

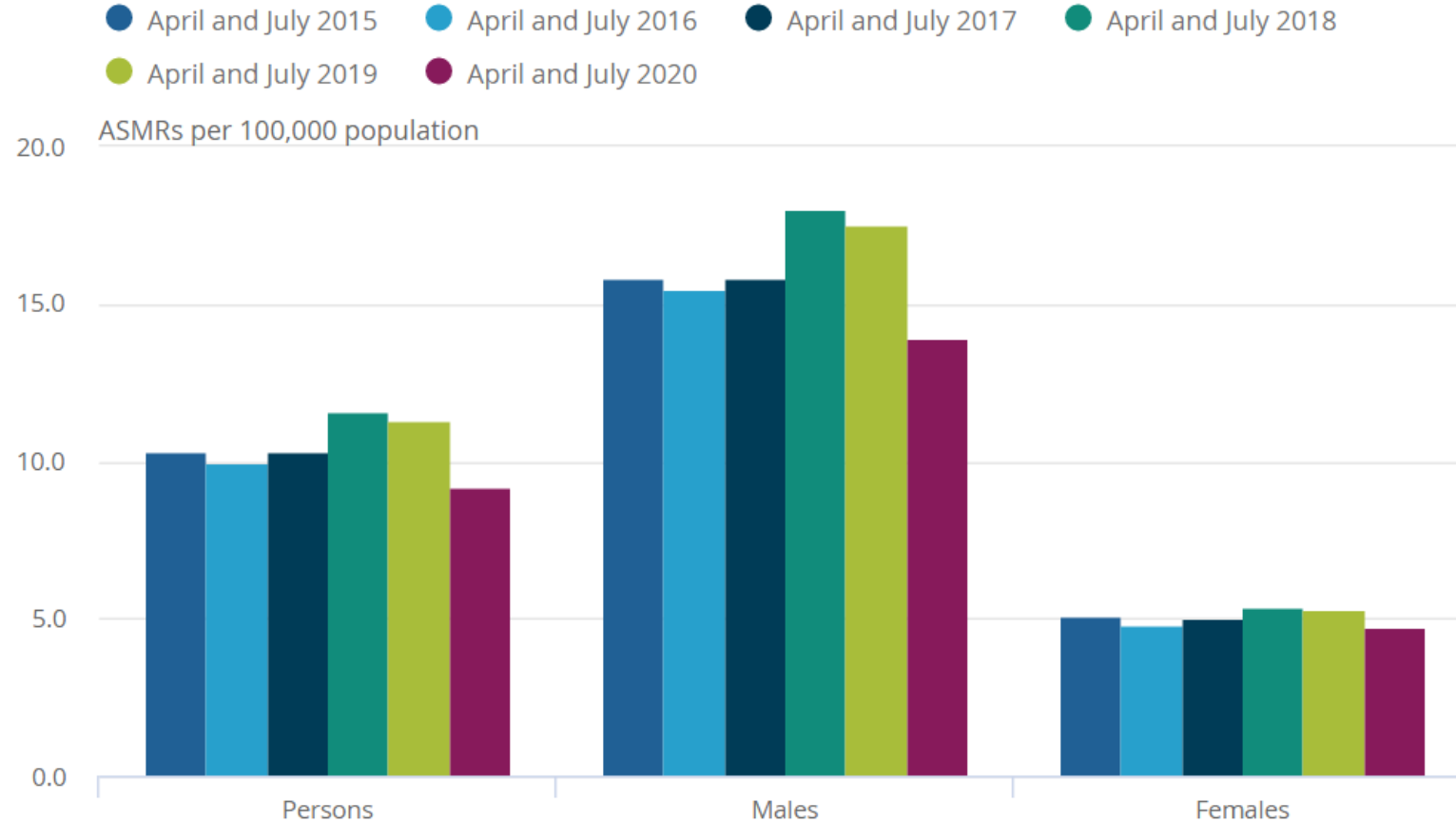
# National Confidential Inquiry into Suicide and Safety in Mental Health

