

# National Confidential Inquiry into Suicide and Safety in Mental Health

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

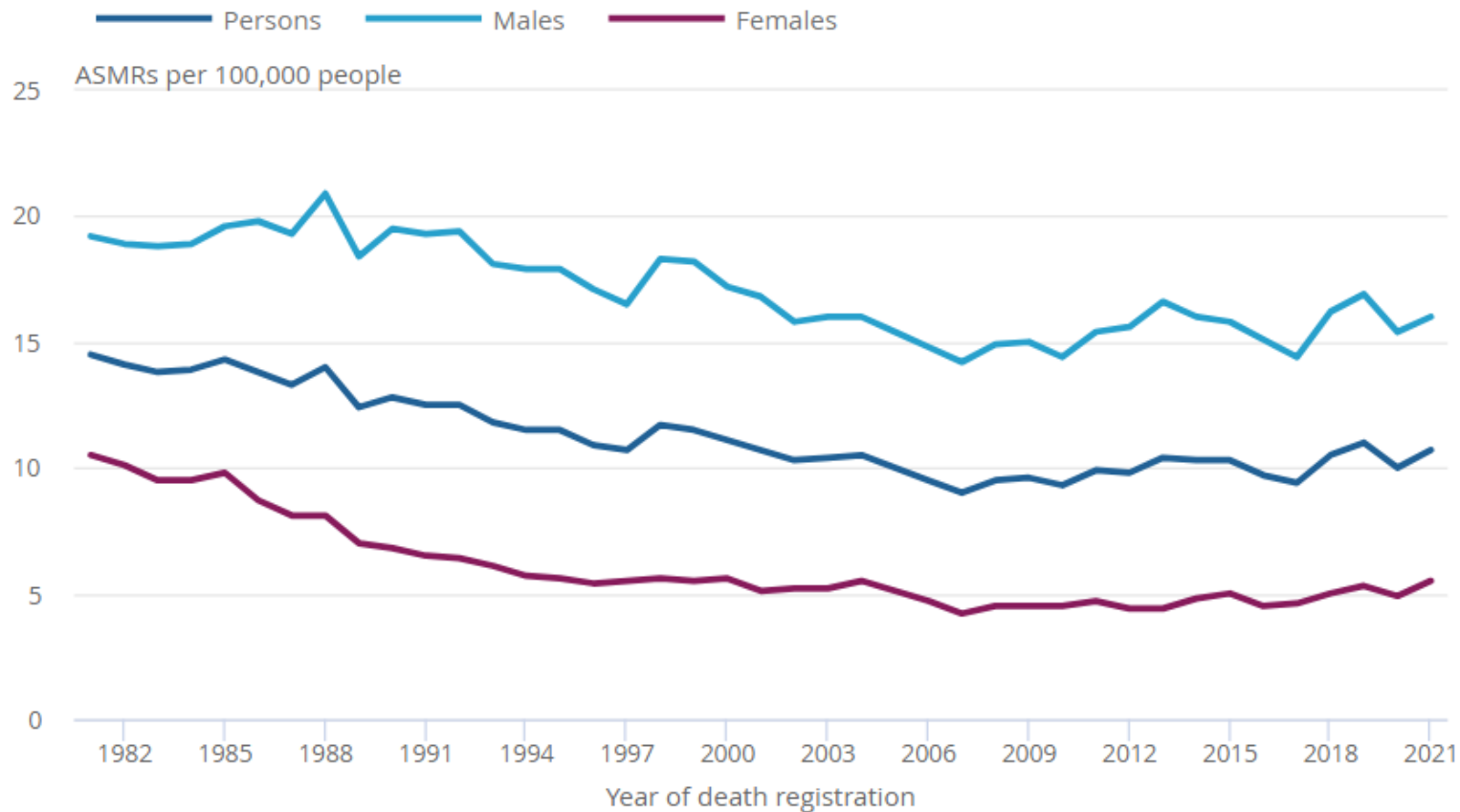
October 2022

Professor Nav Kapur

