13th June 2024

Self-harm and suicide

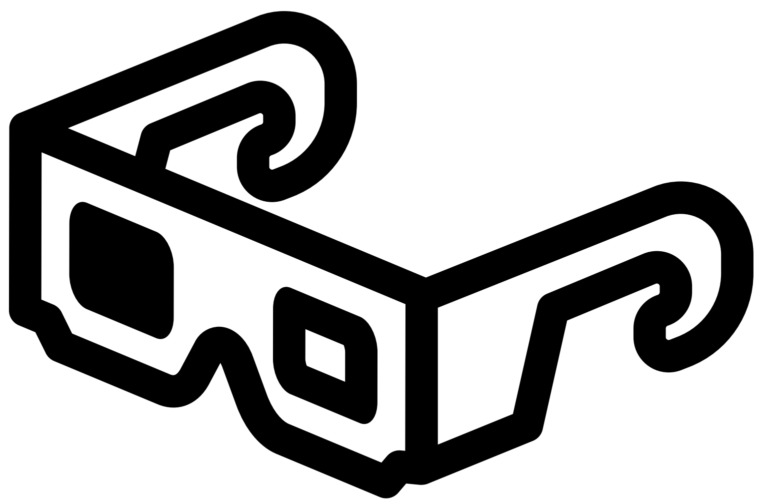
A public mental health perspective

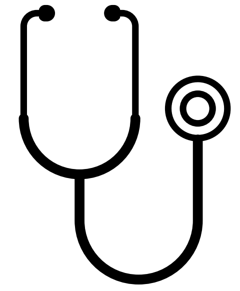
Dr Chad Byworth
Specialty Registrar in Public Health

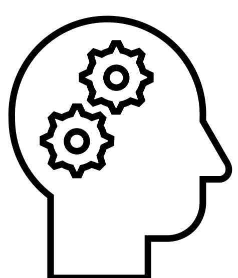
What will we cover?

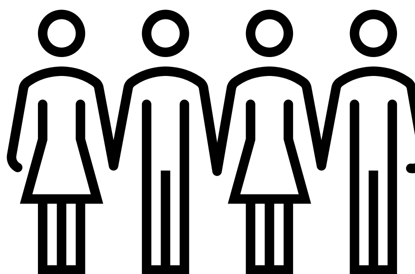
What is public mental health?
Self-harm and suicide from a public health perspective
The Enfield self-harm toolkit

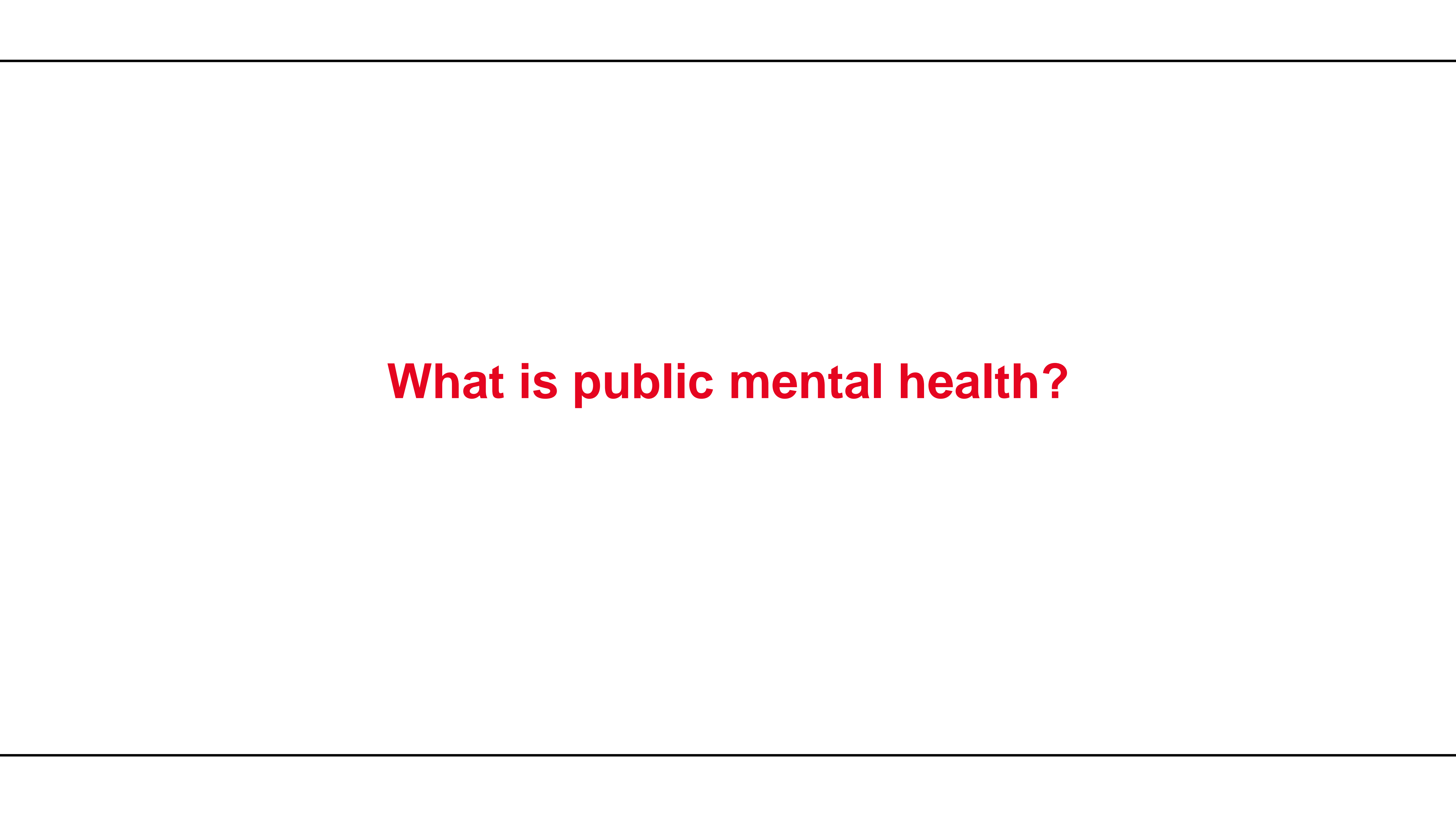
Caveat!










