

# Suicide and self-harm during COVID-19 and Beyond

LxAddictions22  
November 2022  
Professor Nav Kapur

- Context
- What works for prevention
- COVID 19 and Beyond

- **Context**
- What works for prevention
- COVID 19 and Beyond

Seminar

## Suicide and self-harm

*Duleeka Knipe, Prianka Padmanathan, Giles Newton-Howes, Lai Fong Chan, Nav Kapur*

Suicide and self-harm are major health and societal issues worldwide, but the greatest burden of both behaviours occurs in low-income and middle-income countries. Although rates of suicide are higher in male than in female individuals, self-harm is more common in female individuals. Rather than having a single cause, suicide and self-harm are the result of a complex interplay of several factors that occur throughout the life course, and vary by gender, age, ethnicity, and geography. Several clinical and public health interventions show promise, although our understanding of their effectiveness has largely originated from high-income countries. Attempting to predict suicide is unlikely to be helpful. Intervention and prevention must include both a clinical and community focus, and every health professional has a crucial part to play.



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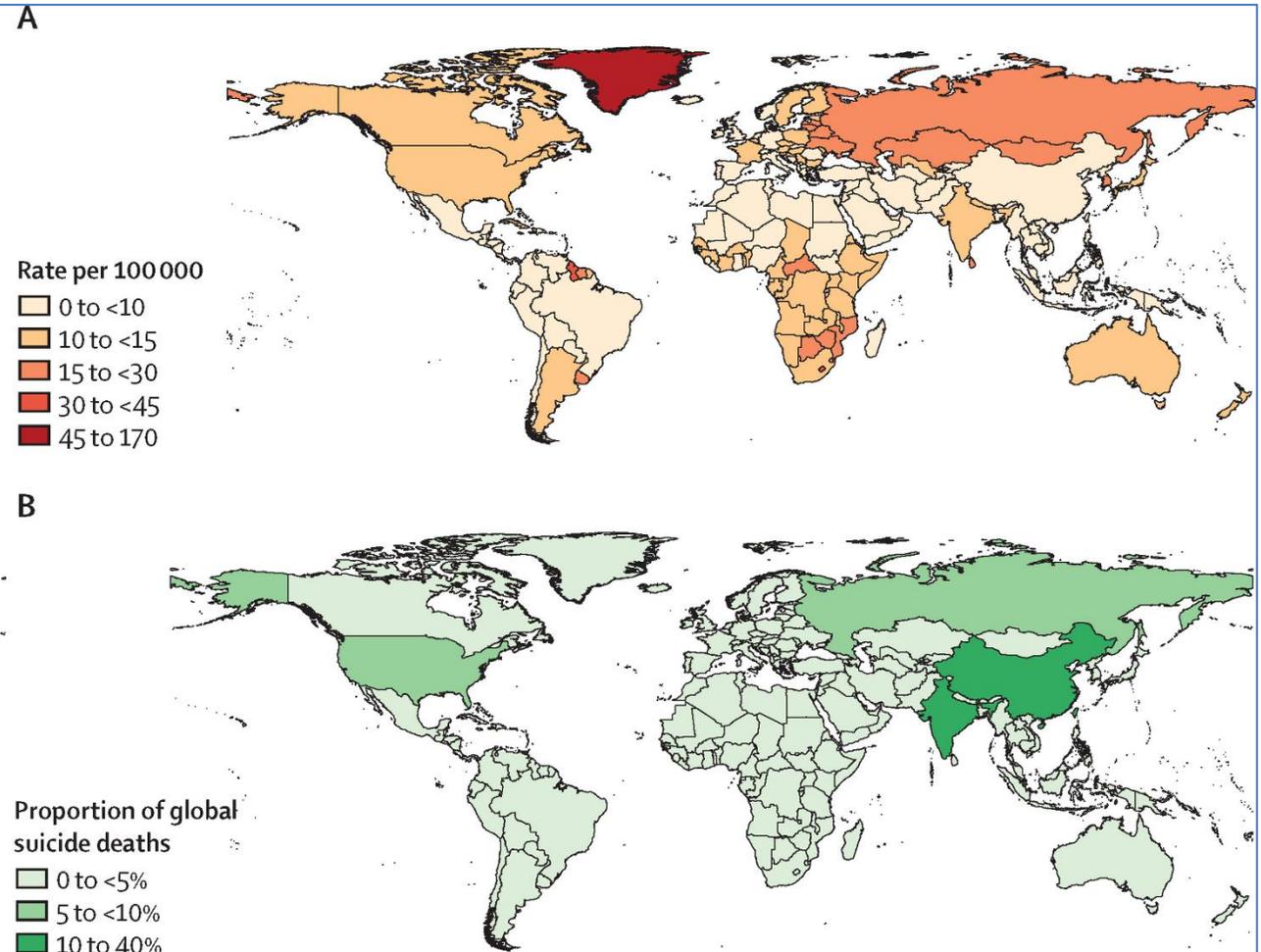


#LancetSuicideSeminar

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Preventing suicide and self-harm: a global challenge too far?

Suicide and self-harm are intensely individual experiences but ones which occur in a global context. Is prevention at scale even possible?



