

Thank you for your vital work in the face of unprecedented changes over the last few months. We know that these are difficult times and there is understandably a great deal of anxiety around continuing to meet the mental health needs of vulnerable individuals. Your hard work to continue to meet this challenge at a local and national level with compassion and determination is enormously appreciated.

This update sets out the actions being taken across the system on suicide prevention and self-harm in the context of Covid-19, as well as an indication of emerging data from the lockdown period. We hope that this information is useful to consider in the context of development of local suicide prevention plans in response to the unique challenges of the pandemic and beyond.

Data publication and surveillance systems

Whilst there is concern about the potential impact of the Covid-19 pandemic on suicide rates and self-harm, we do not yet have evidence that rates have changed. Generally, there is a lag time in the publication of official suicide statistics as these are based on Coroner findings. The Office for National Statistics (ONS) published finalised [statistics for suicides](#) in England and Wales registered in 2019 on 1 September 2020, along with provisional data for the first two quarters of 2020. However, suicides registered by June 2020 will have occurred pre-lockdown.

Real-time suicide surveillance will help to address this delay in suicide data. Public Health England (PHE) are carrying out a 12-month pilot with 23 local areas, establishing a surveillance system to monitor suspected suicide and self-harm by collecting early real-time data on suspected suicides and using this to identify patterns of risk and causal factors to inform national and local responses. PHE will take the early learning from the pilot and will establish an advisory group to guide next steps for developing a national system.

Another source of data on suicide rates is the National Child Mortality Database (NCMD) which records information about all children in England who die before their 18th birthday. The National Child Mortality Database:

- Collects standardised minimum datasets from the Child Death Overview Panel (CDOP) reviews of all child deaths in England;

- Analyses and identifies patterns of deaths nationally, ensuring modifiable factors are recognised;
- Publishes reports of information from all child deaths across England, to reduce the number of children who die.

Since April 2020, PHE has produced a weekly Covid-19 mental health and wellbeing real-time surveillance report. The report presents information on the mental health and wellbeing of the population during the Covid-19 pandemic, compiling routinely updated indicators from multiple sources and summarising important findings from ongoing surveys. PHE made this publicly available in September:

<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>

Academic studies

The ONS and Lancet Psychiatry journal, alongside others, have published multiple important studies looking at the impact of Covid-19 on mental health which contribute to a high-quality evidence base. For example, in looking at the risk factors for different groups of people, these studies reported that [young people, women and people with children](#) may have been most affected by lockdown, and that [loneliness was associated with high levels of anxiety during the lockdown](#).

These studies have also covered evidence-based measures to addressing the long-term implications of the pandemic. For example, the International Covid-19 Suicide Prevention Research Collaboration sets out an evidence-based strategic approach to suicide prevention in response to Covid-19 in a [recent Lancet paper](#). In addition, an article in the [European Journal of Public Health](#) reports on protective measures to support people who are facing unemployment and economic difficulties which may protect against a rise in suicide.

Survey findings

Alongside academic research, there are useful messages coming out of surveys taken during lockdown. The National Suicide Prevention Alliance (NSPA) is holding

regular online discussion groups providing opportunities for charities, public health, NHS and other organisations to share their experiences and learnings about responding to Covid-19 and suicide. Major themes coming out from these discussions can be found at: www.nspa.org.uk.

Several charities have reported more calls, greater levels of distress and more references to self-harm, particularly from young people. Xenzone reported that children and young people using their digital mental health support service 'Kooth' consistently present most commonly under the themes of anxiety, relationship issues, self-harm and suicidal thoughts. The service has seen an increase in presentations for self-harm by 37% and an increase in suicidal thoughts by 13%.

Data from the multi-centre monitoring of self-harm in England show hospital attendance with self-harm has fallen but it is possible that this reflects reluctance to attend A&E rather than a drop in true prevalence, as suggested by the general reduction in A&E attendance across a [range of clinical conditions](#). Self-harm in the community has not increased during lockdown, according to the UCL Covid Social Study, which included 70,000 people: <https://www.covidsocialstudy.org/results>

Children and young people

The National Child Mortality Database (NCMD) Report published in July, found a small difference in figures for deaths of children across England during the first 56 days of lockdown compared to the pre-lockdown period:

<https://www.ncmd.info/2020/07/09/suicide-covid/>. The report showed:

- There is a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown, but risk remains low and numbers are too small to reach definitive conclusions.
- Amongst the likely suicide deaths reported after lockdown, restriction to education and other activities, disruption to care and support services, tensions at home and isolation appeared to be contributing factors.
- Previous research has highlighted suicide risk in people with autism. The report found that a quarter of individuals both pre and post lockdown had Autism Spectrum Disorder or ADHD. Although the finding of increased risk

is unconfirmed statistically, clinicians and services should be aware of the possible increase and the need for vigilance and support.

