

Suicide rates post-Covid: should we expect a rise?

Nordic Summit on Mental Health

November 18, 2021

Professor Louis Appleby

THE LANCET Psychiatry

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Suicide risk and prevention during the COVID-19 pandemic

David Gunnell • Louis Appleby • Ella Arensman • Keith Hawton • Ann John • Nav Kapur • et al. Show all authors • Show footnotes

Published: April 21, 2020 • DOI: [https://doi.org/10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1) • Check for updates

Supplementary Material

The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound¹ and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to

Selective and indicated interventions (Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)		Universal interventions (Target the whole population and focus on particular risk factors without identifying those risk factors; designed to improve mental health and reduce suicide)			
Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given	Mental health services and individual providers Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications Crisis helplines	Government Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	Government Public health responses that ensure that those facing domestic violence have access to support and can leave home	Government Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	Communities Provide support for those who are living alone Friends and family Check in regularly, if necessary via digital alternatives to face-to-face meetings Mental health services and individual providers Ensure easily accessible help is available for

Research evidence & experience of national strategies provide strong basis for suicide prevention

Universal interventions on economic stresses, isolation, alcohol, domestic violence, access to means & media reporting

Targeted interventions for those with pre-existing MH problems & people in crisis



“Suicide figures are up 200% since lockdown”



BBC Reality Check
@BBCRealityCheck

A misleading tweet claiming "suicide figures are up 200% since lockdown" has been shared more than 31,000 times on Twitter in the UK today. But we can find no evidence to support this claim. @samaritans told us "there is currently no evidence of a rise in suicide rates".

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Psychiatry

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Reporting on suicidal behaviour and COVID-19—need for caution

Keith Hawton • Lisa Marzano • Lorna Fraser • Monica Hawley • Eva Harris-Skillman • Yasmine Xavier Lainez

Published: November 05, 2020 • DOI: [https://doi.org/10.1016/S2215-0366\(20\)30484-3](https://doi.org/10.1016/S2215-0366(20)30484-3)

References

News reporting on suicidal behaviour can have a considerable influence on suicide and self-harm in the general population.¹ This

Now 42 mental health experts warn that lockdown will trigger a spike in suicide, self-harm, alcoholism and domestic abuse

• Open letter said longer the lockdown goes on worse 'collateral damage' will be

A coming wave: suicide and gender after COVID-19

Katerina Standish

National Centre for Peace and Conflict Studies, University of Otago, Dunedin, New Zealand

ABSTRACT

The Covid-19 pandemic is suppressing suicide. Studies suggest that to the intensity of lockdown suicides increase after a pandemic. Many who comprise roughly 75% of completed suicides may respond to rises in rates of substance use, unemployment, anxiety, isolation and trauma by deliberate killing. In this forum piece, I present a portent that COVID-19 will increase the risk of suicidal and suicidal-homicidal violence for survivors of the pandemic and while facing the current epidemic has occupied the globe, it is critical that we keep our eyes on the horizon for the coming suicide wave.

The New York Times

Is the Pandemic Sparking Suicide?

Psychiatrists are confronted with an urgent natural experiment, and the outcome is far from predictable.

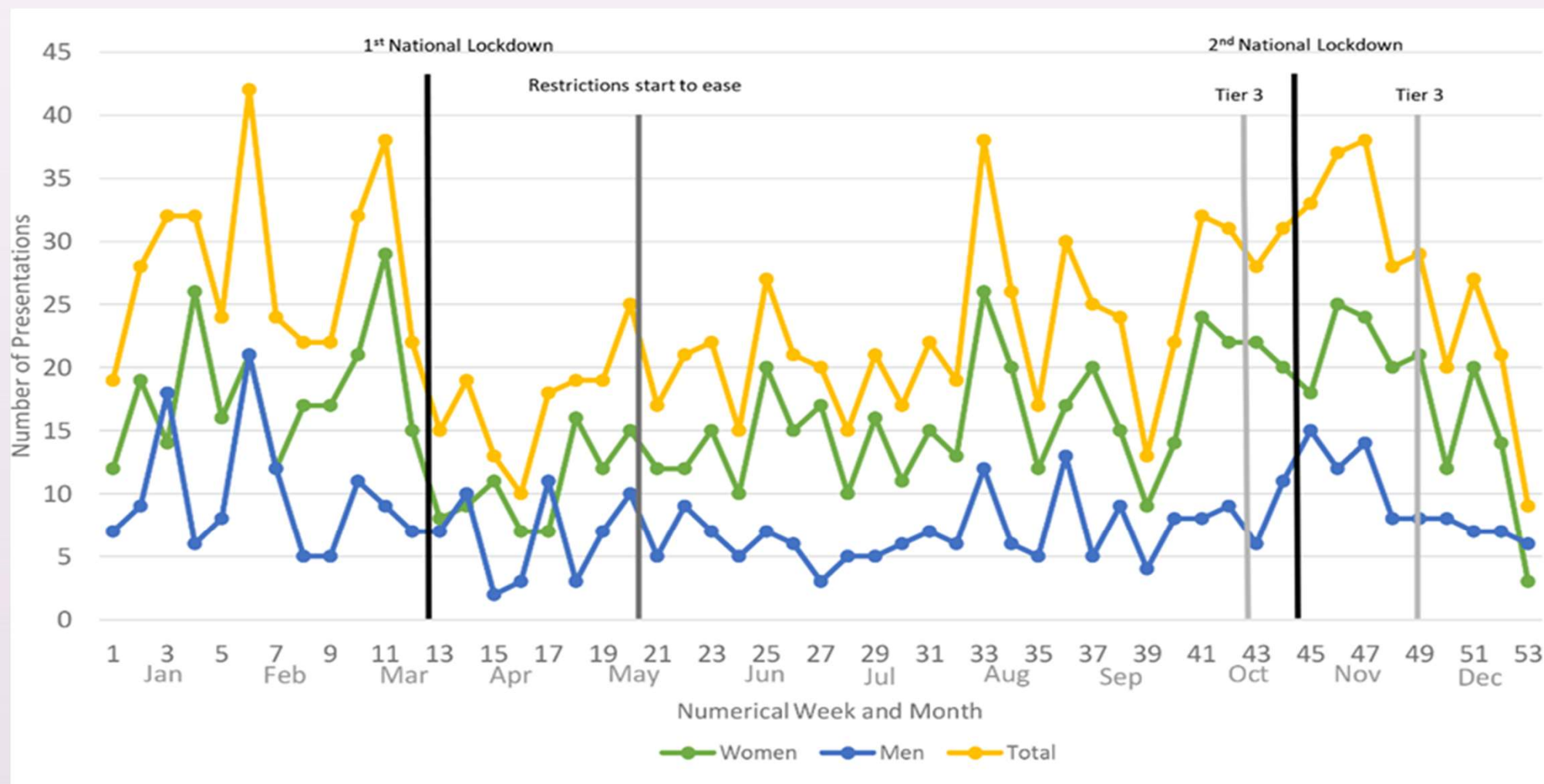
Article | Published: 15 January 2021

Increase in suicide following an initial decline during the COVID-19 pandemic in Japan

Takanao Tanaka & Shohei Okamoto

Nature Human Behaviour 5, 229–238 (2021) | [Cite this article](#)

Total weekly self-harm presentations in 2020 to the Emergency Department in two Manchester hospitals



(With thanks to Caroline Clements & Nav Kapur)