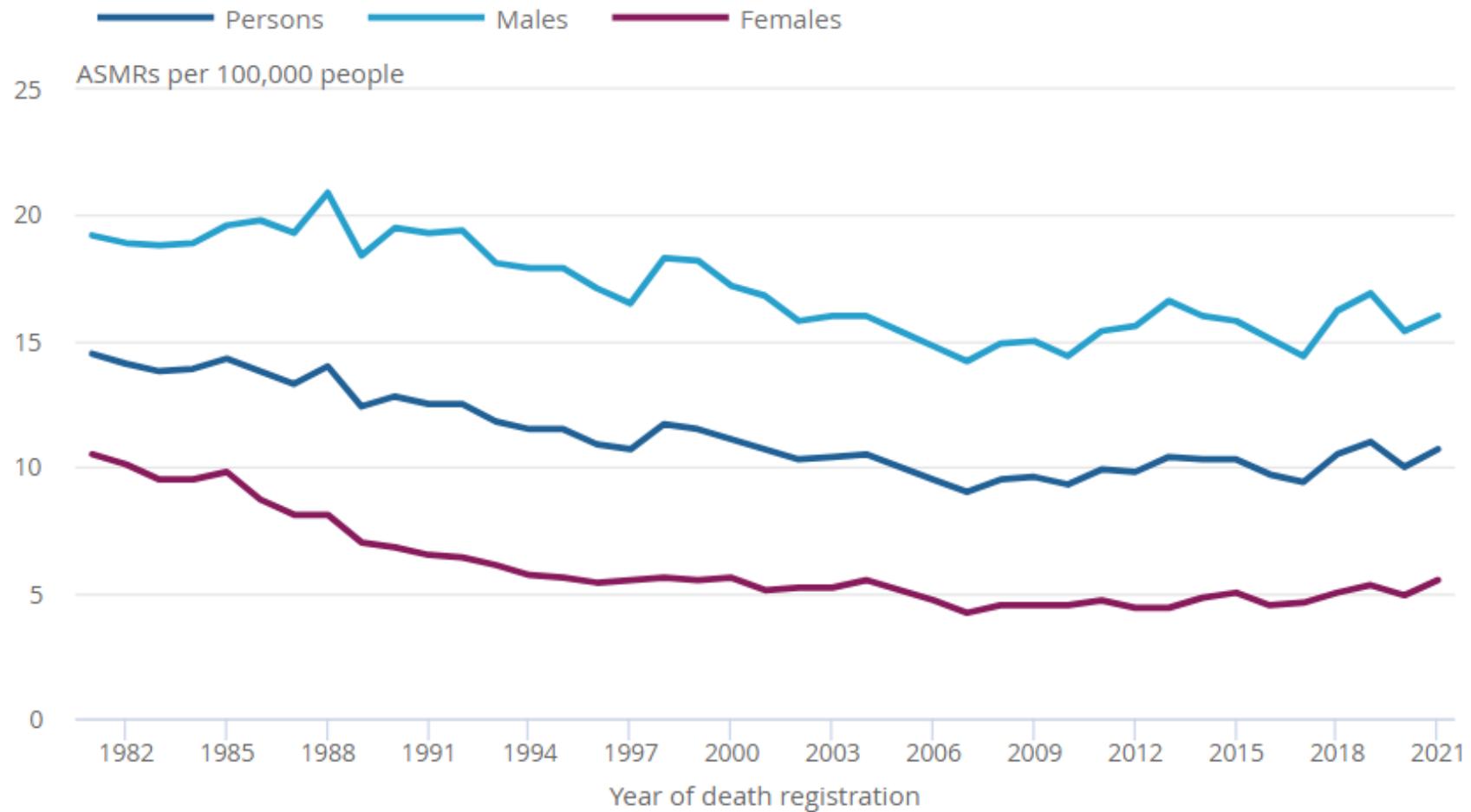
THE LANCET

Volume 399, Issue 10338, 14–20 May 2022, Pages 1903–1916

<https://www.sciencedirect.com/science/article/pii/S0140673622001738>

# Suicide rates vary over time

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

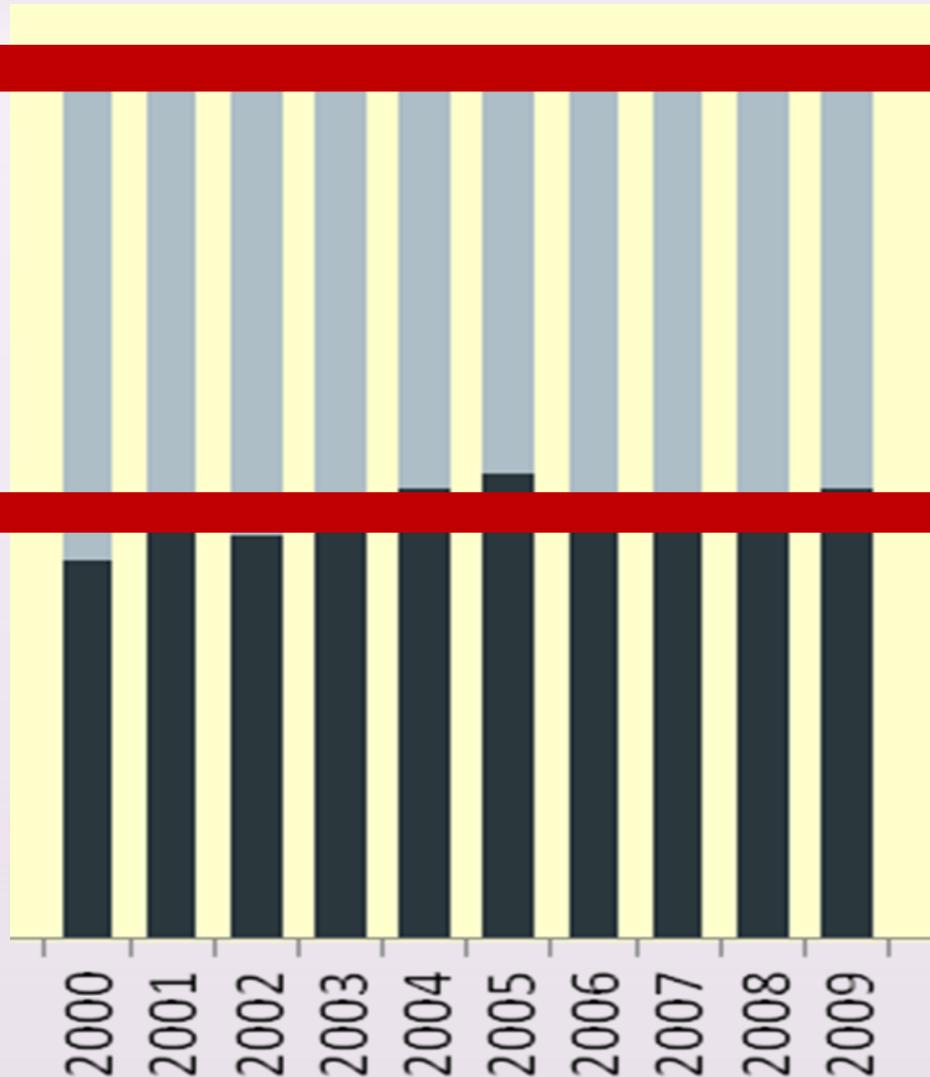


# Self-harm and suicide

Risk of suicide  
increased 50  
times in the  
year after  
presentation  
with self-harm

# Self-harm and suicide

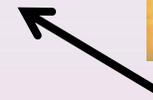
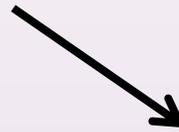
Men  
80+ years



Risk of suicide  
increased 50  
times in the  
year after  
presentation  
with self-harm

Men who  
self-harm  
40 years

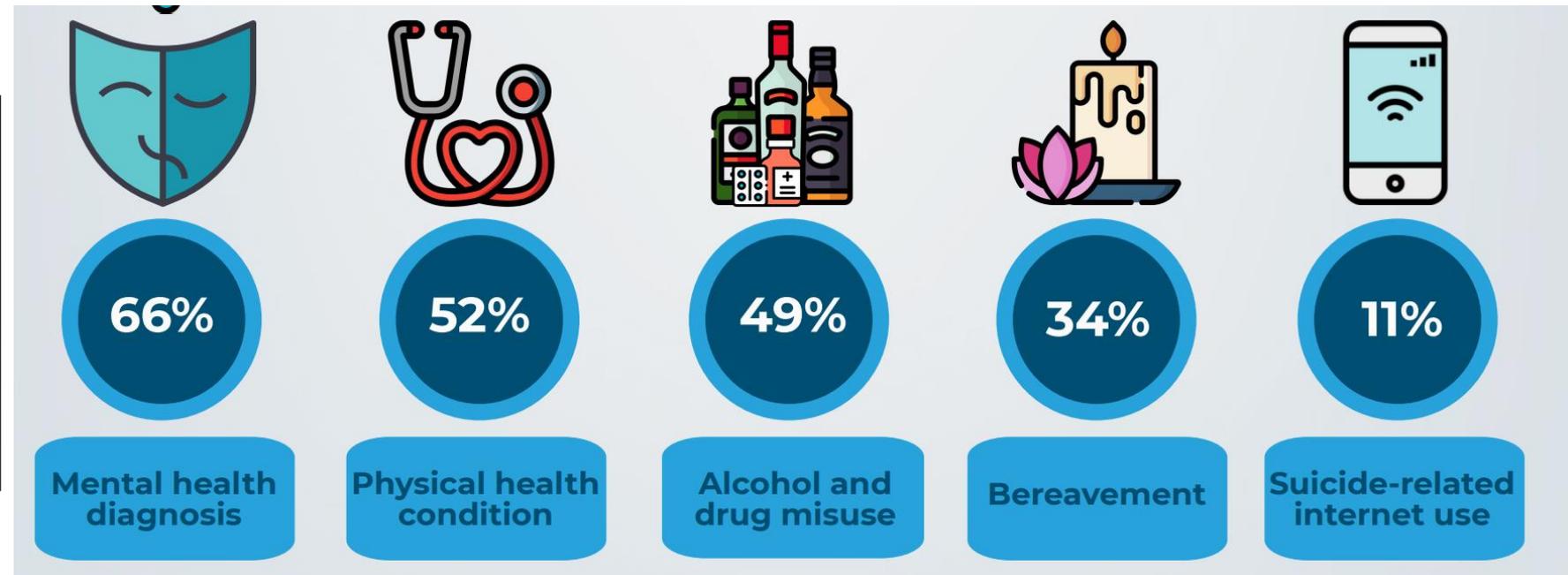
# What causes suicidal behaviour?



