Health Improvement Board (HIB)

18th November 2021

Update from Suicide Prevention Multi Agency Group

Purpose / Recommendation

1. **HIB members are asked to note the report and next steps and consider further steps that could be taken to mitigate the self-harm and suicide risk factors highlighted in the paper.**

Executive Summary

There has not been an observable impact in national and local suicide rates and self-harm presentations during the COVID-19 pandemic. However, there has been an increase in associated risk factors related to suicide and self-harm such as unemployment, financial difficulties, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, relationship strain, bereavement, and loneliness. This paper details some of those impacts, and highlights steps to be taken by partners across the county to mitigate the risks.

Background

The factors leading to someone taking their own life are complex. Suicide is both a public health concern and everyone's business. Some subgroups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. These subgroups, interrelated with ethnicity, gender and age, are at higher risk of mental health problems.

In 2019, the suicide rate in England was 10.8 deaths per 100,000 population (a total of 5,316 deaths). This is consistent with the rate observed in 2018 (10.3 deaths per 100,000) and is the highest rate seen since 2000.[1]

Oxfordshire Context[2]

The suicide rate in Oxfordshire in 2017-19 was 8.9 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000. This is a slight increase from the rate observed in 2016-18 of 8.6 per 100,000.[3]

The suicide rate in Oxfordshire males is statistically similar to England with a rate of 14.9 per 100,000 in 2017-19. This is a slight increase on the previous year (2016-18) which showed a rate of 14.2. Among females in Oxfordshire, the rate of suicide per 100,000 in 2017-19 was 3.1, down from 3.2 in the previous year. Compared to a 4.9 per 100,000 population in England.

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[1] Ons.gov.uk. 2021. Suicides in England and Wales - Office for National Statistics. [online] Available at: Suicides in England and Wales - Office for National Statistics (ons.gov.uk) Suicides in England and Wales - Office for National Statistics (ons.gov.uk) [Accessed 21 October 2021].

[2] A note on data: we have used local data where possible, where not we have used national data.

[3] Public Health England), P., 2021. Suicide Prevention Profile - PHE. [online] Fingertips.phe.org.uk. Available at: Suicide Prevention Profile - PHE [Accessed 21 October 2021].

In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000).[4]

Oxfordshire has a wide ranging, well-established multi-agency group (MAG) that is dedicated to preventing suicide and self-harm. There are over 20 organisations who have all made a commitment to both the development and delivery of the Oxfordshire Suicide and Self-Harm Prevention strategy. These range from public and private sectors, to national and local charity sector organisations.

The Oxfordshire strategy, based on national policy, combined with the local knowledge, insight and personal experiences, sets out the long-term focus and commitment of the Suicide Multi Agency Group partners to reduce suicide and self-harm in Oxfordshire over the next four years.[5] It represents the combined work of the Oxfordshire Suicide Prevention Multi-Agency Group combined with residents' views.

The strategy has four focus areas:

- Safer Oxfordshire Communities,
- Safer Professionals and settings,
- Accessible support for those effected,
- Strong integrated prevention network;

underpinned by four action areas:

- Real-time surveillance and analysis,
- Identifying and reducing high-risk groups and behaviours,
- Supporting after suicide and self-harm, including living experience,
- Promote resilience and wellbeing.

The Mental Health Prevention Concordat Partnership Group was established in May 2020 bringing together partners from across local health, voluntary sector organisations, and county and district council partners. The group coordinates and delivers mental health prevention activity across the county. A report on the work of the partnership was presented to the board in May 2021.[6]

Key Issues

Impact of COVID-19 on suicide rates and self-harm

National research indicates that there has not been an escalation in suicide figures during the pandemic. A subset of local areas (population coverage ~9million) has not shown a

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[4] Children and Young People's Mental Health and Wellbeing – PHE Fingertips)
[5] Oxfordshire Suicide and Self-Harm Prevention Strategy (2020). [online] Available at: https://www.oxfordshire.gov.uk/sites/default/files/file/adult-social-and-health-care/OxfordshireSSHPreventionStrategy.pdf [Accessed 21 October 2021]
[6] Agenda Document for Health Improvement Partnership Board, 27/05/2021 14:00 (oxfordshire.gov.uk)

significant rise in average number of suicides when comparing pre- and post- lockdown periods.[7]

Around half of all people who die by suicide have a history of self-harm.[8] Early indications from local data show that self-harm presentations to A&E across age ranges has fluctuated over the pandemic. Overall presentations reduced in the first lockdown period (April – July 2020), and returned to pre-pandemic levels out of lockdowns.[9] We will continue to monitor this data as it becomes available.