Self-harm in pandemic: community

Figure 16a Self-harm by age groups

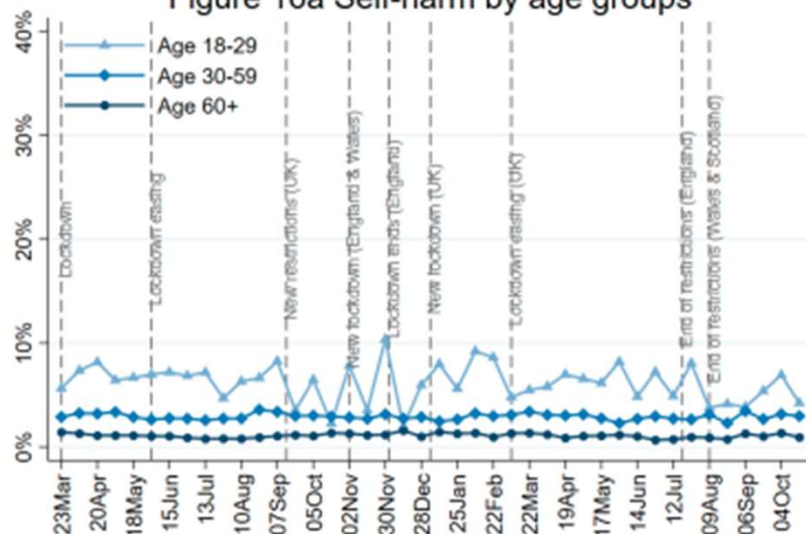


Figure 16b Self-harm by living arrangement

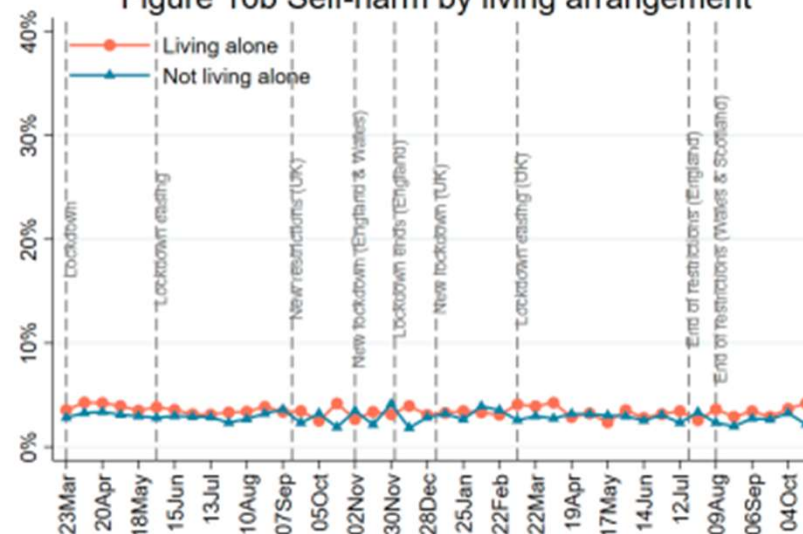


Figure 16c Self-harm by household income

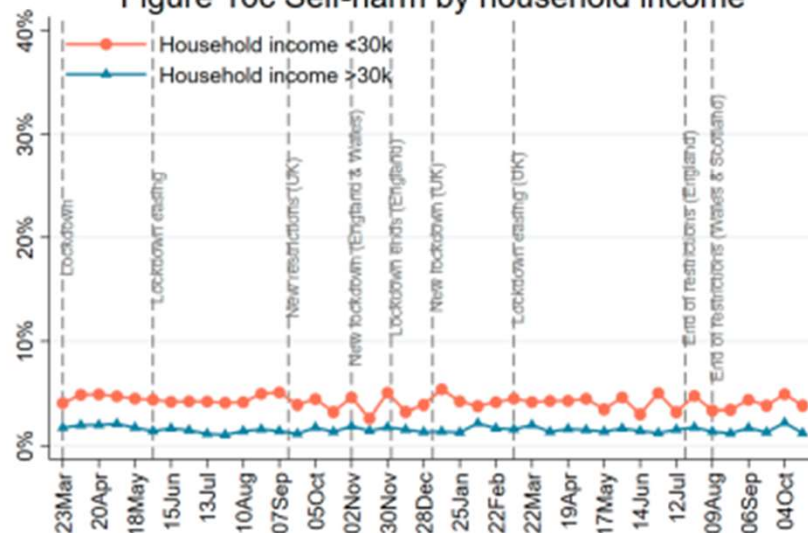
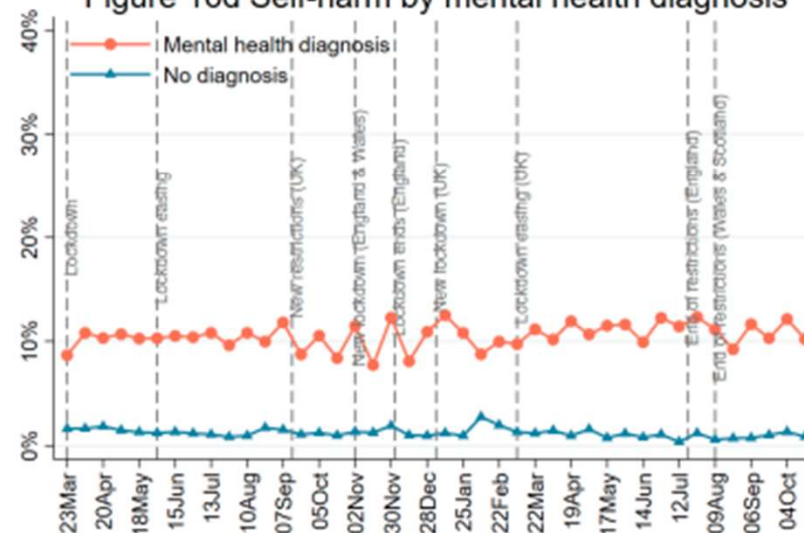


Figure 16d Self-harm by mental health diagnosis



228 patients
presented to ED
assessed

47% COVID-19-related
factors

Females particularly
affected



COVID-19-related factors identified as influencing self-harm, by gender

Factors influencing Self-harm	Males (N=39)	Females (N=68)	Total (N=107)
Overall mental health problems	11	22	33
Mental health/worsening of mental health	5	15	20
Loss/reduction of supports for mental health problems	7	10	17
Isolation /Loneliness	14	17	31
Lack/reduced contact	9	14	23
Lack/ reduced contact with family	5	10	15
Reduced contact with social network	4	6	10
Disruption to normal routine	6	14	20
Entrapment	5	13	18
Interpersonal conflict	3	9	12
Employment (including loss/furloughed)	9*	3	12
Fear of COVID infection	3	7	10
Self becoming infected	2	3	5
Self infecting others	0	2	2
Others becoming infected	2	3	5
Accommodation/housing	3	4	7
Education/ training	1	6	7
Financial	5*	1	6
General concerns about impact of Covid	0	5	5
Substance misuse	2	2	4
Alcohol	2	2	4
Drugs	1	0	1
Domestic abuse (actual/threatened)	0	3	3
Bereavement due to Covid	0	1	1
Other	2	2	4

major impacts on mental health during the pandemic influenced hospital

ing to hospitals in Oxford led whether the self-harm was related to the pandemic. These factors were demographic characteristics,

restrictions were identified as significant. $\chi^2 = 38.6$, $N = 39/101$, $p < .001$. The association between the two groups was significant for new and worsening depression, isolation and loneliness, and entrapment. Multiple, often inter-

individuals presenting to hospitals. Females were particularly affected by isolation, loneliness and sense of loss. These factors were identified as an aide-memoire for

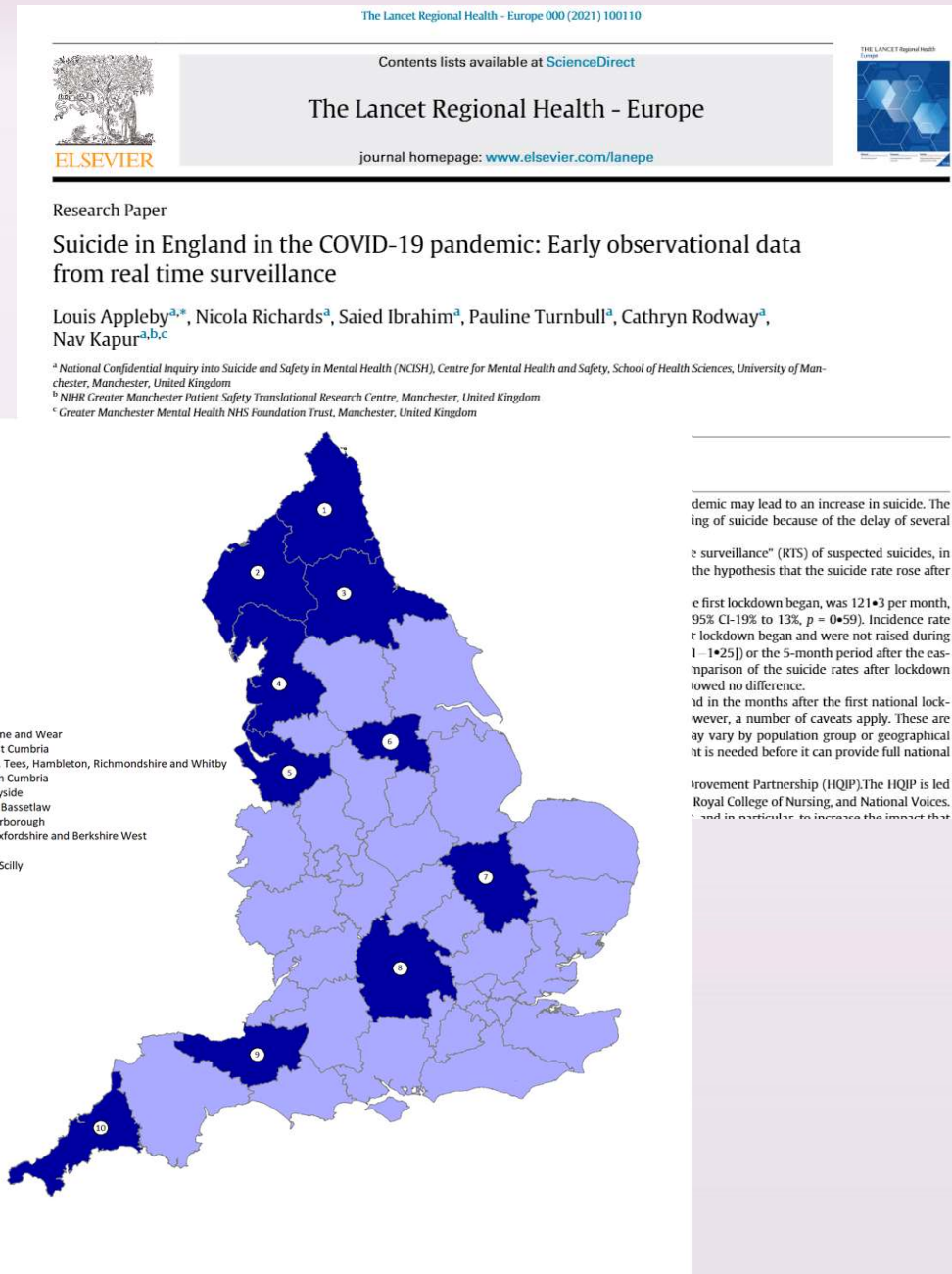
Suicide in England in the COVID-19 pandemic: early data from RTS