# Suicide in middle aged men

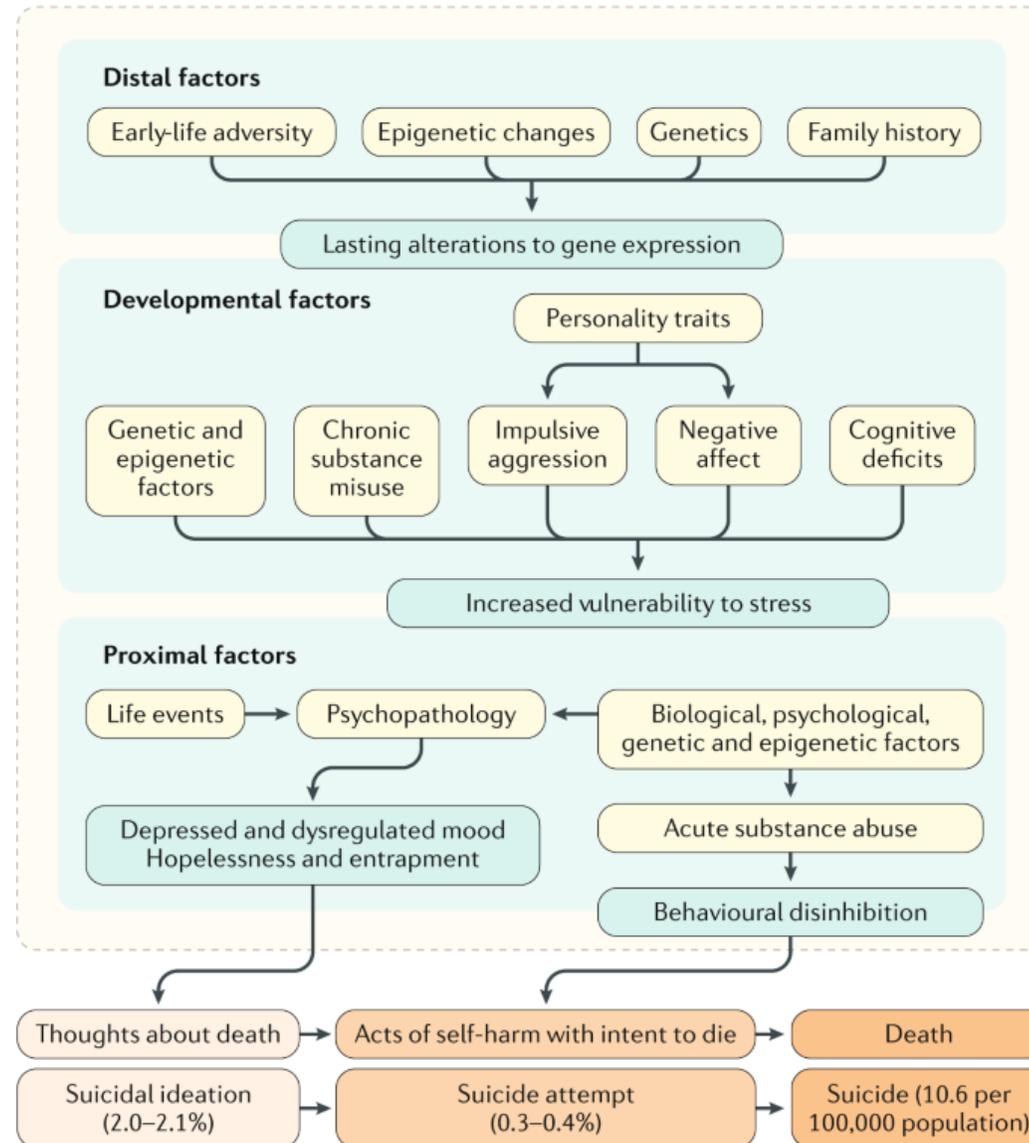


<https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>



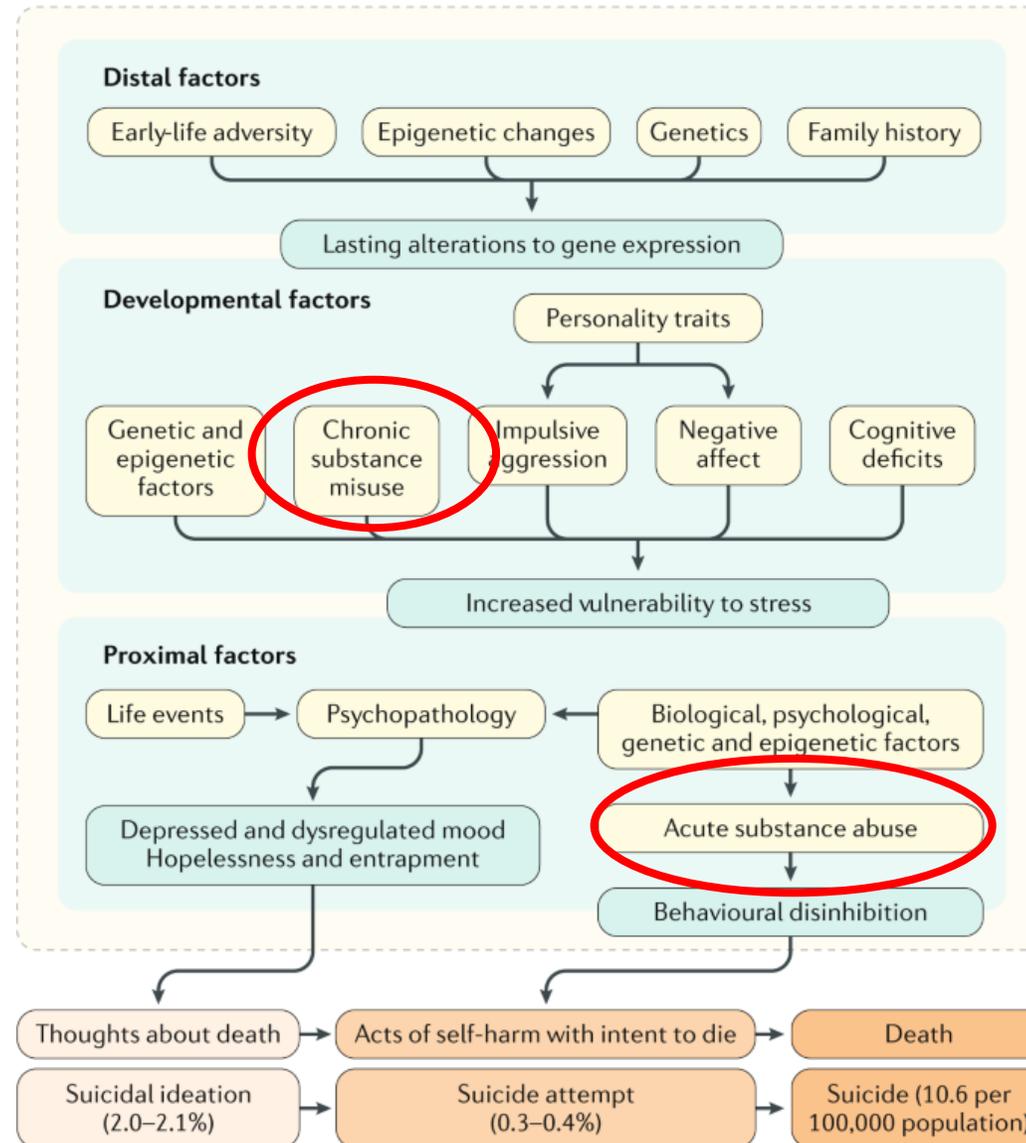
**Social context: lack of social cohesion and environmental factors**

- Geographical location
- Sociocultural norms
- Disruption to social structure or values
- Economic turmoil
- Social isolation
- Media reporting
- Access to lethal means
- Poor access to mental health services



**Social context: lack of social cohesion and environmental factors**

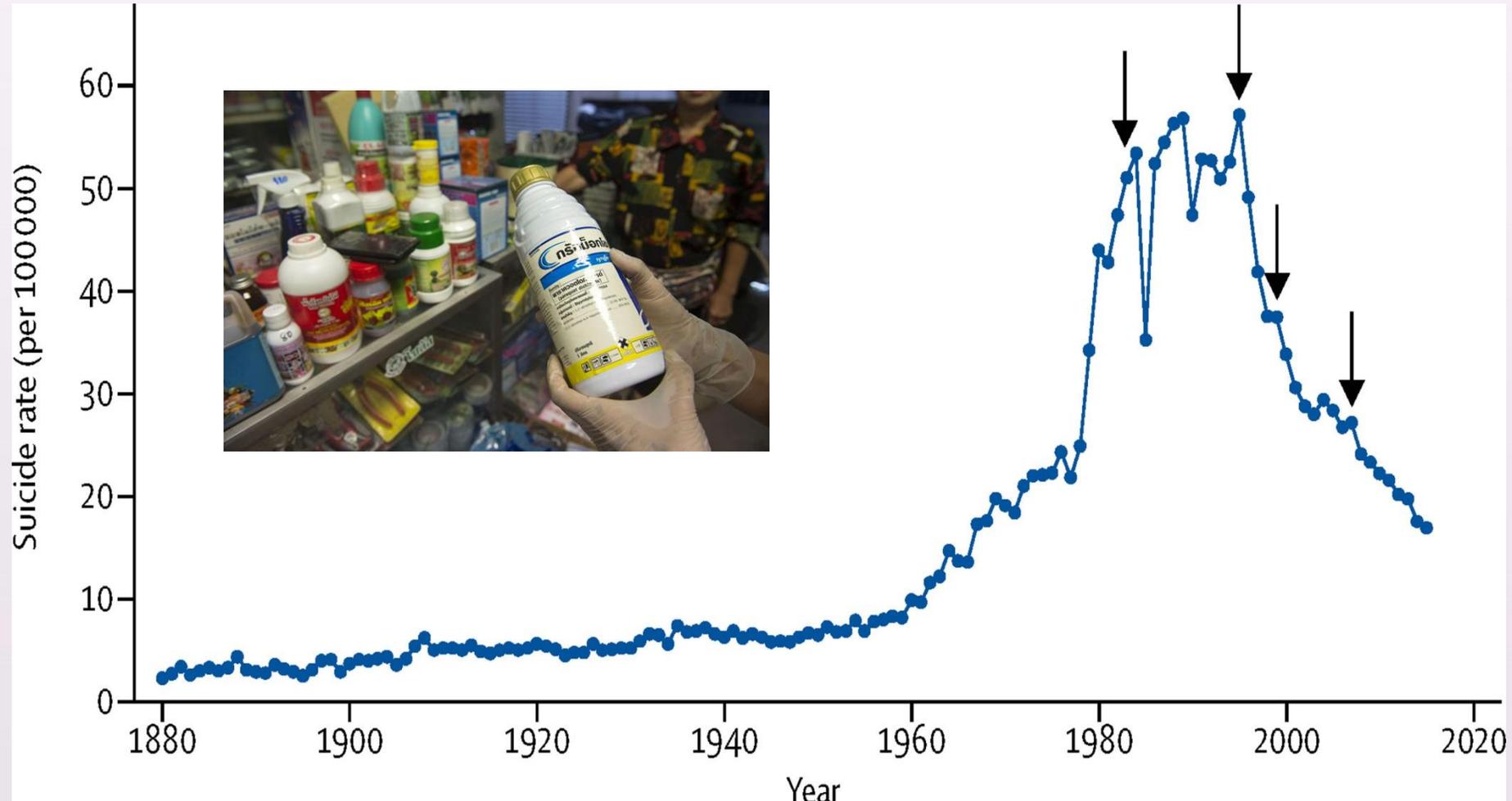
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- Access to lethal means
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- Context
- **What works for prevention**
- COVID 19 and Beyond