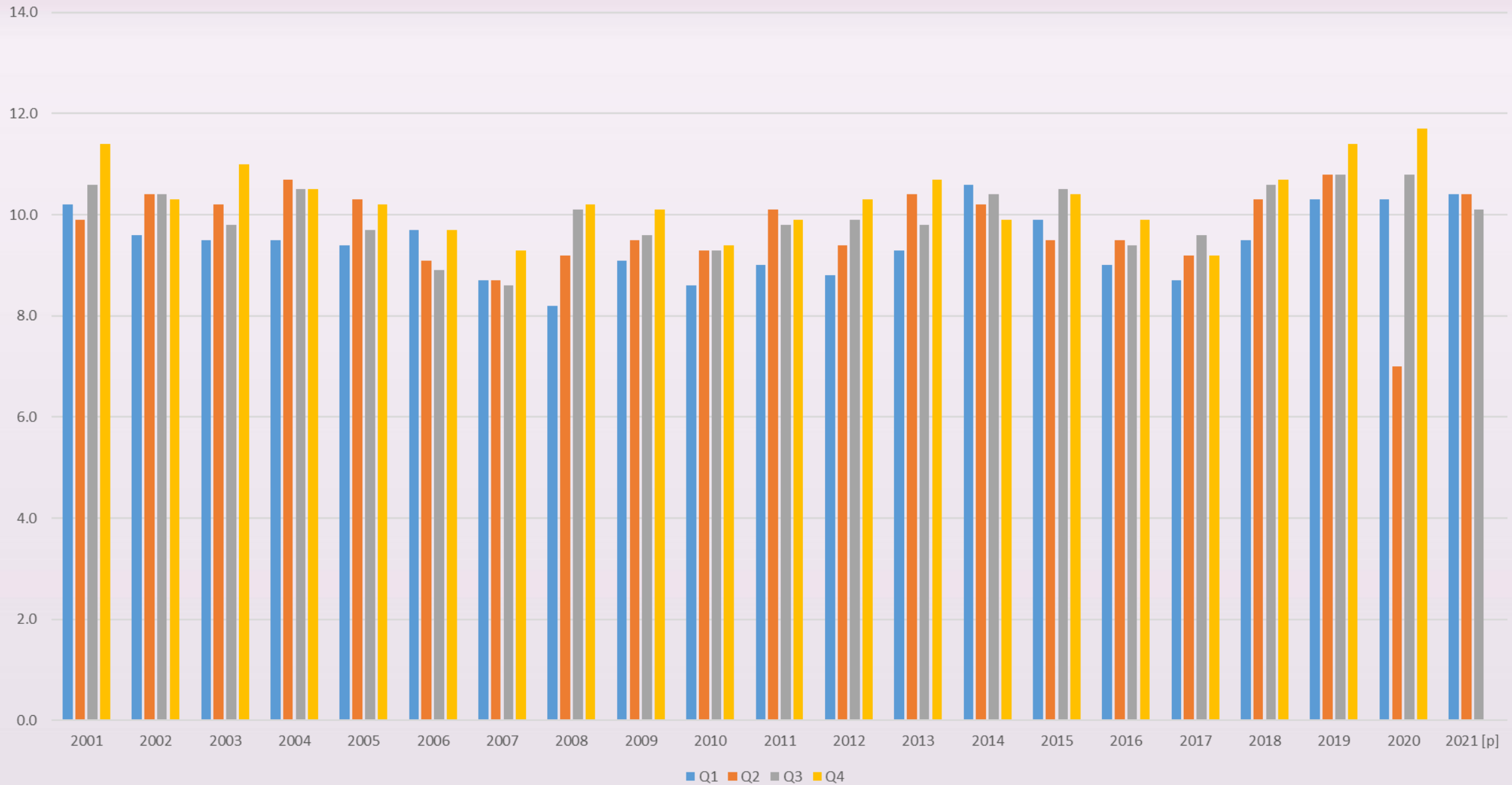
**STP Learning Day**  
**Latest findings on self-harm and suicide prevention**  
February 2022