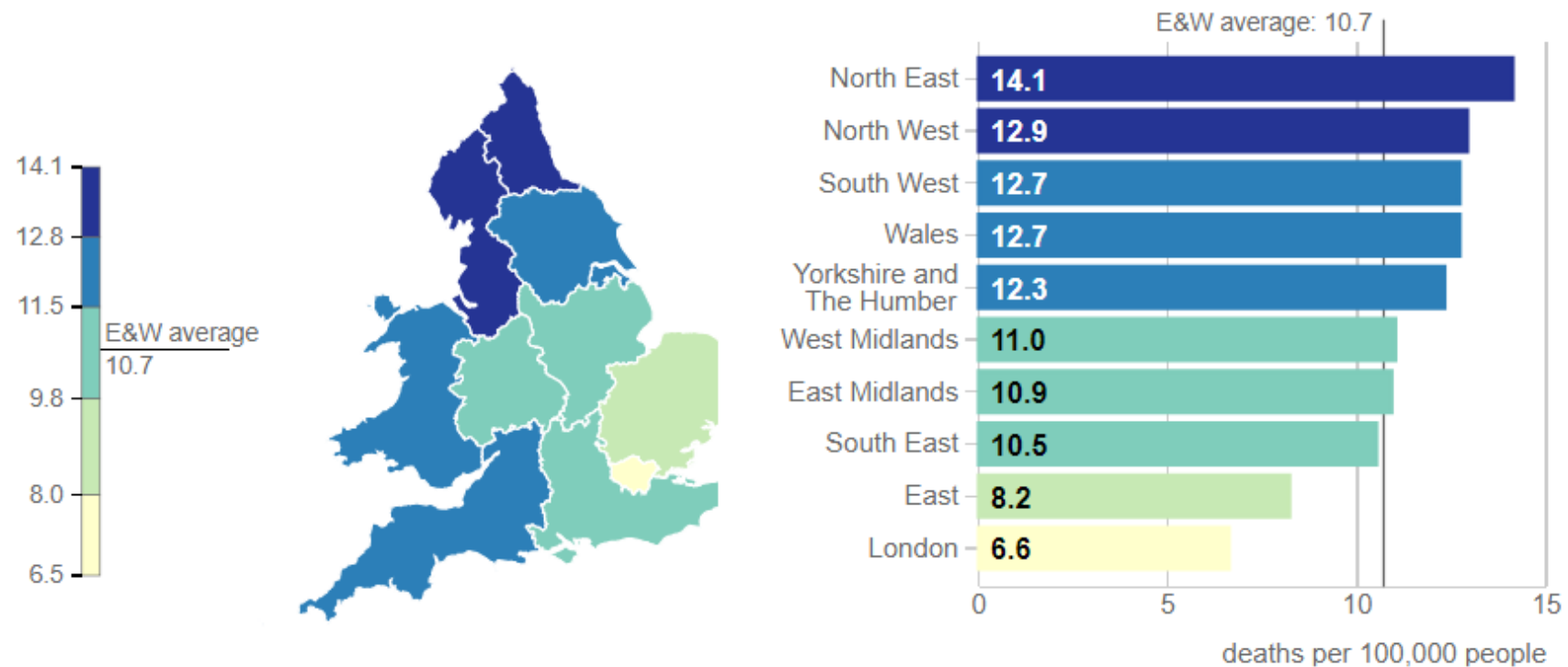
- **Data**
- **Guidelines and policy**
- **Economic pressures and suicide**

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## Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2021

