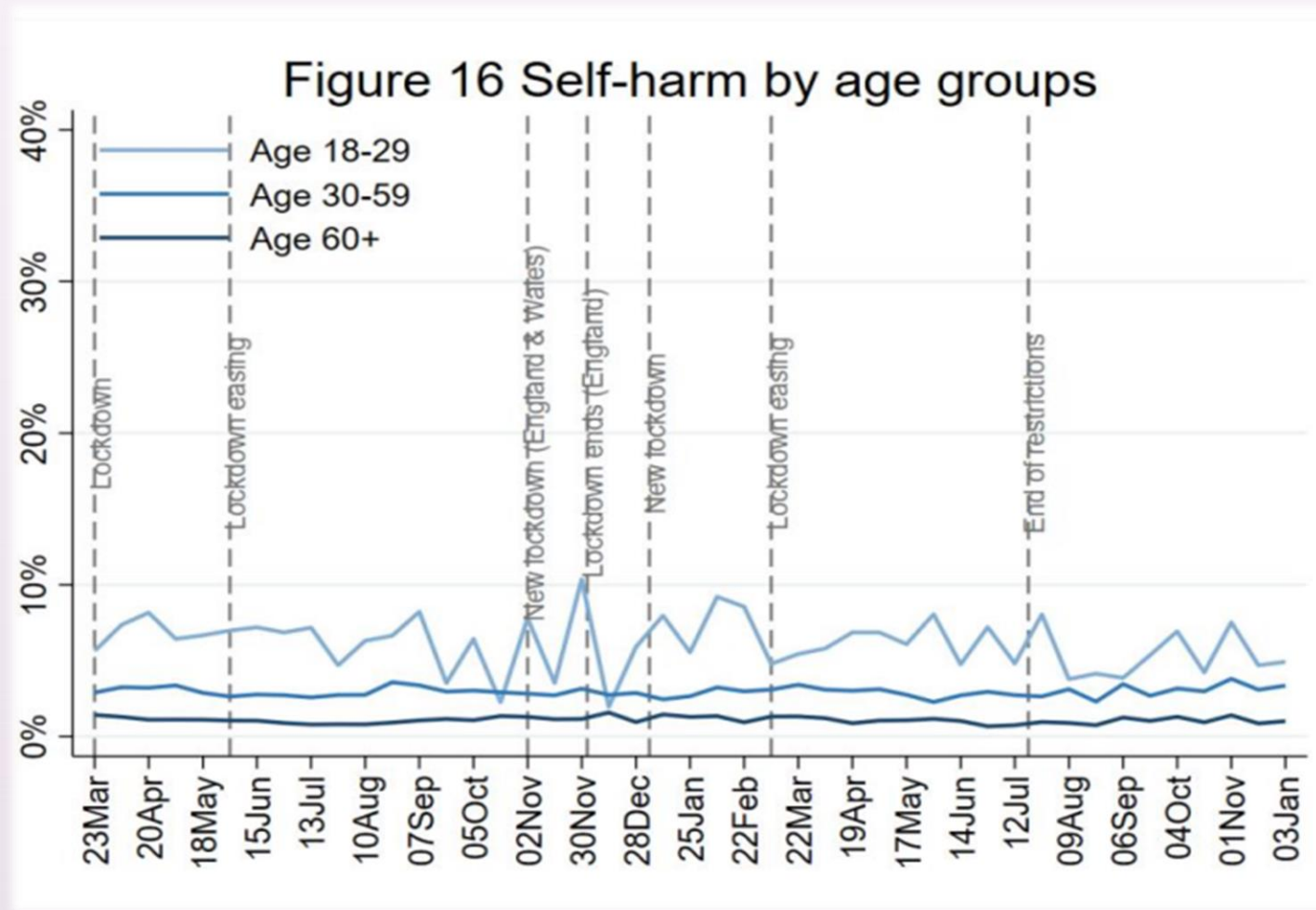


# National Confidential Inquiry into Suicide and Safety in Mental Health

