Effects of the COVID-19 pandemic on self-harm

There has been extensive discussion about the impact of the COVID-19 pandemic on suicide, some of it data-based[1] but much of it speculative. Obtaining timely data is challenging because suicide deaths need to be investigated, for example by coroners. Self-harm often precedes suicide and may be used as a proxy outcome. It is also an important public health concern in its own right. How has the pandemic affected self-harm?

People who have self-harmed may present to different parts of the health service, or not at all. Presentation to the emergency department is common but comprehensive national data on self-harm in this setting are lacking. Local analyses of hospital activity can be informative. An examination of clinical records in one large provider of mental health services in England showed a 40% fall in self-harm referrals to liaison psychiatry in the six weeks after lockdown, followed by an increase to previous levels[2]. This is consistent with data from our own long-established self-harm monitoring systems[3] Individuals may also present to primary care with self-harm. A study in 1500 UK general practices using the Clinical Practice Research Datalink (CPRD) found that the recorded incidence of self-harm was 38% lower in April 2020 than expected based on previous years[4-PREPRINT]. The falls were particularly marked in women, those aged under 45 years, and people living in the most deprived areas.

The reduction in self-harm presentations to health services could be a result of public health messages to protect the NHS, anxieties about contracting the virus, or lack of access to services. Might the findings also reflect a genuine decrease in community incidence? Longitudinal data are lacking. A large UK panel survey suggested that levels of self-harm have remained fairly constant since lockdown, with 2%-4% of people indicating they had self-harmed in the previous week(https://www.covidsocialstudy.org/results -accessed22.11.20). If the community incidence of self-harm has

not decreased but there has been a dramatic decline in health service use, are people seeking help elsewhere? Some charities and third sector organisations have reported a significant increase in activity, while a PHE report found a mixed picture across telephone and online support services(https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-reporturl -accessed20.11.20).

So far there is no indication that the pandemic and measures to mitigate it have caused self-harm rates in the UK to increase. This is consistent with data on suicidal behaviour internationally[5], but important caveats apply. It is relatively early days in an evolving situation which has undoubtedly impacted on many people's mental well-being. Data are sparse and any effects will not be uniform. The most striking finding to date is the major reduction in health care use. This is important because self-harm often occurs at a point of individual crisis or distress. The consequences of reduced clinical contact at this time are unknown. Going forward, neither the evidence-base nor the key principles of care for self-harm have changed. We need to make services accessible, ensure that high quality assessments are available, and do all we can to help people who self-harm get the interventions they need.

(WORD COUNT 499)

Nav Kapur, Caroline Clements, Louis Appleby, Keith Hawton, Sarah Steeg, Keith Waters, Roger Webb

nav.kapur@manchester.ac.uk

Centre for Mental Health and Safety, Division of Psychology and Mental Health & Manchester Academic Health Science Centre, University of Manchester, Manchester M13 9PL, UK (NK, CC, LA, SS, RW)

NIHR Greater Manchester Patient Safety Translational Research Centre, University of Manchester, UK (NK, SS,RW)

Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK (NK)

Centre for Suicide Research, University of Oxford, Oxford, UK & Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford (KH)

Centre for Self-harm and Suicide Prevention Research, Derbyshire Healthcare NHS Foundation Trust, Derby, UK (KW)

Declaration of interests:

NK chaired the NICE guidelines for self-harm (longer term management) 2012 and the NICE Quality Standards on self-harm 2013. He is currently topic advisor for the new NICE guidelines for self-harm. NK and LA work with NHS England on national quality improvement initiatives for suicide and self-harm. NK and KH sit on the Department of Health and Social Care's National Suicide Prevention Strategy Advisory Group for England which LA chairs. NK, KH, KW, CC are investigators on the Multicentre Study of Self-Harm in England. The views expressed in this article are the authors' own and not those of the Department of Health and Social Care, NHS England, NIHR or NICE.

References

[1] Leske S, Kõlves K, Crompton D, et al. Real-time suicide mortality data from police reports in Queensland, Australia, during the COVID-19 pandemic: an interrupted time-series analysis Lancet Psychiatry. November 16, 2020DOI:https://doi.org/10.1016/S2215-0366(20)30435
[2] Chen S, Jones PB, Underwood BR, et al. The early impact of COVID-19 on mental health and community physical health services and their patients' mortality in Cambridgeshire and Peterborough, UK. J Psychiatr Res 2020;131:244–54. doi:10.1016/j.jpsychires.2020.09.020
[3] Hawton K, Casey D, Bale E. et al. Self-harm during the early period of the COVID-19 Pandemic in England: comparative trend analysis of hospital presentations **(submitted)** Journal of Affective Disorders 2020 (Please note if this is not published by the time this letter is at the proof stage of the publication we will deposit the paper to a preprint server and amend the citation accordingly).
[4] Carr, MJ, Steeg, S, Webb, Roger T et al. Primary Care Contact for Mental Illness and Self-Harm Before, During and After the Peak of the COVID-19 Pandemic in the UK: Cohort Study of 13 Million Individuals. **PREPRINT** Available at SSRN: https://ssrn.com/abstract=3706269 or http://dx.doi.org/10.2139/ssrn.3706269
[5] John A, Pirkis J, Gunnell D, Appleby L, Morrissey J. Trends in suicide during the covid-19 pandemic BMJ 2020; 371 :m4352 doi: https://doi.org/10.1136/bmj.m4352