# Method availability

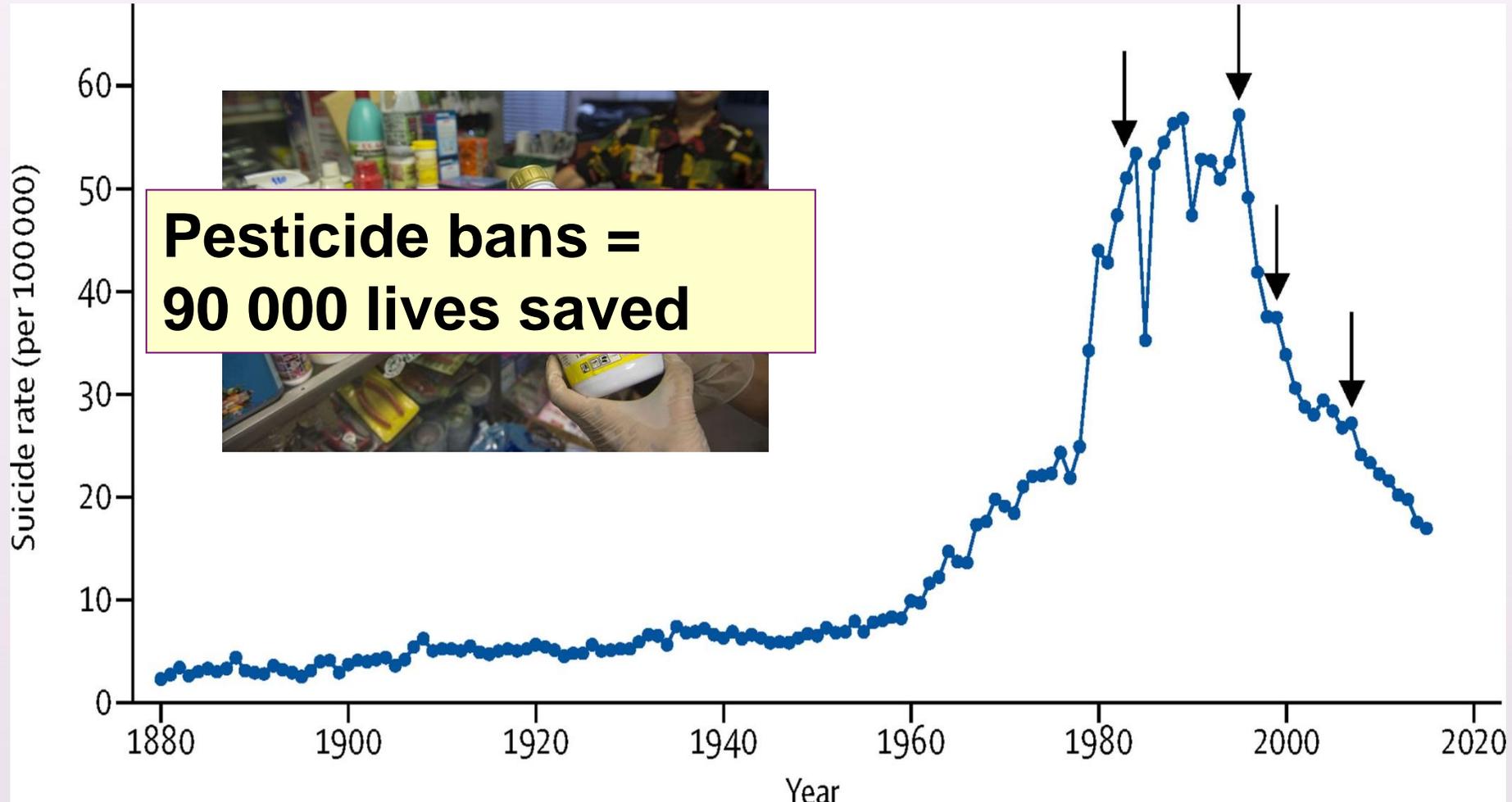
## Safer societies



*Knipe et al Lancet Global Health 2017)*

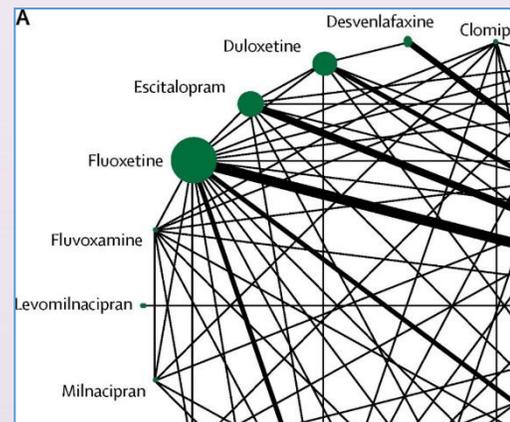
# Method availability

## Safer societies



*Knipe et al Lancet Global Health 2017)*

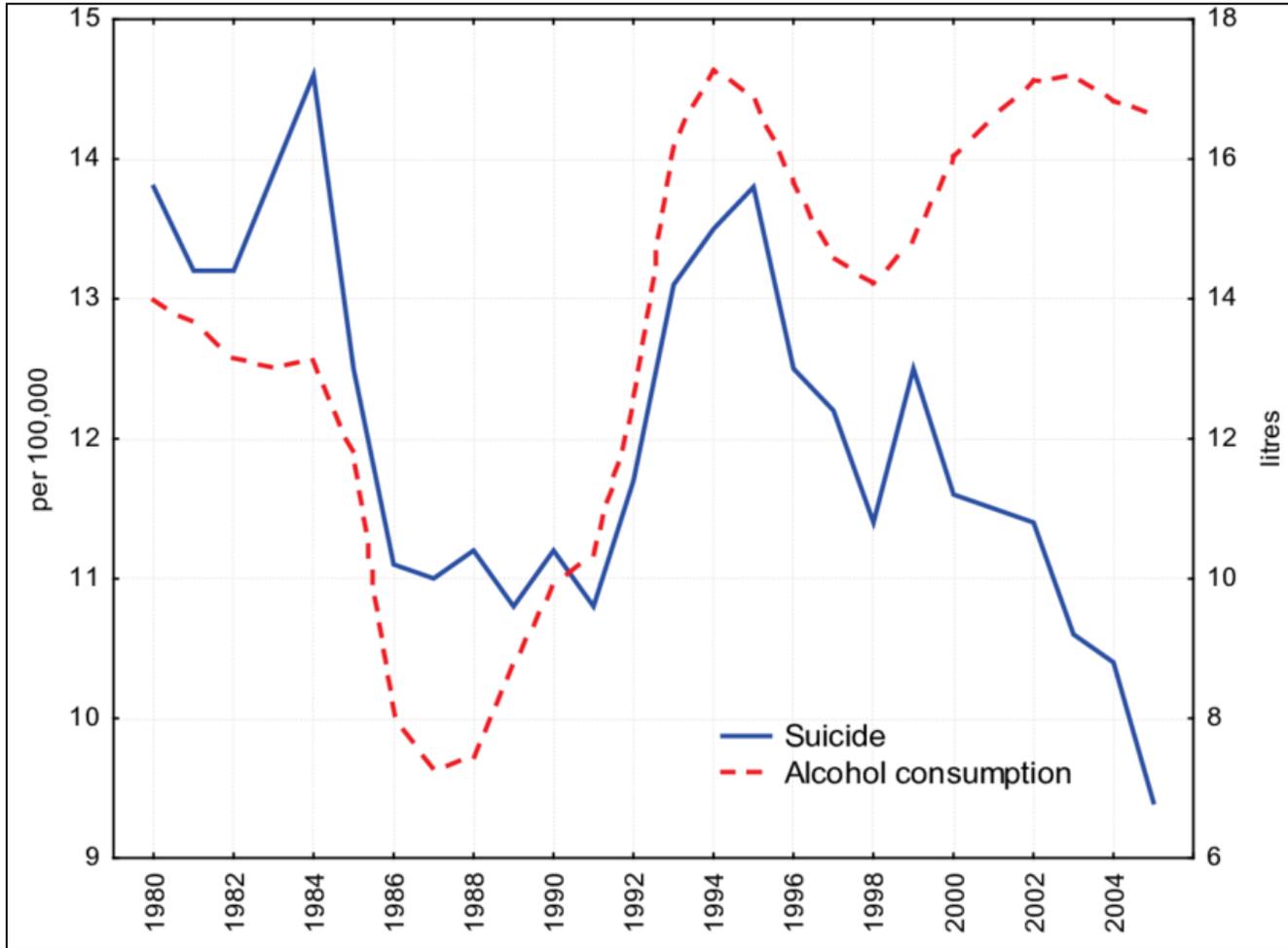
# Suicide prevention



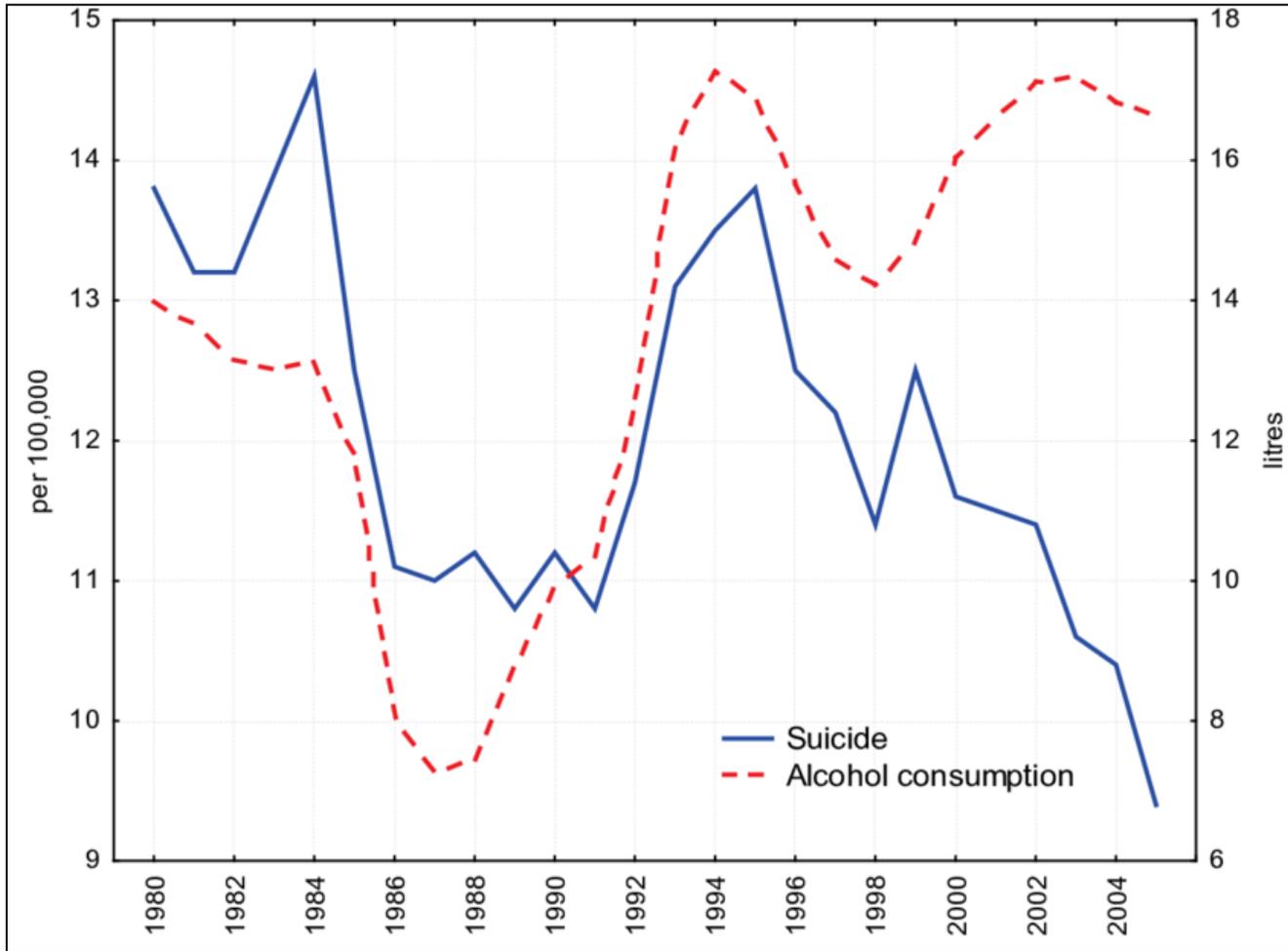
**NICE** National Institute for Health and Care Excellence

<https://www.nice.org.uk/guidance/ng105>

# Public health and individual level interventions targeting alcohol consumption



# Public health and individual level interventions targeting alcohol consumption



DRUGS: EDUCATION, PREVENTION AND POLICY  
<https://doi.org/10.1080/09687637.2022.2114877>



REVIEW ARTICLE

OPEN ACCESS 

## Prevention of alcohol-related suicide: a rapid review

Norman Giesbrecht<sup>a,b\*</sup>, Elizabeth K. Farkouh<sup>c\*</sup>, Harish Pavalaghanthan<sup>d</sup> and Heather Orpana<sup>e,f</sup>

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### ABSTRACT

Suicide remains a leading cause of death worldwide, with an estimated 700,000 suicide deaths per year. The World Health Organization identifies reducing alcohol use as one component of comprehensive approaches to suicide prevention. This paper conducted a rapid review of the evidence on alcohol-related suicide prevention interventions. PubMed, Embase and Web of Science were searched for articles related to alcohol, suicide, prevention, and policies, published between 1990 and 2020. 5293 articles were identified; after deduplication, 2567 studies were screened at the title and abstract level. 402 articles underwent full-text review. 69 articles were ultimately included and underwent data extraction. Interventions were categorized as policy interventions, community-based interventions, and clinical interventions. While there is evidence that policy interventions targeting alcohol may be associated with lower suicide rates, more evidence using stronger study designs is needed. The evidence for community interventions was mixed and supported the need for further research on these types of interventions. Pharmaceutical and therapy-based clinical interventions also showed some promise, with more research needed. Overall, despite evidence of alcohol's role in suicide attempts and deaths, few interventions have been developed with the purpose of addressing alcohol-related suicide. More research is needed to identify effective interventions to prevent alcohol-related suicide.

