

# National Confidential Inquiry into Suicide and Safety in Mental Health

**STP Learning Day**  
**Latest findings on self-harm and suicide**  
**prevention, including COVID-19**

2<sup>nd</sup> December 2021

**Professor Louis Appleby**

## Method


Sites: **10 STPs**

Population: **13 million**

January – October 2020

The Lancet Regional Health - Europe 000 (2021) 100110

Contents lists available at ScienceDirect

 **The Lancet Regional Health - Europe**

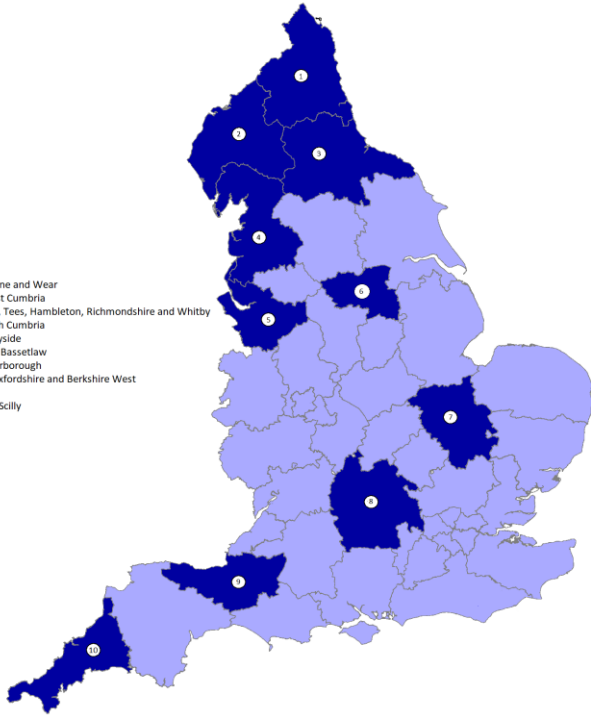
journal homepage: [www.elsevier.com/lanepe](http://www.elsevier.com/lanepe)

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



**STP**

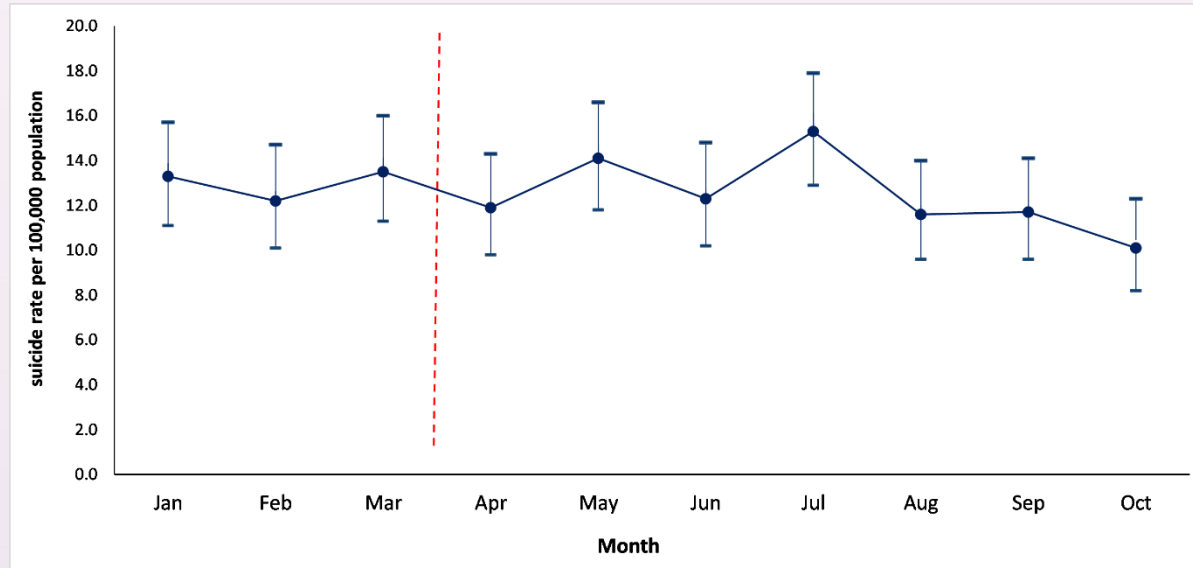
1. Northumberland, Tyne and Wear
2. West, North and East Cumbria
3. Durham, Darlington, Tees, Hambleton, Richmondshire and Whittby
4. Lancashire and South Cumbria
5. Cheshire and Merseyside
6. South Yorkshire and Bassettlaw
7. Cambridge and Peterborough
8. Buckinghamshire, Oxfordshire and Berkshire West
9. Somerset
10. Cornwall and Isle of Scilly

