

COVID-19 – Social and Economic Issue Analysis: Self-Harm

What does the Government say about this issue?

The COVID-19 outbreak is going to have an impact on everyone's daily lives, as the government and the NHS take necessary steps to manage the outbreak, reduce transmission and treat those who need medical attention.

The government recognises that during this time, people may be bored, frustrated or lonely. People may also feel low, worried, anxious, or be concerned about their health or that of those close to them. Everyone reacts differently to events and changes in the way that we think, feel and behave vary between different people and over time. It's important that people take care of their mind as well as their body and to get further support if needed.

The government has issued guidance for the public on the mental health and wellbeing aspects of coronavirus, on aspects such as social-distancing and staying at home, things that can help mental health and wellbeing, advice and support about specific mental health needs, and dealing with a mental health crisis or emergency.

In terms of dealing with a mental health crisis or emergency, such as feeling great emotional distress or anxiety, feeling that you cannot cope with day-to-day life or work, thinking about self-harm or even suicide, or experiencing or hearing voices (hallucinations), government guidance is to get immediate expert assessment and advice to identify the best course of action.

Guidance recognises that a mental health emergency should be taken as seriously as a physical health emergency, and that people should call 999 if they are seriously ill or injured and their life is at risk.

What impact is coronavirus having on self-harm services?

Self-harm is when somebody intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm, they feel on some level that they intend to die. More than half of people who die by suicide have a history of self-harm. But the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes it is a mixture of all three. Self-harm can also be a cry for help.

After self-harming, someone may feel a short-term sense of release, but the cause of distress is unlikely to have gone away. Self-harm can also bring up very difficult emotions and could make someone feel worse. Even though there are always reasons underneath someone hurting themselves, it is important to know that self-harm does carry risks. Once someone has started to depend on self-harm, it can take a long time to stop.

For these reasons, in addition to having adequate medical attention available for self-harmers, it is also important to have preventative support services in place to help people at risk of self-harm, and to have services in place to support those who go on to self-harm.

During the COVID-19 pandemic, advice from the NHS about seeking medical attention for common types of self-harm injuries has not changed. Advice remains that it is important for anyone who self-harms to see their GP, who can treat any physical injury and recommend further assessment, if necessary. Advice remains about seeking immediate help for an injury or overdose at an A&E department, minor injuries unit or walk-in centre.

However, due to the way some people are interpreting guidance around self-isolation, combined with healthcare resources being over-stretched during the COVID-19 pandemic, many people who self-harm are not seeking the medical attention that they need.

Mind, and other mental health charities, continue to offer online support and telephone helplines (where possible) for people living with a mental health problem, or supporting someone who is experiencing poor mental health. Many of these charities have also updated their online support to include specific advice for people worried about COVID-19 and how it could affect their life and their mental health. However, due to self-isolation and social-distancing guidance, face-to-face support and group work will have stopped.

Many mental health charities have had their core funding drastically cut over recent years, so now largely rely on charitable donations and income from their charity shops, to provide the support and advice that people need. During the COVID-19 pandemic, vital income from the now closed charity shops is zero, resulting in support staff being furloughed (with a risk of redundancy) or being made redundant, and volunteer staff capacity being reduced, thereby affecting the level of support available to those with mental health issues and those at risk of self-harm.

Penal reform campaigners and charities have said that restrictive measures in prisons and other secure units introduced as a result of COVID-19 could drive up self-harm, especially among young inmates. The combined effect of staff shortages due to illness coupled with self-isolation and social-distancing guidance has resulted in increased periods spent in cells, cancelled visits from relatives, social workers and lawyers, and cancelled education and offending behaviour interventions.

