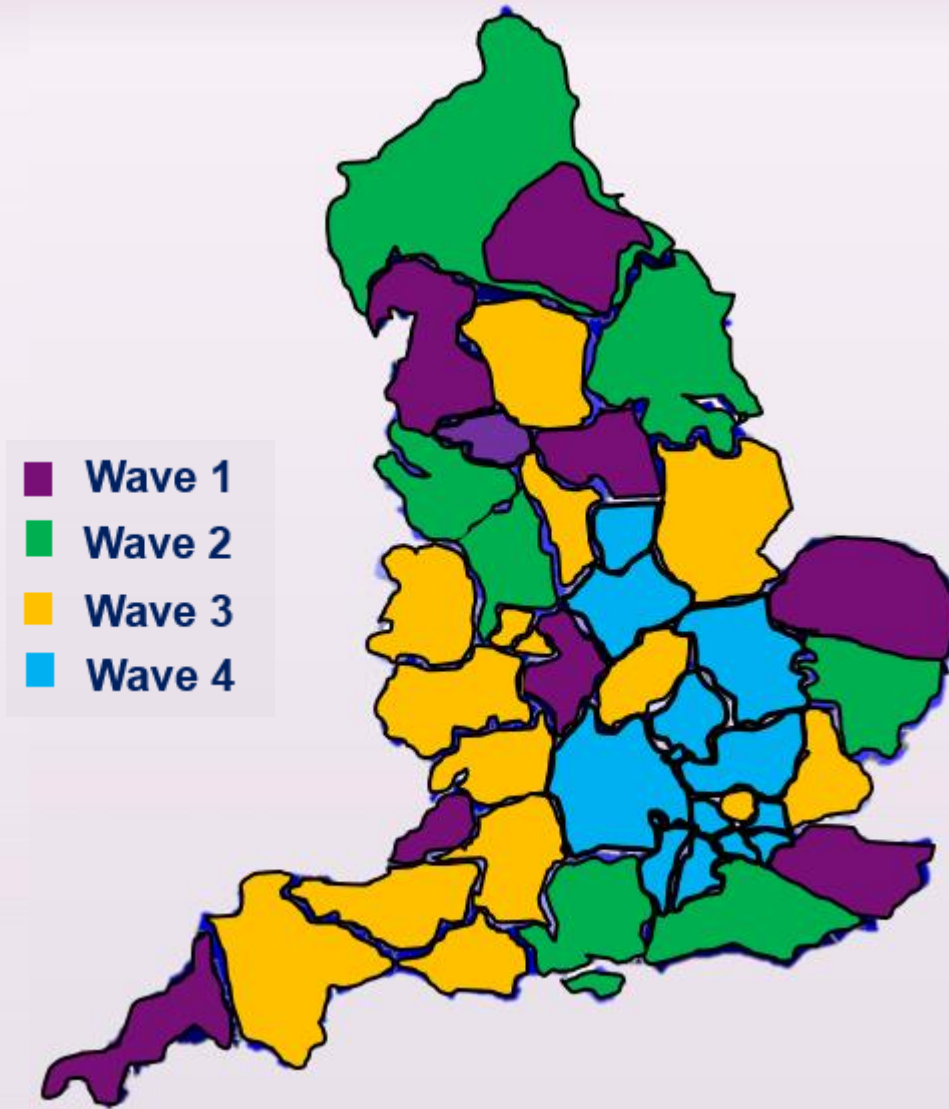


# National Confidential Inquiry into Suicide and Safety in Mental Health

**STP Learning Day**  
**Latest findings on self-harm and suicide prevention**  
October 2021

Professor Nav Kapur



MANCHESTER  
The University of Manchester

## National Suicide Prevention Programme

HQIP

Suicide prevention in action

10 ways to improve safety

Local suicide prevention plans based on

20

years

of NCISH recommendations

3 priority areas

Mental health patients

Self-harm

Middle-aged men

National support

Local data report

Email support

Virtual calls with NCISH professors

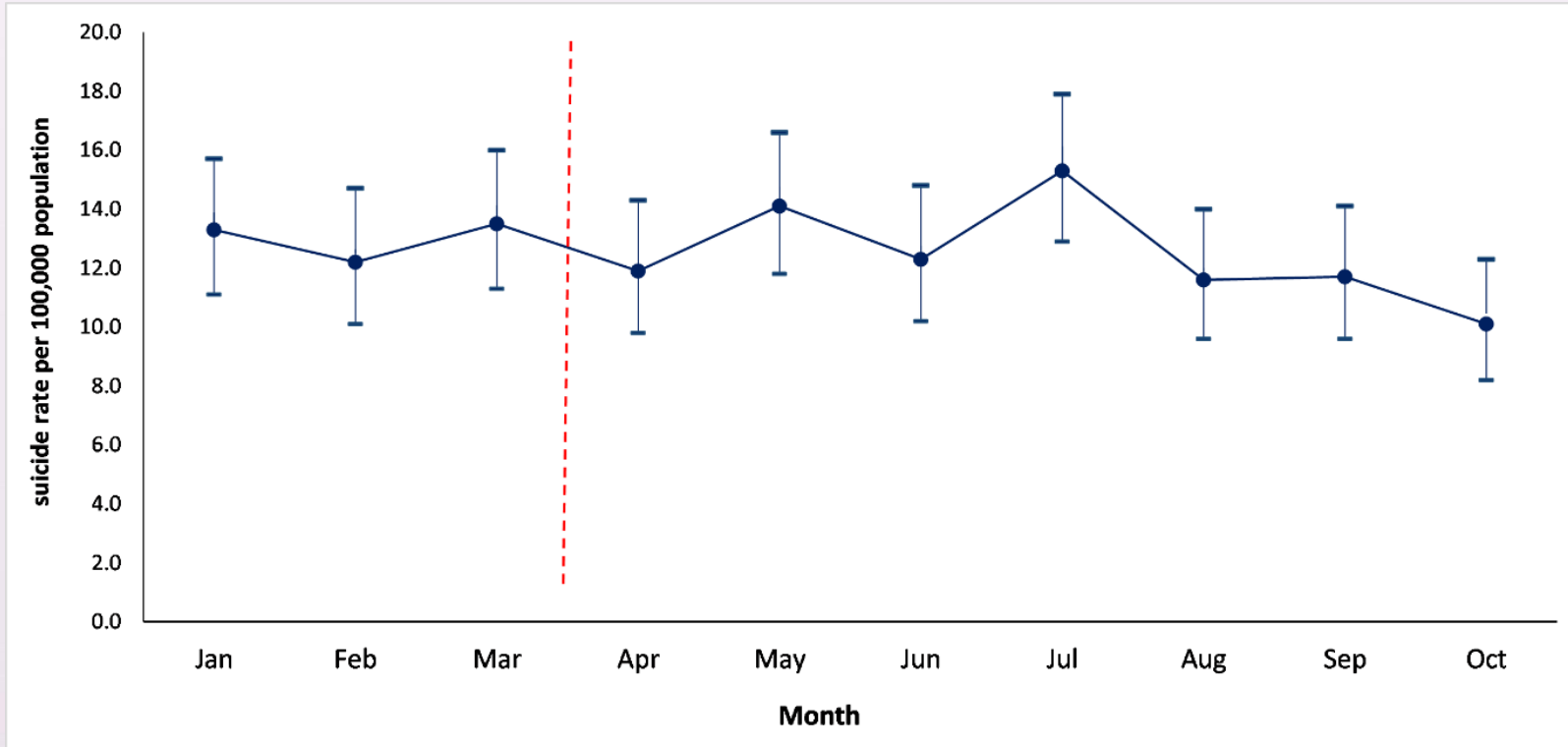
Telephone clinics

Site visits

NCISH
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

# Suicide in England in the COVID-19 pandemic: early data from RTS

## 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

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THE LANCET Regional Health

The Lancet Regional Health - Europe

journal homepage: [www.elsevier.com/lanep](http://www.elsevier.com/lanep)

Research Paper

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

Louis Appleby<sup>a,\*</sup>, Nicola Richards<sup>a</sup>, Saied Ibrahim<sup>a</sup>, Pauline Turnbull<sup>a</sup>, Cathryn Rodway<sup>a</sup>, Nav Kapur<sup>a,b,c</sup>

<sup>a</sup> 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  
<sup>b</sup> NIHR Greater Manchester Patient Safety Translational Research Centre, Manchester, United Kingdom  
<sup>c</sup> Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

ARTICLE INFO

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.