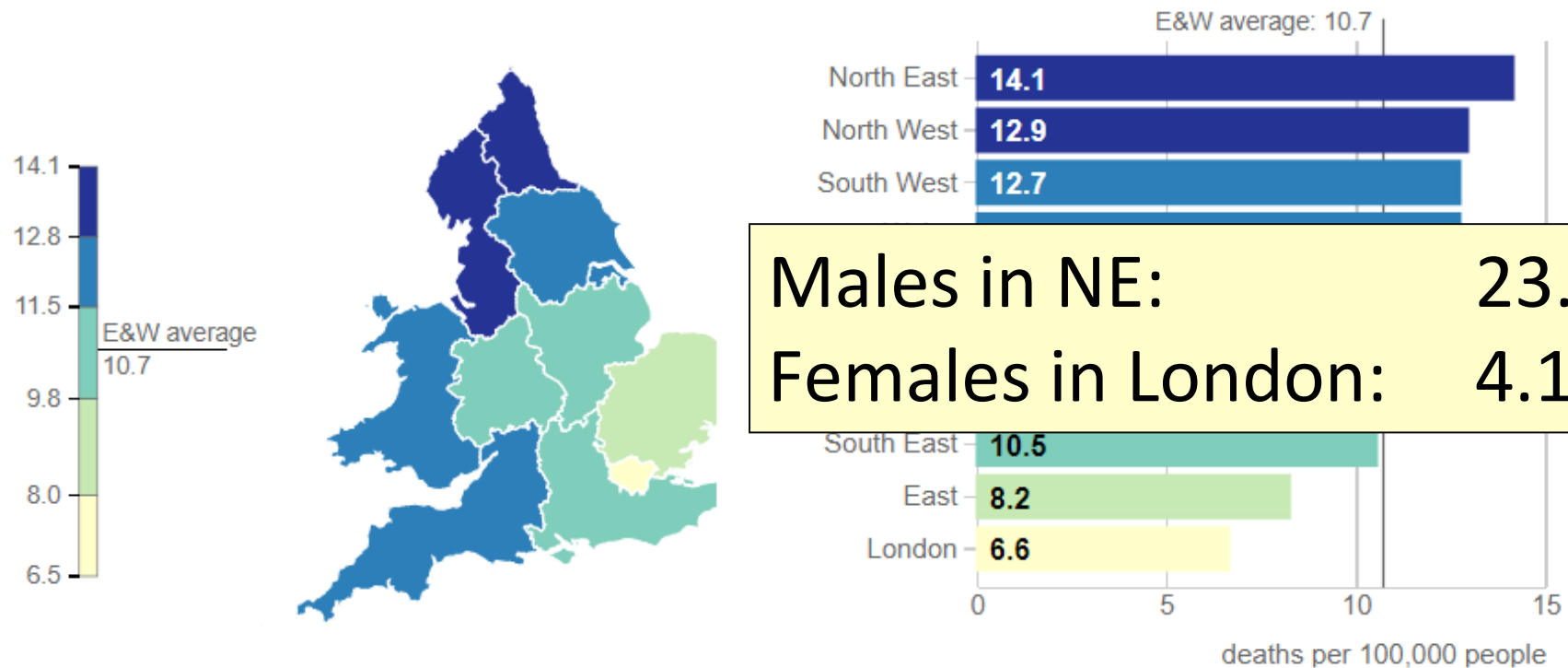


## Age-standardised suicide rates for English regions and Wales, deaths registered