- NCMD have only reviewed the period during lockdown. Numbers are small and we cannot draw conclusions with respect to trends. NHSE receive weekly reports from NCMD and are monitoring this data closely. Further briefings will be requested if potentially concerning trends are seen.

Children and young peoples' mental health services have remained open for business during the pandemic and NHS England and NHS Improvement (NHSE/I) have accelerated plans for 24/7 all-age open access crisis services so that those who have urgent need can access it more urgently. NHSE/I have been promoting the availability of NHS services through the "Help Us Help You" campaign and by signposting to other sources of advice and support.

PHE has adapted content on Rise Above for young people (age 10 to 16) to include tips for feeling good in lockdown and promotion of mental health self-care strategies. Content is customised according to insights from young people and uses peer influencers to communicate with young people through social media channels. In addition, Rise Above for Schools resources (a free website for teachers which hosts a range of mental health lesson plans suitable for Year 6, KS3 & KS4) have been promoted alongside other Covid-19 resources for schools via the Department for Education.

The Government has announced £8 million to launch the Wellbeing for Education Return programme to help schools and colleges improve how they respond to the emotional impact of the coronavirus pandemic on their students and staff. This training programme run by mental health experts provides the knowledge and access to resources needed to support children and young people, teachers and parents. Starting in September, the programme supports staff to respond to the additional pressures some children and young people may be feeling as a direct result of the pandemic, as well as to any emotional response they or their teachers may still be experiencing from bereavement, stress, trauma or anxiety over the past months.

Media reporting

There have been press reports of higher suicide numbers in some local areas. Samaritans have issued briefings directly to media organisations and communications professionals to ensure responsible media reporting about Covid-19 and suicide. Samaritans reported fewer articles about suicide than usual over the last few months and where this is referenced, the vast majority of these have been in line with media guidelines.

However, there is an increasing interest in the overall impact of Covid-19 and whether rates of suicide are increasing. To remain proactive, Samaritans are offering bespoke advice and have expanded and refreshed all of their media guidelines, which can be found at: <https://www.samaritans.org/about-samaritans/media-guidelines/>. Areas should work with local media partners on any reporting on suicide during the Covid-19 outbreak.

Support for staff

We know that there are concerns around ensuring the safety and wellbeing of staff, volunteers and service users, and adjusting to new working arrangements. In June, PHE launched a free updated Psychological First Aid (PFA) digital training module, aimed at all frontline and essential workers and volunteers:

<https://www.futurelearn.com/courses/psychological-first-aid-covid-19/1>.

PFA is a globally recognised training resource for use in emergency situations. This free course aims to increase awareness and confidence to provide psychosocial support to people affected by Covid-19. The course was developed in partnership with NHSE/I, Health Education England, FutureLearn and E-Learning for Health as part of the national incident response.

Whether staff are on the front line directly caring for patients or in one of the thousands of essential NHS roles relied upon each day, this is a challenging time. There is a huge psychological shift associated with working very differently, combined with the additional pressures of looking after loved ones and anxiety about

the future. Now more than ever, staff and their teams need a comprehensive package of emotional, psychological and practical support. A range of guides, apps and events to support wellbeing are available at people.nhs.uk.

The Stay Alive app is a suicide prevention resource for the UK which includes useful information and tools to help people stay safe in crisis. The app can be used by those who may be having thoughts of suicide or those who are concerned about someone else who may be considering suicide. The app includes:

- A safety plan with customisable reasons for living
- A LifeBox for storing photos and memories that are important to the person
- Strategies for staying safe and tips on how to stay grounded when feeling overwhelmed
- Guided-breathing exercises and an interactive Wellness Plan

The app also links directly to local and national crisis resources, with space to add in personal resources.

In addition to this, NHSE/I are establishing early implementer sites for a comprehensive mental health offer for NHS staff in 7 STPs over the coming months.

Throughout the pandemic, NHS staff have been able to access a dedicated and confidential staff support line operated by the Samaritans and a 24/7 text support line operated by Frontline. Specialist bereavement support is also available through a helpline provided by Hospice UK, manned by a team of fully qualified and trained bereavement specialists.

The #LookingAfterYouToo: Coaching Support for Primary Care Staff service (in collaboration with the Royal College of General Practitioners) provides access to individual coaching sessions to support the mental health and wellbeing of all clinical and non-clinical primary care workers employed or contracted to deliver work on behalf of the NHS.