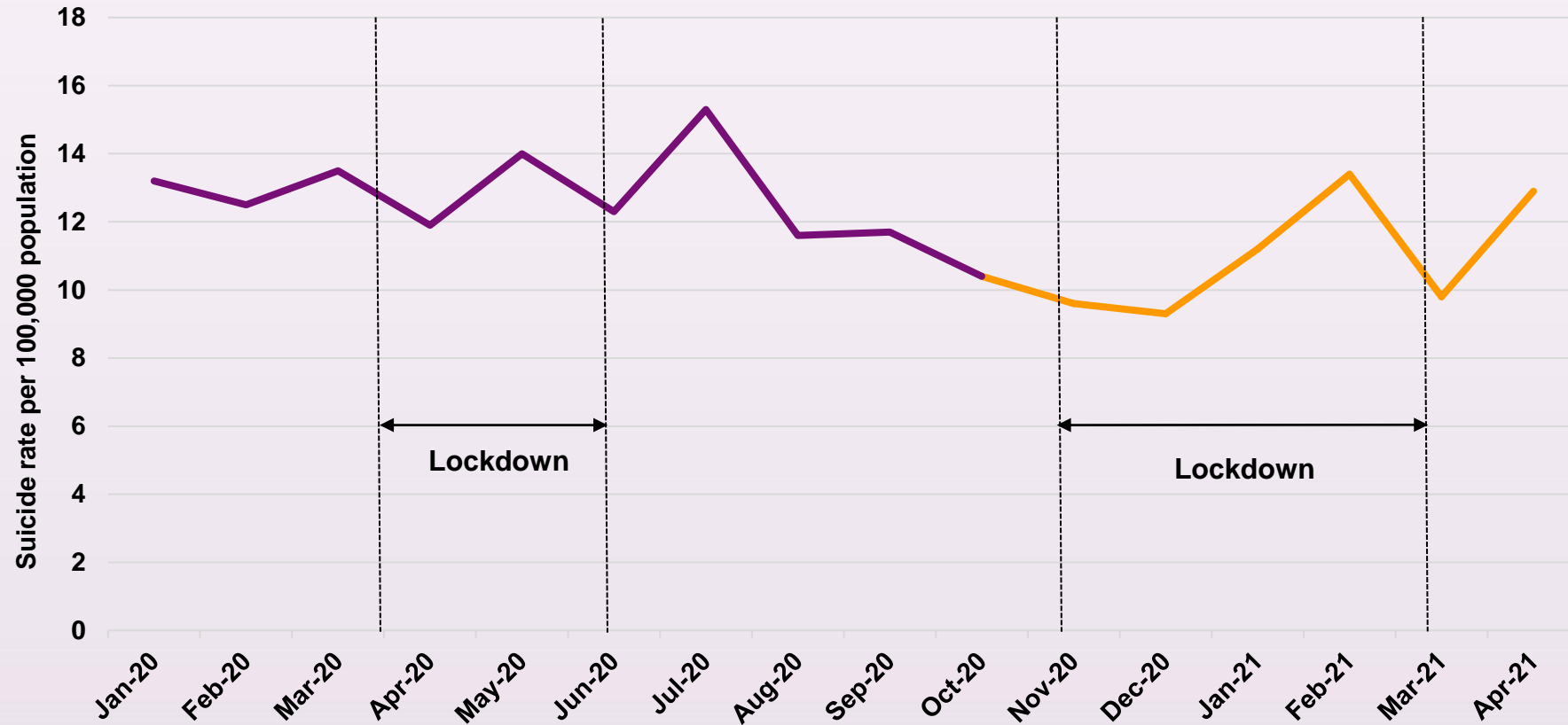
Professor Nav Kapur

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

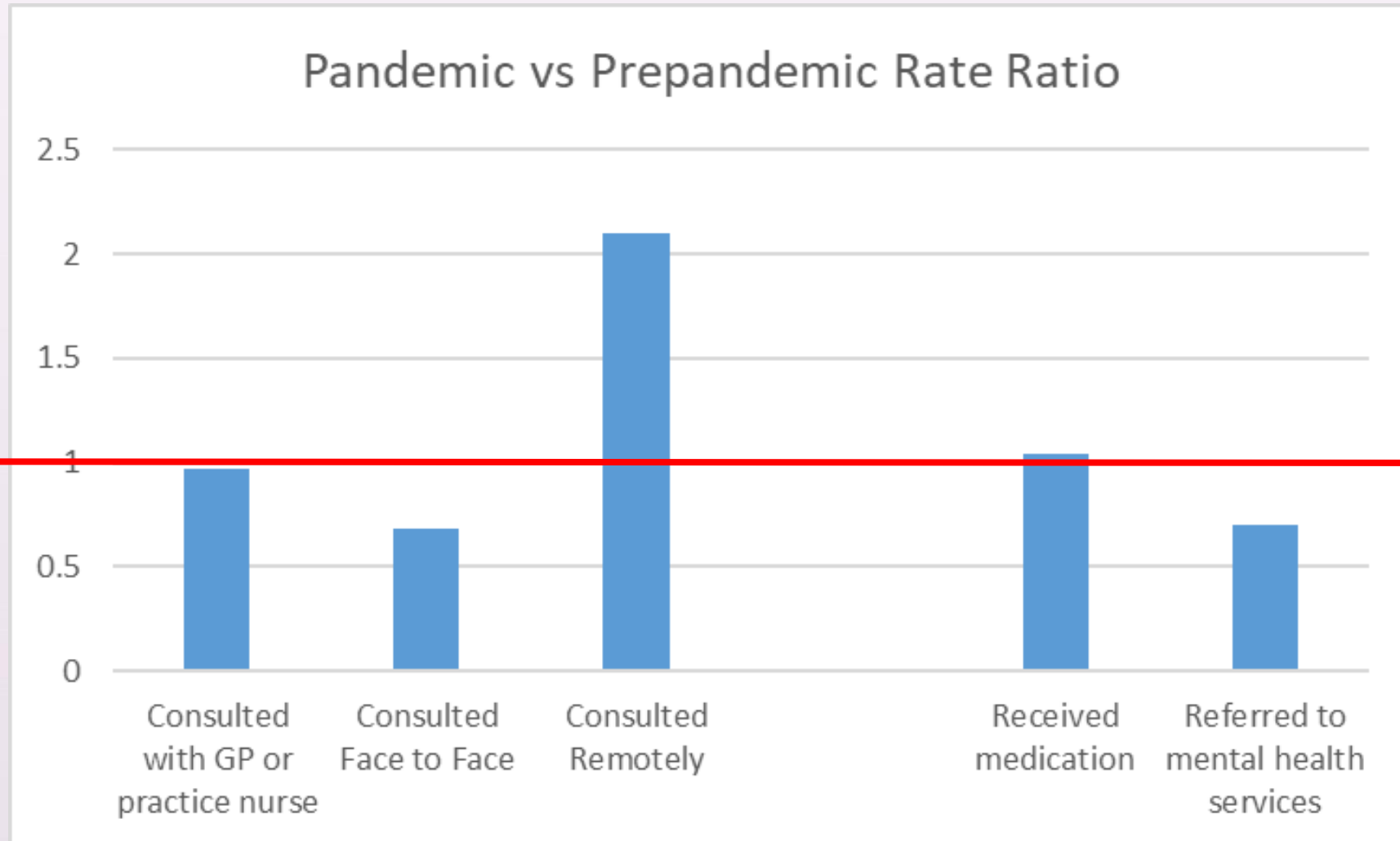
Age-standardised suicide rates by sex, England and Wales, deaths occurring between April and July, between 2015 and 2020