### ARTICLE HISTORY

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### KEYWORDS

Suicide; alcohol; policies; prevention; community; clinical

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- Context
- What works for prevention
- **COVID 19 and Beyond**

# 150,000 Brits will die an 'avoidable death' during coronavirus pandemic through depression, domestic violence and suicides

- Fraser Nelson, editor of The Spectator, raised concerns of thousands of deaths
- Predictions for 'indirect' coronavirus deaths could surpass those of COVID-19
- The pandemic is expected to have a knock-on effect on people's mental health
- Charities have recorded spikes in helplines from domestic abuse victims
- Pressure is mounting on the government to reveal how lockdown will be eased
- [Learn more about how to help people impacted by COVID](#)

## Results

# Suicide numbers remained unchanged or declined

### Articles

#### Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries

Jane Pirks, Ann John, Sangsoo Shin, Marcos DelPozo-Banos, Vikas Arya, Pablo Analuisa-Aguilar, Louis Appleby, Ella Arensman, Jason Bantjes, Anna Baran, Jose M Bertolote, Guilherme Borges, Petrona Brečić, Eric Caine, Giulio Castelpietra, Shu-Sen Chang, David Colchester, David Crompton, Marko Curkovic, Eberhard A Deisenhammer, Chengan Du, Jeremy Dwyer, Annette Erlangsen, Jeremy S Faust, Sarah Fortune, Andrew Garrett, Devin George, Rebekka Gerstner, Renske Gillissen, Madelyn Gould, Keith Hawton, Joseph Kanter, Navneet Kapur, Murad Khan, Olivia J Kirtley, Duleeka Knipe, Kairi Kolves, Stuart Leske, Kedar Marshatta, Ellenor Mittendorfer-Rutz, Nikolay Neznanov, Thomas Niederkostinhaler, Emma Nielsen, Merete Nordentoft, Herwig Oberlacher, Rory C O'Connor, Melissa Pearson, Michael R Phillips, Steve Platt, Paul L Plener, Georg Psota, Ping Qin, Daniel Radeloff, Christa Rados, Andreas Reif, Christine Reif-Leonhard, Vsevolod Rozanov, Christiane Schlang, Barbara Schneider, Natalia Semenova, Mark Sinyor, Ellen Townsend, Michiko Ueda, Lakshmi Vijayakumar, Roger T Webb, Manjula Weerasinghe, Gil Zalsman, David Gunnell\*, Matthew J Spittal\*

#### Summary

**Background** The COVID-19 pandemic is having profound mental health consequences for many people. Concerns have been expressed that, at their most extreme, these consequences could manifest as increased suicide rates. We aimed to assess the early effect of the COVID-19 pandemic on suicide rates around the world.