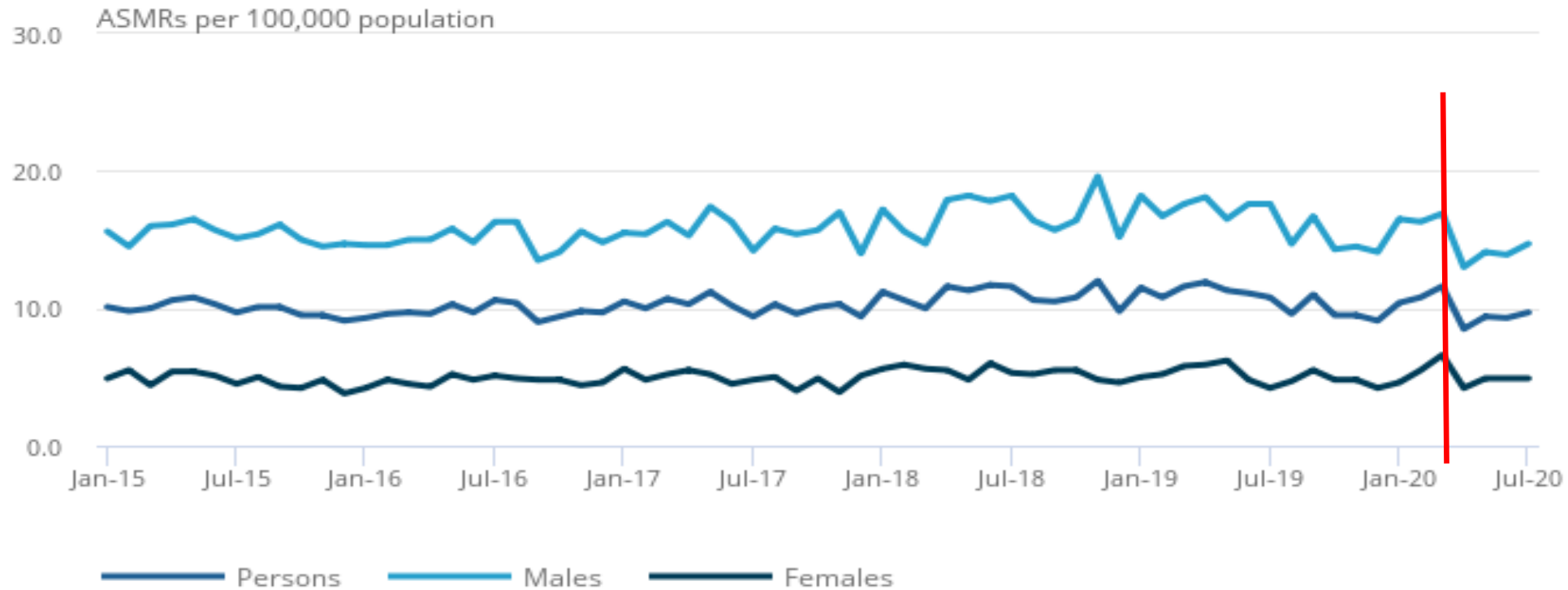
**Methods:** We used data from established systems of "real time surveillance" (RTS) of suspected suicides, in areas covering a total population of around 13 million, to test the hypothesis that the suicide rate rose after the first national lockdown began in England.

**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 that

Monthly age-standardised suicide rates by sex, England and Wales, deaths occurring between January 2015 and July 2020