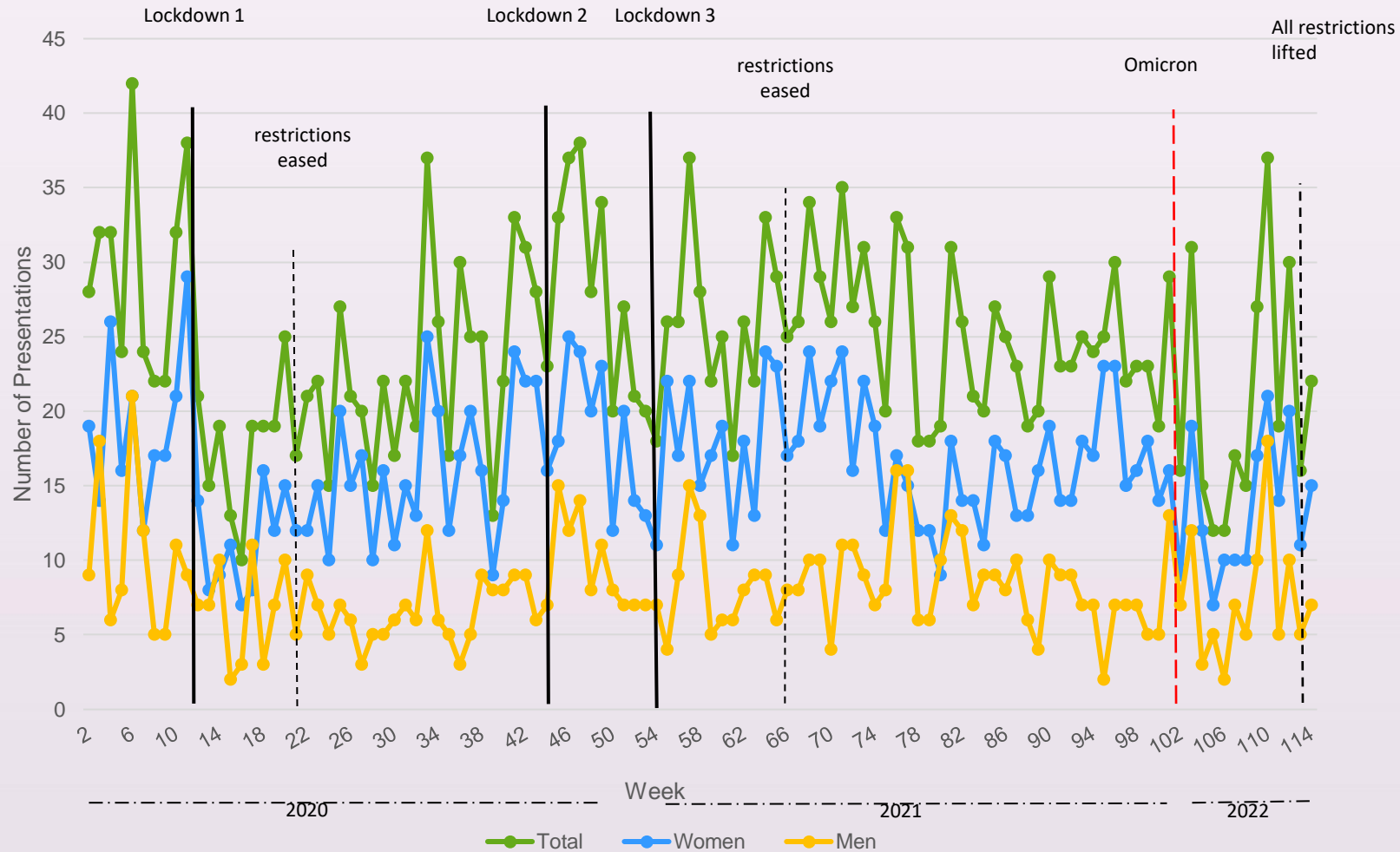
**STP Learning Day**  
**Latest findings on self-harm and suicide**  
**prevention, including COVID-19**