Method

Sites: **10** NHS regions

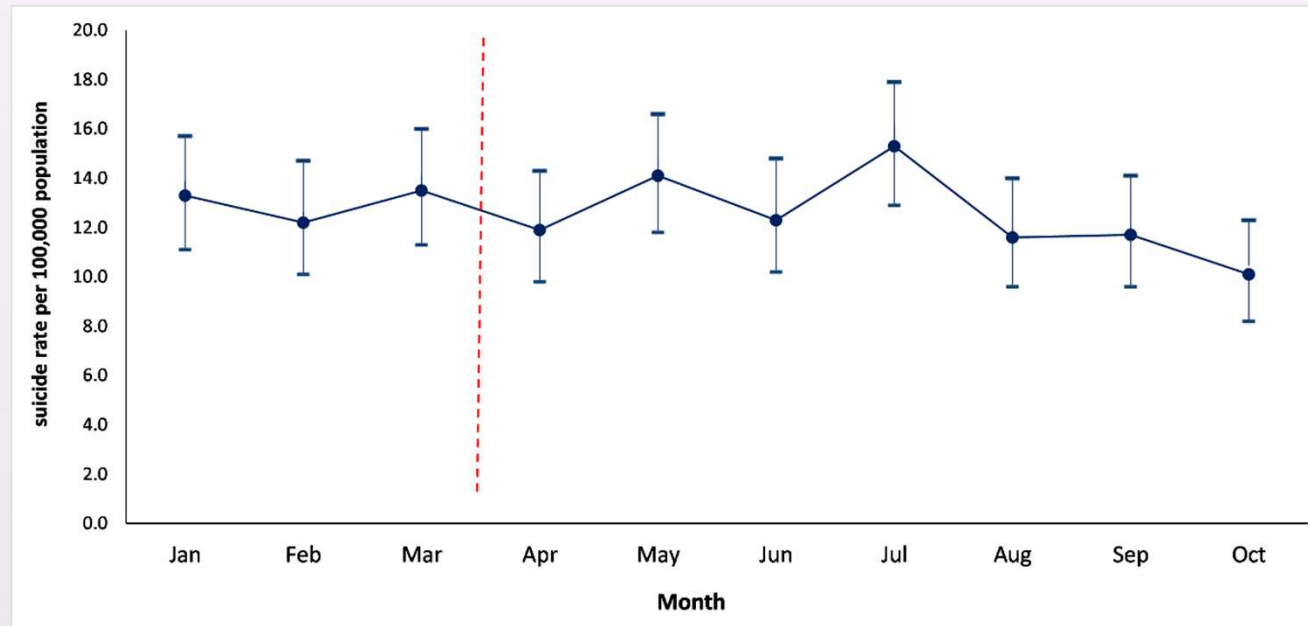
Population: **13 million**

January – October 2020



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

Conclusions

Predicted large national rise has **not occurred in these areas**, despite evidence of greater distress.

Caveats apply –

Early overall data

Local impact may vary

Variation between groups

RTS use is new and further development is needed

May change with **economic adversity**

Deaths from suicide (April to July, between 2015-2020)

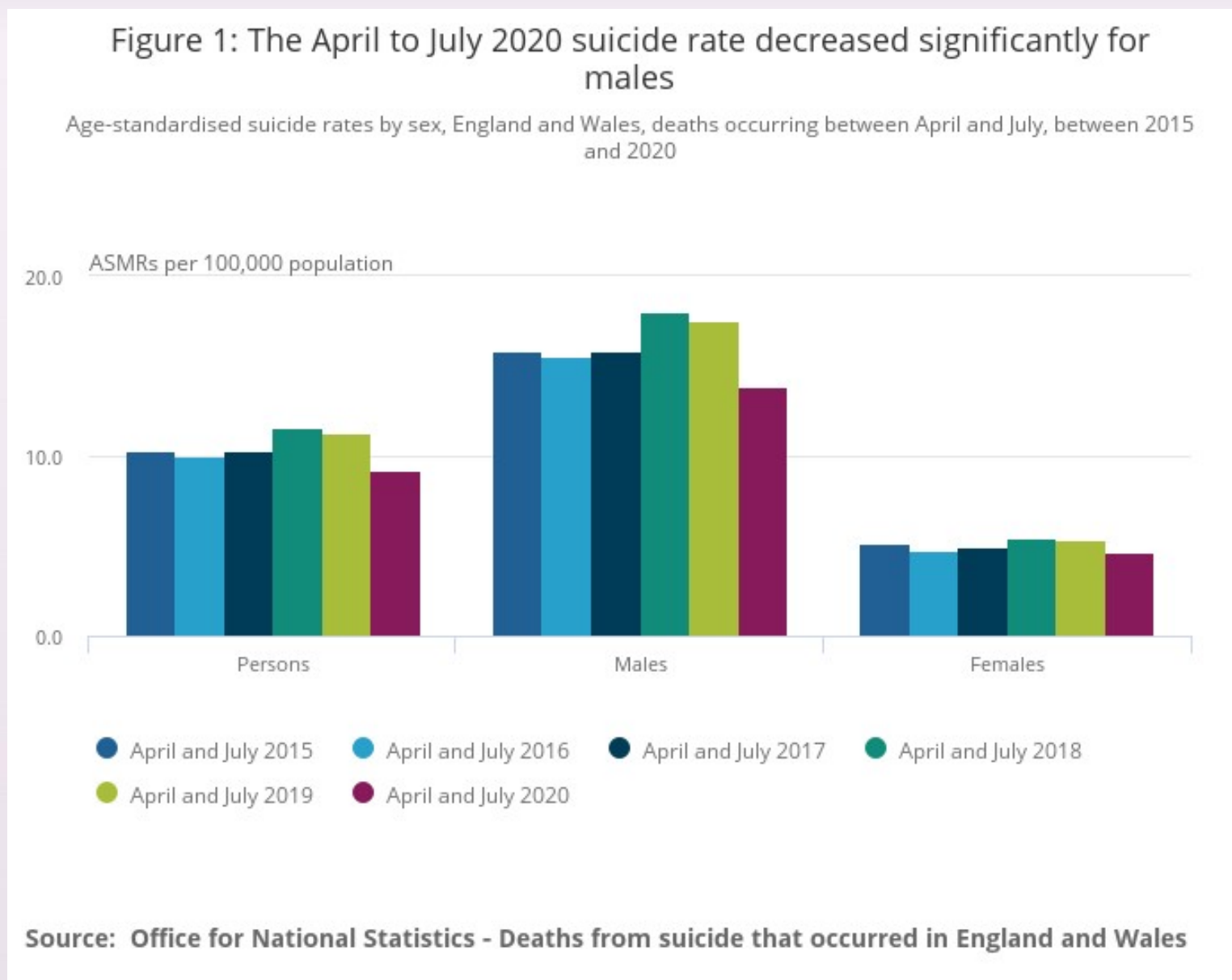
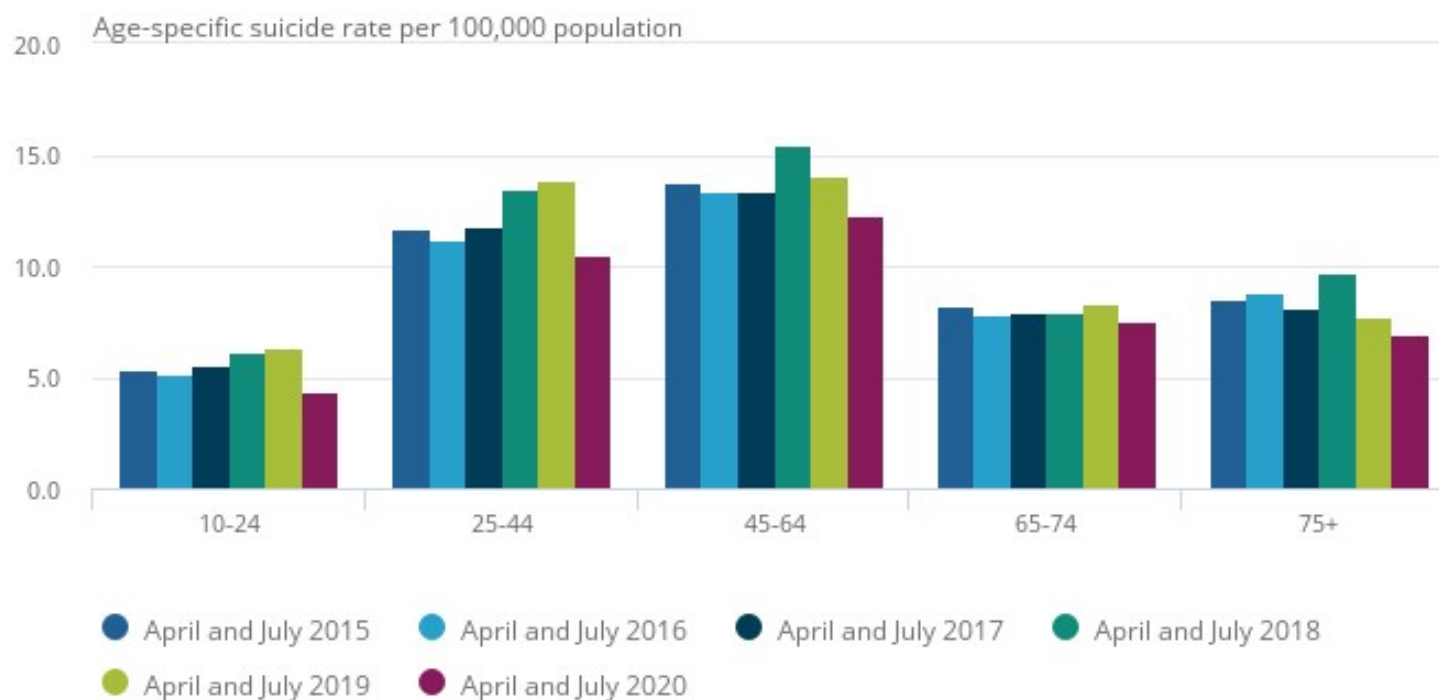