What is public mental health?

What is public mental health?

Mental health promotion

Supporting the health of people living with mental illness

Prevention of mental illness and suicide

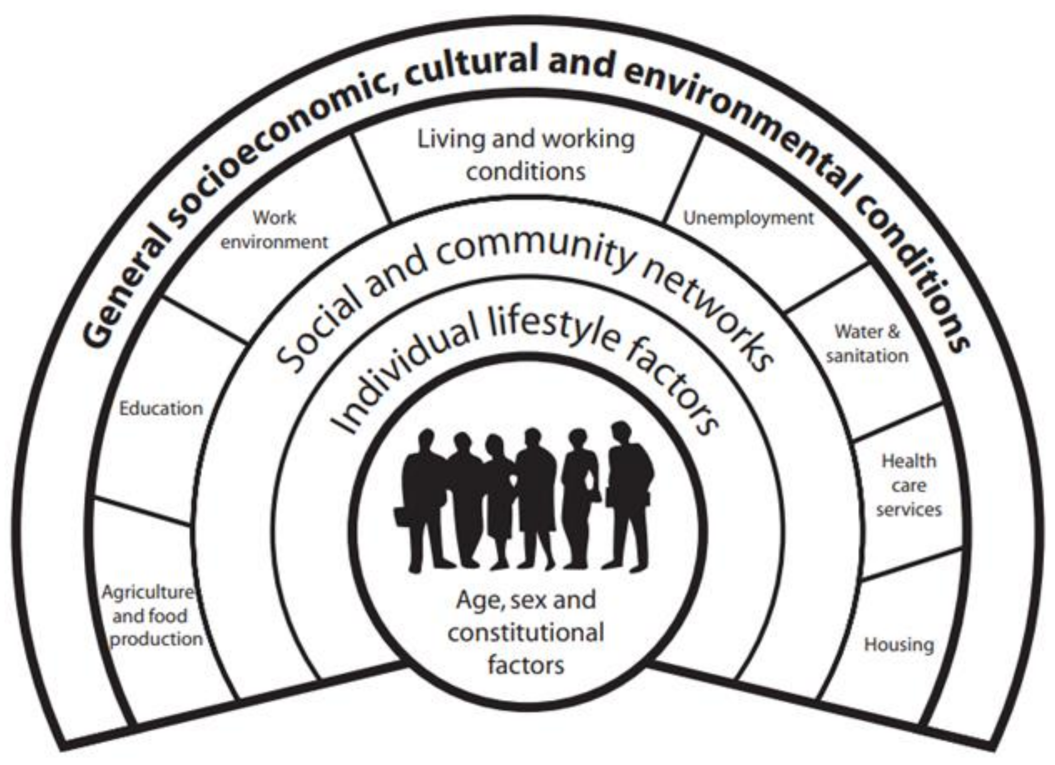
"the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals."

Faculty of Public Health

Source: Adapted from the WHO Public Mental Health Framework

What is public mental health?

<u>Population</u> focussed

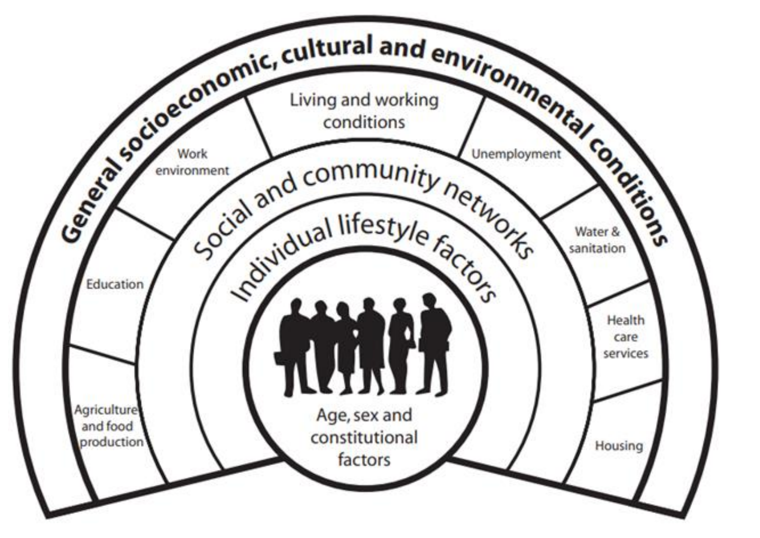


- **Equity**
- **Efficiency**
- **Sustainability**
- **Evidence based**

Source: Dahlgren G and Whitehead M, Policies and strategies to promote social equity in health, 1991