6 April 2022

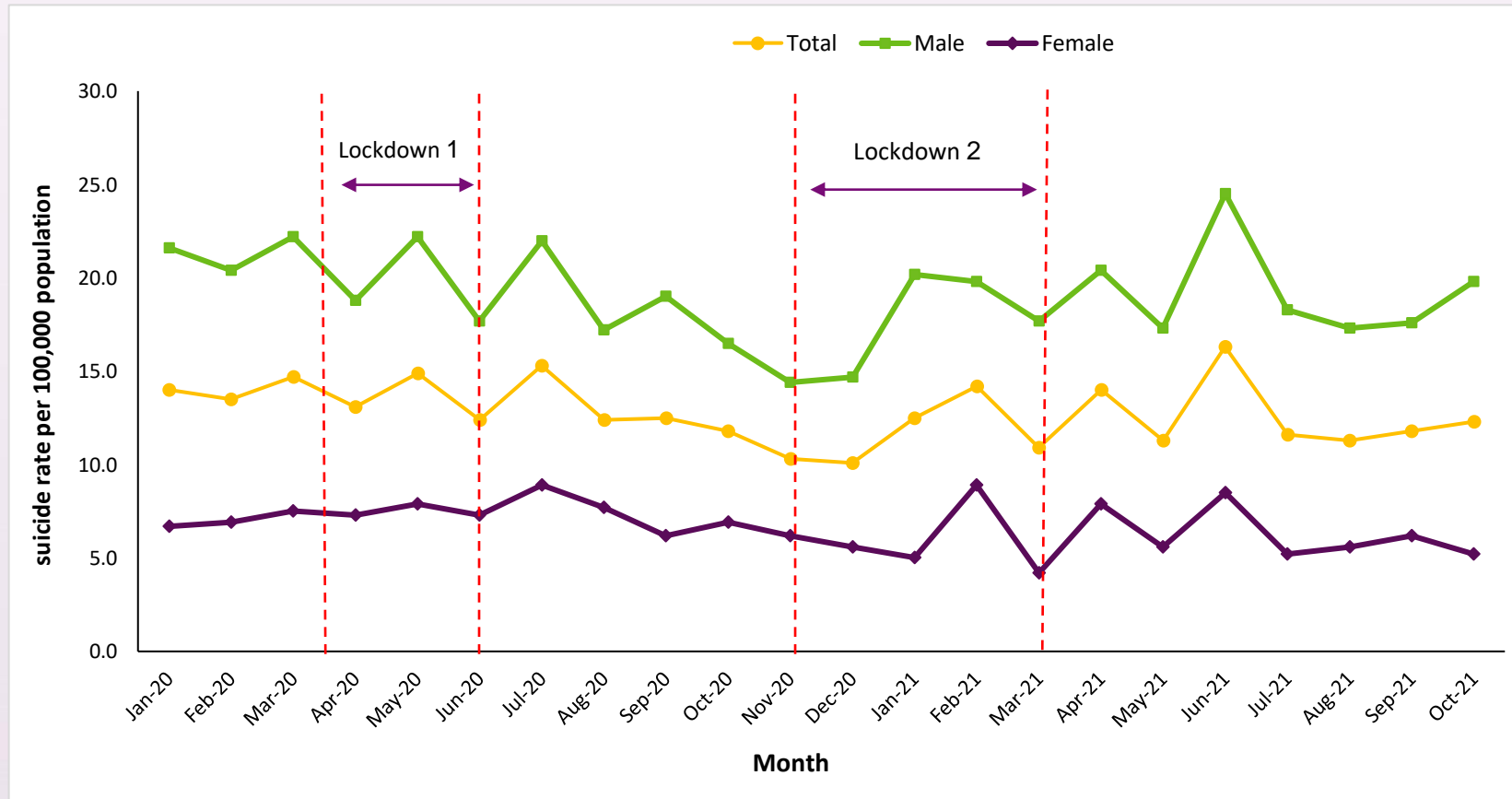
Professor Louis Appleby



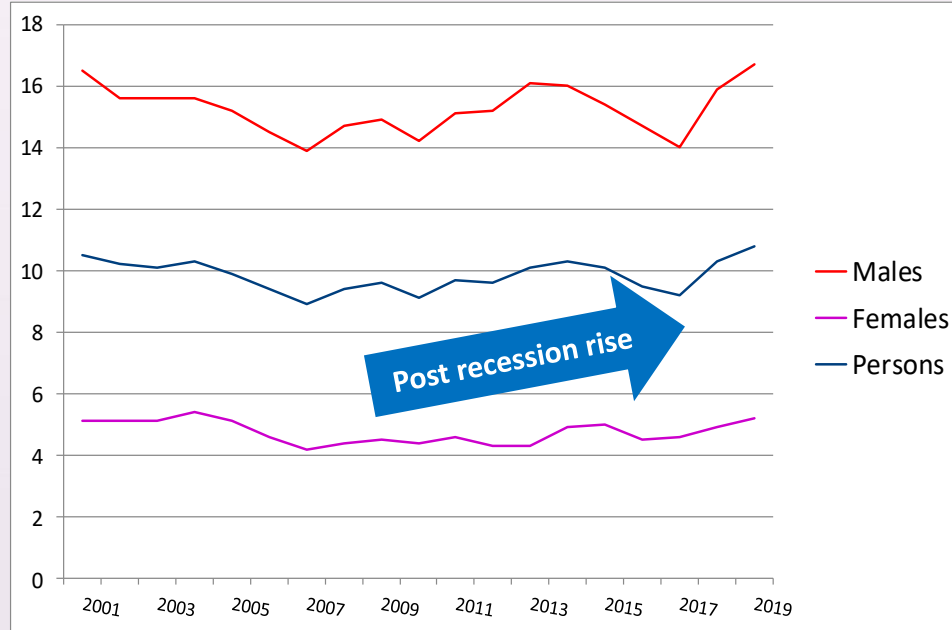
## Presentations to two Manchester hospitals, all ages