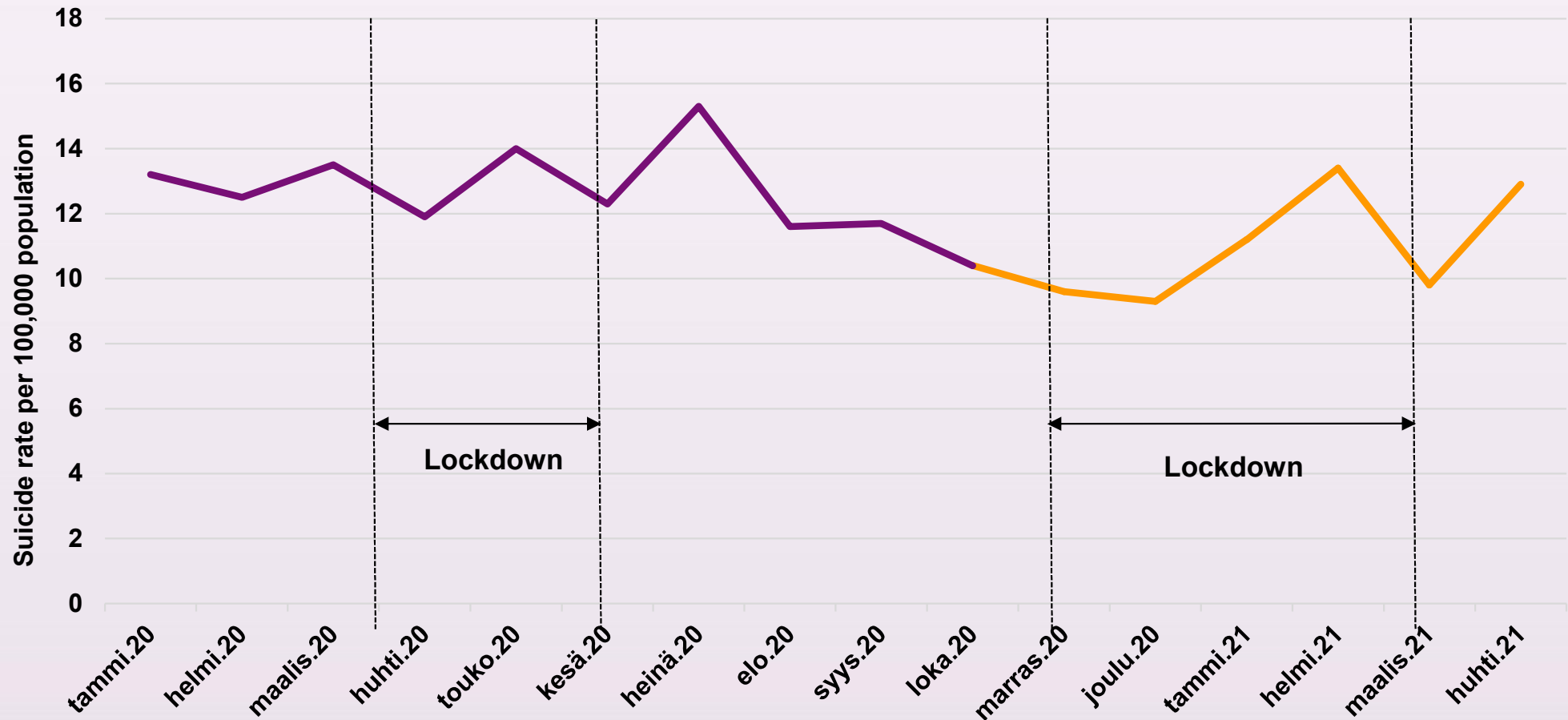
Figure 3: There was a statistically significant decrease in the age-specific suicide rate for all persons aged 10 to 24 years and 25 to 44 years

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

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



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

Reasons for no rise

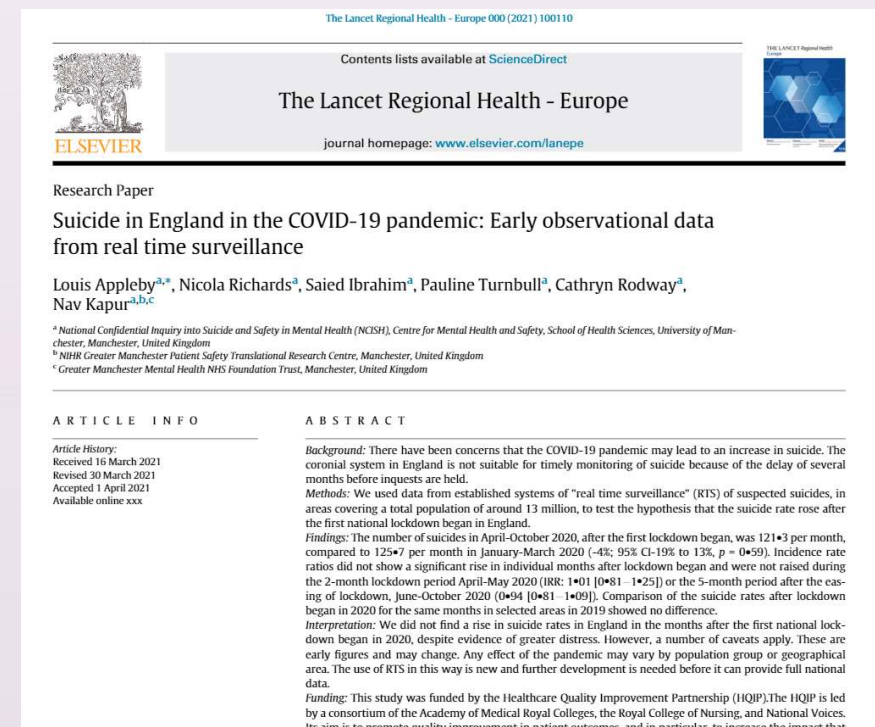
Suicide rates **do not follow levels of mental disorder**