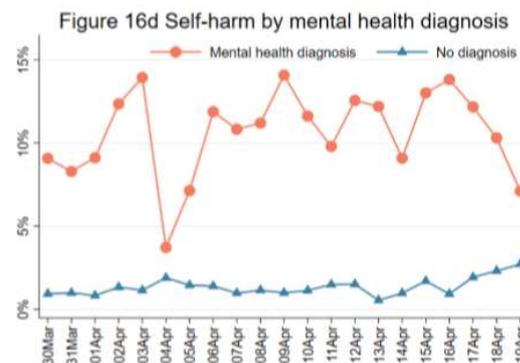
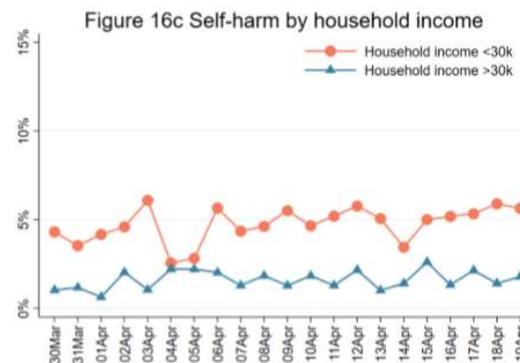
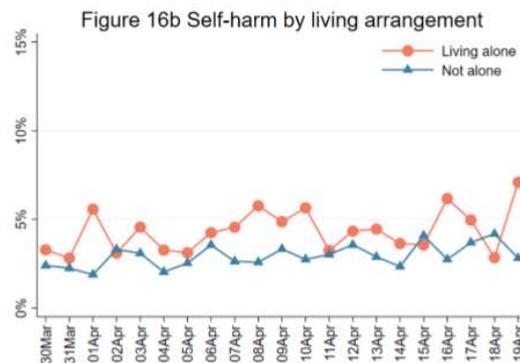
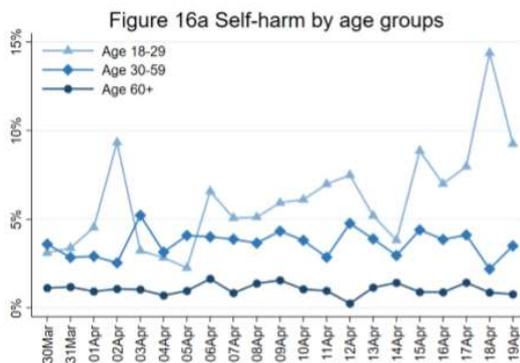
Are incidences of self-harm increasing?

A survey by YoungMinds has shown that the COVID-19 pandemic is having a profound effect on young people with existing mental health conditions. The loss of routine, inability to meet with friends, school closures and exam cancellations are all factors, as well as health concerns. Although they understood the need for the measures taken in response to the virus, the report says, this did not lessen the impact. Many of those who took part in the survey reported increased anxiety, problems with sleep, panic attacks or more frequent urges to self-harm.

Research run by University College London is currently studying the effects of COVID-19 and social isolation measures on individuals. Over 75,000 people are currently participating in the study, completing weekly online surveys about their experiences and behaviours. Whilst the sample is not representative of the UK population, it has good stratification across various socio-demographic factors to help the researchers understand the experience of COVID-19 for different groups.

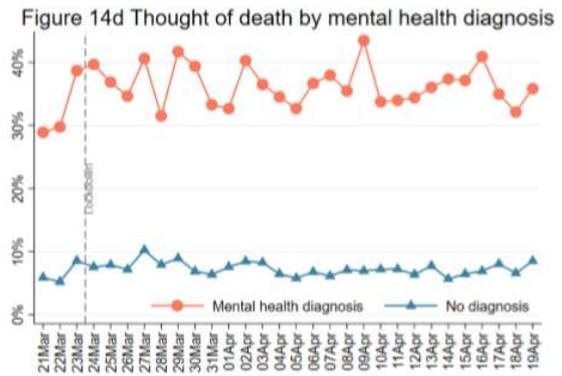
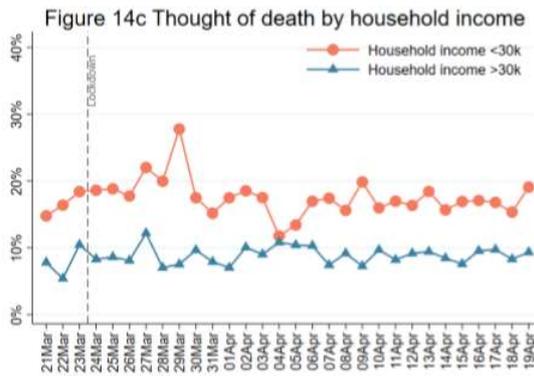
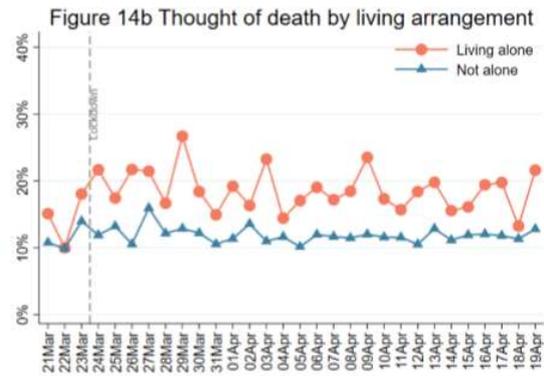
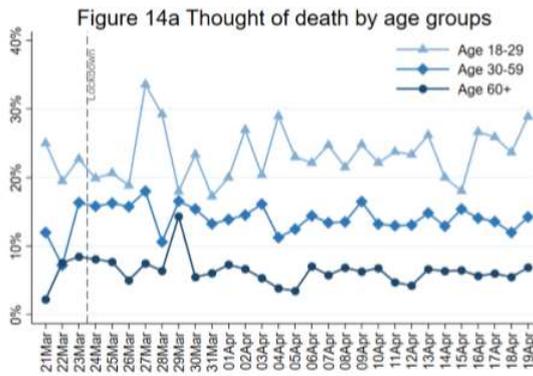
Results from week five of the study about self-harm show that self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. The study focused on any response that indicated any self-harming. Self-harm data are only available for the last week onwards.