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



Source: ONS, England



HM Government Coronavirus

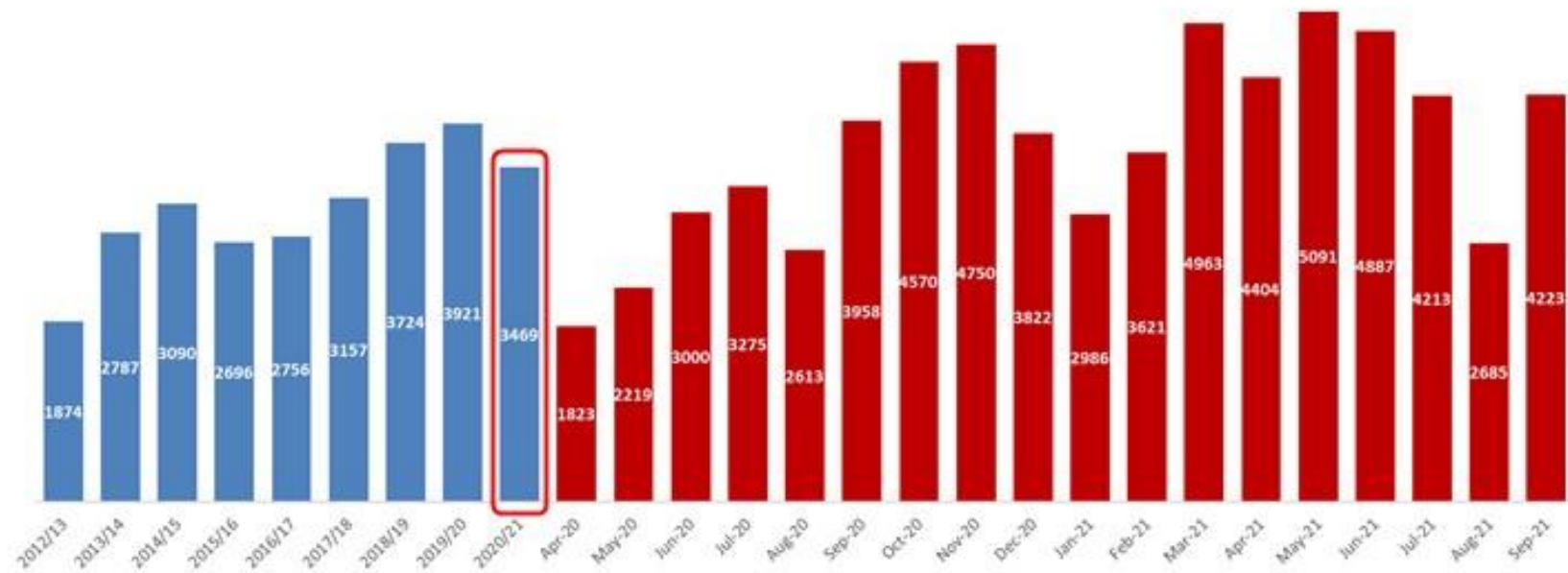