Increased vigilance and **support** from family, friends and neighbours

Increase in **social cohesion**

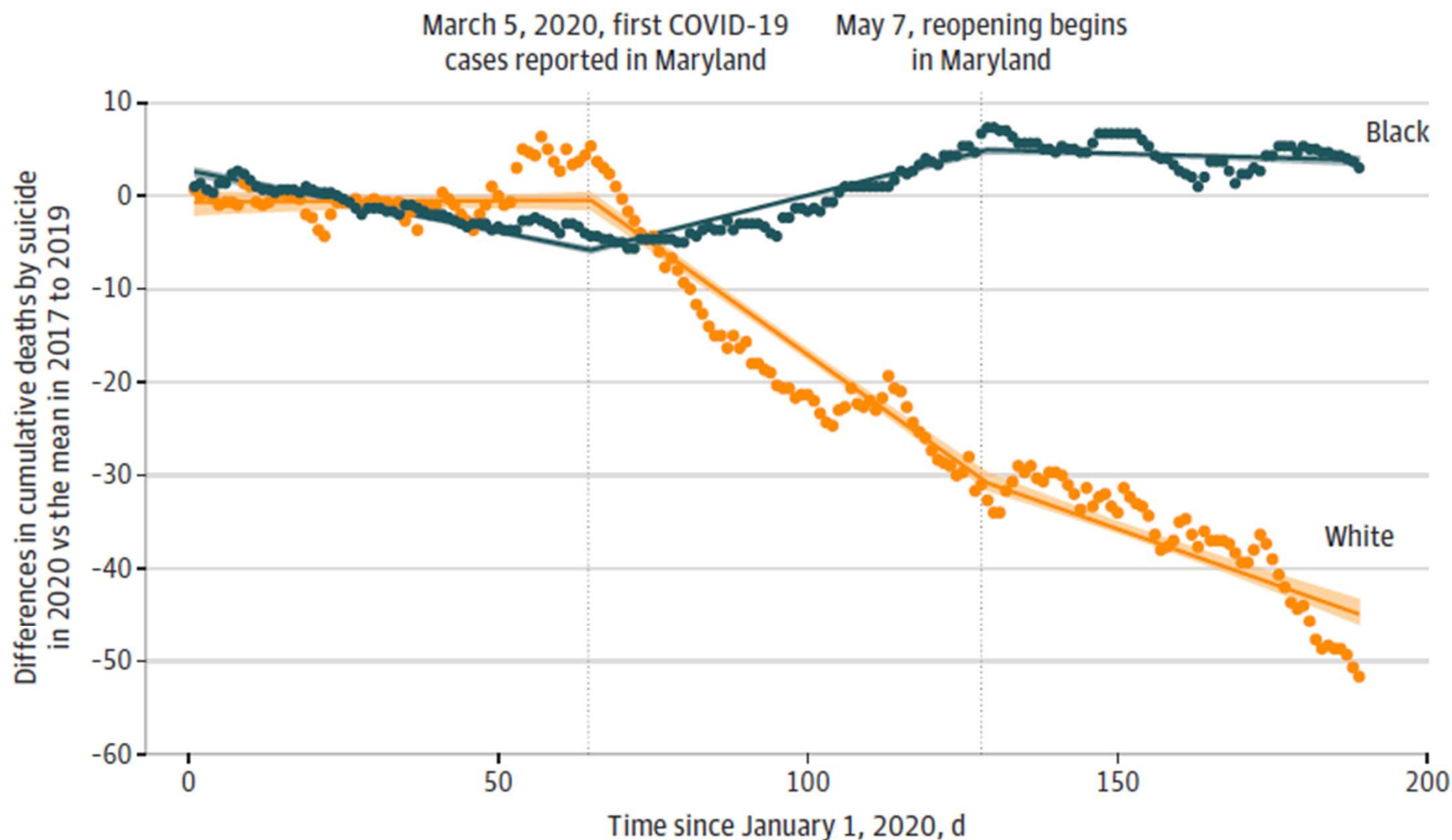
Sense of **short-term crisis**

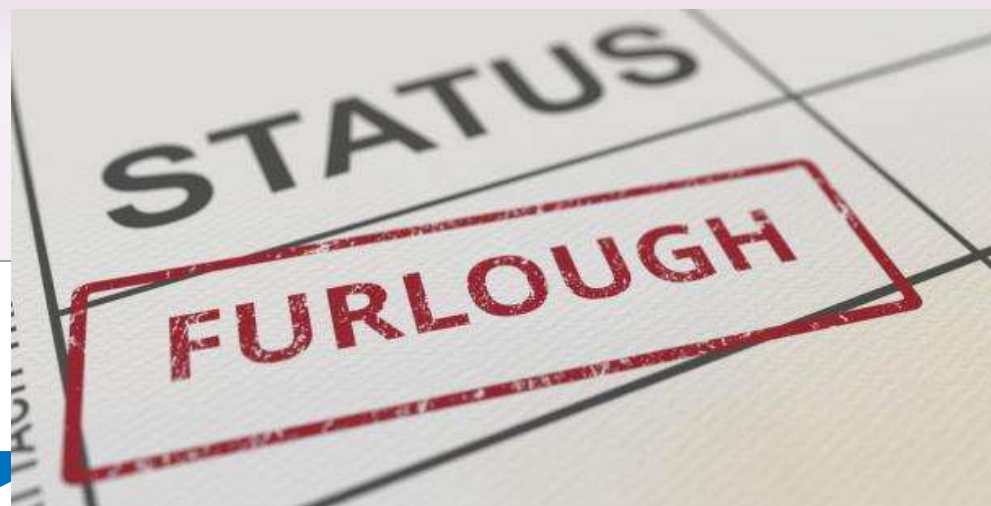
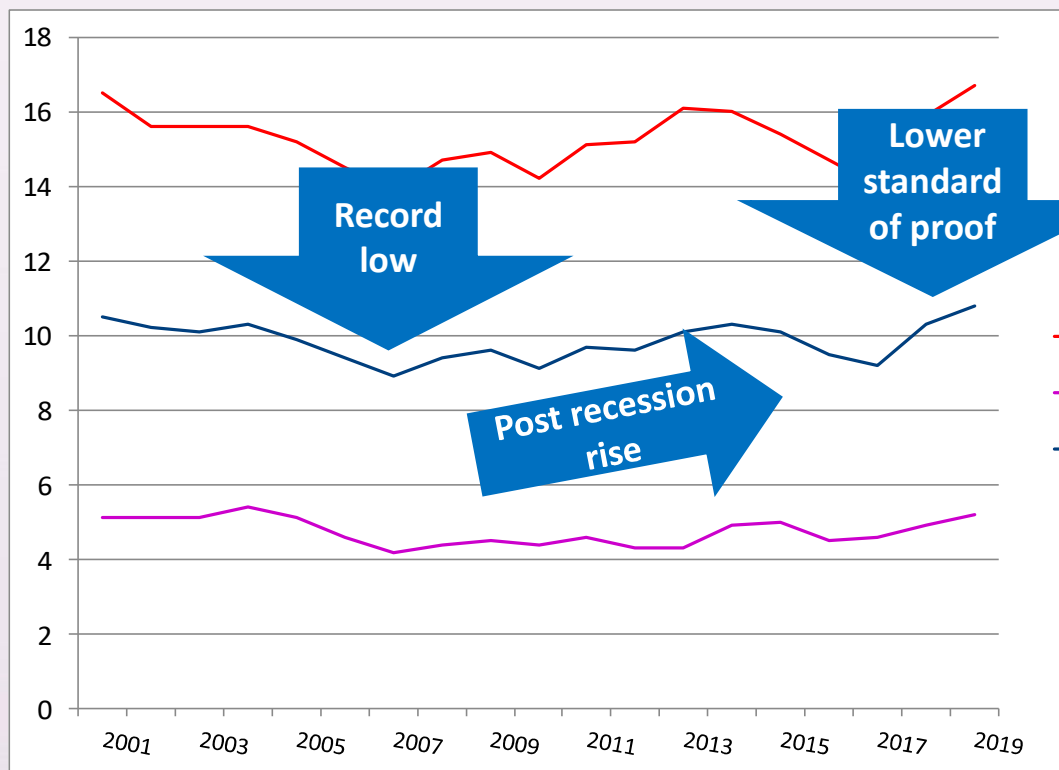
Reduced access to certain methods



Suicide deaths by ethnicity (Maryland, USA)