in 2021



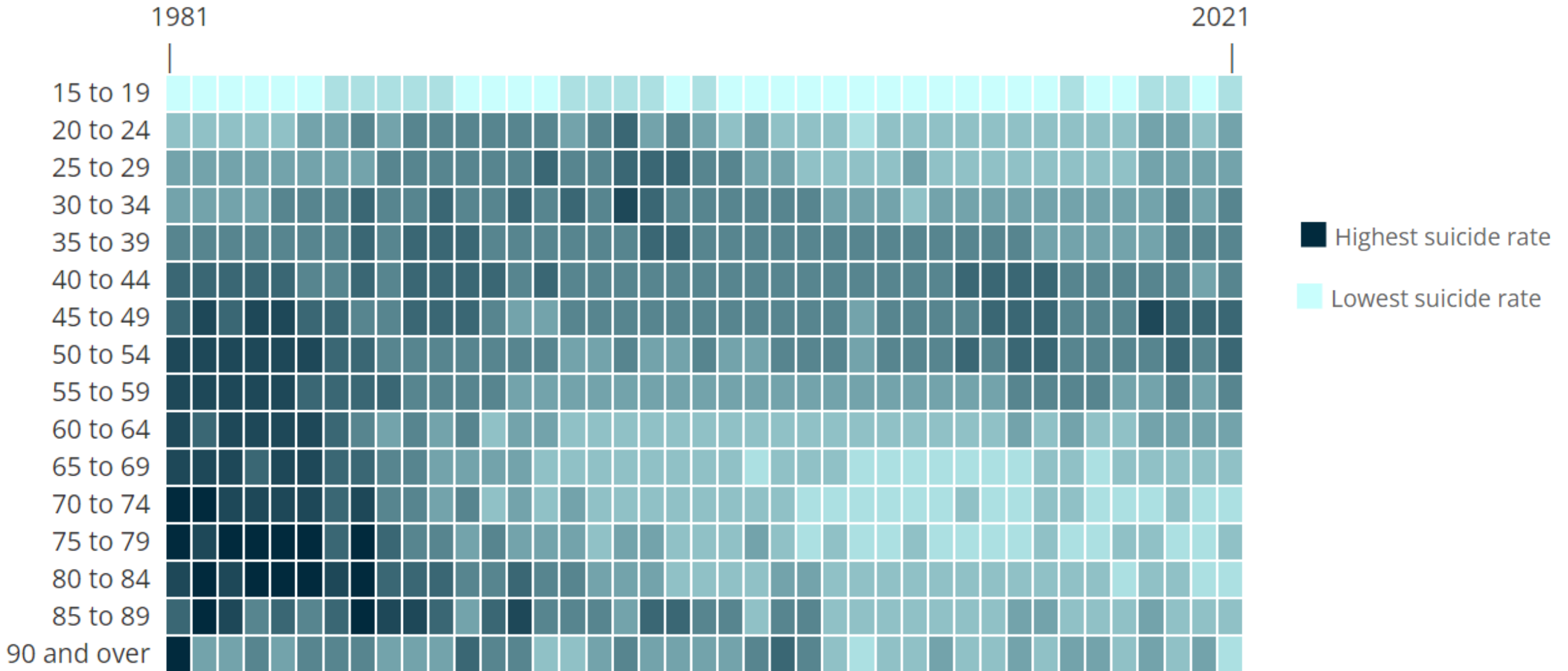
Source: Office for National Statistics – Suicides in England and Wales