## Coronavirus Job Retention Scheme

Claim up to 80%  
Up to £2,500 per person

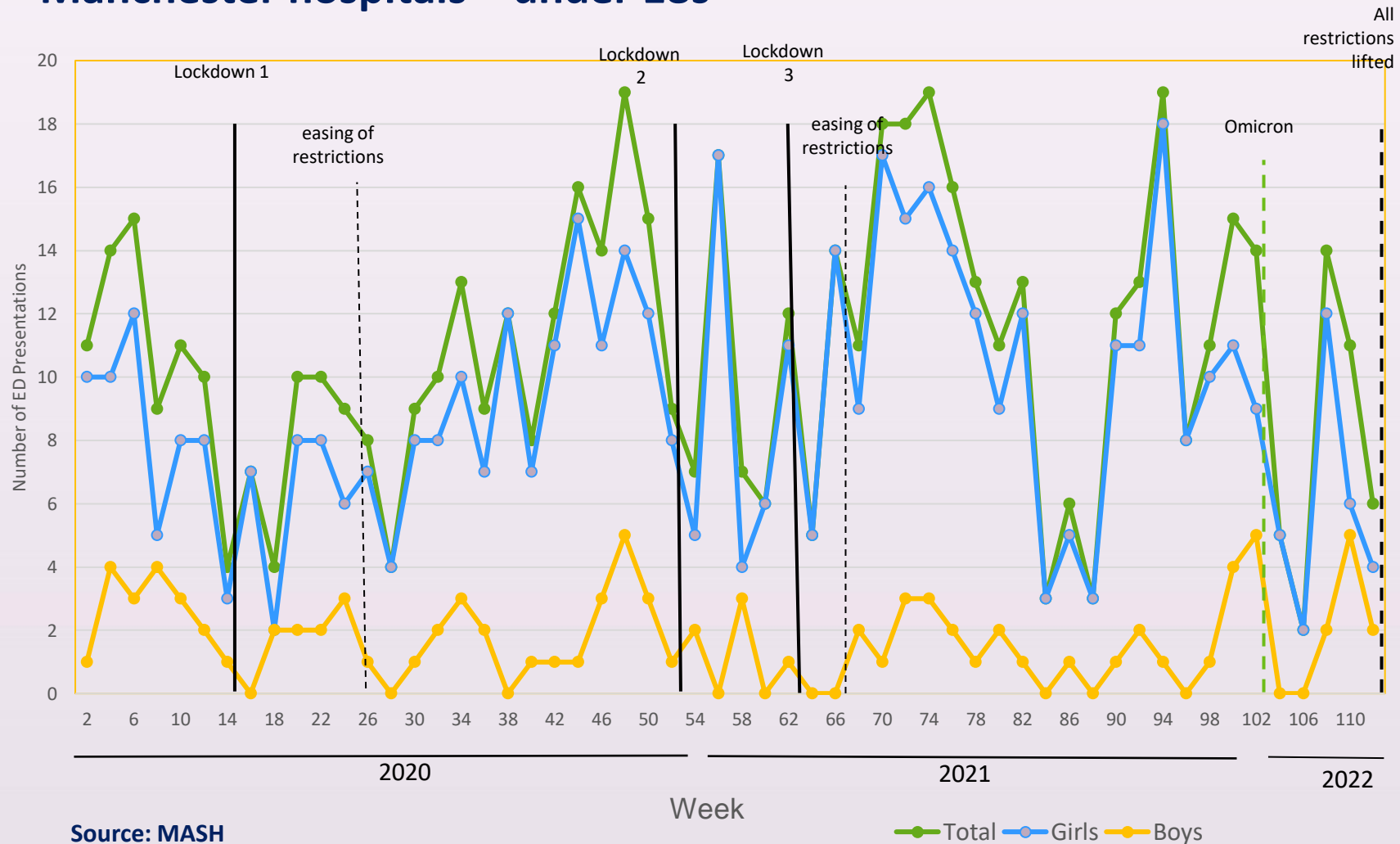
**GET HELP ▶ PROTECT YOUR BUSINESS ▶ SAVE JOBS**