**Methods** We sourced real-time suicide data from countries or areas within countries through a systematic internet search and recourse to our networks and the published literature. Between Sept 1 and Nov 1, 2020, we searched the official websites of these countries' ministries of health, police agencies, and government-run statistics agencies or equivalents, using the translated search terms "suicide" and "cause of death", before broadening the search in an attempt to identify data through other public sources. Data were included from a given country or area if they came from an official government source and were available at a monthly level from at least Jan 1, 2019, to July 31, 2020. Our internet searches were restricted to countries with more than 3 million residents for pragmatic reasons, but we relaxed this rule for countries identified through the literature and our networks. Areas within countries could also be included with populations of less than 3 million. We used an interrupted time-series analysis to model the trend in monthly suicides before COVID-19 (from at least Jan 1, 2019, to March 31, 2020) in each country or area within a country, comparing the expected number of suicides derived from the model with the observed number of suicides in the early months of the pandemic (from April 1 to July 31, 2020, in the primary analysis).

**Findings** We sourced data from 21 countries (16 high-income and five upper-middle-income countries), including whole-country data in ten countries and data for various areas in 11 countries). Rate ratios (RRs) and 95% CIs based on the observed versus expected numbers of suicides showed no evidence of a significant increase in risk of suicide since the pandemic began in any country or area. There was statistical evidence of a decrease in suicide compared with the expected number in 12 countries or areas: New South Wales, Australia (RR 0.81 [95% CI 0.72-0.91]); Alberta, Canada (0.80 [0.68-0.93]); British Columbia, Canada (0.76 [0.66-0.87]); Chile (0.85 [0.78-0.94]); Leipzig, Germany (0.49 [0.32-0.74]); Japan (0.94 [0.91-0.96]); New Zealand (0.79 [0.68-0.91]); South Korea (0.94 [0.92-0.97]); California, USA (0.90 [0.85-0.95]); Illinois (Cook County), USA (0.79 [0.67-0.93]); Texas (four counties), USA (0.82 [0.68-0.98]); and Ecuador (0.74 [0.67-0.82]).



Lancet Psychiatry 2021

Published Online  
April 13, 2021

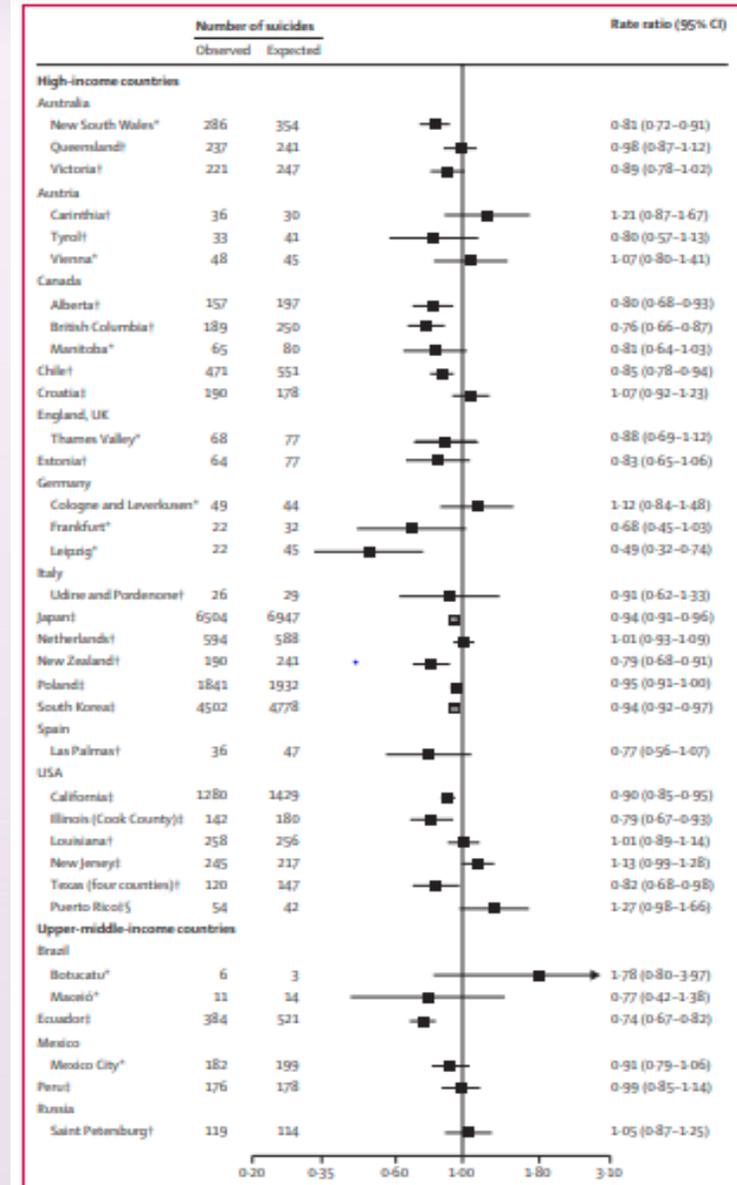
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(P Analuisa-Aguilar MPH);  
National Confidential Inquiry  
into Suicide and Safety in  
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(Prof L Appleby FRCPsych) and



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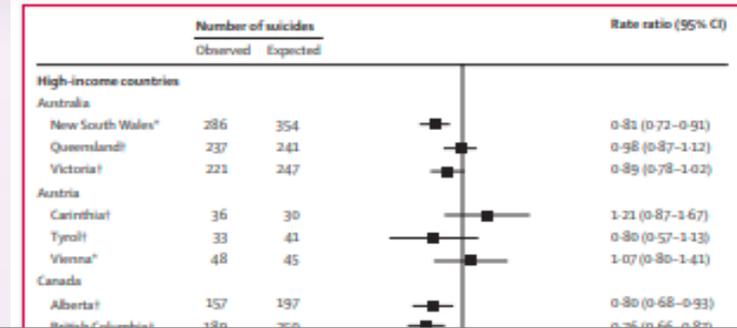
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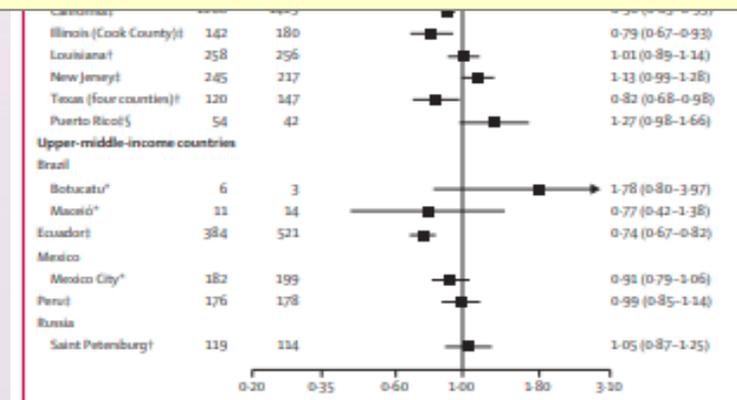
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National Confidential Inquiry  
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Mental Health  
(Prof L Appleby FRCPsych) and



- Removal of normal stressors
- Social Cohesion
- Less social isolation, more supervision
- Economic and policy mitigation



## NEWS

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Health

### Alcohol deaths hit record high during Covid pandemic

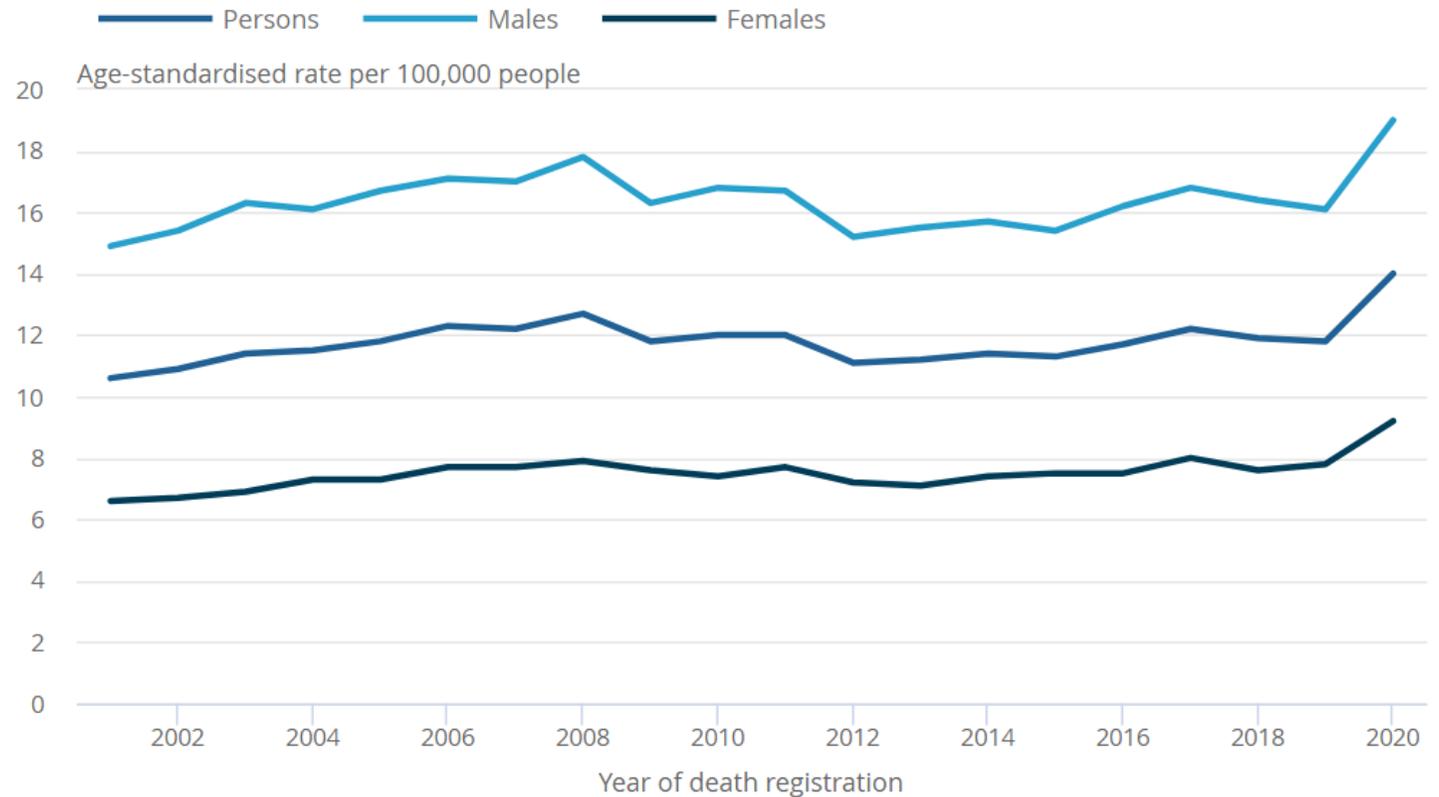
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Coronavirus pandemic