Source: Adapted from Campion J, WPA Working Group on Public Mental Health: objectives and recommended actions, 2022

Determinants of mental health



60-90%

Genetics

Individual psychological factors

Health behaviours:

- Smoking
- Physical activity
- Alcohol use
- Substance use

Social/community factors:

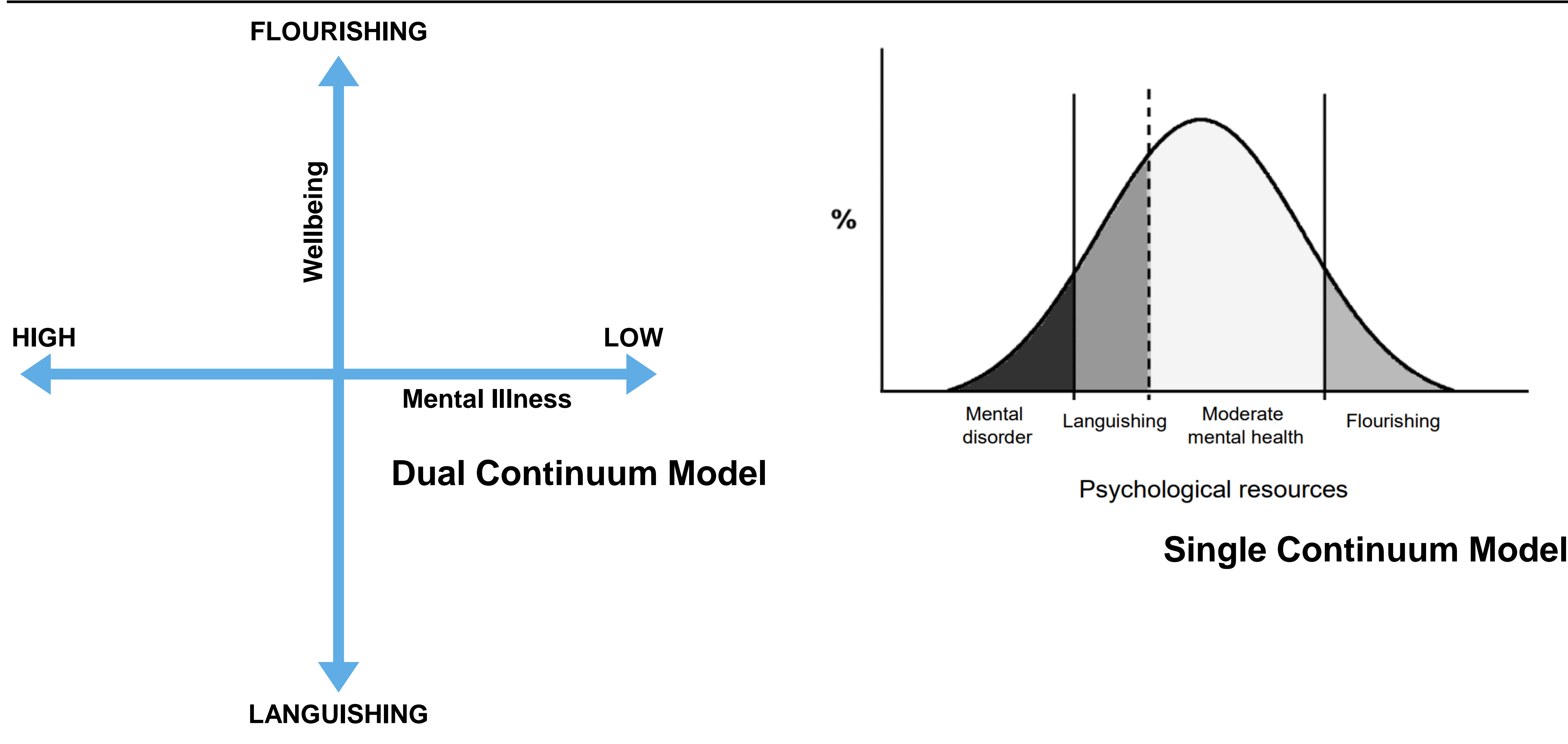
- Family relationships
- School environment
- Employment
- Peer groups

Structural factors:

- Income/Poverty
- Housing
- Transport
- Green space
- Air quality
- Crime

Source: Bala J, Hierarchy of demographic and social determinants of mental health: analysis of cross-sectional survey data from the Global Mind Project, 2024

What is the relationship between mental health, illness and wellbeing?