demical may lead to an increase in suicide. The incidence of suicide because of the delay of several weeks of surveillance" (RTS) of suspected suicides, in the hypothesis that the suicide rate rose after the first lockdown began, was 121.43 per month, 95% CI: 19% to 13%,  $p = 0.59$ . Incidence rate after lockdown began and were not raised during the 5-month period after the easing of the suicide rates after lockdown showed no difference. In the months after the first national lockdown, a number of caveats apply. These are specific to population group or geographical area and is needed before it can provide full national surveillance data.

Improvement Partnership (HQIP). The HQIP is led by the Royal College of Nursing, and National Voices, and in particular, to increase the impact that

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

## Main results



January-March 2020 – **125.7** suicides

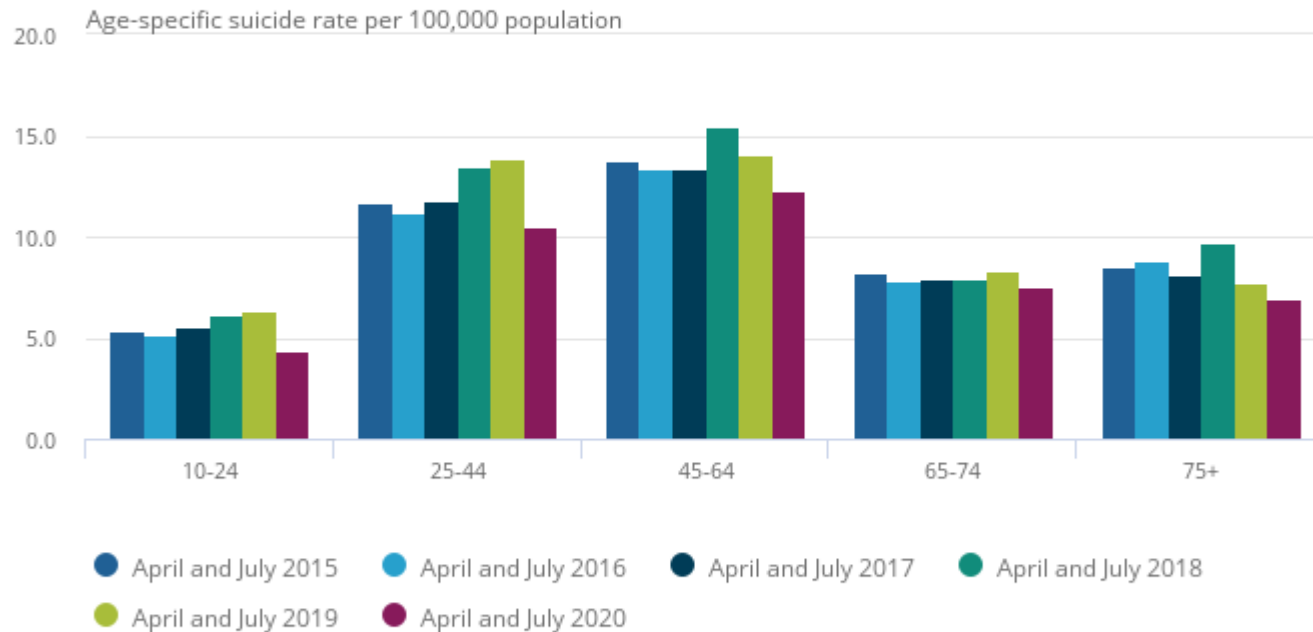
April-October 2020 – **121.3** suicides

**No significant rise** in individual months after lockdown began

Comparison of rates (2020 v 2019) showed no difference

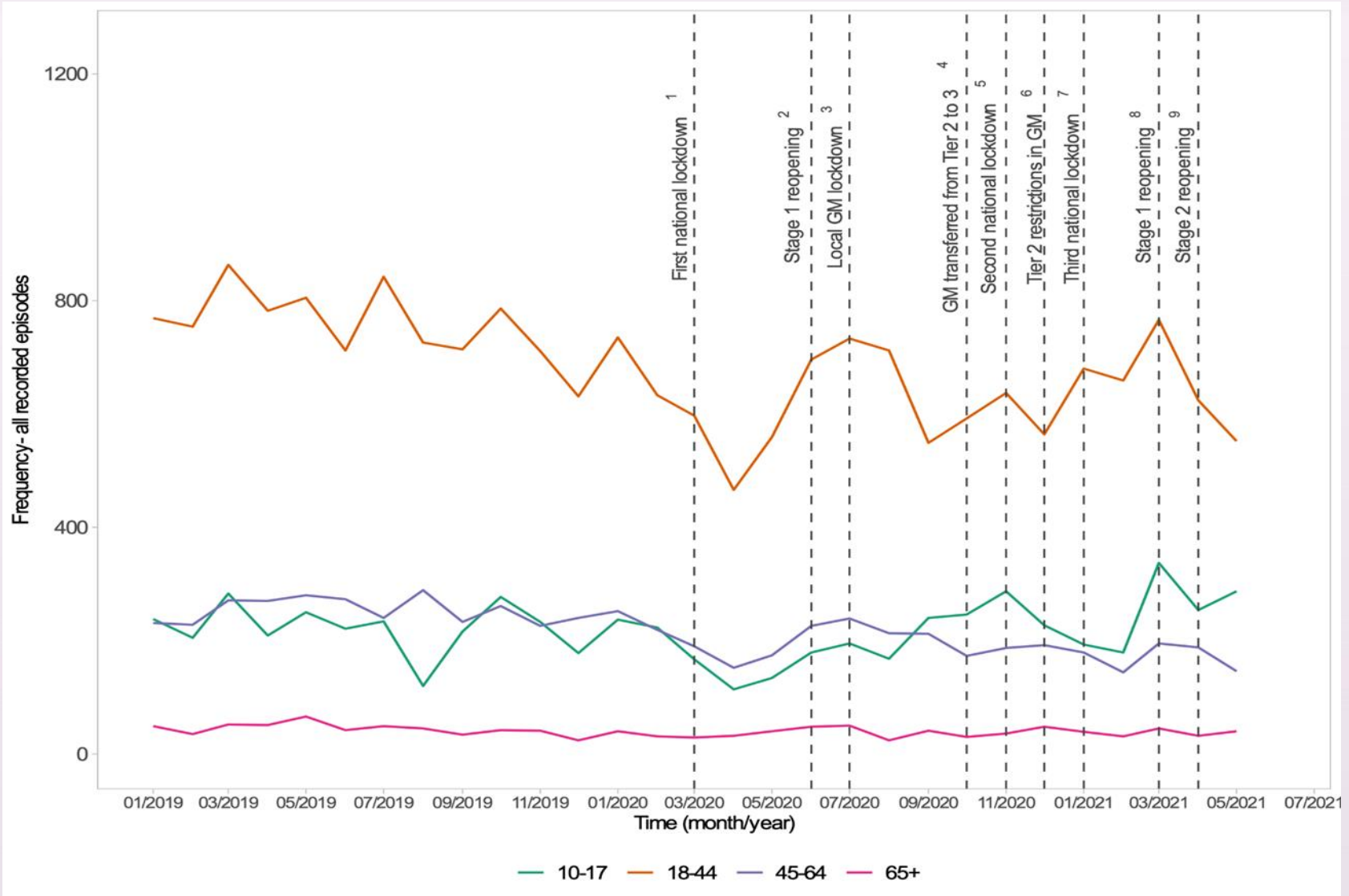
**Figure 3: There was a statistically significant decrease in the age-specific suicide rate for all persons aged 10 to 24 years and 25 to 44 years**