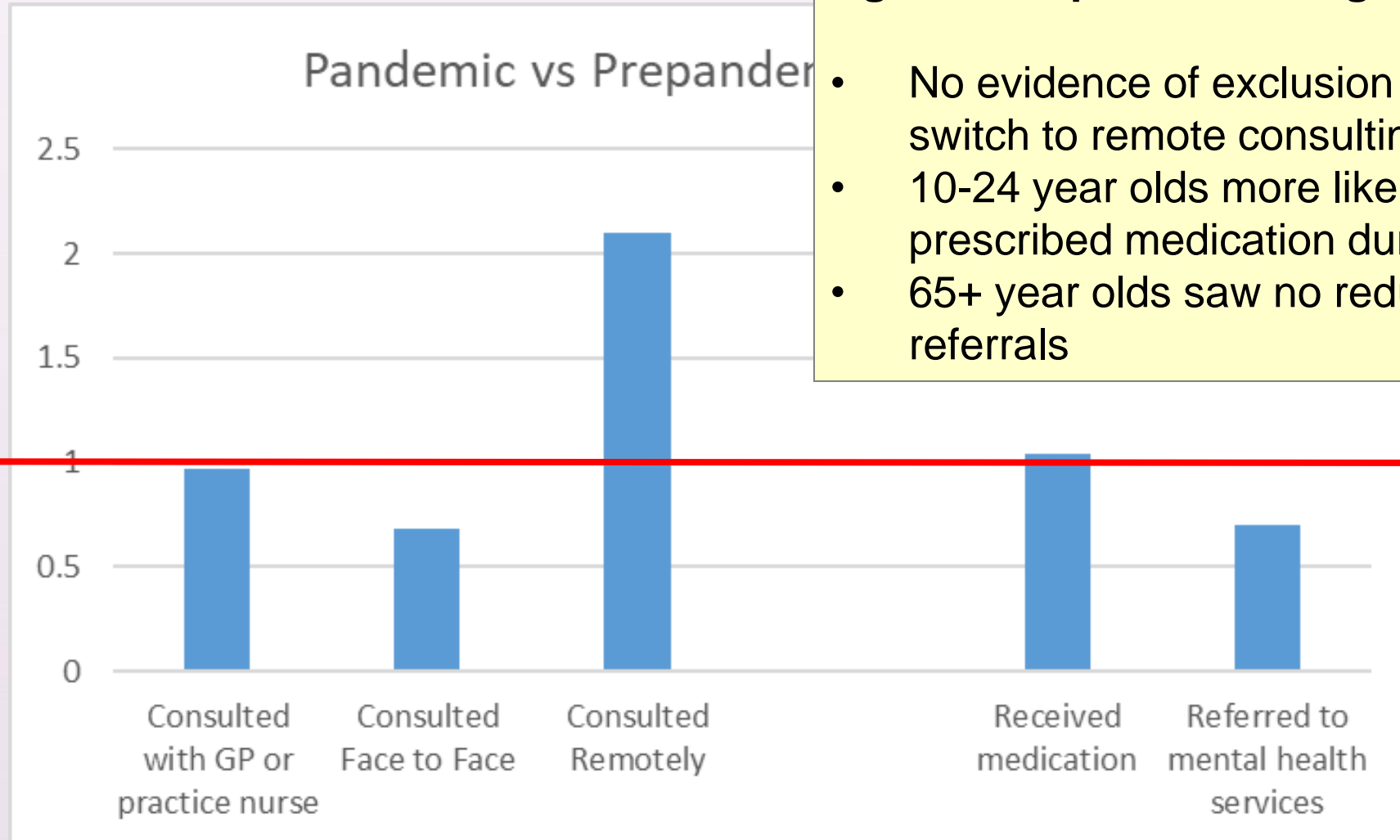


Suicide rates using “real-time surveillance” data in 10 participating STPs



## Age and Deprivation subgroups:

- No evidence of exclusion because of switch to remote consulting
- 10-24 year olds more likely to be prescribed medication during pandemic
- 65+ year olds saw no reduction MH referrals



## Coronavirus

# All you need to know about the end of Covid rules in England

**Boris Johnson announces timetable for curtailment of restrictions, including need for self-isolation**

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)

**Peter Walker** *Political correspondent*

🐦 @peterwalker99

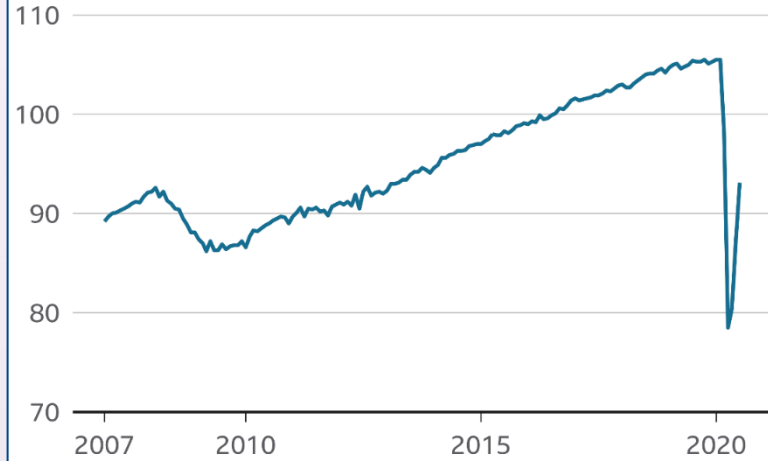
Mon 21 Feb 2022 17:00 GMT



📷 Passengers disembark a train at Waterloo Station in London as the prime minister announces the process for ending Covid restrictions. Photograph: Dan Kitwood/Getty Images

## UK economy still far from pre-coronavirus output levels

Monthly GDP index



Source: Office for National Statistics

**BBC** NEWS

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

Business | Your Money | Market Data | Companies | Economy | Global Car Industry | Business of Sport