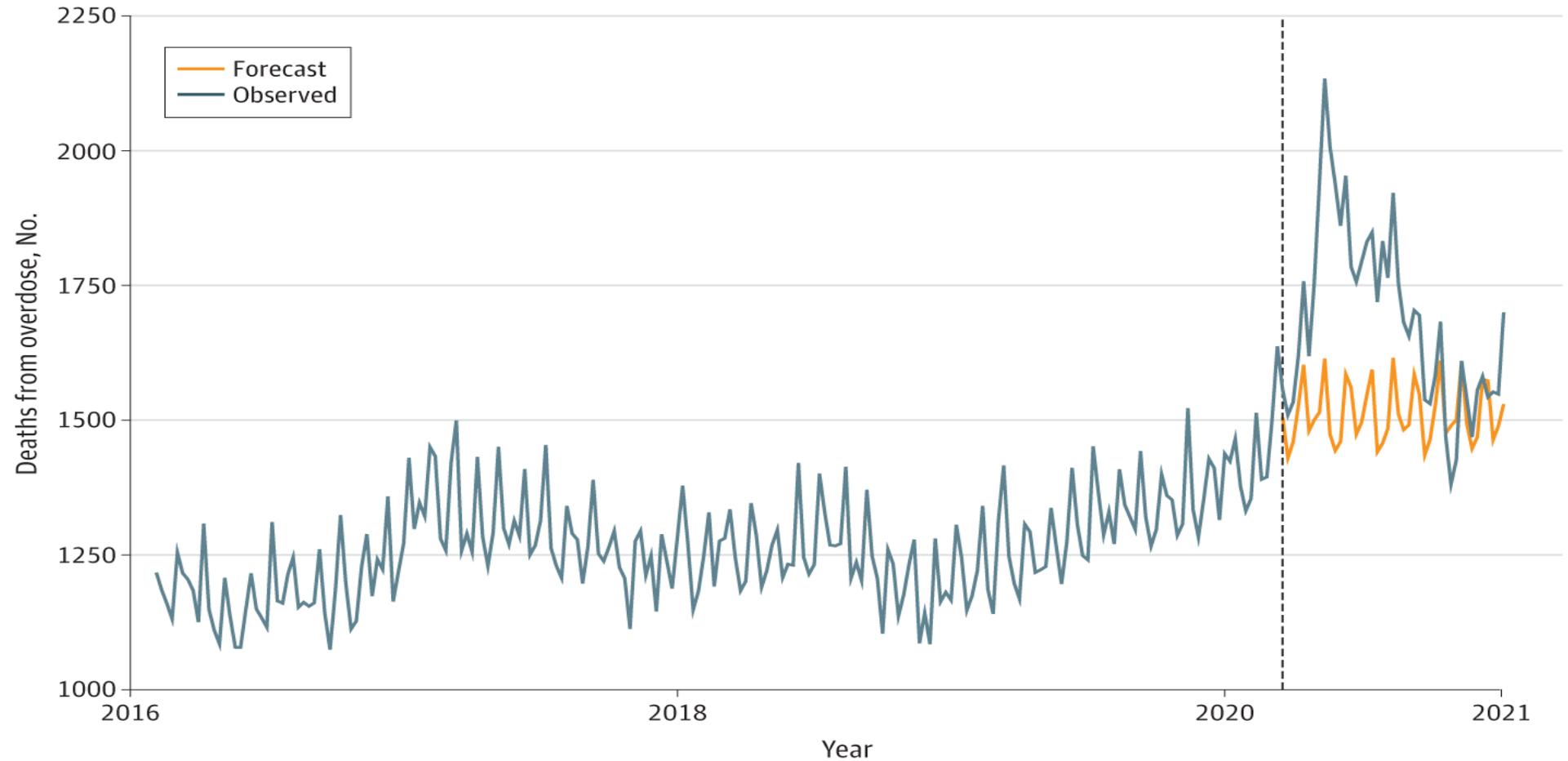
**Figure 1: The alcohol-specific death rate for 2020 was 18.6% higher than the previous year**

**Age-standardised alcohol-specific death rates per 100,000 people, by sex; UK, deaths registered between 2001 and 2020**



From: Forecasted and Observed Drug Overdose Deaths in the US During the COVID-19 Pandemic in 2020

JAMA Netw Open. 2022;5(3):e223418. doi:10.1001/jamanetworkopen.2022.3418



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**NEWS**

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World Africa Asia Australia Europe Latin America Middle East US & Canada

## Ukraine conflict: What we know about the invasion

24 February

Russia-Ukraine war



### Cost of living crisis

### Analysis

## Cost of living crisis: what governments around the world are doing to help

*Sam Jones and agency*

From cancelling student loan debt to raising minimum wage, different strategies aim to reduce effects of soaring prices

Wed 7 Sep 2022 13:10 BST



India imposed restrictions on exports of food items including wheat and sugar. Photograph: Anadolu Agency/Getty Images

## Unemployment and suicide in the Great Depression: Great Britain 1920s & 1930s

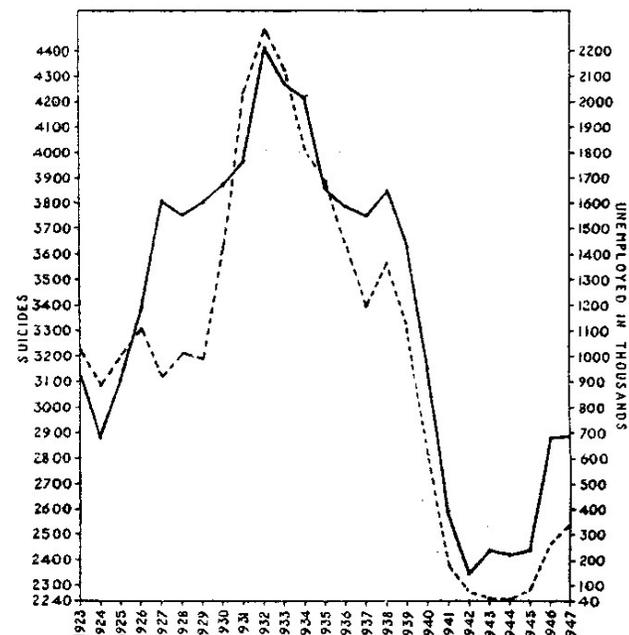


FIG. 5.—Comparison between numbers of male suicides, shown thus ———, and numbers of unemployed males, shown thus - - - - -, during 1923-47 (Great Britain).

Source: Douglas Swinscow, BMJ June 23 1951; 1417-1423

	Country-years		Effect size (95% CI)	Potential excess deaths	
				Mean	95% CI
External causes	662		-0.25 (-0.68 to 0.18)	-495.1	-1346.7 to 356.5
Suicide	657		0.49 (-0.04 to 1.02)	247.9	-20.2 to 515.9
Suicide (in people aged 0-64 years)	657		0.79 (0.16 to 1.42)	308.7	62.5 to 554.8
Homicide	496		0.79 (0.06 to 1.52)	40.1	3.0 to 77.2
Drug dependence and toxicomania	261		-3.75 (-7.67 to 0.17)	-107.2	-219.3 to 4.9
Alcohol abuse	203		0.81 (-5.93 to 7.54)	101.8	-745.5 to 947.9
Accidents	516		-0.45 (-0.88 to -0.02)	-574.6	-1123.6 to -25.5

**Articles**

### The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis

*David Stuckler, Sanjay Basu, Marc Suhrcke, Adam Coutts, Martin McKee*

**Summary**  
**Background** There is widespread concern that the present economic crisis, particularly its effect on unemployment, will adversely affect population health. We investigated how economic changes have affected mortality rates over the past three decades and identified how governments might reduce adverse effects.