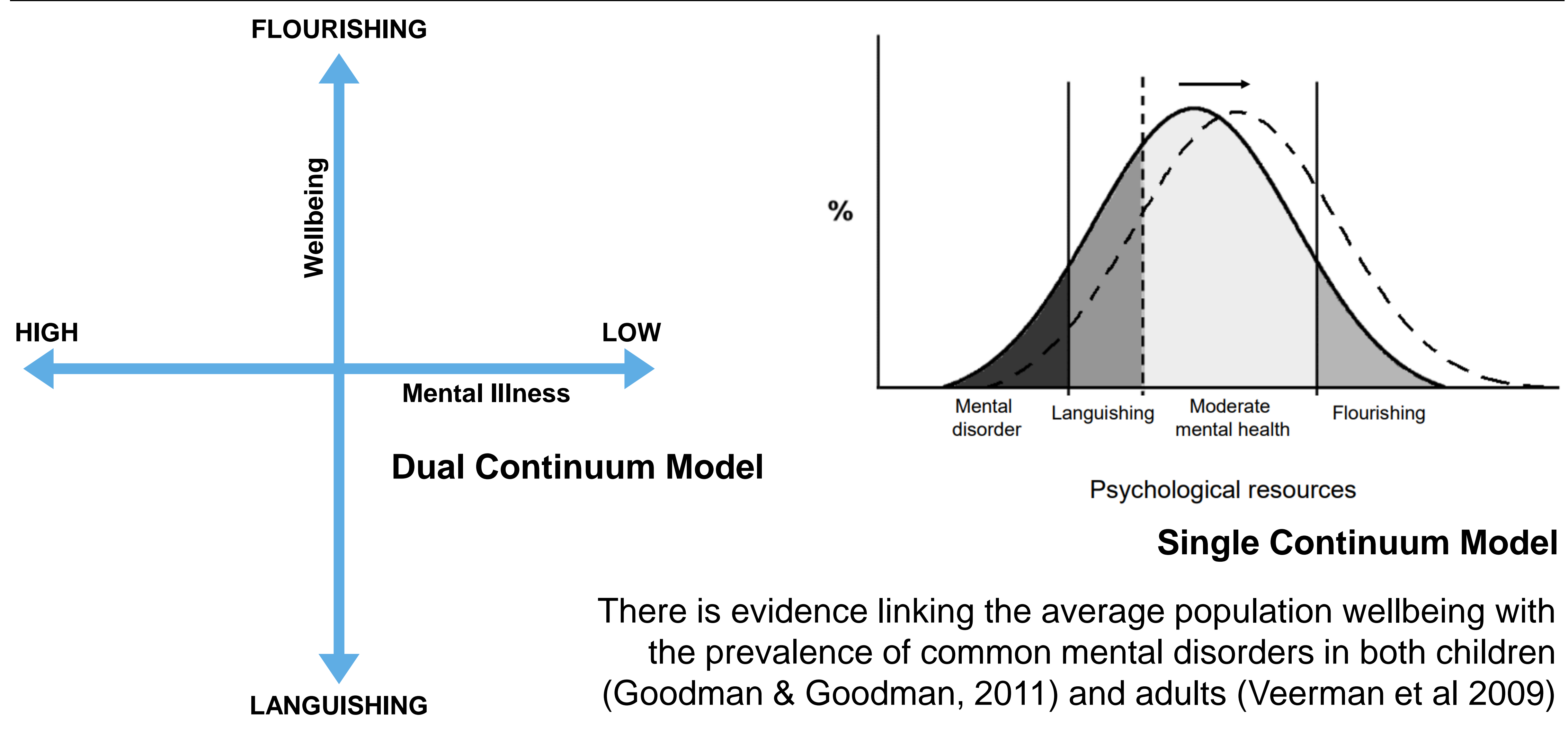


Dual Continuum Model

Single Continuum Model

Source: Adapted from Tudor K, Mental Health Promotion: Paradigms and Practice, 1996

Source: Hupper F A, State-of-Science Review: Psychological Wellbeing: Evidence regarding its Causes & Consequences, 2008



Source: Adapted from Tudor K, Mental Health Promotion: Paradigms and Practice, 1996

Source: Hupper F A, State-of-Science Review: Psychological Wellbeing: Evidence regarding its Causes & Consequences, 2008

The size of the problem

Mental illness represents a significant burden – in the UK, mental disorders account for **21% of the UK disease burden** as measured by years lived in ill health.

Why is the burden so high?

1. Mental ill health is very **common**
2. Mental ill health often has an **onset in childhood**
3. Mental ill health has **broad impacts**

Not only is there a high burden, there are also **profound inequalities**.

Source: Royal College of Psychiatrists,
Public mental health implementation, 2022

The co-benefits of good wellbeing

Alongside reductions in mental illness within the population, there are substantial co-benefits to improving wellbeing:

Improved mental wellbeing

Increased physical activity
Improved employment outcomes
Helping others and higher self-compassion

Improved health-risk behaviours
Improved educational outcomes
Improved social relationships

Reduced healthcare utilisation

Reduced crime and antisocial behaviour

Source: Royal College of Psychiatrists, Public mental health implementation, 2022

The challenges faced – the implementation gap

Despite the significant burden from mental illness, there is significant gap in the implementation of both treatment and preventative services:

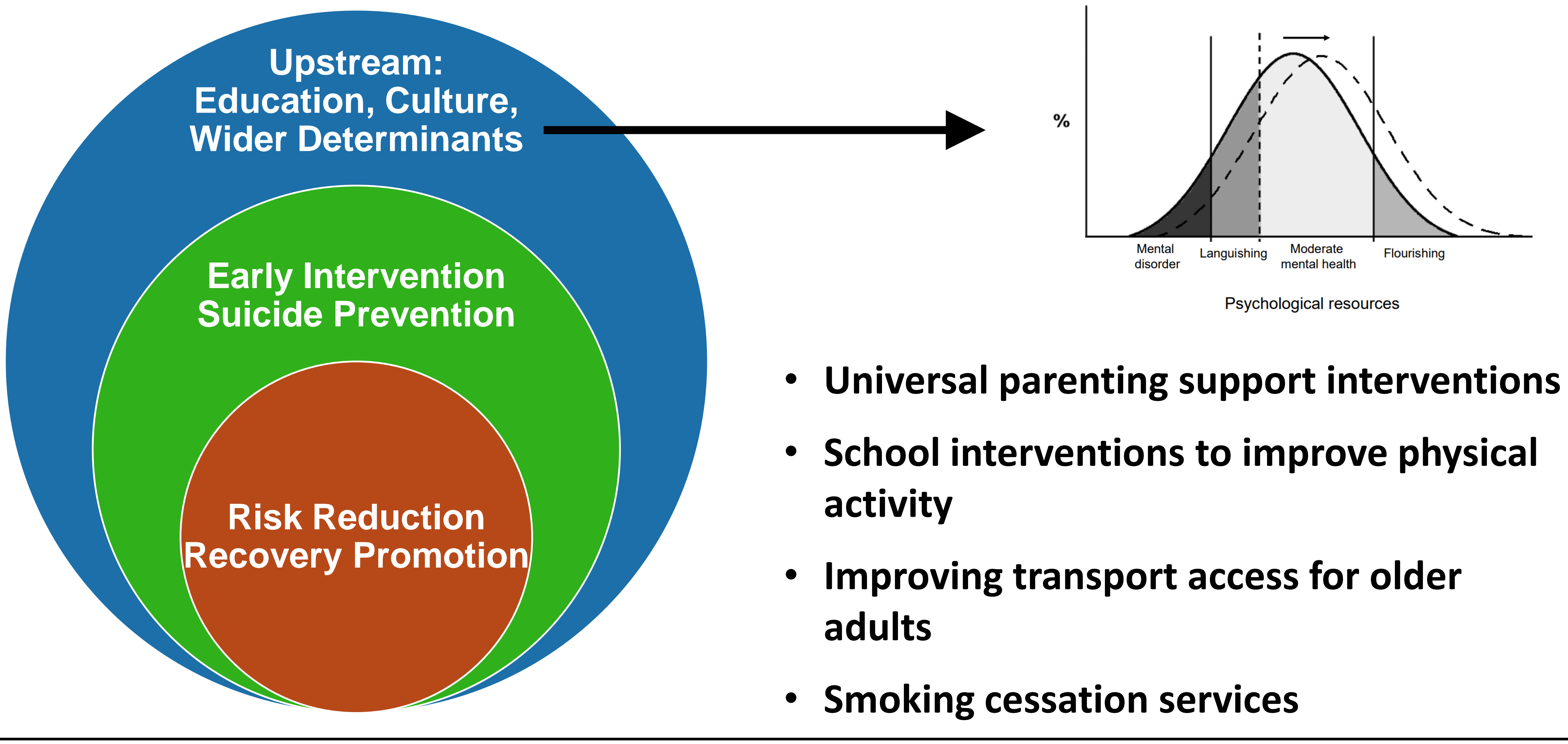
- Only a minority of people with a mental disorder in the UK receive treatment
- Negligible population access to interventions to prevent mental illness

Why is there an implementation gap?

1. **Insufficient knowledge** - a lack of dedicated public mental health training
2. **Insufficient resourcing** for the burden of disease
3. **Ongoing stigma** and poor mental health literacy

Source: Royal College of Psychiatrists,
Public mental health implementation, 2022