### Older workers 'see biggest jobs fall since 1980s'

1 day ago | Comments

**BBC** NEWS

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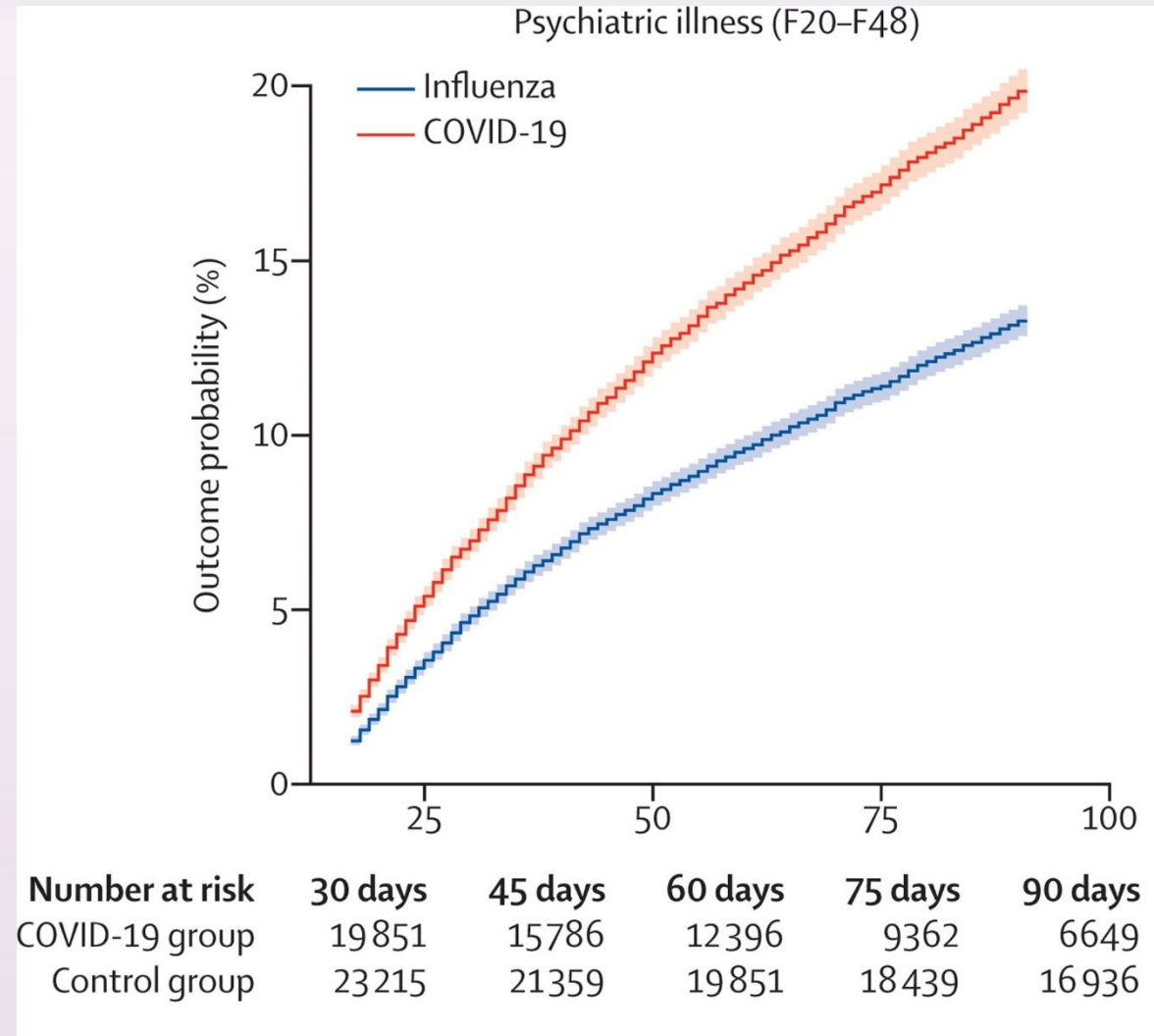
### Living costs rising at their fastest rate for 30 years

By Josh Martin  
Business reporter

5 days ago | Comments

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# Infection with COVID 19





Original Investigation | Psychiatry

## Association of SARS-CoV-2 Infection With Psychological Distress, Psychotropic Prescribing, Fatigue, and Sleep Problems Among UK Primary Care Patients

Kathryn M. Abel, MD, PhD; Matthew J. Carr, PhD; Darren M. Ashcroft, PhD; Trudie Chalder, PhD; Carolyn A. Chew-Graham, MD; Holly Hope, PhD; Navneet Kapur, MD; Sally McManus, MSc; Sarah Steeg, PhD; Roger T. Webb, PhD; Matthias Pierce, PhD

### Abstract

**IMPORTANCE** Infection with SARS-CoV-2 is associated with fatigue and sleep problems long after the acute phase of COVID-19. In addition, there are concerns of SARS-CoV-2 infection causing psychiatric illness; however, evidence of a direct effect is inconclusive.

**OBJECTIVE** To assess risk of incident or repeat psychiatric illness, fatigue, or sleep problems following SARS-CoV-2 infection and to analyze changes according to demographic subgroups.

**DESIGN, SETTING, AND PARTICIPANTS** This cohort study assembled matched cohorts using the Clinical Practice Research Datalink Aurum, a UK primary care registry of 11 923 499 individuals aged 16 years or older. Patients were followed-up for up to 10 months, from February 1 to December 9, 2020. Individuals with less than 2 years of historical data or less than 1 week follow-up were excluded. Individuals with positive results on a SARS-CoV-2 test without prior mental illness or with anxiety or depression, psychosis, fatigue, or sleep problems were matched with up to 4 controls based on sex, general practice, and year of birth. Controls were individuals who had negative SARS-CoV-2 test results. Data were analyzed from January to July 2021.

**EXPOSURE** SARS-CoV-2 infection, determined via polymerase chain reaction testing.

**MAIN OUTCOMES AND MEASURES** Cox proportional hazard models estimated the association between a positive SARS-CoV-2 test result and subsequent psychiatric morbidity (depression, anxiety, psychosis, or self-harm), sleep problems, fatigue, or psychotropic prescribing. Models adjusted for comorbidities, ethnicity, smoking, and body mass index.