A Cumulative difference in suicide mortality rates





- Males
- Females
- Persons

 HM Government Coronavirus

Coronavirus Job Retention Scheme

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

GET HELP • PROTECT YOUR BUSINESS • SAVE JOBS

COVID stress: national survey

Figure 9a Covid-19 stress by age groups

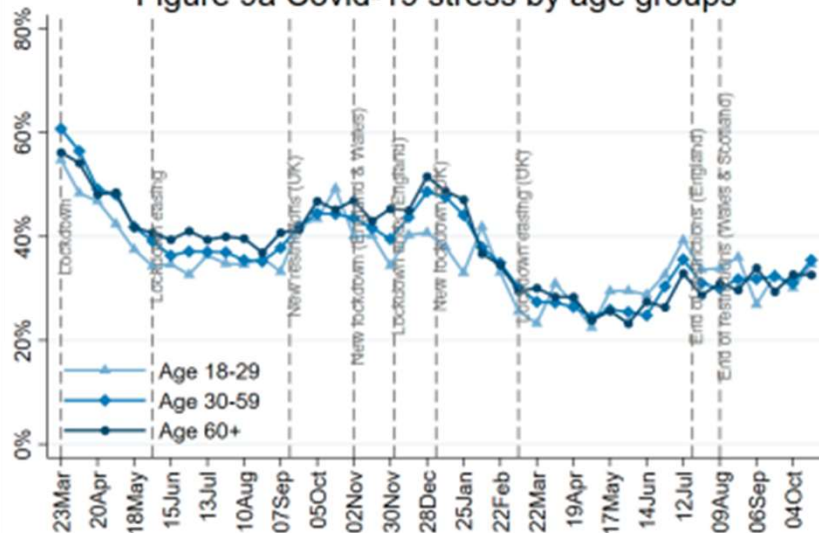


Figure 9b Covid-19 stress by living arrangement

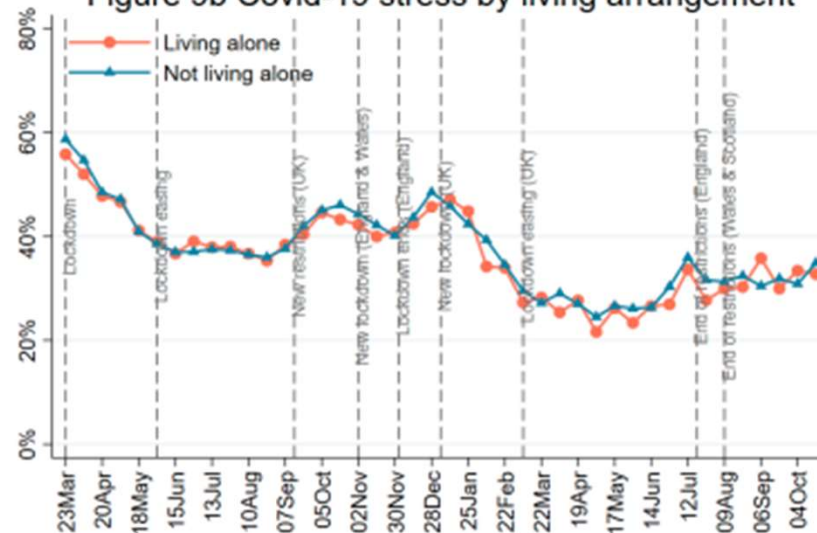


Figure 9c Covid-19 stress by household income

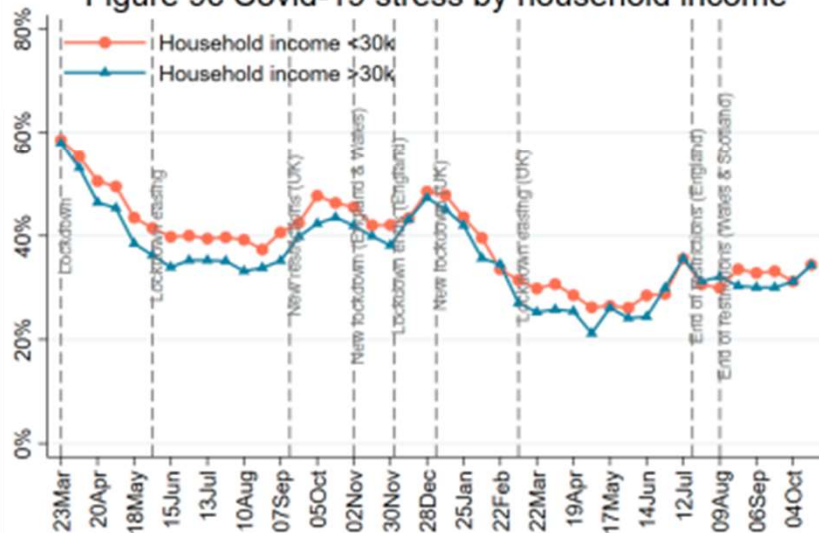
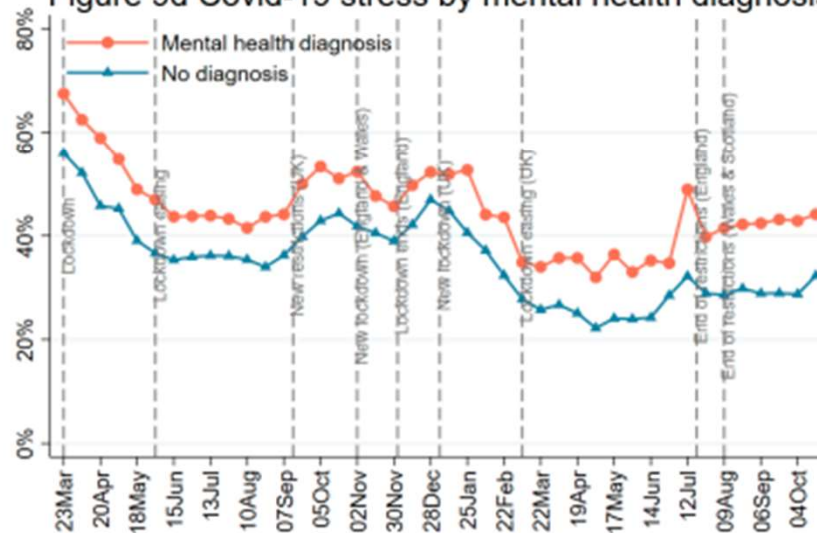