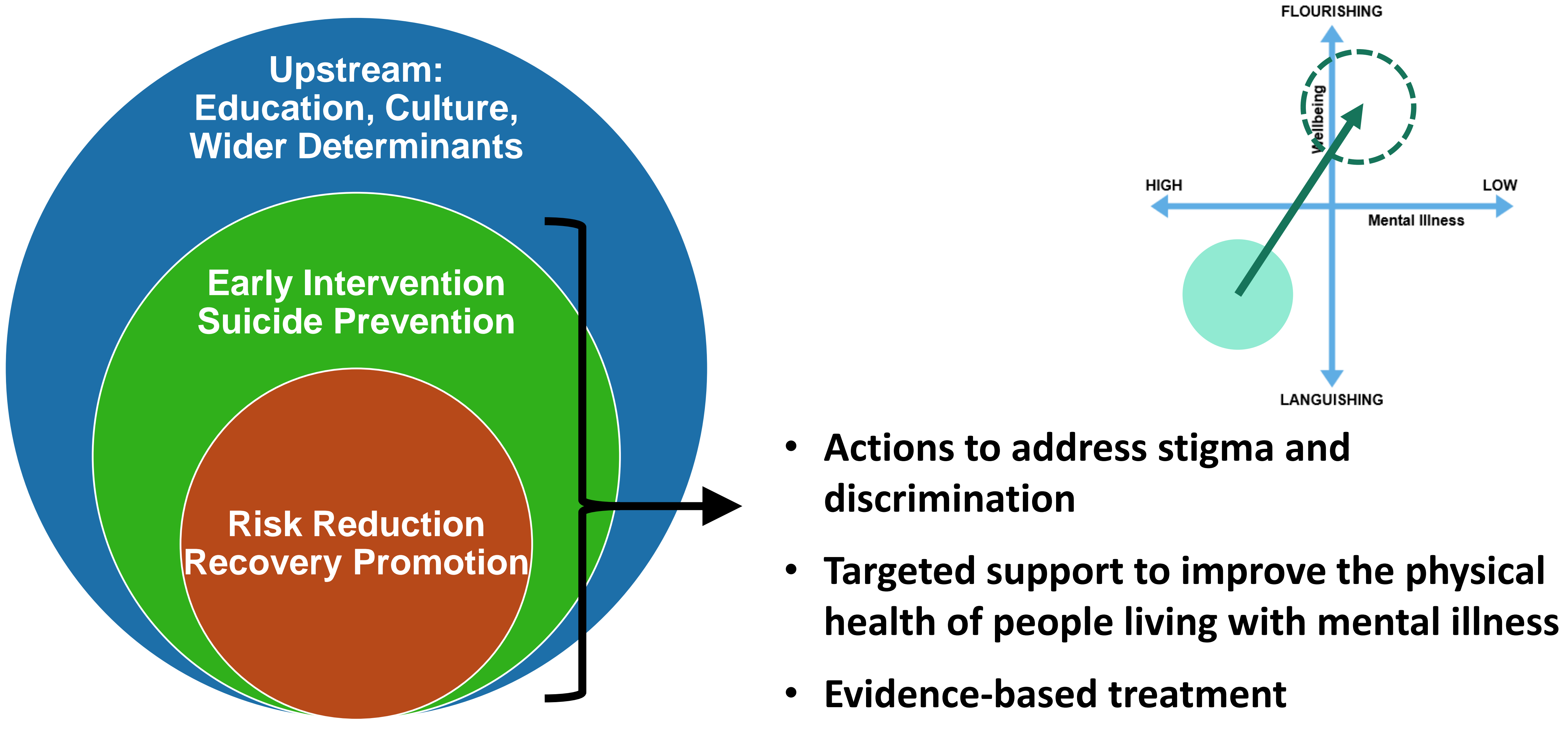
Improving public mental health



- Universal parenting support interventions
- School interventions to improve physical activity
- Improving transport access for older adults
- Smoking cessation services

Source: Faculty of Public Health, Reflections on the Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence, 2013

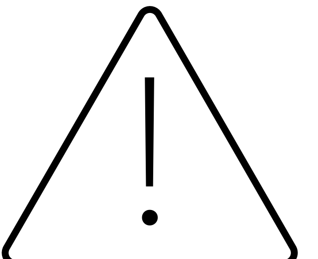
Improving public mental health



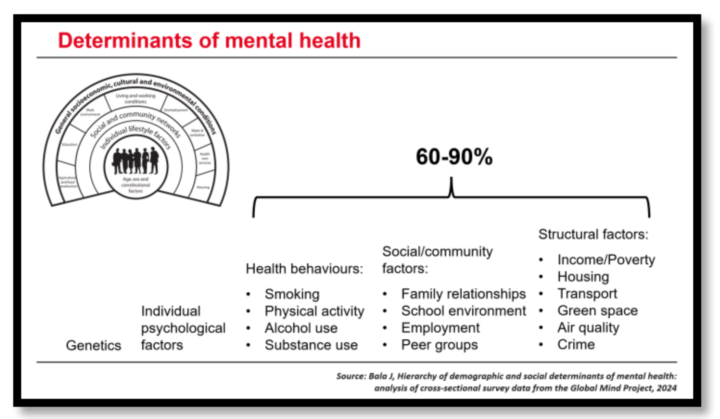
- Actions to address stigma and discrimination
- Targeted support to improve the physical health of people living with mental illness
- Evidence-based treatment

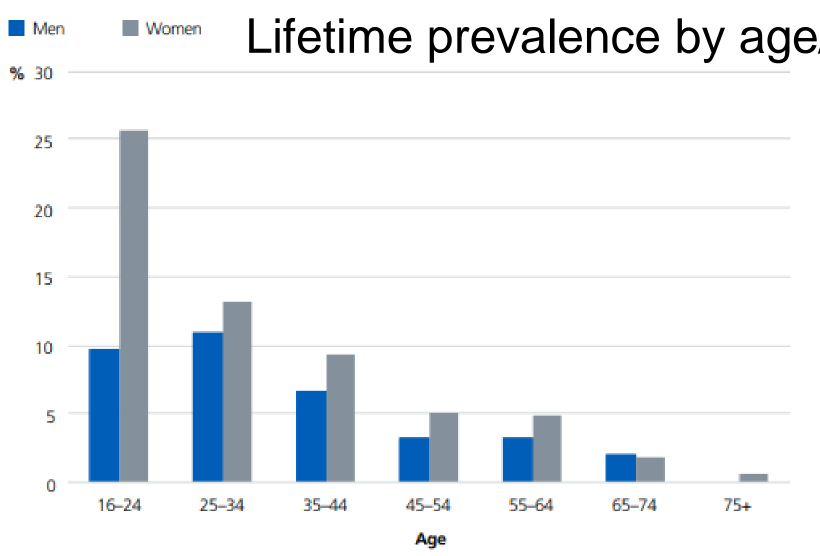
Source: Royal College of Psychiatrists, Public mental health implementation, 2022