**RESULTS** Of 11 923 105 eligible individuals (6 011 020 [50.4%] women and 5 912 085 [49.6%] men; median [IQR] age, 44 [30-61] years), 232 780 individuals (2.0%) had positive result on a SARS-CoV-2 test. After applying selection criteria, 86 922 individuals were in the matched cohort without prior mental illness, 19 020 individuals had prior anxiety or depression, 1036 individuals had psychosis, 4152 individuals had fatigue, and 4539 individuals had sleep problems. After adjusting for observed confounders, there was an association between positive SARS-CoV-2 test results and psychiatric morbidity (adjusted hazard ratio [aHR], 1.83; 95% CI, 1.66-2.02), fatigue (aHR, 5.98; 95% CI, 5.33-6.71), and sleep problems (aHR, 3.16; 95% CI, 2.64-3.78). However, there was a similar risk of incident psychiatric morbidity for those with a negative SARS-CoV-2 test results (aHR, 1.71; 95% CI, 1.65-1.77) and a larger increase associated with influenza (aHR, 2.98; 95% CI, 1.55-5.75).

**CONCLUSIONS AND RELEVANCE** In this cohort study of individuals registered at an English primary care practice during the pandemic, there was consistent evidence that SARS-CoV-2 infection

### Key Points

**Question** Is SARS-CoV-2 infection associated with risk of subsequent psychiatric morbidity, sleep problems, or fatigue?

**Findings** In this cohort study of the health care records of 11 923 105 patients, including 226 521 patients with SARS-CoV-2 infection, while infection was associated with increased risk of sleep problems and fatigue, associations with subsequent psychiatric morbidity were mixed.

**Meaning** These findings suggest that psychiatric morbidity associated with SARS-CoV-2 infection may be overstated in analyses of health care records that do not sufficiently control for confounding.

### + Supplemental content

Author affiliations and article information are listed at the end of this article.