Line managers have been given the support they need to effectively support their teams through Covid-19. For example, mental health conversation training has helped to equip NHS managers, supervisors and those with caring responsibilities

for NHS people to confidently hold local supportive and compassionate mental health and wellbeing conversations.

NHSE/I have also launched a new framework, which has enabled employers to buy-in additional occupational health support for their staff.

Support for local areas

NHSE/I developed a support package for STPs and Integrated Care Systems (ICSs). This includes implementation support for developing and delivering suicide bereavement services, working with the Support After Suicide Partnership (SASP).

Support is available through the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and the National Collaborating Centre for Mental Health (NCCMH), which provide pandemic-related suicide data and evidence as it becomes available, and a discussion and advice forum for suicide prevention concerns via email and virtual clinics and webinars.

NCISH has supported local suicide prevention through real-time data collection on suicides by people under mental health care (from August 2020). In addition, NCISH has jointly conducted webinars with NCCMH at the Royal College of Psychiatry, and established a Covid-19 resource page of evidence, guidance and recorded online events: <https://sites.manchester.ac.uk/ncish/resources/national-academic-response-to-covid-19-related-suicide-prevention/>.

PHE has developed a series of webinars which provide local partners with evidence-based advice and insights on key mental health challenges created by Covid-19, to support local action. Topics include living with a mental illness during Covid-19, managing debt and financial difficulties, and undertaking a mental health impact assessment. Previous webinars have covered implementing Psychological First Aid into key services and providing effective support for grief and bereavement during and after the coronavirus outbreak in communities. Contact PublicMentalHealth@phe.gov.uk to access recordings of previous sessions.

Cross-government Covid-19 recovery plans

Action on the wider social and economic determinants of suicide and self-harm will be vital in the recovery period. Ministers in the Department of Health and Social Care

are engaging with their counterparts across Whitehall on Government action to help prevent and mitigate the impacts of Covid-19 on mental health and wellbeing. We know that appropriate policy responses can help prevent and treat mental ill-health and save lives. A Covid-19 Suicide and Self-Harm Prevention Operational Group is feeding into these discussions to reflect the priority of suicide and self-harm prevention.

Key themes for further consideration

Whilst much of the research into self-harm and suicide during lockdown is not yet published due to the timing and quality of available data, early indications from several areas of the country suggest no overall increase in suicide in the general population at this stage. It is important to note however, that these findings refer to the early period of the acute pandemic. The longer-term economic consequences and their impact on mental health and suicide will become more apparent.

In summary, there are significant actions being taken across the system to support local areas and NHS staff in the context of the Covid-19 pandemic. Local areas should continue to advertise available training and signpost to guidance and support services, facilitating the sharing of learning where possible. It is important to continue to link suicide prevention or suicide bereavement services with local IAPT services or new 24/7 crisis support services. Finally, the role of the voluntary sector continues to be vital in supporting vulnerable people in the community; non-statutory services must be supported during periods of high demand.

Next steps

We understand the importance of staying up to date with the latest emerging findings as you continue to tackle the challenges of this crisis. Towards this aim, we will distribute further communication in the autumn in the build up to winter. We would be happy to discuss further and appreciate any feedback from you on what would be most useful in this communication.

Thank you for your exceptional efforts during this time. Your hard work and focus help to protect the most vulnerable people in society and drive meaningful improvements that impact on suicide and self-harm.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Smethurst', with a stylized, scribbled flourish at the end.

Kathy Smethurst, on behalf of the Covid-19 Suicide and Self-Harm Prevention Operational Group.

ANNEX: Further information and guidance

Below are some of the key published guidance documents and support resources in relation to the Covid-19 pandemic:

- 24/7 crisis support: All parts of the country have been [asked](#) to expedite the ambition to have a 24/7 single point of access for urgent mental health support.
- IAPT: It is vital that IAPT services continue to offer access to psychological therapies at a time when many people will be experiencing common mental health issues. [Guidance](#) has been published to support delivery of IAPT services via digital means.
- Supporting staff and carers: Staff will be impacted by caring and delivering health and care services during the Covid-19 pandemic. Refer to guidance on how work of [NHS staff](#) and people that work in [non-clinical settings](#) may be impacted, and the range of [support measures for staff](#).
- Zero Suicide Alliance have produced a training resource related to the pandemic, which looks at how to support individuals who may be socially isolated, as well as adjusting to the new normal following Covid-19:
<https://www.zerosuicidealliance.com/training>