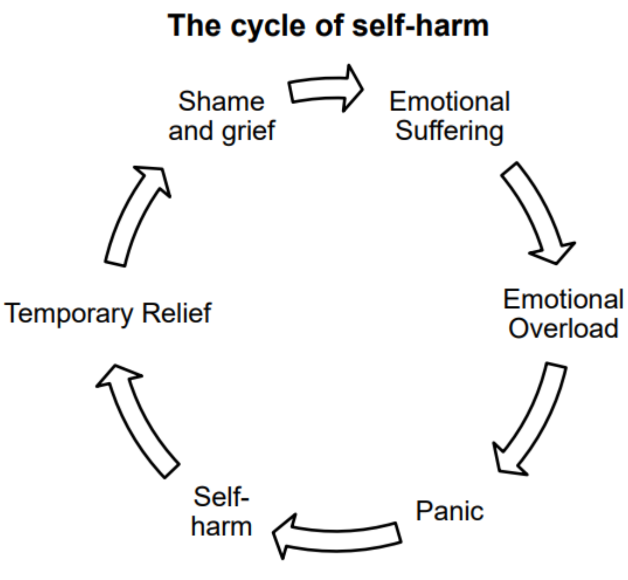
Self-harm and suicide from a public health perspective



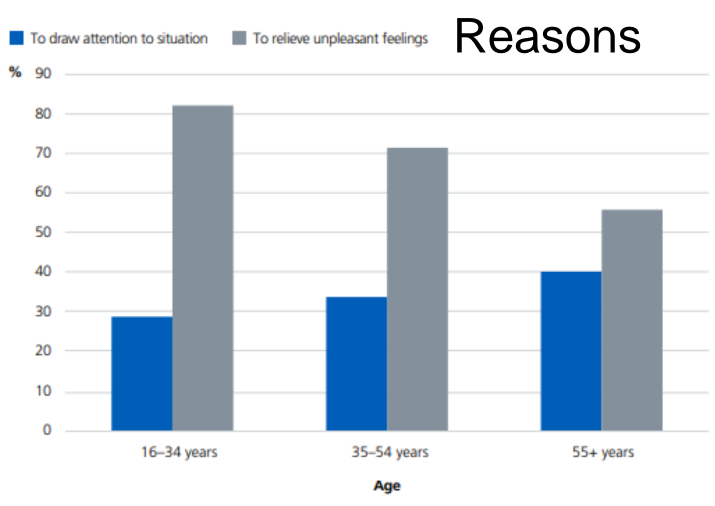
Risk factors for self-harm and the link with suicide







- Existing mental illness
- Experience of trauma
- Substance abuse
- Impulsivity



Self harm behaviour is distinct from suicidality **but…**

Suicide rates are highest in the first month after hospital discharge for an episode of self-harm

Source: NHS Digital/ONS/NatCen Social Research, Adult Psychiatric Morbidity Survey 2014

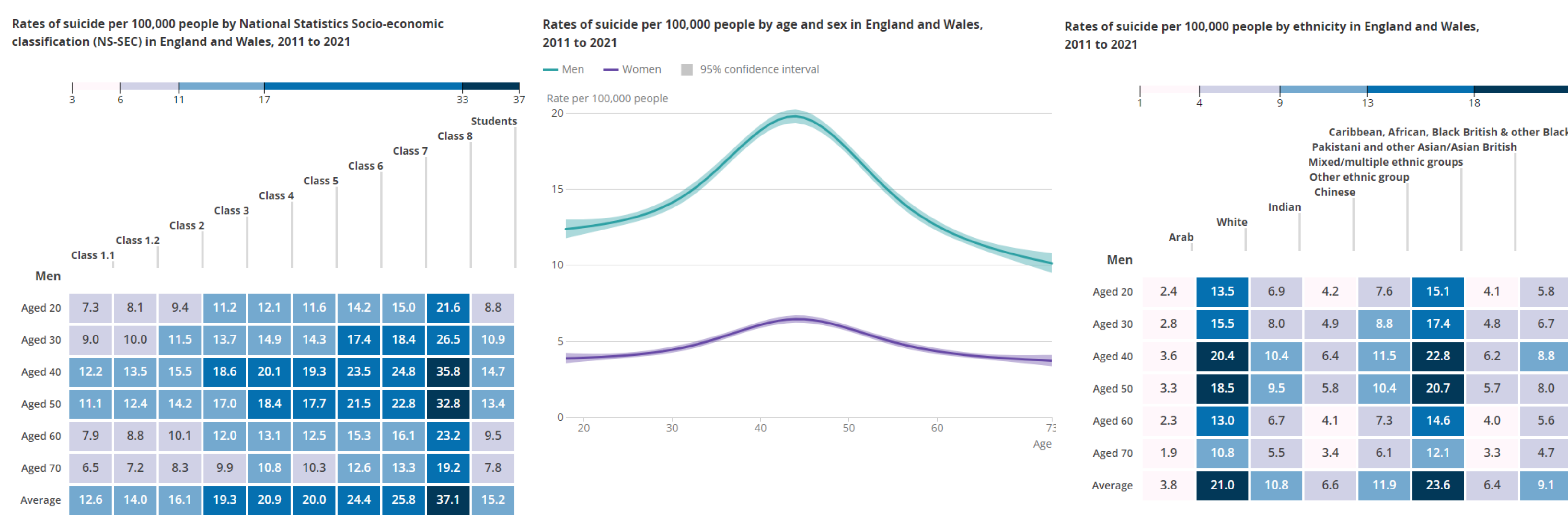
Source: Department of Health and Social Care, Suicide prevention in England: 5-year cross-sector strategy, 2023