Age-specific suicide rates for broad age groups, England and Wales, deaths occurring between April and July, between 2015 and 2020



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

# Self-harm presentations to primary care (includes some hospital presentations), January 2019 – May 2021



## Referral timeseries and Covid-19 impact

Referrals received per 100,000 population (age 0-18)

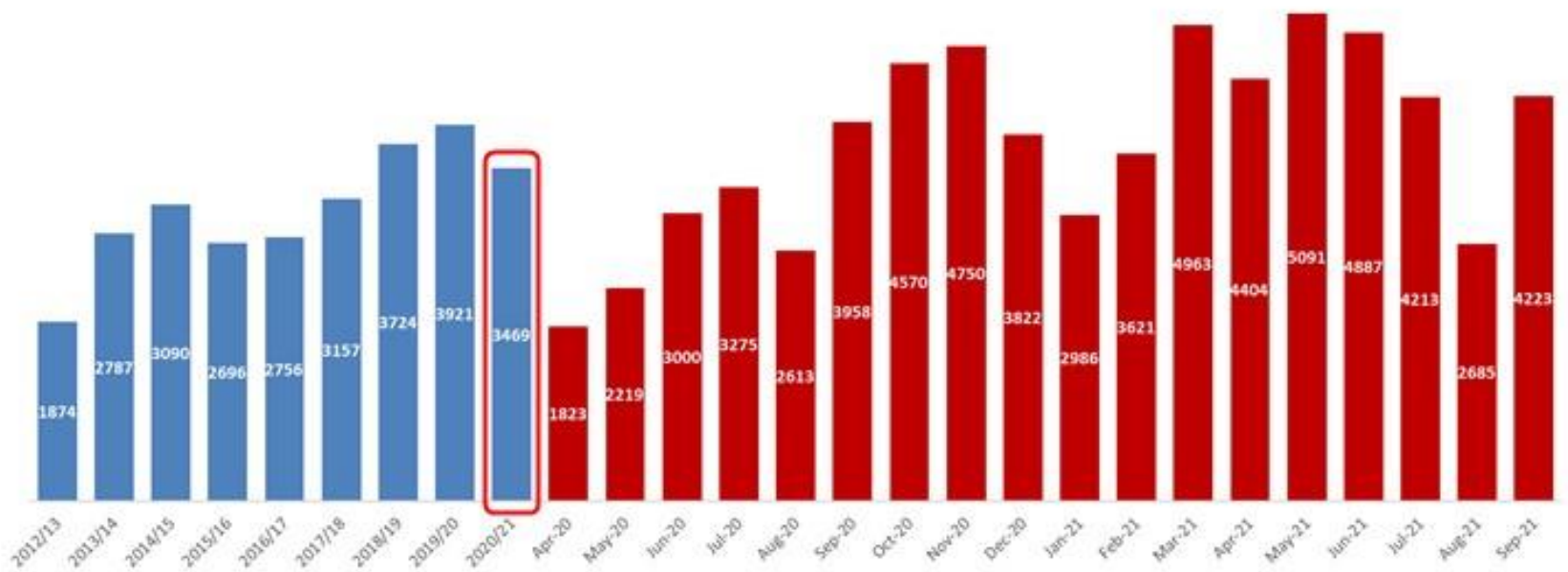


Figure 9a Covid-19 stress by age groups

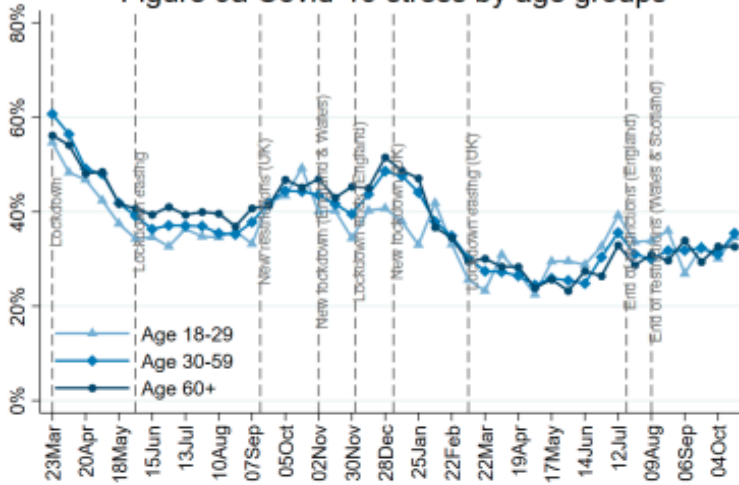


Figure 9b Covid-19 stress by living arrangement

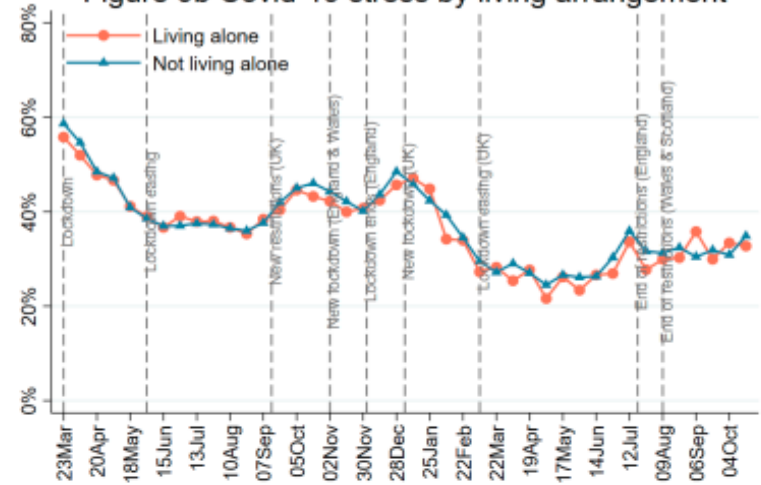