## Age-standardised suicide rates for English regions and Wales, deaths registered in 2021

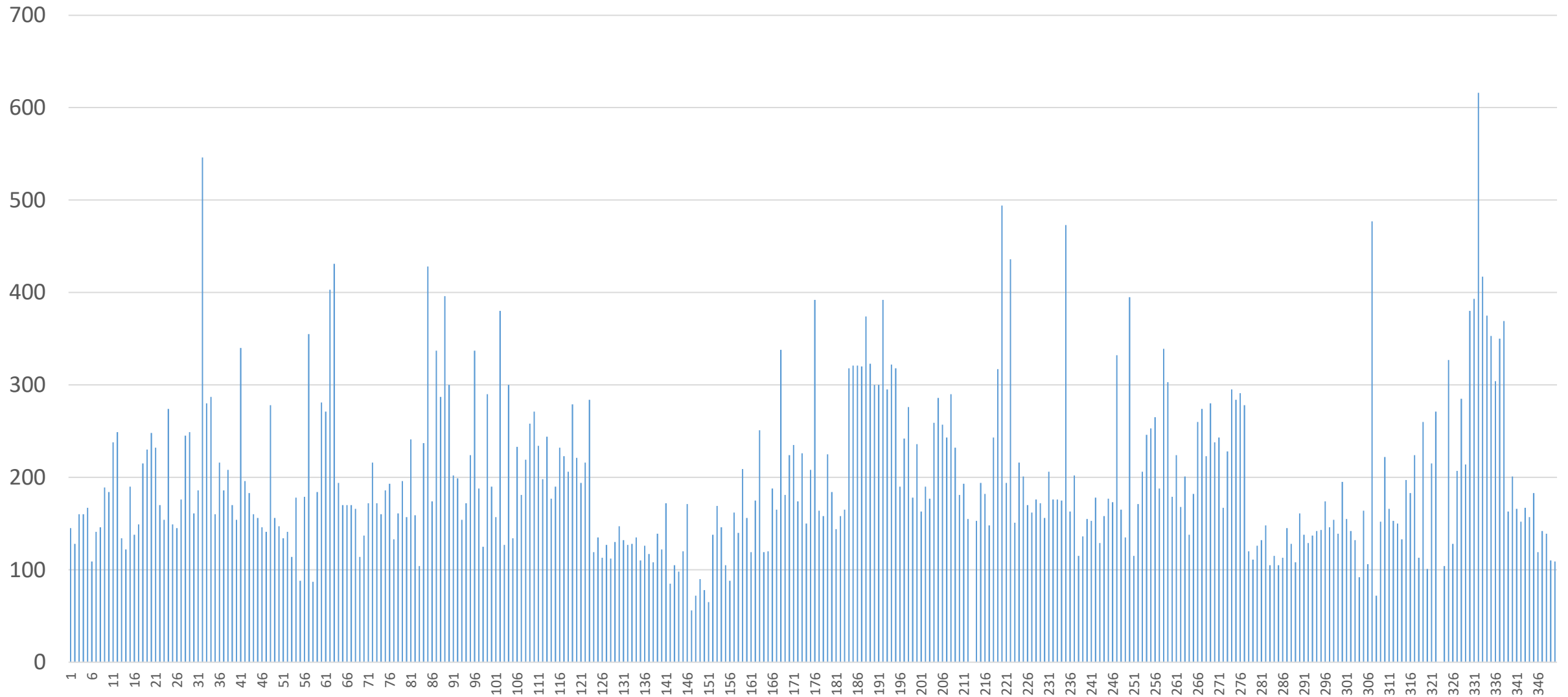


Source: Office for National Statistics – Suicides in England and Wales

# Age specific rates



# Median time between death and registration



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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.

“Historically, people who have harmed themselves have had a highly variable experience of services. This new guideline is an opportunity to make things better.

Professor Nav Kapur, topic advisor for the self-harm guideline



**NICE** National Institute for Health and Care Excellence

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### Self-harm: assessment, management and preventing recurrence

NICE guideline [NG225] Published: 07 September 2022

<https://www.nice.org.uk/guidance/NG225>

- 1.5.1 At the earliest opportunity after an episode of self-harm, a mental health professional should carry out a [psychosocial assessment](#) to:
- develop a collaborative therapeutic relationship with the person
  - begin to develop a shared understanding of why the person has self-harmed
  - ensure that the person receives the care they need
  - give the person and their family members or carers (as appropriate) information about their condition and diagnosis.



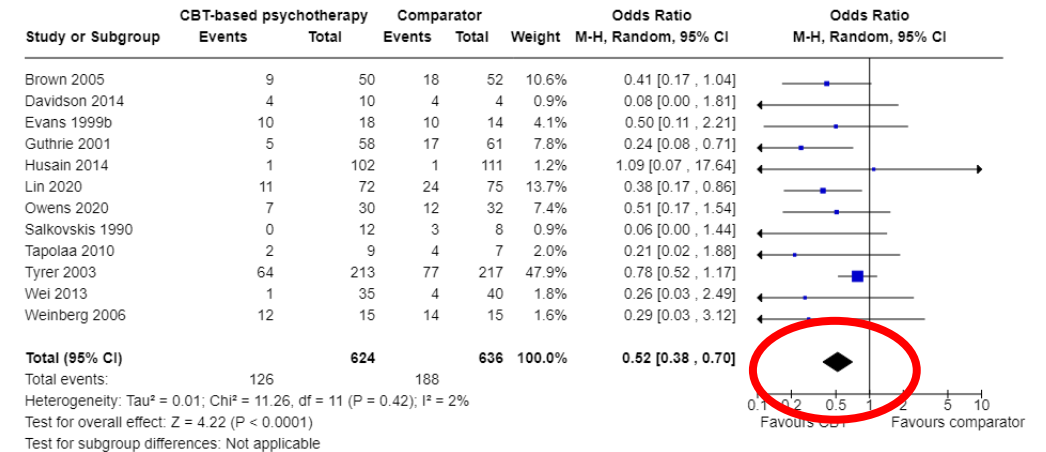
Psychosocial assessment may reduce the risk of repeat self-harm by **40%**

1.11.3 Offer a structured, person-centred, cognitive behavioural therapy (CBT)-informed psychological intervention (for example, CBT or problem-solving therapy) that is specifically tailored for adults who self-harm. Ensure that the intervention:

- starts as soon as possible
- is typically between 4 and 10 sessions; more sessions may be needed depending on individual needs
- is tailored to the person's needs and preferences.

1.11.4 For children and young people with significant emotional dysregulation difficulties who have frequent episodes of self-harm, consider dialectical behaviour therapy adapted for adolescents (DBT-A). Take into account the age of the child or young person and any planned transition between services.