## Referral timeseries and Covid-19 impact

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

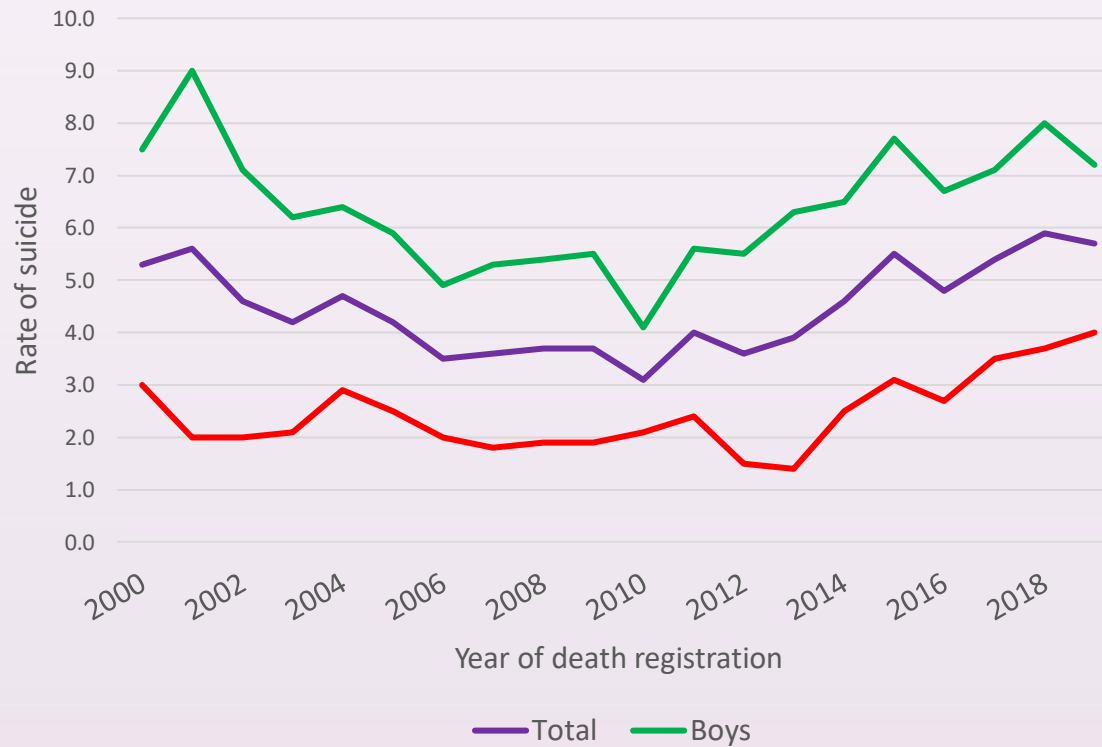


## Emergency Care Dataset (ECDS) self-harm presentations to two Manchester hospitals – under 18s



Source: MASH

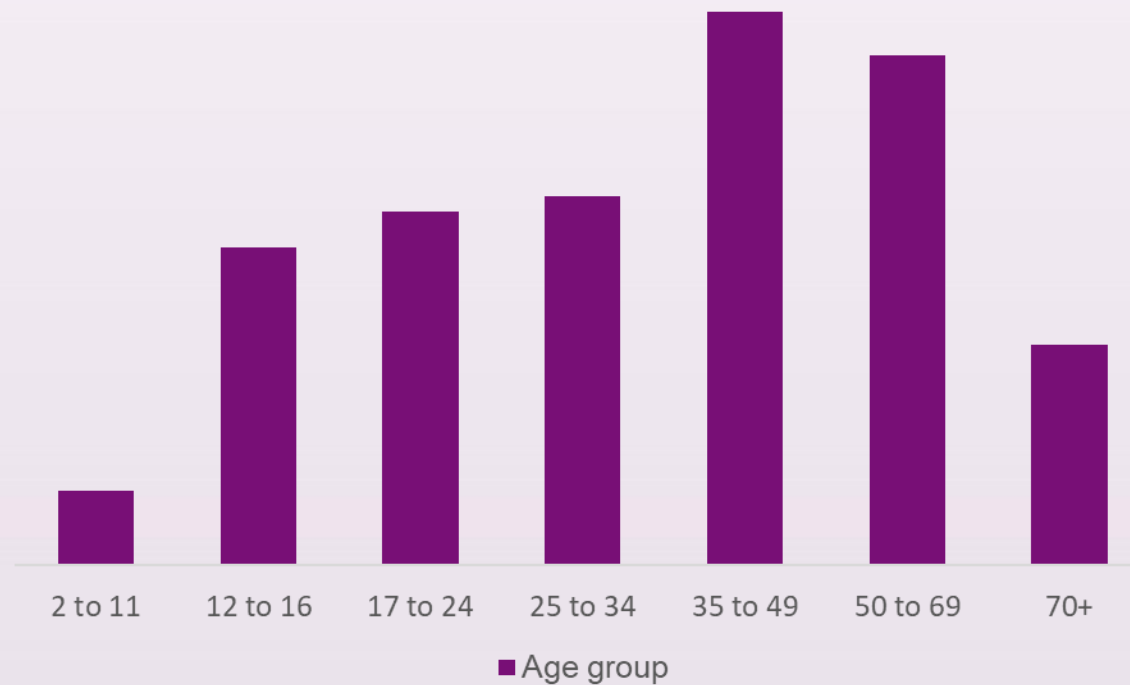
# Suicide rates in 15-19 year olds



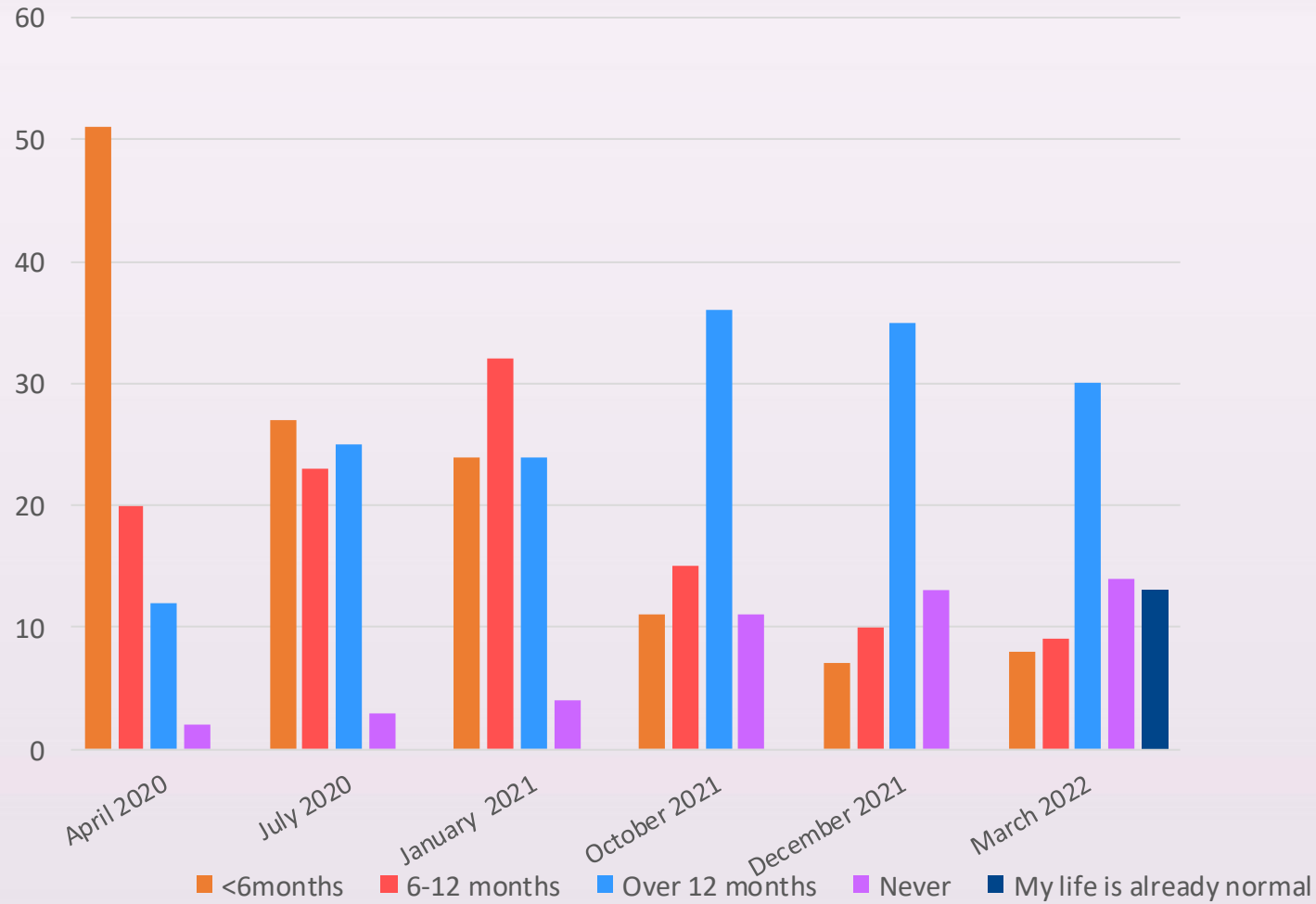
Highest total  
figure for **20 years**

Highest figure for  
girls for **40 years**

Estimated percentage of people living in private households with self-reported long COVID of any duration, UK: four week period ending 31 January 2022



- Overall **2.36%**
- **Higher** in females, deprived areas, occupations (teaching, health and social care), people with disability



Analysis of 2014 general  
pop survey, **7058** adults

50% of those with  
suicide attempt in past  
year had experienced  
IPV

Recent suicide attempt  
almost 3x more common  
in IPV victims

## Intimate Partner Violence, Suicidality, and Self-Harm: A Probability Sample Survey of the General Population in England

28 Pages • Posted: 8 Mar 2022

[Sally McManus](#)

City, University of London - Violence and Society Centre

[Sylvia Walby](#)

City, University of London - Violence and Society Centre

[More...](#)

### Abstract

Background: While intimate partner violence (IPV) is a recognised risk factor for psychiatric disorder, its links with self-harm and suicidality are not understood.