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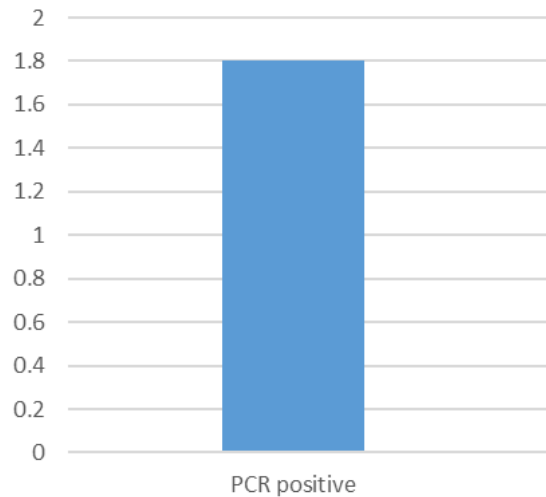
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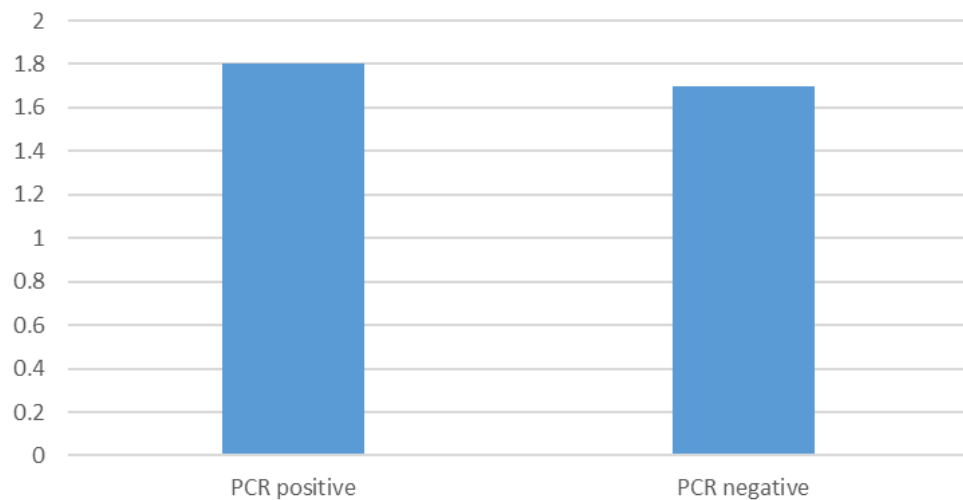
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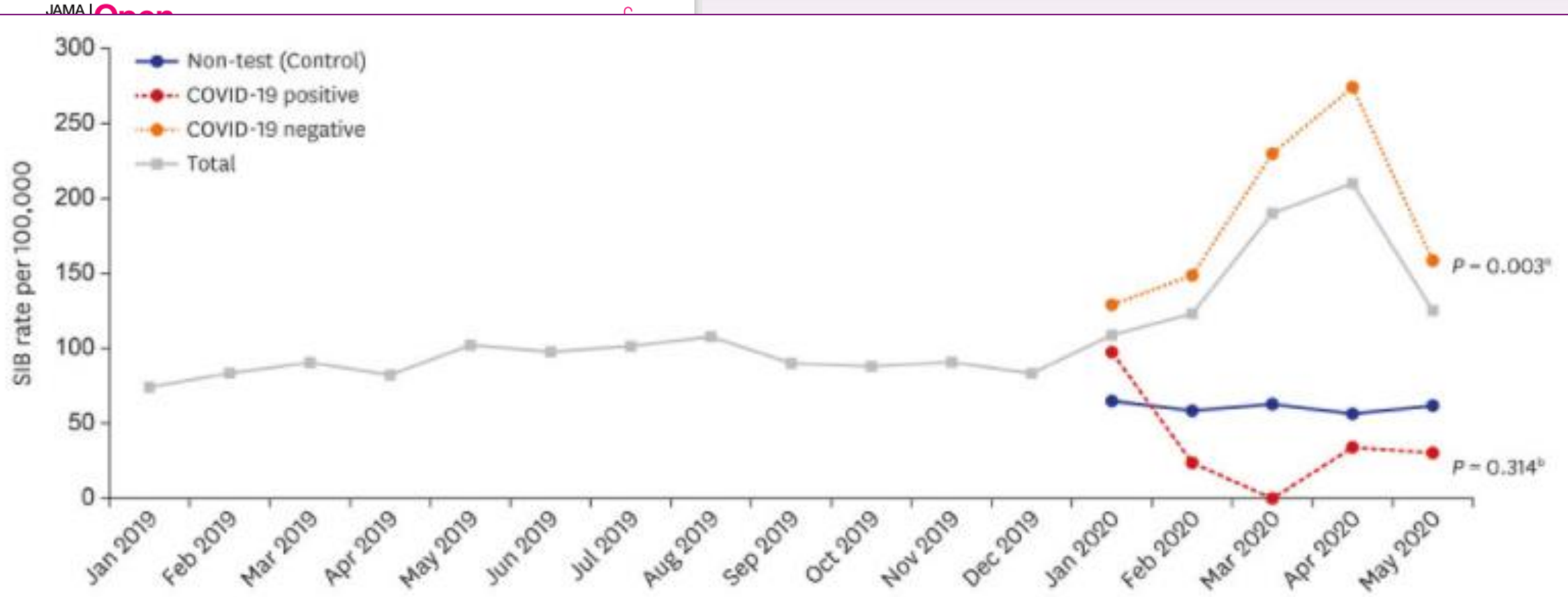
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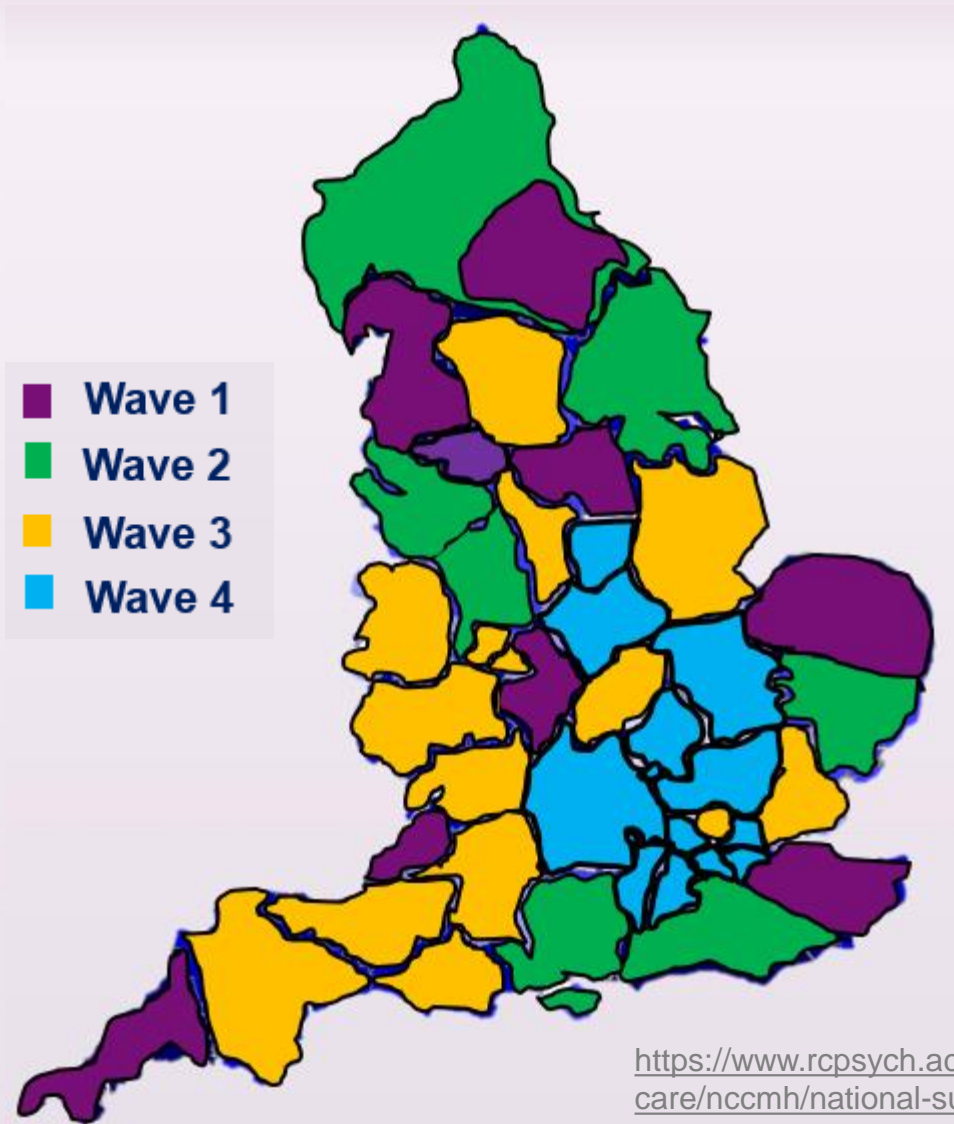