1.11.5 Healthcare staff should be appropriately trained and supervised in the therapy they are offering to people who self-harm.



<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013668.pub2/references#dataAndAnalyses>

## 1.6 Risk assessment tools and scales

- 1.6.1 Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- 1.6.2 Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- 1.6.3 Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- 1.6.4 Do not use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.
- 1.6.5 Focus the assessment (see the [section on principles for assessment and care by healthcare professionals and social care practitioners](#)) on the person's needs and how to support their immediate and long-term psychological and physical safety.
- 1.6.6 Mental health professionals should undertake a [risk formulation](#) as part of every psychosocial assessment.



## Creating Hope Together

Scotland's Suicide Prevention Strategy 2022-2032

The Scottish Government and the  
Convention of Scottish Local Authorities (COSLA)  
September 2022



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

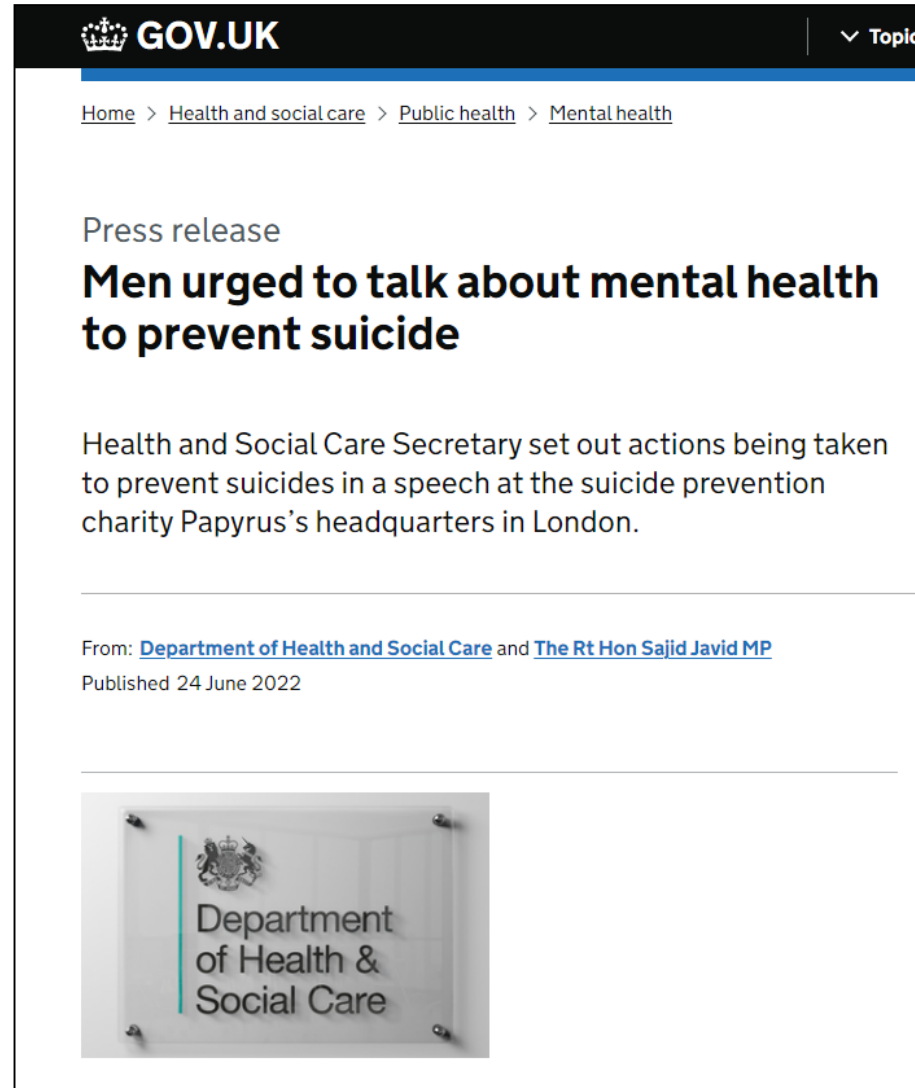
### Priority Areas

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal

Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery

Embed a coordinated, collaborative, and integrated approach