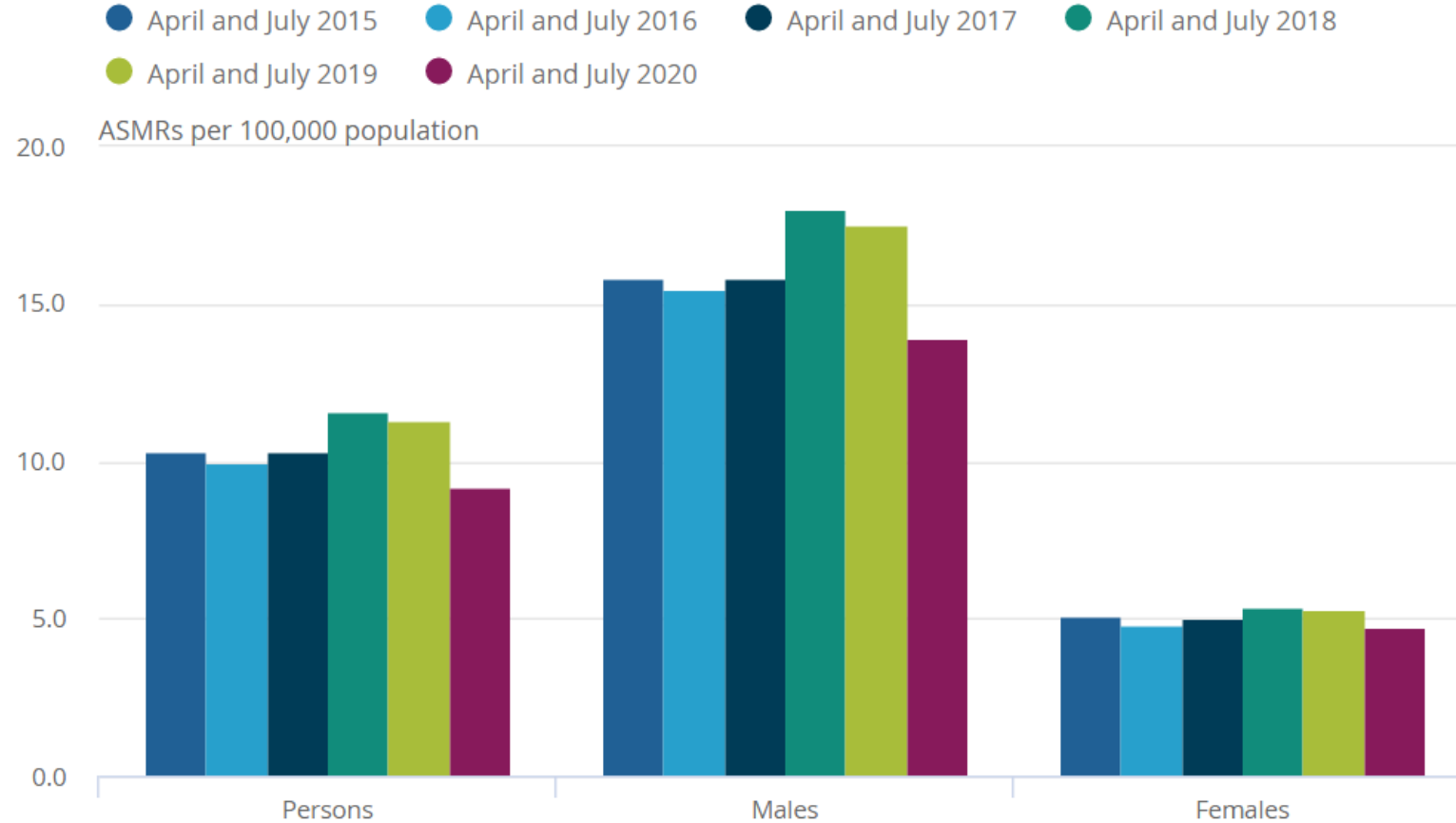


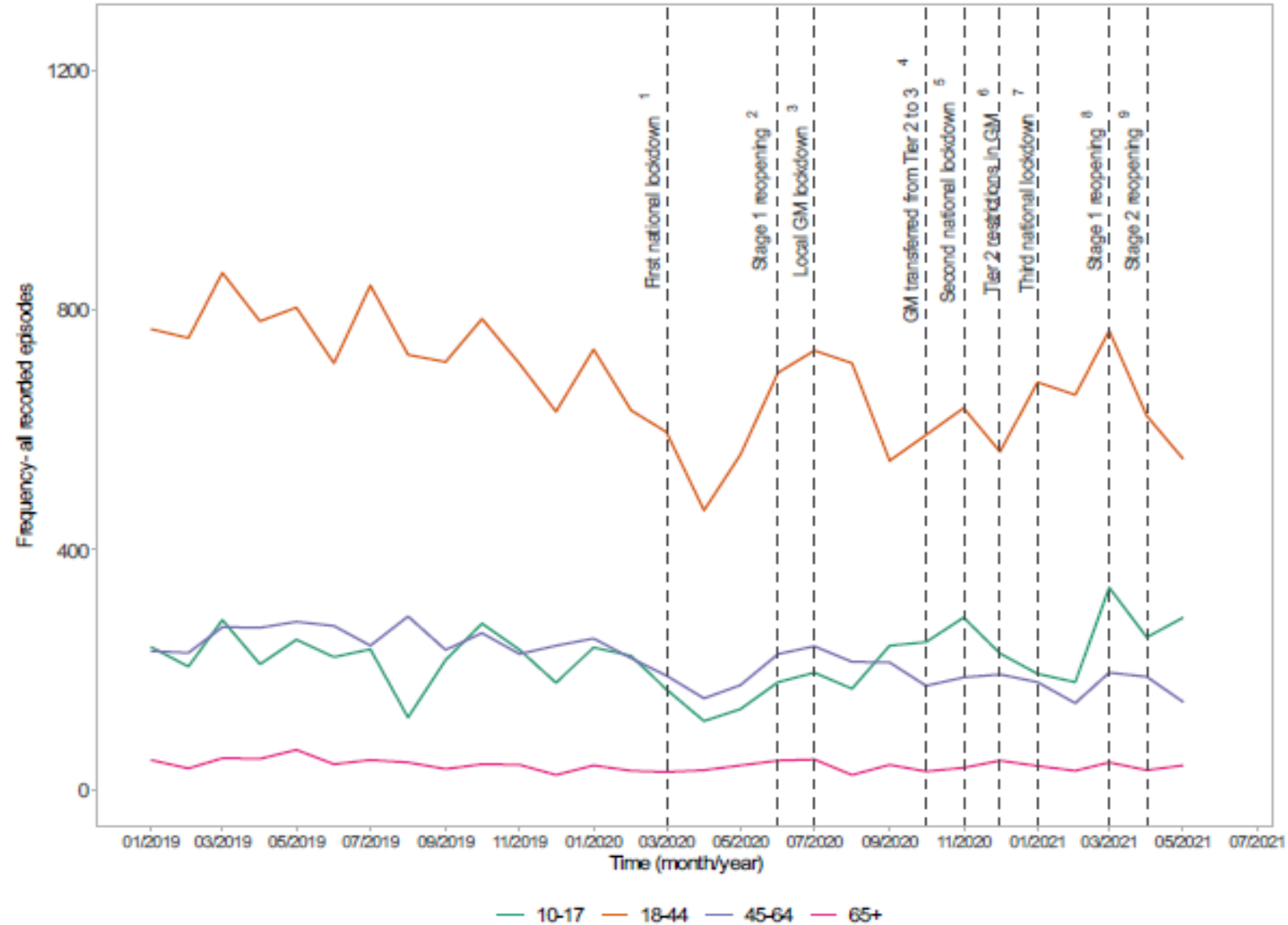
Source: Office for National Statistics - Deaths from suicide that occurred in England and Wales