Figure 9d Covid-19 stress by mental health diagnosis



Loneliness: national survey

Figure 22i Loneliness by gender

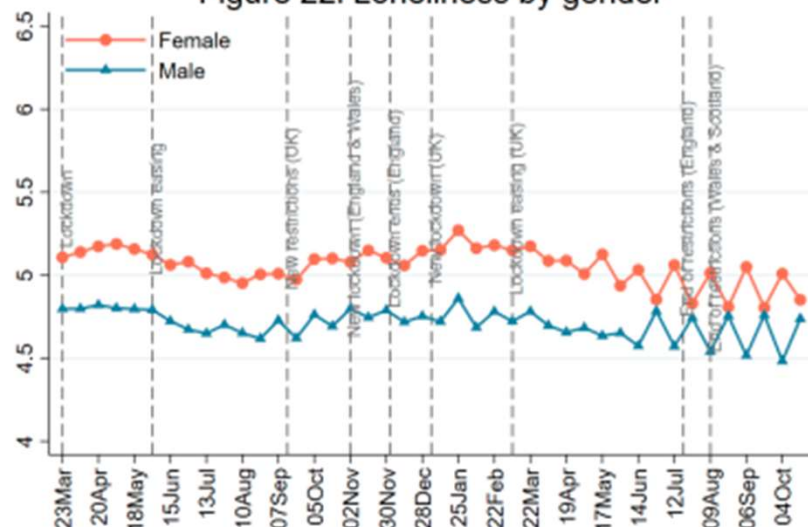


Figure 22j Loneliness by ethnicity

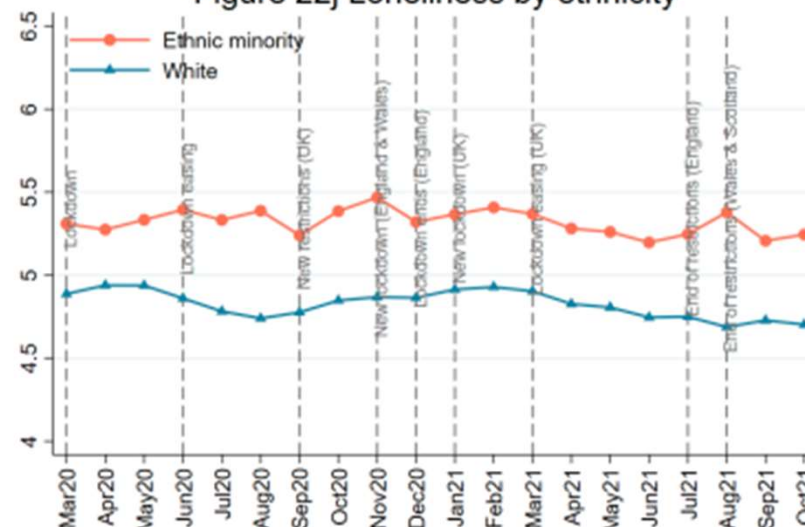


Figure 22k Loneliness by educational levels

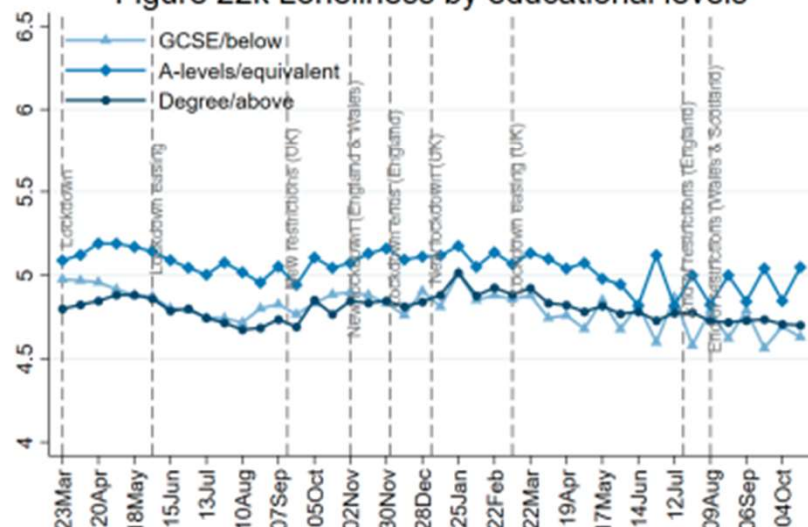
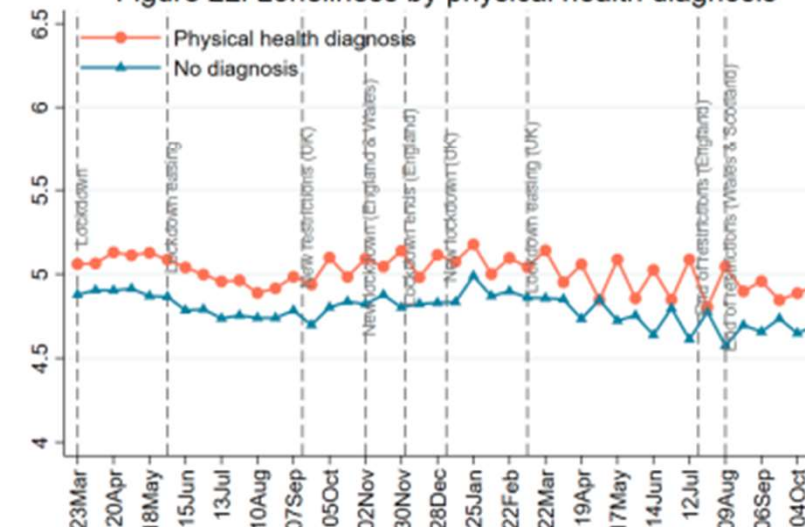
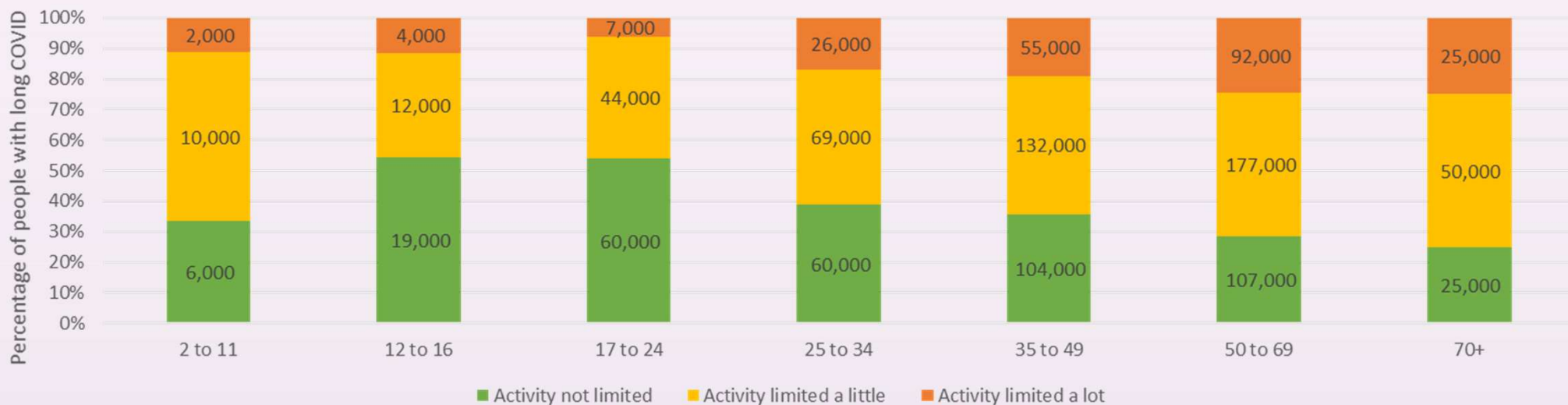


Figure 22l Loneliness by physical health diagnosis



It does appear that daily activities are impacted more in older age groups and younger children



The higher deprived areas are more likely to be affected by long COVID

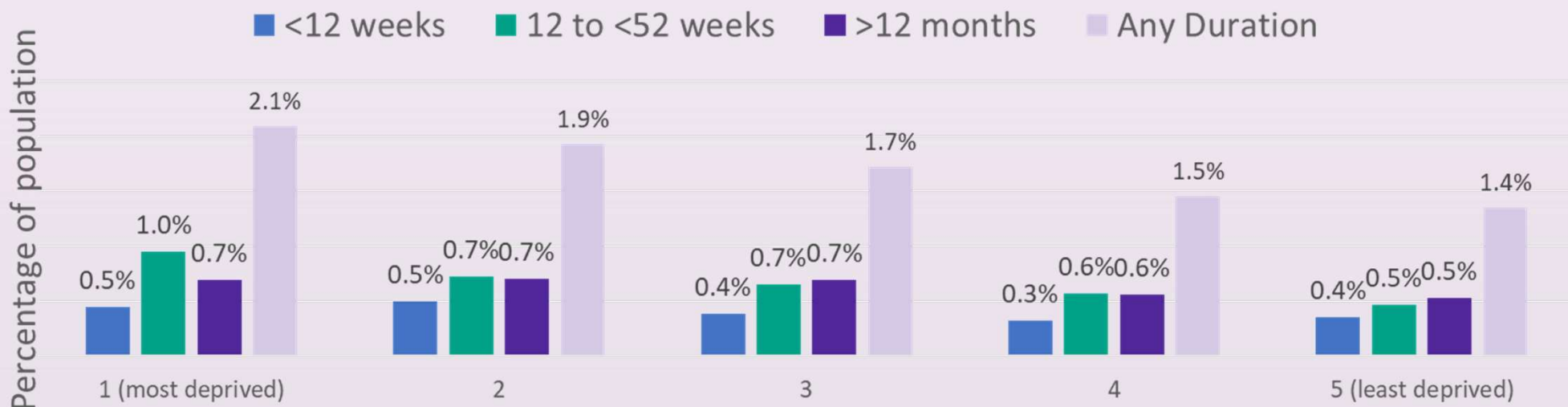
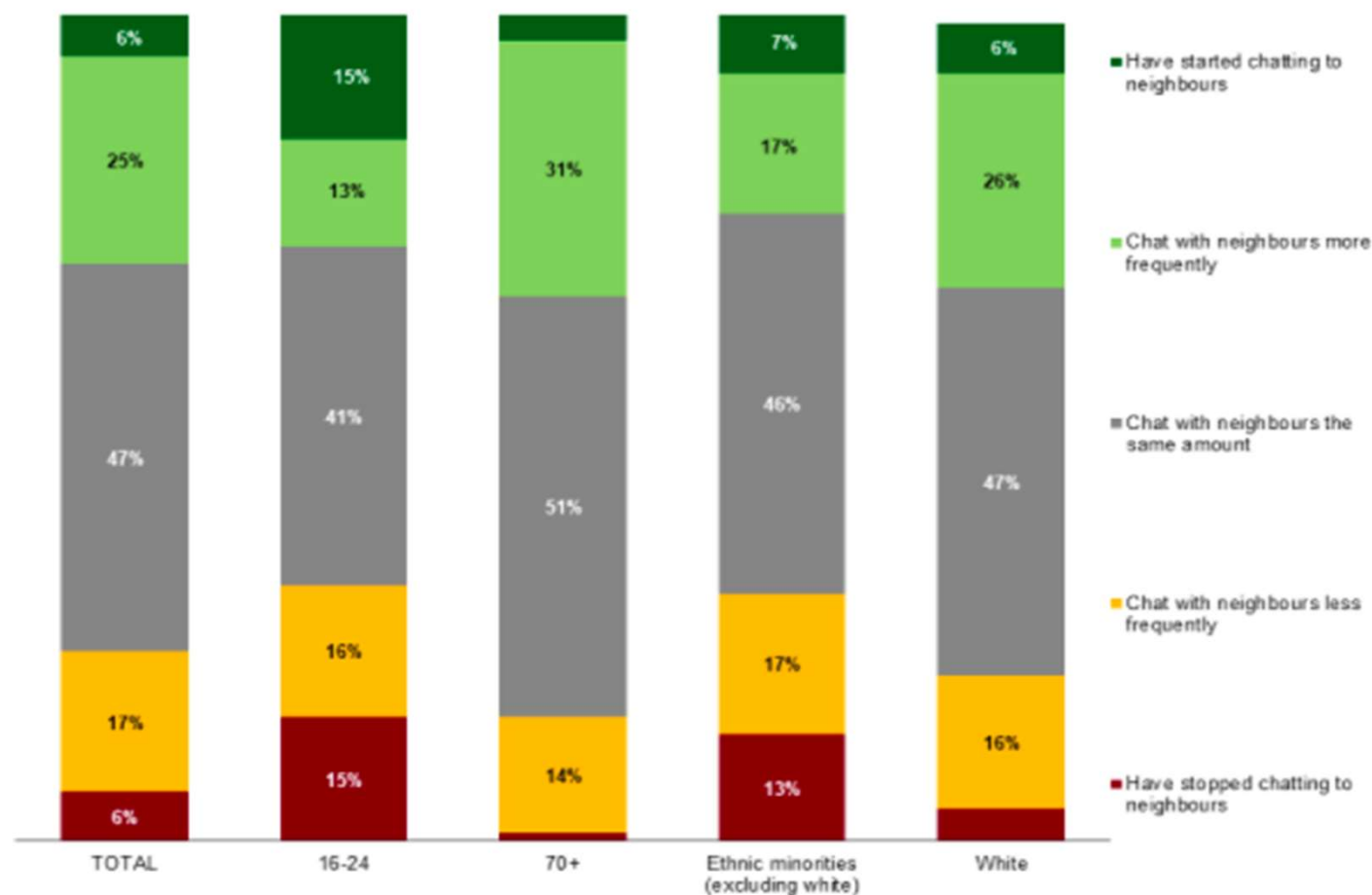
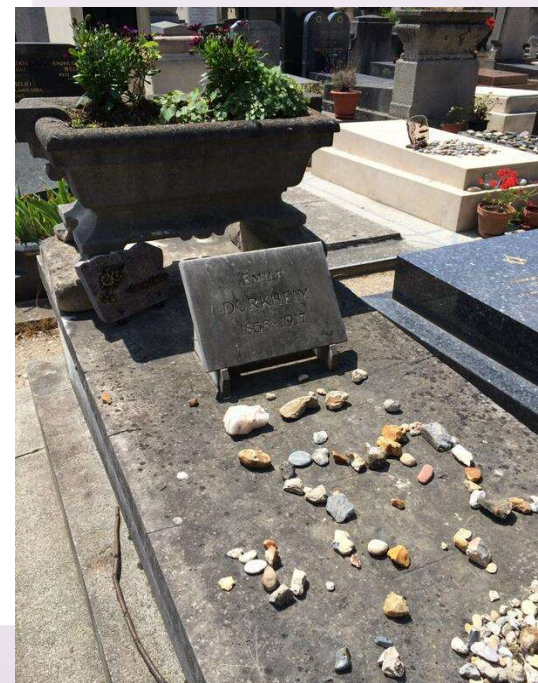
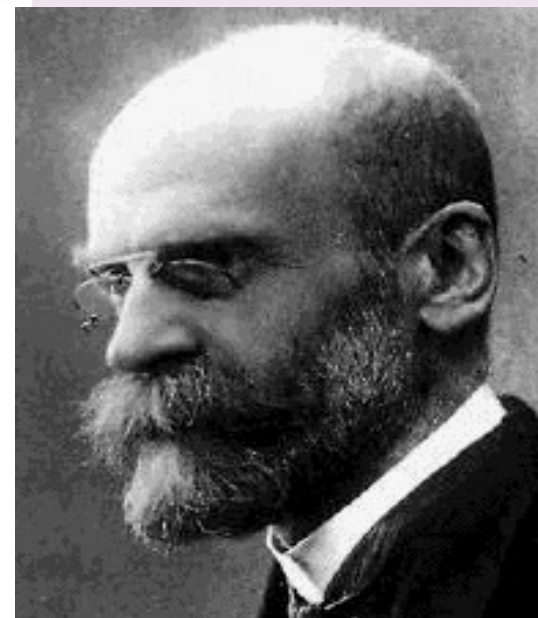