The screenshot shows a GOV.UK page for a press release. At the top, the GOV.UK logo is on the left and a 'Topics' dropdown menu is on the right. Below the header, a breadcrumb trail reads: Home > Health and social care > Public health > Mental health. The main heading is 'Press release' followed by the title 'Men urged to talk about mental health to prevent suicide'. The sub-heading is 'Health and Social Care Secretary set out actions being taken to prevent suicides in a speech at the suicide prevention charity Papyrus's headquarters in London.' Below this, the source is listed as 'From: Department of Health and Social Care and The Rt Hon Sajid Javid MP' and the date is 'Published 24 June 2022'. At the bottom, there is a photograph of a sign for the Department of Health & Social Care, featuring the Royal Coat of Arms and the text 'Department of Health & Social Care'.

# Suicide Prevention Strategy 2022



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**LIVE UK**  
**economy shrinks and Bank warns help to end in days**

Economic growth fell unexpectedly in August, strengthening fears that the UK will fall into recession.

UK Politics

- Why is the Bank so worried?
- The pitfalls lying ahead for an embattled PM



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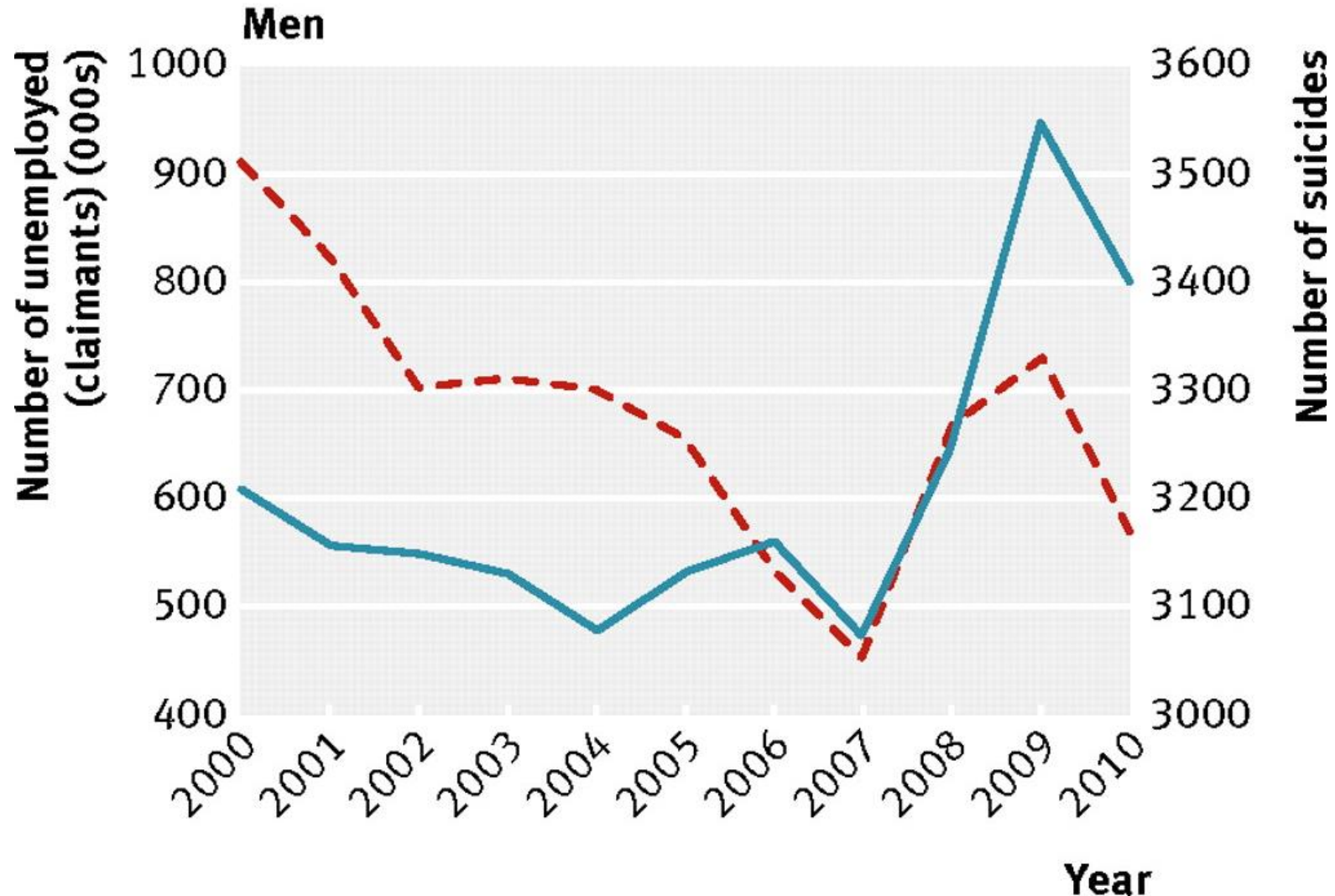
Business Your Money Market Data Companies Economy Technology of Business CEO Secrets