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsfromsuicidethatoccurredinenglandandwales/aprilandjuly2020>

## Figure 1: The April to July 2020 suicide rate decreased significantly for males

Age-standardised suicide rates by sex, England and Wales, deaths occurring between April and July, between 2015 and 2020







# COVID 19 – more than a year on

ARCHIVES OF SUICIDE RESEARCH  
2021, AHEAD-OF-PRINT, 1-6  
<https://doi.org/10.1080/13811118.2021.1955784>

 **Routledge**  
Taylor & Francis Group

 Open access

## Suicide Risk and Prevention During the COVID-19 Pandemic: One Year On

Mark Sinyor , Duleeka Knipe, Guilherme Borges, Michiko Ueda, Jane Pirkis , Michael R. Phillips , David Gunnell , and the International COVID-19 Suicide Prevention Research Collaboration

### ABSTRACT

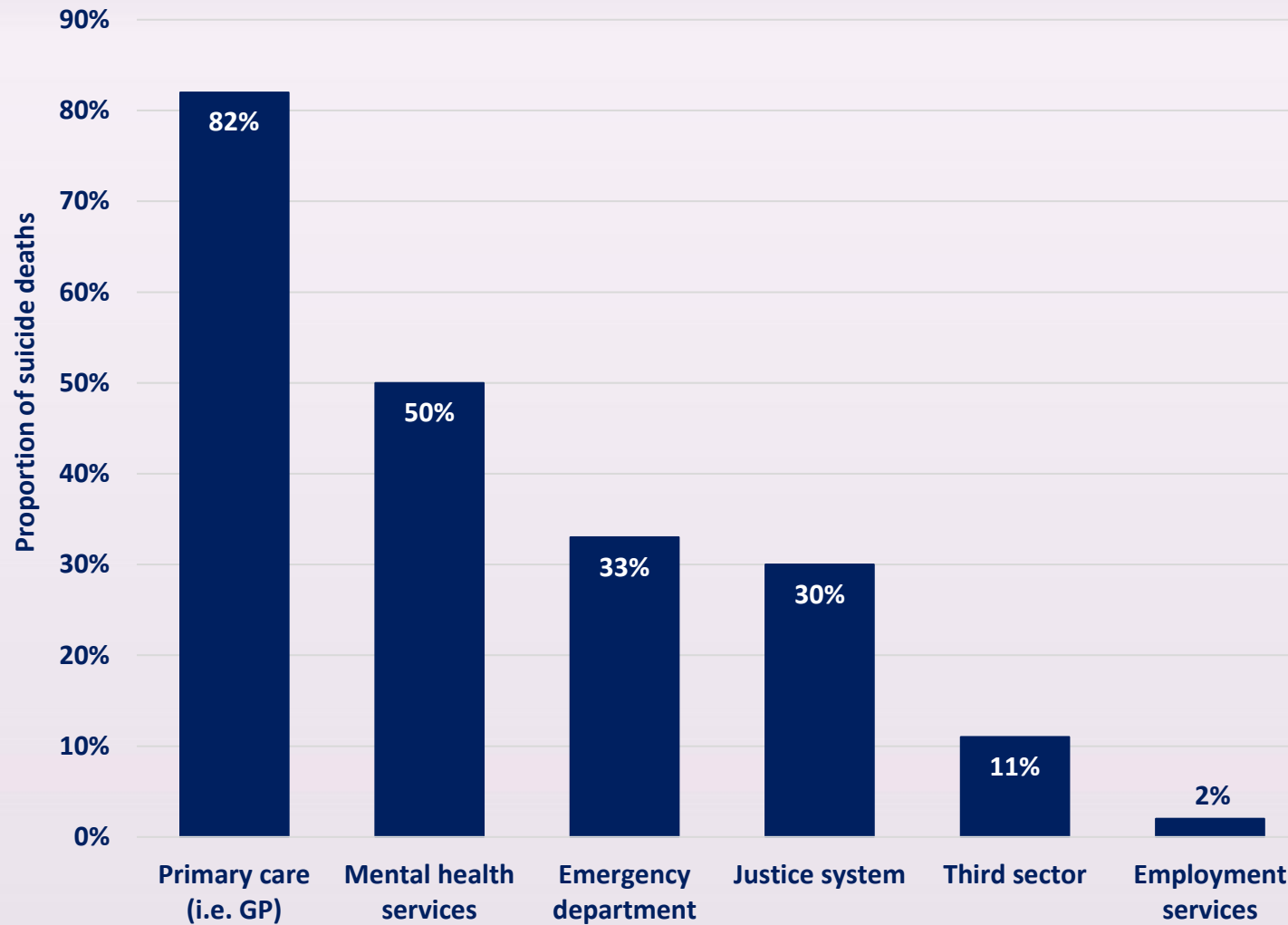
Emerging data from high and upper-middle-income countries indicate that suicide rates generally did not increase during the initial months of the COVID-19 pandemic, yet the pandemic's impact on suicide is complex. We discuss the nuances of this relationship, how it may evolve over time, and describe the specific steps that governments and societies must take to mitigate harm and prevent suicides in the late stages and aftermath of the pandemic.