**Methods** We used multivariate regression, correcting for population ageing, past mortality and employment trends, and country-specific differences in health-care infrastructure, to examine associations between changes in employment and mortality, and how associations were modified by different types of government expenditure for 26 European Union (EU) countries between 1970 and 2007.

**Findings** We noted that every 1% increase in unemployment was associated with a 0.79% rise in suicides at ages younger than 65 years (95% CI 0.16-1.42; 60-550 potential excess deaths [mean 310] EU-wide), although the effect size was non-significant at all ages (0.49%, -0.04 to 1.02), and with a 0.79% rise in homicides (95% CI 0.06-1.52; 3-80 potential excess deaths [mean 40] EU-wide). By contrast, road-traffic deaths decreased by 1.39% (0.64-2.14; 290-980 potential fewer deaths [mean 630] EU-wide). A more than 3% increase in unemployment had a greater effect on suicides at ages younger than 65 years (4.45%, 95% CI 0.65-8.24; 250-3220 potential excess deaths [mean 1740] EU-wide) and deaths from alcohol abuse (28.0%, 12.30-43.70; 1550-5490 potential excess deaths [mean 3500] EU-wide). We noted no consistent evidence across the EU that all-cause mortality rates increased when unemployment rose, although populations varied substantially in how sensitive mortality was to economic crises, depending partly on differences in social protection. Every US\$10 per person increased investment in active labour market programmes reduced the effect of unemployment on suicides by 0.038% (95% CI -0.004 to -0.071).

**Interpretation** Rises in unemployment are associated with significant short-term increases in premature deaths from intentional violence, while reducing traffic fatalities. Active labour market programmes that keep and reintegrate workers in jobs could mitigate some adverse health effects of economic downturns.

Lancet 2009; 374: 215-23  
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 See Comment page 270  
 See Obituary page 286  
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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



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.

## 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 Report 3/2015



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## Policy implications

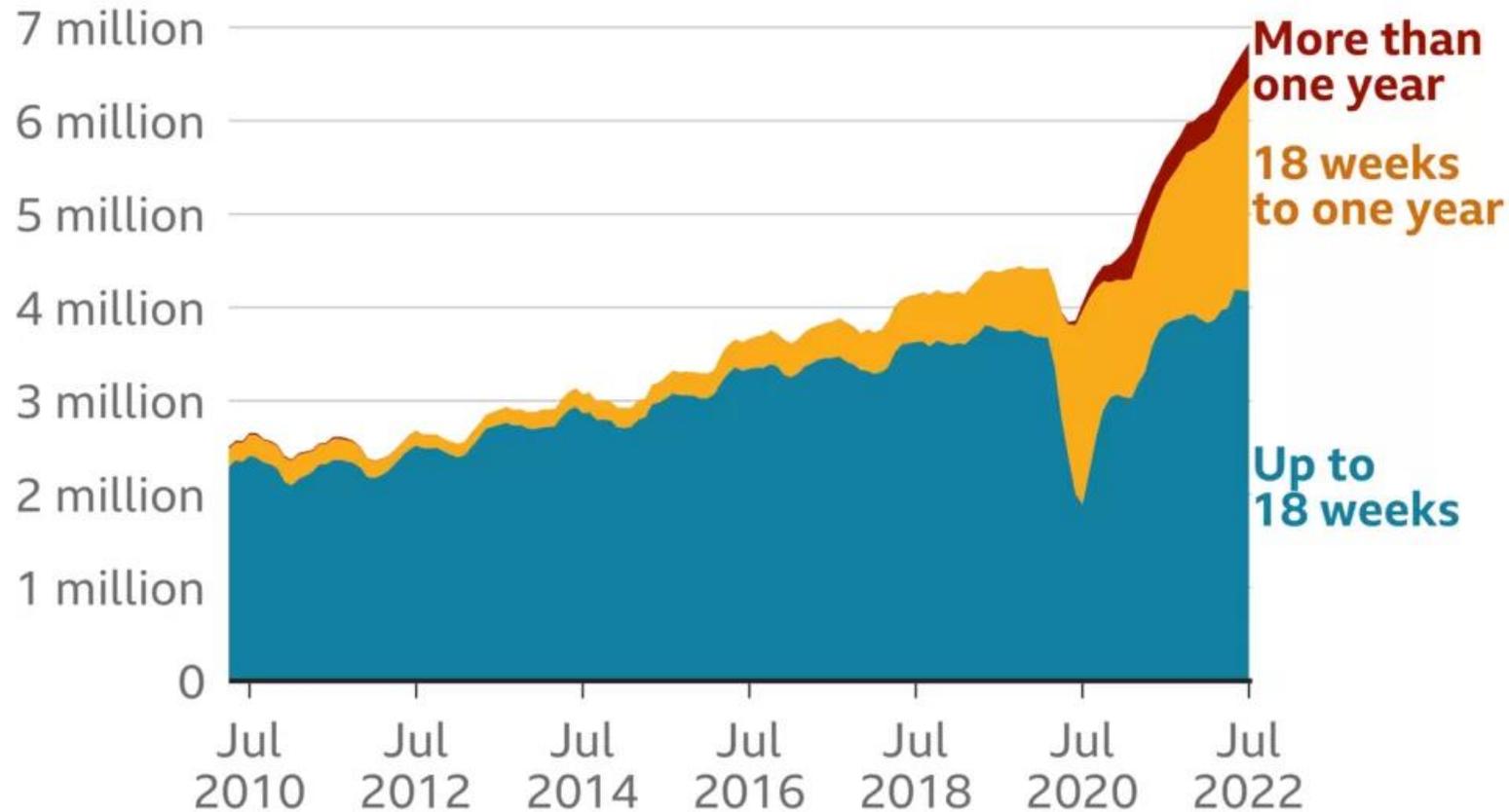
- Appropriate investment in active labour market programmes should be made, supporting young people who are entering the labour market for the first time.
- Provision of adequate welfare benefits could mitigate the impact of recession on suicide risk.
- From wh tra
- Start working in the NHS, social 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 individuals but austerity kills”**

individuals  
ould receive

## Record numbers waiting for treatment

People waiting for hospital treatment in England



Source: NHS England, data to Jul 2022

We are  
with you

- Significant **re-shaping** of alcohol and drug services
- Frequent **re-provision**

NHS

- **Variation** between countries
- **National databases** available in England, Wales and Scotland

TURNING  
POINT



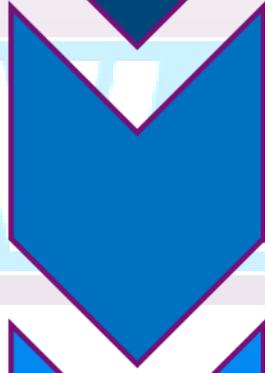
Creative Voice

 Change  
Grow  
Live

Kaleidoscope  
Est. 1988



- Link existing data
- NDTMS/WNDSM/DAIsy



- Use existing data in a new way
- Case-control study



- Collect additional information
- Incident reports

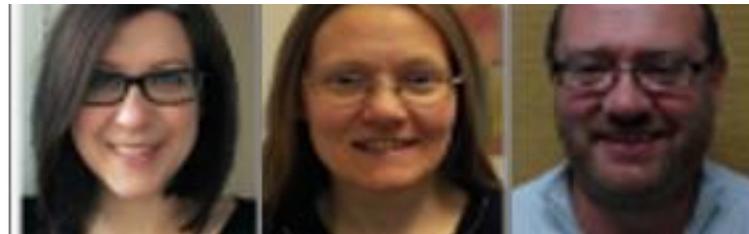
- Context
- What works for prevention
- COVID 19 and Beyond

## Summary

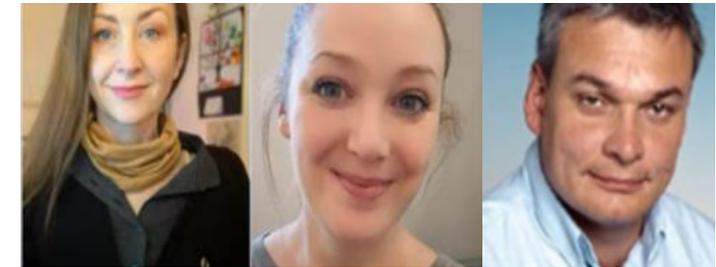
- Suicide and self-harm are important problems worldwide
- Alcohol and drug misuse increase the risk of suicide
- COVID 19 did not result in a rise in suicide but alcohol and drug deaths may well have risen
- Global economic challenges could have a detrimental effect on suicide, as well as alcohol and drug-related deaths but mitigation is possible.
- The health and social care context will continue to be challenging
- We know what helps to prevent suicide but we need to know more about interventions which target alcohol, drug consumption, and other problem behaviours



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