It is not presently clear what the longer-term impact of the pandemic will be on the mental health of residents in Oxfordshire. The effects may be significant and there are suggestions that suicide rates will rise over the long term, although this is not inevitable.[10] The picture is complex, and the impact is likely to be different within countries and communities.[11]

Impact of COVID-19 on associated risk factors

At present, there is no observed impact of COVID-19 on self-harm and suicide rates. However, there has been a potential increase in risk factors related to suicide and self-harm, either an associated illness or for example a worsening social and economic situation.

Risk factors for self-harm and suicide that have or have likely been adversely impacted by COVID-19 include unemployment, debt, financial issues, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, relationships, bereavement, and loneliness.[12]

Nationally COVID-19 has shone a light on existing health inequities, having a disproportionate impact on many of those who already had worse health outcomes before the pandemic including those in lower-paid work, from black and ethnic minority backgrounds and living in poorer areas.[13]

Two categories of vulnerable groups are highlighted in the Government's Fifth Progress Report on preventing suicide in England in the context of COVID-19:

- Those with existing problems that have been exacerbated by the pandemic
- Those for whom the pandemic has resulted in significant and specific new issues that are associated with suicide (e.g. job loss, unmanageable debt related to reduced income, bereavement and loneliness or social isolation)

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[7] Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk)

[8] Risk of suicide and mortality, University of Manchester

[9] In the absence of recent 2020/2021 Public Health Outcomes Framework data on self-harm rates (latest available is 2019/20) we have consulted with the Oxford Monitoring System for Self-harm, Department of Psychiatry (University of Oxford)[9] which suggests that there has not been a significant increase in self harm presentations to A&E in the John Radcliffe Hospital, Oxford.

[10] *Ibid.*

[11] Trends in suicide during the covid-19 pandemic | The BMJ

[12] Suicide Prevention Profile, PHE available here: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132831/pat/6/par/E12000008/ati/102/are/E10000025/cid/4/tbm/1

[13] Disparities in the risk and outcomes of COVID August 2020 update, available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

The new Oxfordshire Wellbeing Needs Assessment demonstrates the impacts of COVID-19 on anxiety, depression, and wider determinants factors, highlights below.

Loneliness, anxiety, and depression

During the pandemic, loneliness has increased. In April-May 2020, 5.0% of adults in England said that they felt lonely "often" or "always" rising to just over 7% of adults between October 2020-February 2021.[14] Amongst some, for example older adults who have been shielding, there has been a loss of social and physical confidence after periods of isolation.

New studies tracking changes in anxiety and depression since the first lockdown began, suggest that in March and April 2020 anxiety and depression and stress were all higher compared to benchmark values.[15] Within this study, groups that were more likely to experience anxiety and depression were: young adults (18-34) and women; those living alone; those in urban areas; people with lower household incomes; those with a diagnosed mental illness; those with a long standing physical illness; adults not in employment.[16]

The 2020 OxWell survey across the South-East showed that for respondents in school age children age year 13-18 years old, the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[17]

Wider determinants focus on finance

In September 2020, there were 24,100 furloughed employments in Oxfordshire. This represented a 7% uptake of the scheme, compared with an 8% uptake across England.[18]

Across Oxfordshire, the number of unemployment claimants rose significantly at the start of the pandemic, from 6,670 in March 2020 to 17,375 in May 2020. The increase of 163% was higher than the national and regional averages (see table 1 below). From May 2020 until April 2021 the claimant figures remained steady at around this figure but have been decreasing over the months since March 2021, standing at 13,130 in September 2021.[19]

The highest proportion of unemployment claimants in Oxfordshire between December 2019 and December 2020, was in 16-24 year olds, rising from 945 to 3020. This fell to 2,210 (4.7% of 16–24 year-olds in Oxfordshire, compared to 8.8% nationally) in August 2021.

Within Oxfordshire during the peak month of May 2020 there were differences in unemployment claims by districts (see table 1 below).

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[14] Coronavirus and loneliness, Great Britain (April - May 2020)

[15] Data from PHE Wider impacts of COVID-19 on health monitoring tool: Wider impacts of COVID-19 on health monitoring tool - GOV.UK (www.gov.uk).