# Infection with COVID 19



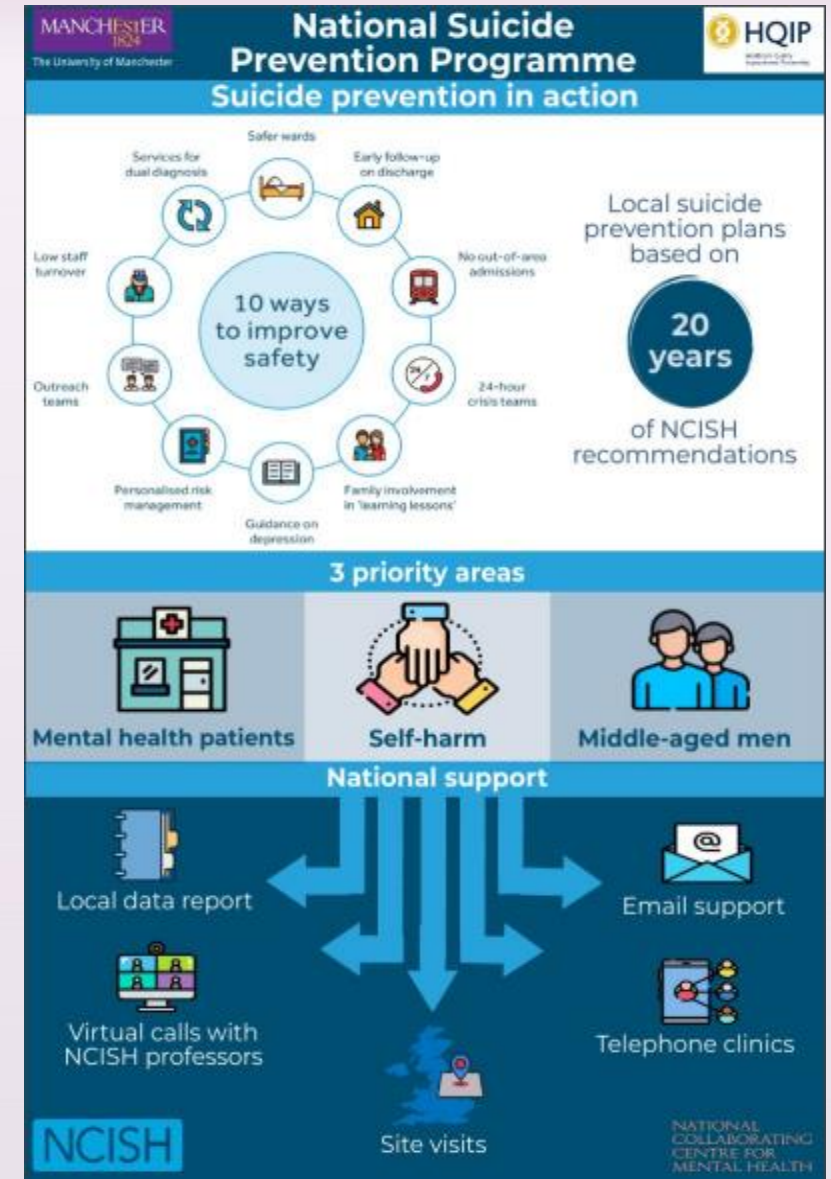
<https://jkms.org/DOIx.php?id=10.3346/jkms.2022.37.e45>

# QI for suicide prevention



<https://www.rcpsych.ac.uk/improving-care/nccmh/national-suicide-prevention-programme>

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



rm Data security and privacy SSHaRe NoW Blog



g community-based care for self-harm

## Support for improving community-based care for self-harm

<https://sites.manchester.ac.uk/mash-project/support-for-improving-community-based-care-for-self-harm/>

## Resources: evidence and guidance around self-harm

The following sections contain links to information on different aspects of care for people who self-harm, such as national clinical guidelines, peer reviewed journal publications, and commissioned reports.

We will add additional resources to this list as this project moves forward.

- + Clinical guidelines on care for people who self-harm
- + Guidance on psychological and medical treatment for people who self-harm
- + Psychosocial assessments
- + Risk assessment scales
- + Promoting awareness of self-harm
- + Staff training for self-harm
- + Statistics about people who self-harm
- + Research assessing services for self-harm
- + Suicide and mortality following self-harm
- + Experiences of care for self-harm
- + Primary Care
- + Self-harm and COVID-19
- + Additional resources

## CCG12: Biopsychosocial assessments by MH liaison services

Description	Achieving 80% of self-harm <sup>7</sup> referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	
Numerator	Of the denominator, those that had evidence of a comprehensive biopsychosocial assessment concordant with Section 1.3 of CG133 including: <ul style="list-style-type: none"> <li>• Assessment of needs</li> <li>• Risk assessment</li> <li>• Developing an integrated care and risk management plan<sup>8</sup></li> </ul>	
Denominator	The total referrals for self-harm to liaison psychiatry.	
Exclusions	N/A	
Data reporting and performance	Quarterly submission via national CQUIN collection. See the section on <i>Understanding Performance</i> (above) for details about auditing as well as data collection and reporting. Data will be made available approximately six weeks after each quarter. Performance basis: Quarterly.	
Scope	Services: Mental health liaison teams	Period: All quarters
Payment basis	Minimum: 60% Maximum: 80%	Calculation: Quarterly average %

<https://www.england.nhs.uk/nhs-standard-contract/cquin/2022-23-cquin/>

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Health and Care Excellence

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## Self-harm is everyone's business, NICE says in new draft guideline

All professionals working across the health and social care system have a role to play in supporting people who self-harm and the issue should not just be seen as the responsibility of those with mental health expertise, NICE has said in a new draft guideline.

18 January 2022

# Online safety



<https://www.samaritans.org/about-samaritans/research-policy/internet-suicide/campaign-safer-internet/>



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



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