# Recession risk rises as economy unexpectedly shrinks

🕒 1 hour ago · 💬 Comments



# Trends in the numbers of suicide deaths and unemployment claimants in England, 2000-10



Policy Report 3/2015



## PolicyBristol

### The 2008 Global Financial Crisis: effects on mental health and suicide

David Gunnell, Jenny Donovan, Maria Barnes, Rosie Davies,  
Keith Hawton, Nav Kapur, Will Hollingworth, Chris Metcalfe



jobcentreplus

The 2008-2013 recession was followed by rises in suicide in England and other affected countries. It is critical that we learn lessons from the recent recession to reduce the impact of future economic downturns on suicide and mental health.

[Financial crisis | PolicyBristol | University of Bristol](#)

Policy Report 3/2015



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[Financial crisis | PolicyBristol | University of Bristol](#)

A photograph of a Jobcentreplus sign, which is green with white and yellow text. The sign is mounted above a glass entrance to a building.

The 2008-2013 recession was followed by rises in suicide in England and other affected countries. It is critical that we learn lessons from the recent recession to reduce the impact of future economic downturns on suicide and mental health.

## Key findings

- Economic recessions lead to increased levels of mental illness, suicide and suicidal behaviour.
- Rises in redundancies and unemployment as a result of the 2008 recession were greatest in young people, particularly males.
- Key stressors include job loss, financial difficulties, debt, loss of home and relationship stresses.
- The people most affected are individuals who are already vulnerable due to pre-existing mental health problems and other risk factors for mental illness and suicide.
- Many individuals who die by suicide in the context of employment or financial difficulties are not in contact with mental health services or their GP.
- People experiencing mental health problems as a result of their financial and employment difficulties often lack the motivation and support to navigate the benefits and advice systems.

## Policy implications

- Appropriate investment in active labour market programmes should be made, supporting young people who are entering the labour market for the first time.
- Provision of adequate welfare benefits could mitigate the impact of recession on suicide risk.
- Frontline staff most likely to be in contact with vulnerable individuals whose mental health is affected by economic difficulties should receive training in recognising and responding to risk.
- Staff working in the NHS, social services and advice sector should be given regularly updated information on the key advice agencies, in order to help steer people affected by job loss, financial hardship and benefit changes towards appropriate help.
- Timely funding should be given to advice agencies (e.g. CAB, Debt Advice centres) operating in areas most affected by recession.

## Policy implications

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- Provision of adequate welfare benefits could mitigate the impact of recession.
- Frontline staff, particularly those whose roles involve training in the workplace, should be given regular updates on the latest advice available.
- Staff working in the NHS, social services and advice sector should be given regularly updated information on the key advice agencies, in order to help steer people affected by job loss, financial hardship and benefit changes towards appropriate help.
- Timely funding should be given to advice agencies (e.g. CAB, Debt Advice centres) operating in areas most affected by recession.

**“Recessions can hurt but  
austerity kills”**

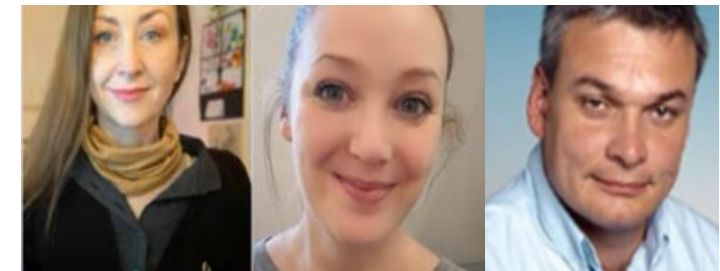
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