

Suicide and self-harm prevention during Coronavirus

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Rates of suicide in England were at some of their highest levels of the last twenty years before the pandemic struck. There were 5,316 suicides in 2019 – 321 more than the year before.¹ Middle-aged men remain at the highest risk of suicide, a trend that has persisted for decades. Concerningly, in recent years we have also seen a continued rise in suicide rates among young people, especially women under 25.² Rates of self-harm are rising, too, in every age group and across genders.³ This rise is especially acute among young people, particularly young women, whose rates of self-harm nearly tripled between 2000 and 2014 to 20 per cent and have continued to increase.⁴ These rising rates have occurred despite progress in the formation of Government suicide prevention plans⁵ and local prevention efforts, with nearly every local area in England having a suicide prevention plan in place.

The rising rates of self-harm and suicide were deeply concerning before Coronavirus. Now, with the pandemic taking a huge toll on people's mental wellbeing and creating widespread economic insecurity, we are calling for urgent action to tackle these trends. Samaritans is worried about the impacts of the pandemic on groups that are especially vulnerable to certain risk factors for suicide and self-harm. We know from years of research on middle-aged men that they are most affected by the adverse effects of recession, including suicide risk.⁶ Our 2020 report on people who self-harm found that this group already struggled to access support before the pandemic, and we know they have been disproportionately impacted by rising levels of loneliness and job loss.⁷ People with pre-existing mental health conditions have experienced unprecedented disruption to treatment amidst rising prevalence and severity of conditions due to the pandemic.⁸ Mitigating the increased risk for these groups requires recognising the specific factors affecting each and taking urgent action to prevent people reaching crisis point.

Initial analysis of data from before and after the first national lockdown has found no evidence of a rise in suicide.⁹ However, we do not yet have a concrete picture of how Coronavirus has affected suicide rates in different areas and among different groups and we remain deeply concerned about the impact of economic downturn, given the strong links between unemployment, economic deprivation, and suicide. We know from our helpline that the pandemic is exacerbating known risk factors for suicide; among other concerns, volunteers are telling us that callers have been worried about losing their jobs, being unable to provide for their families, and accessing support services.¹⁰

Suicide is not inevitable, nor is a rise in suicide rates connected to Coronavirus and its economic effects. The pandemic has exacerbated known risk factors for people already more vulnerable to suicide, but it also presents a unique opportunity to renew our approach to suicide prevention, building back on a secure foundation of preventative, evidence-based, and person-centred interventions to save lives. The recommendations below provide a broad foundation upon which to base this renewed approach, while addressing some of the direct impacts of Coronavirus for particularly vulnerable groups.

Recommendations

- The reported investment in real-time monitoring for suspected suicides through the Spending Review must result in a comprehensive system that will allow us to monitor and respond to any increases in suicide rates within a particular area or group across the country.
- Suicide is a public health issue, often the result of complex and interrelated causes. Responding to it requires a public health approach which recognises suicide as an issue of inequality and brings together all government departments to focus on the most at-risk groups. This must be underpinned with investment which supports the delivery of evidence-based interventions at a community level.
- The third sector has continued to play a crucial role in supporting people who are struggling with suicidality and self-harm during the pandemic. However, issues of capacity and loss of funding streams put this at risk. The Government must ensure that voluntary and community-based organisations have a sound financial footing for the future so that they can intervene earlier and prevent situations from developing to the point that people need clinical care.
- It will take urgent, cross-government action to prevent the pandemic negatively affecting the nation's mental health for years to come. Planned investment in mental health services included in the Spending Review is a step in the right direction, and provides an opportunity for the Government to work with the third sector to establish a Mental Health Renewal Plan with political and financial backing at the highest level.
- As part of this new investment, the Government should fund and implement a new system of early intervention to support young people who self-harm, based on a preventative approach and underpinned with investment in wider community-based services.
- We want to see groups that are particularly affected by the negative effects of recession supported with adequate financial safety nets to effectively mitigate risk factors for suicide that may be exacerbated by Coronavirus, such as unmanageable debts and housing insecurity.
- This support must be complemented by ringfenced spending within the Government's jobs and unemployment programmes to ensure that people in these groups are helped into fulfilling and sustainable work, and that those at risk of or experiencing redundancy are supported.
- The way that we report and talk about suicide is important. Media and others communicating about suicide should use Samaritans' [media guidelines for reporting suicide](#) and consider Coronavirus-specific advice on responsible reporting.

References

- ¹ Office for National Statistics. (2020). [Suicides in England and Wales: 2019 registrations](#).
- ² Office for National Statistics. (2020). [Suicides in England and Wales: 2019 registrations](#).
- ³ Samaritans. (2020). [Pushed from pillar to post: Improving the availability and quality of support after self-harm in England](#).
- ⁴ McManus, S. et al. (2019). 'Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population', *The Lancet Psychiatry*, 6(7), 573-581.
- ⁵ Including the cross-government workplan, HM Government. (2019). [Cross-Government Suicide Prevention Workplan](#).
- ⁶ Samaritans. (2017). [Dying from inequality: socioeconomic disadvantage and suicidal behaviour](#).
- ⁷ Samaritans. (2020). [Pushed from pillar to post: Improving the availability and quality of support after self-harm in England](#).
- ⁸ O'Shea, N. (2020). [Covid-19 and the nation's mental health: October 2020](#).
- ⁹ Appleby, L. et al. (2020). [Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance](#).
- ¹⁰ Samaritans. (2020). [Understanding our callers during the Coronavirus pandemic](#).