**Table 1. Profile of people with and without lifetime experience of intimate partner violence (IPV)**

Characteristics	No IPV		IPV ever		Total <sup>a</sup>		Sig. <sup>b</sup> p value	
	n	%	n	%	N	%		
	<b>Total <sup>a</sup></b>	<b>5356</b>	<b>78.6</b>	<b>1702</b>	<b>21.4</b>	<b>7058</b>	<b>100</b>	
<b>Gender</b>	Men	2416	52.8	459	35.2	2875	49.1	<0.001
	Women	2940	47.2	1243	64.8	4183	50.9	
<b>Age</b>	16-34	1130	31.5	416	32.9	1546	31.8	<0.001
	35-54	1650	32.0	714	40.7	2364	33.9	
	55-74	1777	26.2	491	22.8	2268	25.5	
	75+	799	10.2	81	3.6	880	8.8	
<b>Ethnic group</b>	White British	4529	80.2	1481	84.7	6010	81.2	0.007
	White other	321	7.0	76	5.4	397	6.6	
	Black/ Black British	132	3.1	47	3.0	179	3.0	
	Asian/ Asian British	266	7.5	55	4.4	321	6.8	
	Mixed, multiple, other	97	2.3	35	2.6	132	2.3	
<b>Marital status</b>	Married or cohabiting	3169	64.0	765	55.5	3934	62.2	<0.001
	Single	1096	24.6	403	24.7	1499	24.7	
	Divorced, separated, widowed	1091	11.4	534	19.7	1625	13.2	
<b>Economic activity</b>	Employed	2838	59.7	1022	65.4	3860	60.9	<0.001
	Unemployed	129	3.0	74	4.6	203	3.3	
	Other	2389	37.4	606	30.0	2995	35.8	
<b>Tenure</b>	Owner occupied	3770	67.9	874	52.0	4644	64.5	<0.001
	Social renter	719	13.4	418	22.4	1137	15.3	
	Private or other	840	18.7	398	25.6	1238	20.2	
<b>IMD quintiles</b>	Least deprived	1193	20.9	284	17.0	1477	20.1	0.001
	2 <sup>nd</sup>	1167	21.4	301	17.1	1468	20.5	

l population.  
suicidal self-

ncluded  
more than one  
or deprived  
experienced

4841 self-harm presentations by 3270 homeless people, 2000-2016.

Rising since 2010

More complex needs – drugs, alcohol, financial, legal

Worse outcomes, ie repetition & mortality

## Self-harm in people experiencing homelessness: investigation of incidence, characteristics and outcomes using data from the Multicentre Study of Self-Harm in England

Caroline Clements, Bushra Farooq, Keith Hawton, Galit Geulayov, Deborah Casey, Keith Waters, Jennifer Ness, Anita Patel, Ellen Townsend, Louis Appleby and Navneet Kapur

### Background

People who experience homelessness are thought to be at high risk of suicide, but little is known about self-harm in this population.

### Aims

To examine characteristics and outcomes in people experien-

and contact with psychiatric services. Risk of repetition was higher than in domiciled people (HR = 2.05, 95% CI 1.94–2.17,  $P < 0.001$ ), as were all-cause mortality (HR = 1.45, 95% CI 1.32–1.59,  $P < 0.001$ ) and mortality due to accidental causes (HR = 2.93, 95% CI 2.41–3.57,  $P < 0.001$ ).

### Conclusions

People who self-harm and experience homelessness have more complex needs and worse outcomes than those who are domiciled. Emergency department contact presents an opportunity to engage people experiencing homelessness with mental health, drug and alcohol, medical and housing services, as well as other sources of support.

### Keywords

Self-harm; homelessness; emergency department; epidemiology; suicide.

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**Table 1** Demographic profile of people experiencing homelessness and people who were domiciled who attended the emergency department following self-harm between 2000 and 2016<sup>a</sup>

Demographics	Homeless (n = 3273), n (valid %) <sup>b</sup>	Domiciled (n = 54 312), n (valid %) <sup>b</sup>	$\chi^2$ (d.f.), P
Male	2126 (65.0)	23 051 (42.5)	637.6 (1), <0.001
Female	1144 (35.0)	31 238 (57.5)	
Ethnicity			33.2 (3), <0.001
White	2597 (90.8)	37 999 (87.9)	
Black	57 (2.0)	1217 (2.8)	
South Asian	80 (2.8)	2097 (4.9)	
Other <sup>c</sup>	125 (4.4)	1935 (4.5)	
Age group			110.2 (3), <0.001
16–24 years	1119 (34.4)	20 004 (37.4)	
25–34 years	907 (27.9)	12 823 (23.9)	
35–54 years	1114 (34.3)	16 718 (31.2)	
≥55 years	111 (3.4)	4084 (7.6)	
Research site			326.4 (1), <0.001
Manchester	2194 (67.0)	28 197 (51.9)	
Oxford	650 (19.9)	12 563 (23.1)	
Derby	429 (13.1)	13 552 (25.0)	

a. Data are for 2000–2014 in one study site.

b. Only data on individuals with a valid (yes/no) response for the variable being assessed were included in each analysis.

c. Includes, for example, people from East Asia, the Middle East and North Africa.