Figure 9c Covid-19 stress by household income

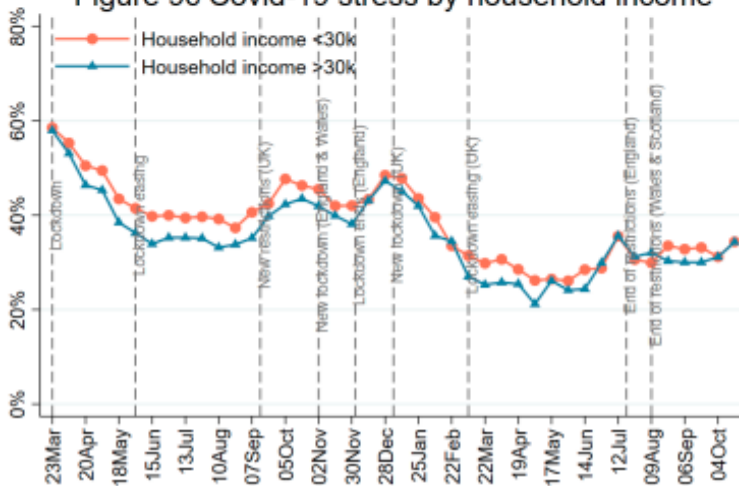
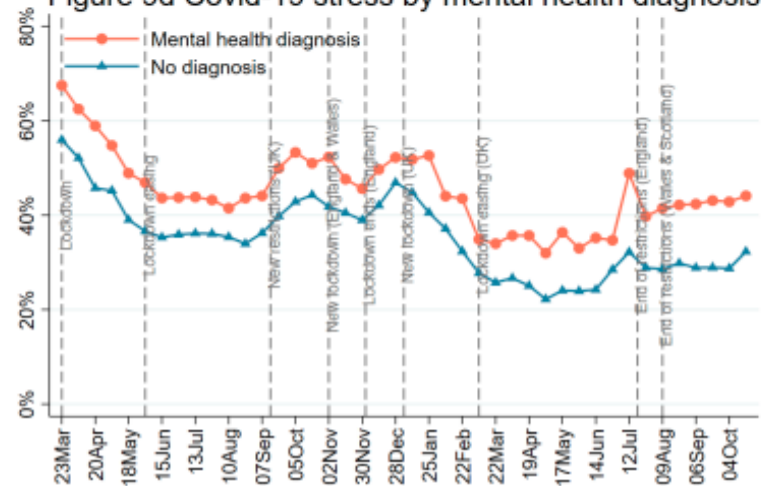


Figure 9d Covid-19 stress by mental health diagnosis



**Economic stresses**

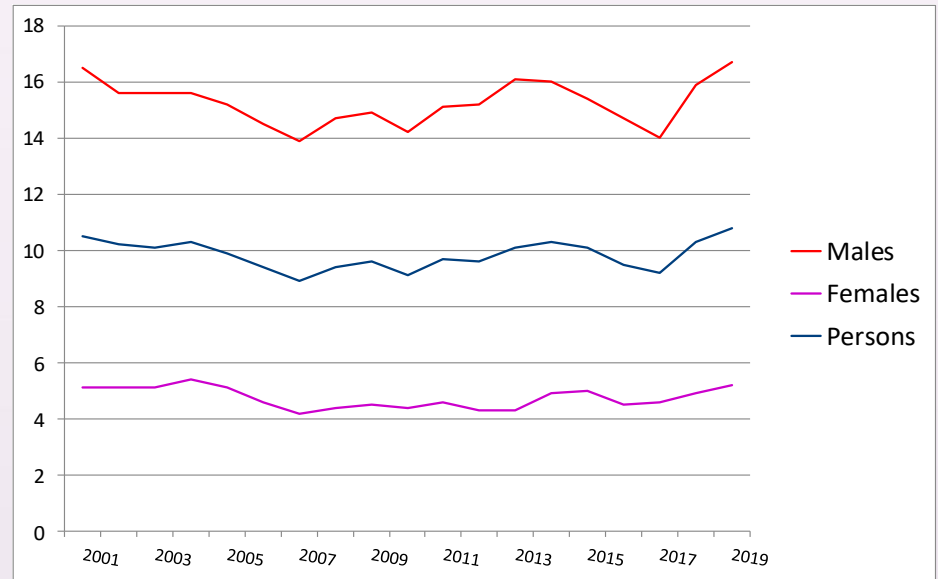
**Long Covid**

**Isolation**

**Disrupted services,**

**Workplace stresses**

**Returning to normal?**



# When will life return to normal?



Source: ONS

## South Asian patients (34%)

- less likely to be **unmarried** or **living alone**
- more **depression**, less substance misuse



## Black Caribbean & Black African patients (22%)

- highest rates of **schizophrenia** & psychosis
- (Black Caribbean patients) higher rates of **alcohol/drug misuse**



### Suicide rates by ethnic group among patients in contact with mental health services: an observational cohort study in England and Wales

Isabella M Akht, Nicole Richards, Kamaldeep Bhatt, Saif-ud-Din, Pauline Turnbull, Kristoffer Halvorsrud, Pragna Saini, Sade Khatun, Jenny Sherr, Lush Appleby, Nave Kapur

**Summary**  
**Background** Recent evidence on suicide rates among psychiatric patients from minority ethnic backgrounds is scarce. We aimed to examine suicide rates among minority ethnic psychiatric patients and describe their social and clinical characteristics.