Self-harm has been reported to be higher amongst younger adults, those living alone, those with lower household income, and those with a diagnosed mental health condition. There are suggestions that self-harm may be increasing amongst younger adults. However, this pattern remains to be confirmed with data in future weeks. It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.



Results from week five of the study about thoughts of death or self-harm are measured using a patient health questionnaire that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. The study focused on any response that indicated having such thoughts.

The percentage of people in the sample who had thoughts of death or self-harm have been relatively stable since lockdown was announced. They remain higher amongst younger people, those living alone, those with a lower household income, and people with a diagnosed mental health condition. Thoughts have also been more volatile amongst these groups.



Are things any different in Norfolk?

No reliable data currently exists about people at risk of self-harm in Norfolk, in response to the COVID-19 pandemic. It is likely that the situation for people at risk of self-harm in Norfolk during the COVID-19 pandemic, will be little different to many other places around the UK, amid concerns that more people will be at risk due to mental health issues relating to social isolation, and reduced support services. Issues which affect people’s wellbeing, that may in turn be associated with a heightened risk of self-harm (economic, health and social concerns), are universal and the absence of usual protective factors (such as access to supportive networks) are likely to affect people’s wellbeing regardless of their location.

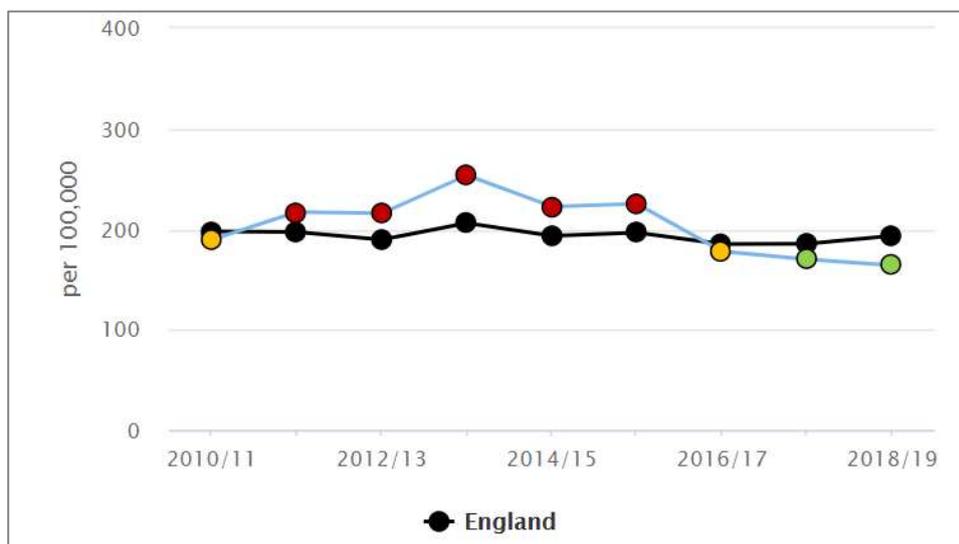
A better understanding of the effects of the COVID-19 pandemic for people at risk of self-harm in Norfolk will emerge when more up to date local data becomes available.

Comparative data relating to self-harm is generally published annually. The chart below shows emergency hospital admissions for intentional self-harm (directly standardised rate per 100,000) for the latest year available 2018/19. This data is

from the Hospital Episode Statistics (HES) and sourced from Public Health England. Norfolk has a lower rate than seen nationally (164.1 compared with 193.4 nationally). Compared with the other local authority areas in the East of England, Norfolk sits amongst the lowest third.

Area	Value
England	193.4
East of England region	173.1
Cambridgeshire	243.5
Peterborough	228.5
Bedford	217.4
Suffolk	211.5
Luton	188.4
Essex	166.5
Southend-on-Sea	165.8
Norfolk	164.1
Central Bedfordshire	163.0
Thurrock	142.4
Hertfordshire	116.7

The chart below shows that Norfolk's rate of emergency hospital admissions for intentional self-harm peaked in 2013/14, when the figure was significantly higher than the England average. Since then, the rate has gradually reduced in Norfolk and is significantly below the England average for the last two years.



Although there is some understanding of the social and psychological effects of living through pandemics based in part on evidence from previous outbreaks of diseases such as Sars, the longer-term consequences of COVID-19 on people's wellbeing and risk of self-harm are limited.

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Sources

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