### KEYWORDS

COVID-19, epidemiology, International COVID-19 Suicide Prevention Research Collaboration



<https://www.tandfonline.com/doi/full/10.1080/13811118.2021.1955784?tab=permissions&scroll=top>



9% no service contact

67% in recent (<3 month) contact

Over a **third** in contact in **week** prior to death



**Adapt interventions** to suit men's needs



**Safer prescribing** in accordance with national guidelines



**Psychological therapies** suited to their needs

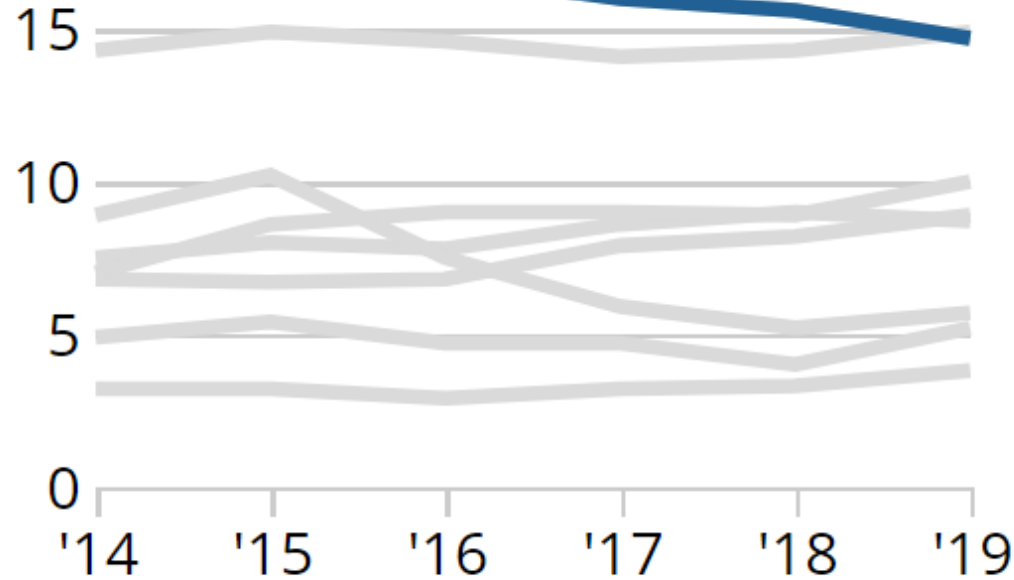