**Methods** We did a retrospective observational cohort study on a national case-series of patients in England and Wales who died by suicide within 12 months of contact with mental health services between 2007 and 2018. Data were collected as part of the National Confidential Inquiry into Suicide and Safety in Mental Health. Suicide rates and standardised mortality ratios (SMRs) were estimated for South Asian (Indian, Pakistani, and Bangladeshi), Black African, Black Caribbean, Chinese, and White patients.

**Findings** A total of 698 patients in the four minority ethnic groups of South Asian, Black Caribbean, Black African, and Chinese were included (482 [69%] men; 216 [31%] women; mean age 41 years [SD 14.9, range 12–91] and compared with 13 567 White patients (9030 [66.6%] men; 4537 [33.4%] women; mean age 48 years [SD 15.8, range 10–100]). Rates and SMRs for suicide among minority ethnic patients were lower than for White patients (2.73 deaths, 95% CI 2.68–2.78) per 100 000 population. Differences were found between ethnic groups with higher suicide rates in Black Caribbean patients (1.89 deaths [95% CI 1.55–2.23] per 100 000 population) and lower rates in South Asian patients (1.49 deaths [1.33–1.64] per 100 000 population). There was an increase in rates among White patients in 2007–12 followed by a fall but no change among other ethnic groups. Schizophrenia was more common among Black African patients (54%) and Black Caribbean patients (44%), while affective disorder was more common among South Asian patients (41%). Minority ethnic patients overall showed markers of social adversity and received higher intensity care yet were viewed by clinicians as at lower risk than White patients.

**Interpretation** Effective approaches to prevention might differ between minority ethnic groups. Clinicians and the services in which they work should be aware of the common and distinct social and clinical needs of minority ethnic patients with mental illness.



Lancet Psychiatry 2023

Published Online

November 8, 2023

[https://doi.org/10.1016/S2215-0364\(23\)00148-0](https://doi.org/10.1016/S2215-0364(23)00148-0)

See Online/Comment

[https://doi.org/10.1016/S2215-0364\(23\)00148-0](https://doi.org/10.1016/S2215-0364(23)00148-0)

12262-101021/2023/0119

National Confidential Inquiry

into Suicide and Safety in

Mental Health, Centre for

Mental Health and Safety,

School of Health Sciences,

University of Manchester,

Manchester, M13 9PL, UK

IS: 0953-8090, S: 0953-8090, P:

0953-8090, I: 0953-8090, J:

0953-8090, S: 0953-8090,

U: 0953-8090, Department of

Psychiatry, St. Michael's,

Worthing, PO15 5TA, UK

Department of Primary Care

Health Sciences, St. Mary's,

and Forensic Child Psychiatry,

Centre for Psychiatry, University of

Cambridge, 480B, 480B, 480B, 480B

North Thames, Department of

Applied Health Research,

University College London,

London, UK, UK, UK, UK, UK, UK

School of Psychiatry, University

of Manchester, Manchester, UK



# NICE creates new menu of treatment options for those suffering from depression

People with depression should make the choice on what treatment option is right for them, in discussion with their healthcare professional, NICE says in new draft guidance.

23 November 2021



An independent NICE guideline committee has developed the first guideline for 12 years to identify, treat and manage depression in adults.

“ People with depression deserve and expect the best treatment from the NHS which is why this guideline is urgently required.

Dr Paul Chrisp, director of the centre for guidelines at NICE