

Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance

Summary

We examined suicide figures from established "real-time surveillance" (RTS) systems in several parts of England, total population 9 million, comparing the months pre-lockdown (January-March 2020) to post-lockdown (April-August 2020). The average number of suicides per month varied but there was no evidence of a rise post-lockdown. The post-lockdown figures were higher than in the equivalent period in 2019 but this should be understood in the context of rising suicide rates and improving RTS systems. Several important caveats apply, and these findings do not rule out higher figures in some areas or as a result of a future economic downturn.

Rationale

There is considerable public and professional concern about the potential impact on suicide rates of the COVID-19 pandemic and the measures taken to contain it. Since 2018 the national confidential inquiry (NCISH) has supported a suicide prevention programme in England built around NHS geographical subdivisions (STPs - Sustainability & Transformation Partnerships). Our role has been to advise on data and evidence and several STPs have established "real-time surveillance" (RTS) of suspected suicides to give an early indication of local patterns of risk.

The national suicide rate is reported annually by the Office for National Statistics (ONS) - this includes deaths from "undetermined" cause, i.e. probable suicides where the threshold for a suicide conclusion at coroner's inquest is not reached. ONS figures are based on the registration of deaths after inquest. Currently the median time from the occurrence of a suicide to its registration is 166 days. This delay means that ONS figures cannot provide close monitoring of suicide in relation to the pandemic.

Suicide rates in England are currently rising. The 2018 rate rose by 12% and the 2019 rate, reported in September 2020, showed a 5% rise. One factor is likely to be a lowering in 2018 of the "standard of proof" required at inquest, which may have brought more suspected suicides into official statistics. Despite the inclusion of undetermined deaths and the lower standard of proof, it is generally accepted that a significant number of suspected suicides are still omitted from ONS data. Real-time suicide numbers are therefore likely to be higher than official figures.

We aimed to examine the impact of the pandemic by collating available real-time suicide data from STPs for periods before and after lockdown.

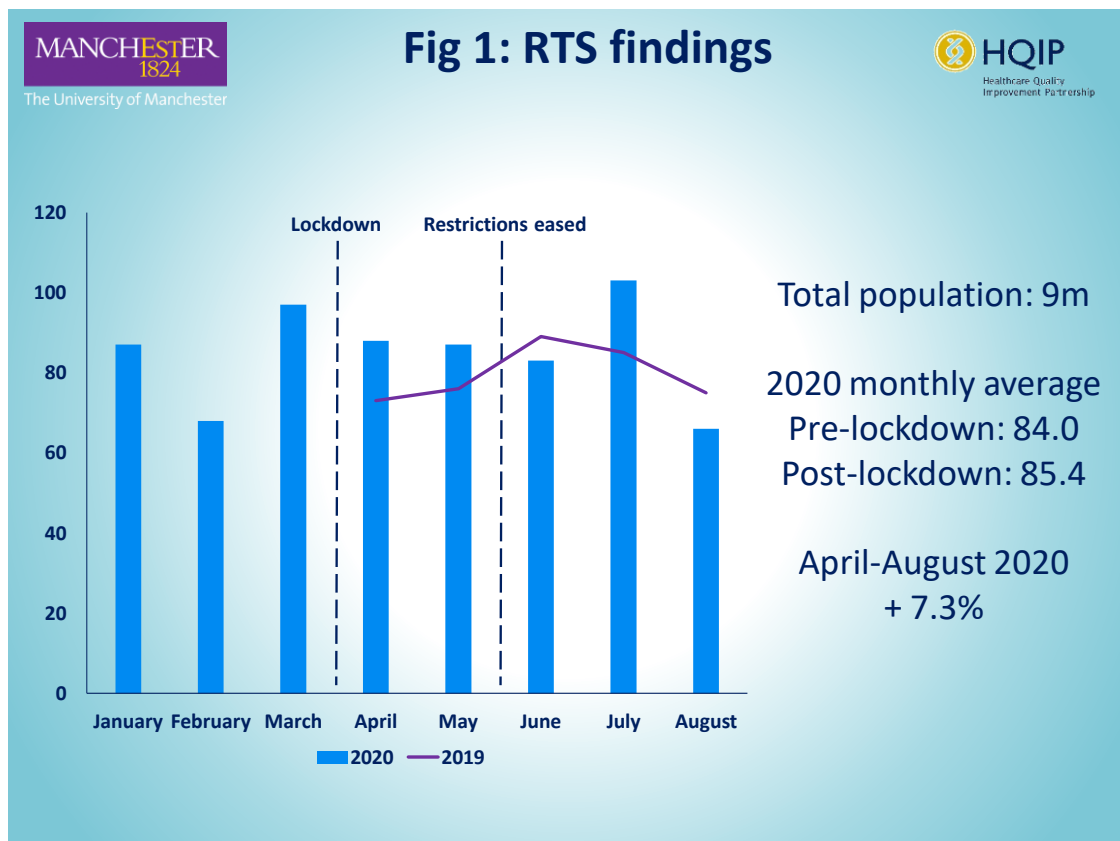
Method

STPs with established real-time suicide surveillance systems were invited to provide aggregate, anonymised figures to NCISH. We applied four standards for inclusion:

- (1) Numbers of suicides available by calendar month, pre-lockdown (January-March 2020) and post-lockdown (April-August 2020). The pre- v post-lockdown periods were our primary comparison;
- (2) Numbers of suicides available for April-August 2019, i.e. equivalent to the post-lockdown period, to take account of any seasonal change in interpreting the 2020 figures;
- (3) Suicide numbers broadly in line with expected figures for that area, based on population size and previous suicide rates;
- (4) Figures available for the whole STP, to eliminate possible reporting bias from partial data.

Results

We collated data for an area with a total general population of 9 million, approximately one sixth of the population of England (figure 1).



The monthly figures varied but with no obvious pattern or trend. The average number of suicides per month was 84.0 pre-lockdown, 85.4 post-lockdown. The post-lockdown figure was 7.3% higher than in the equivalent period in 2019, when the monthly average was 79.6.

Conclusions

- (1) We have found no evidence of the large national rise in suicide post-lockdown that many feared;
- (2) There appears to have been no rise in suicide post-lockdown, at least in these areas. The higher figures in 2020 should be seen in the context of a rising national rate and maturing real-time surveillance systems;
- (3) There are several important caveats. These are early figures and could change over time or with the inclusion of more areas. We cannot rule out higher rates in some local areas or population sub-groups, especially as the effect of COVID-19 itself has varied between communities;
- (4) In particular, it is too soon to examine the full long-term impact of economic adversity on mental health and suicide.