**Recognition of risk** after self-harm

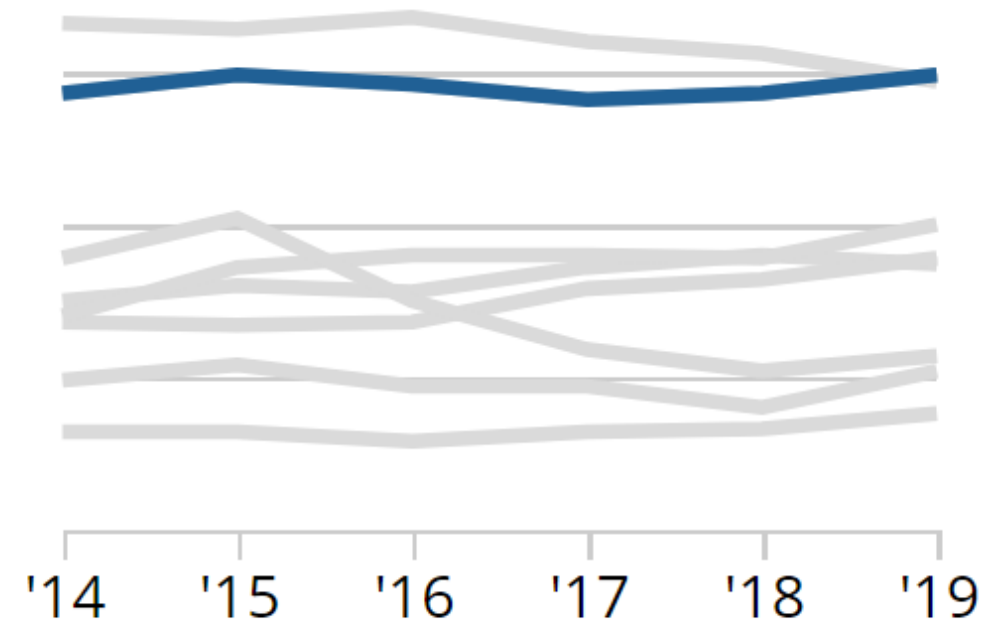


## Mixed/multiple ethnic groups

ASMR per 100k

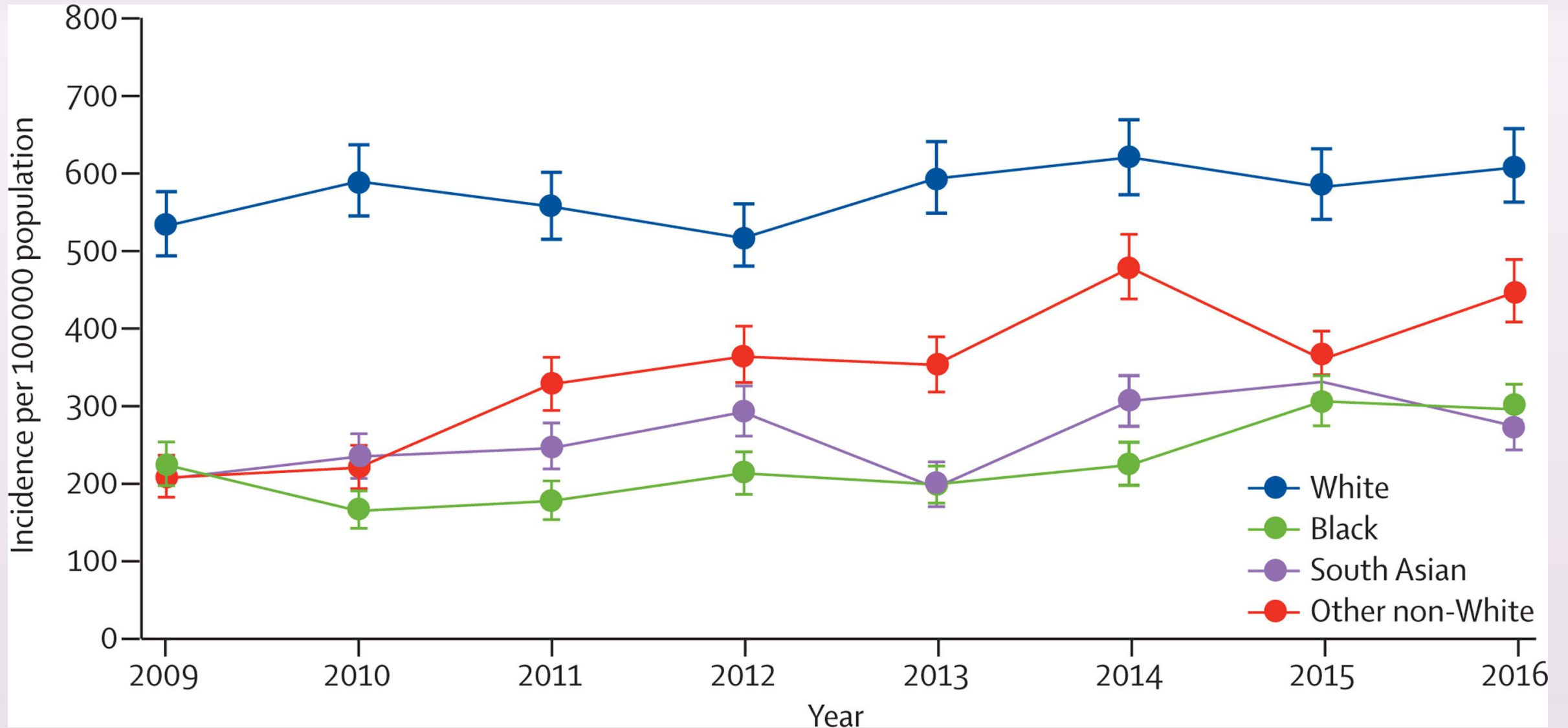


## White



Three-year rolling period ending

# Multi-centre study of self-harm - young people



# Multi-centre study of self-harm - young people

Young People from ethnic minority groups:

- ↑ Deprivation
- ↓ psychosocial assessment
- ↓ mental health care
- ↑ no follow up
- ↓ repetition
- Similar incidence of suicide