Figure 6.5: Changes in frequency of chats with neighbours between wave 1 and wave 2 (gross change)

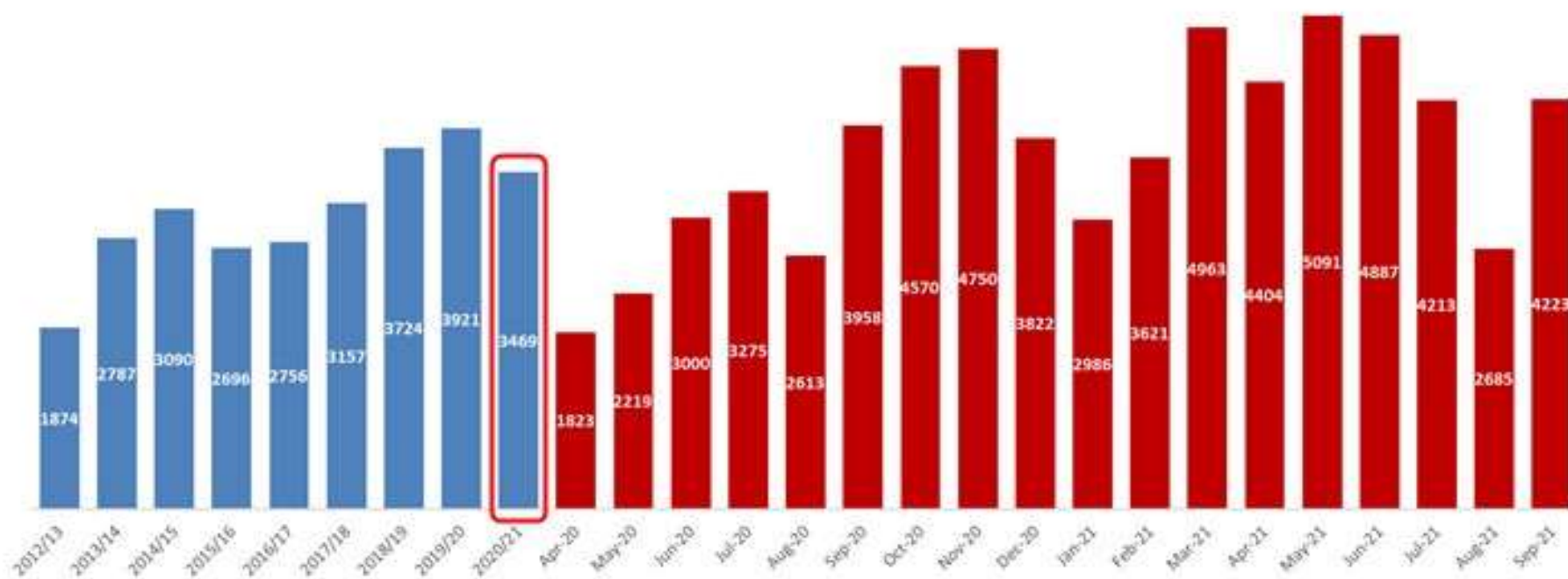


All respondents excluding don't know and refused responses (2,804): 16-24 (194): 70+ (471): Ethnic minorities (excluding white) (307): White (2,457).

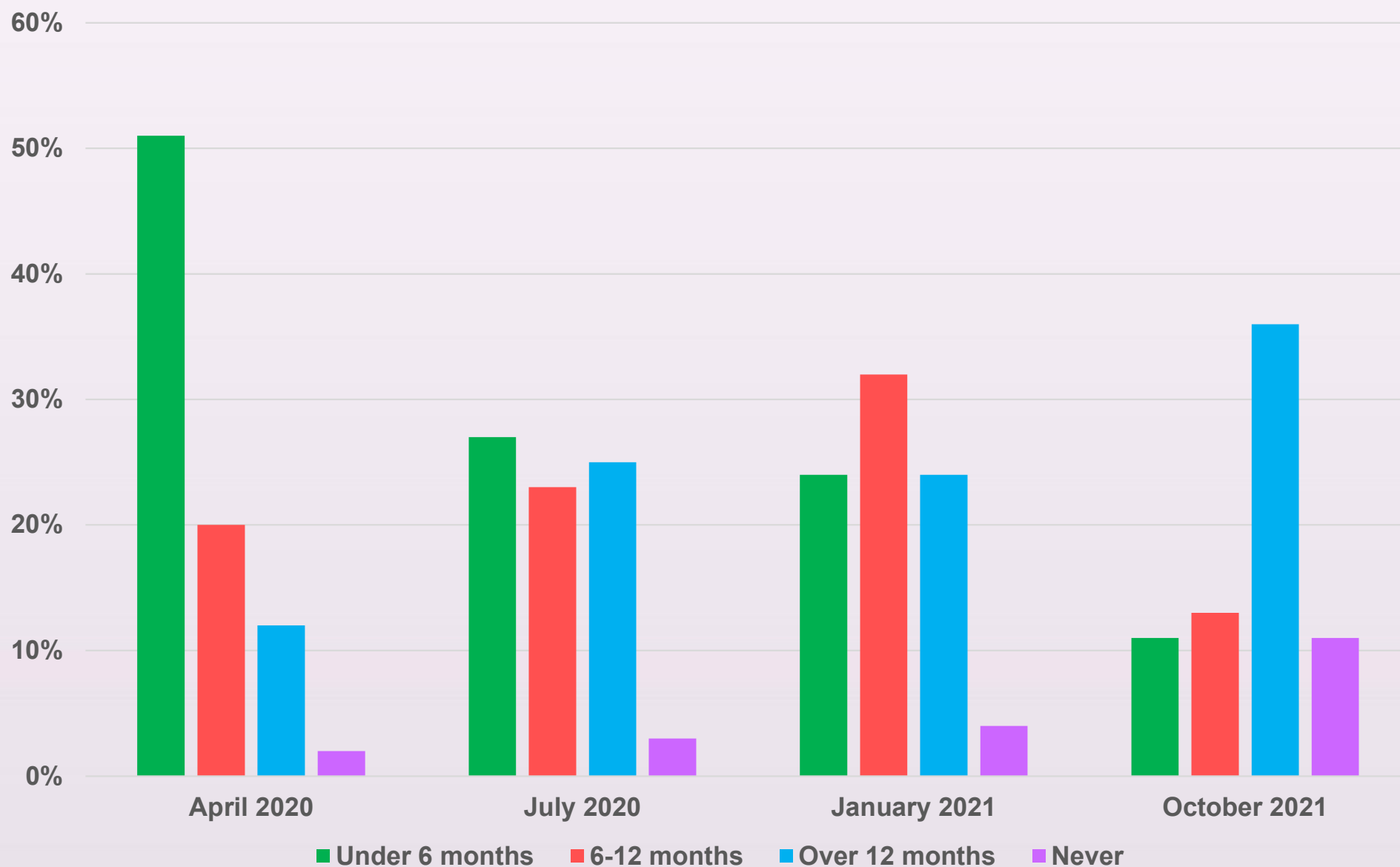


Referral timeseries and Covid-19 impact

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



When will life return to normal?



- **Pandemic has had significant impact on mental health**
- **This has not so far translated into rise in suicide or self-harm**
- **Future risks: economic adversity, isolation, long Covid; young people & MH patients**
- **Suicide prevention: economic protections, MH care, media coverage, social attitudes**
- **Recovery from pandemic means also addressing pre-Covid risk**



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