[16] Covid-19 mental health and wellbeing surveillance report GOV.UK (www.gov.uk)

[17] School mental health summary report - OxWell

[18] Coronavirus Job Retention Scheme statistics: November 2020 - GOV.UK (www.gov.uk)

[19] Unemployment claimants to November 2020 | Oxfordshire Insight

Table 1: Numbers claiming unemployment benefits March 2020 to May 2020, by national, regional, local authority, and district council

	March 2020	April 2020	May 2020	March 2020 to May 2020 change (numbers and percentage)	
Cherwell	1,460	2,840	4,010	2,550	175%
Oxford	2,100	3,220	4,605	2,505	119%
South Oxfordshire	1,050	2,235	3,230	2,180	208%
Vale of White Horse	1,095	1,930	3,000	1,905	174%
West Oxfordshire	955	1,925	2,660	1,705	179%
Oxfordshire	**6,665**	**12,150**	**17,500**	**10,845**	**163%**
South East	120,930	219,285	302,595	181,665	150%
England	1,063,505	1,764,725	2,227,190	1,213,685	114%

The increase in the number of claimants was highest in the South Oxfordshire district. The rate per population was highest in Oxford and Cherwell (see table 2 below).[20]

Table 2: Percentage rate per population claiming unemployment benefits March 2020 to May 2020, by national, regional, local authority, and district council

	March 2020	April 2020	May 2020
Cherwell	1.6%	3.1%	4.3%
Oxford	2.0%	3.0%	4.3%
South Oxfordshire	1.2%	2.6%	3.8%
Vale of White Horse	1.3%	2.3%	3.6%
West Oxfordshire	1.5%	2.9%	4.0%
Oxfordshire	**1.5%**	**2.8%**	**4.0%**
South East	2.2%	3.9%	5.4%
England	3.0%	5.0%	6.5%

The Coronavirus Job Retention Scheme (furlough) and the £20 Universal Credit uplift ended on 30 September 2021 which may add financial pressure onto less affluent families living in Oxfordshire.

Next steps

As described above, there are established partnership groups supporting Suicide Prevention and Self-Harm and Mental Health Prevention, both with strategies, frameworks, and action plans in place. The next steps below focus on responding to the issues outlined in this paper.

Suicide and Self-Harm MAG:
- Continue to analyse self-harm and suicide data in real-time and to monitor trends (to assess the impact of COVID-19).

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[20] Bitesize_Unemployment_to_May20.pdf_(oxfordshire.gov.uk)

- Work with the Suicide and Self-Harm Multi Agency Group members to focus work on COVID-19 recovery in 2021/22, using local insight from partners.
- Work closely with partners on the Mental Health Prevention Concordat Partnership Group to align priorities on COVID-19 recovery, working together to address inequalities, improving local mental wellbeing and reducing risk of self-harm and suicide.
- Continue to target training to professionals who work with high-risk groups, e.g. staff at Job Centres, Citizens Advice, and/or other voluntary agencies who work with people in financial difficulties.

Mental Health Prevention Concordat Partnership Group:
- Continue to work to promote resilience and wellbeing to high-risk groups e.g. a men's mental health campaign is planned for winter 2021/22, building on the momentum from the May 2021 'Removing Barriers to Support Men's Health in Oxfordshire' event and formation of the Men's Health Partnership.
- Learn from the Community Participation Action Research – a research project currently underway focussing on inequalities and understanding the impact of COVID-19 on ethnic minority communities in Oxfordshire.
- Learn from the national working group that has been established on the impact of long COVID on self-harm and suicide.

Oxfordshire Health Education Social Care (HESC)
- Conduct a children and Young People emotional wellbeing and mental health services and projects gap analysis, with a view of developing a strategy. Understanding the full picture of services and projects that support children and young people's emotional wellbeing and mental health by level of need, and investment. Recommendations to follow on where to add investment, using gap analysis, wellbeing needs assessment, and other local data, to support CYP emotional wellbeing and mental health.

Members of the Health Improvement Board
- Explore potential for work on mental health and wellbeing wider determinants, with a focus on financial insecurity and inequalities, thinking about how we 'build back fairer'. For example, local authorities within the Buckinghamshire Oxfordshire Berkshire (BOB) Integrated Care System (ICS) area have adopted the Citizen's Advice 'Council Tax Protocol'.[21] The protocol proactively engages with people struggling with bill payments to help prevent further charges and to alleviate stress.

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[21] Citizens Advice Council Tax Protocol