**Table 3. Number of suicides and age-standardised rates (ASMR) per 100,000 population for healthcare related occupations (unit group), females aged between 20 and 64 years, deaths registered in England, 2016 to 2020<sup>1,2,3,4,5,6,7,8</sup>**

Females	2211 Medical practitioners	34	5.3	3.6	7.5
	2212 Psychologists	5	:	:	:
	2213 Pharmacists	12	9.5	4.3	17.5u
	2214 Ophthalmic opticians	2	:	:	:
	2215 Dental practitioners	3	:	:	:
	2216 Veterinarians	4	:	:	:
	2217 Medical radiographers	1	:	:	:
	2218 Podiatrists	3	:	:	:
	2219 Health professionals n.e.c.	3	:	:	:
	2221 Physiotherapists	4	:	:	:
	2222 Occupational therapists	11	6.7	3.2	12.3u
	2223 Speech and language therapists	0	:	:	:
	2229 Therapy professionals n.e.c.	5	:	:	:
	2231 Nurses	150	7.1	5.9	8.3
	2232 Midwives	4	:	:	:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/13768suicidebyhealthcarerelatedoccupationsengland2011to2015and2016to2020registrations>

# Information sharing



Department  
of Health &  
Social Care

Guidance

## Information sharing and suicide prevention: consensus statement

Published 26 August 2021

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[Context](#)

[Consensus statement](#)

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The Department of Health (DHSC) has produced this statement with:

- Royal College of Psychiatrists
- Royal College of General Practitioners
- Royal College of Nursing
- The Royal College of Midwives
- Institute of Health Visiting
- Directors of Adult Social Services (ADASS)
- The British Association of Social Workers
- The British Psychological Society
- Mental Health Network NHS Confederation



# SHARE

CONSENT, CONFIDENTIALITY & INFORMATION  
SHARING IN MENTAL HEALTHCARE  
& SUICIDE PREVENTION

**END THE SILENCE**  
**END SUICIDE**

<https://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention/information-sharing-and-suicide-prevention-consensus-statement>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1013010/zero-suicide-alliance-share.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013010/zero-suicide-alliance-share.pdf)

# Online harms



Department for  
Digital, Culture,  
Media & Sport



Home Office

Consultation outcome

## Online Harms White Paper

Updated 15 December 2020

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Joint Ministerial foreword

Executive summary

PART 1: Introduction

1. The challenge
2. The harms in scope

PART 2: Regulatory model

### Joint Ministerial foreword

The internet is an integral part of everyday life for so many people. Nearly nine in ten UK adults and 99% of 12 to 15 year olds are online. As the internet continues to grow and transform our lives, often for the better, we should not ignore the very real harms which people face online every day.

In the wrong hands the internet can be used to spread terrorist and other illegal or

<https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2021/07/Summary-of-Modernising-Communications-Offences-2021.pdf>



# Online harms



Department for  
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## Consultation outcome Online Harms White Paper

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### Joint Ministerial foreword

The internet is an integral part of our lives. It has transformed our lives, often for the better. But it has also brought new challenges. People face online harms every day. These harms can be serious and can affect people of all ages and backgrounds. It is our duty to protect people from these harms and to ensure that the internet remains a safe and open space for everyone.

In the wrong hands, the internet can be used to cause harm. We must ensure that the internet remains a safe and open space for everyone.

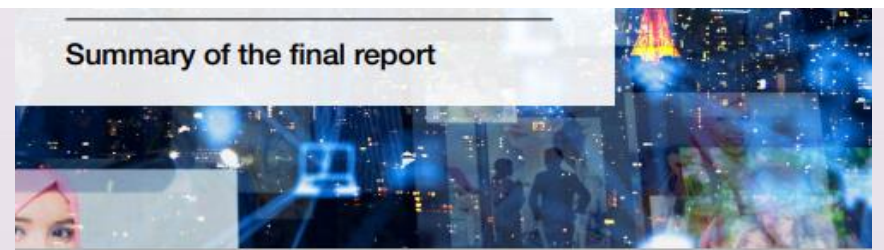
## Our recommendations

In the report, we recommend the following new or reformed criminal offences:

1. a new **“harm-based” communications offence** to replace the offences within section 127(1) of the Communications Act 2003 (“CA 2003”) and the Malicious Communications Act 1988 (“MCA 1988”);
2. a new offence of **encouraging or assisting serious self-harm**;
3. a new offence of **cyberflashing**; and,
4. new offences of **sending knowingly false communications, threatening communications, and making hoax calls to the emergency services**, to replace section 127(2) of the CA 2003.

<https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2021/07/Summary-of-Modernising-Communications-Offences-2021.pdf>

Summary of the final report





[www.manchester.ac.uk/ncish](http://www.manchester.ac.uk/ncish)



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