Suicide, which population groups are most at risk? Adults

Living in socio-economic deprivation

Males aged 45-64

Of white and mixed ethnicities



Men	Class 1.1	Class 1.2	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	Students
Aged 20	7.3	8.1	9.4	11.2	12.1	11.6	14.2	15.0	21.6	8.8
Aged 30	9.0	10.0	11.5	13.7	14.9	14.3	17.4	18.4	26.5	10.9
Aged 40	12.2	13.5	15.5	18.6	20.1	19.3	23.5	24.8	35.8	14.7
Aged 50	11.1	12.4	14.2	17.0	18.4	17.7	21.5	22.8	32.8	13.4
Aged 60	7.9	8.8	10.1	12.0	13.1	12.5	15.3	16.1	23.2	9.5
Aged 70	6.5	7.2	8.3	9.9	10.8	10.3	12.6	13.3	19.2	7.8
Average	12.6	14.0	16.1	19.3	20.9	20.0	24.4	25.8	37.1	15.2

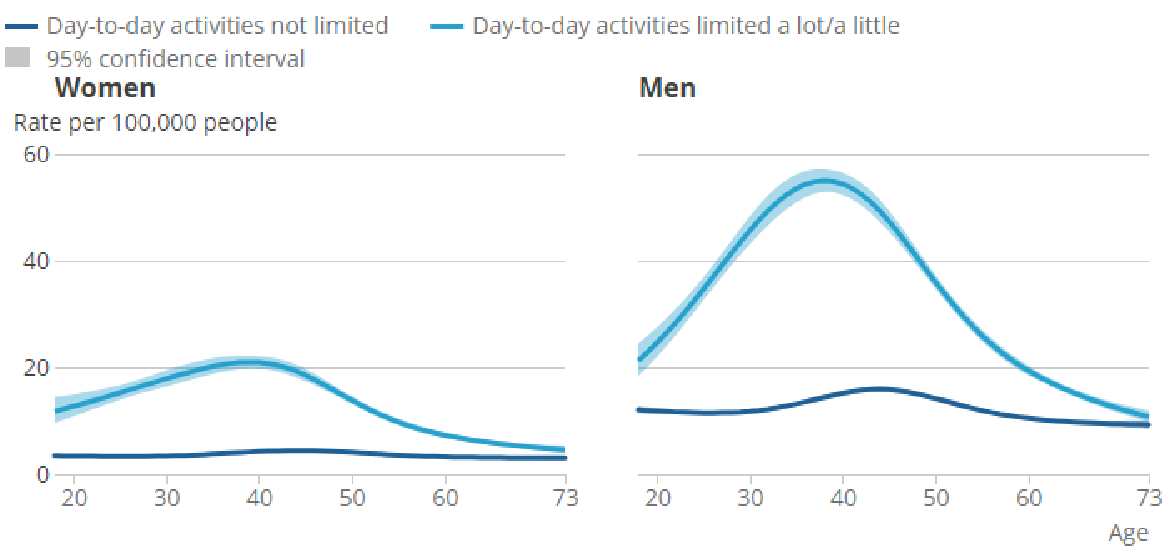
Men	Arab	White	Indian	Chinese	Other ethnic group	Mixed/multiple ethnic groups	Pakistani and other Asian/Asian British	Caribbean, African, Black British & other Black
Aged 20	2.4	13.5	6.9	4.2	7.6	15.1	4.1	5.8
Aged 30	2.8	15.5	8.0	4.9	8.8	17.4	4.8	6.7
Aged 40	3.6	20.4	10.4	6.4	11.5	22.8	6.2	8.8
Aged 50	3.3	18.5	9.5	5.8	10.4	20.7	5.7	8.0
Aged 60	2.3	13.0	6.7	4.1	7.3	14.6	4.0	5.6
Aged 70	1.9	10.8	5.5	3.4	6.1	12.1	3.3	4.7
Average	3.8	21.0	10.8	6.6	11.9	23.6	6.4	9.1

Source: Office for National Statistics, Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021

Suicide, which population groups are most at risk? Adults

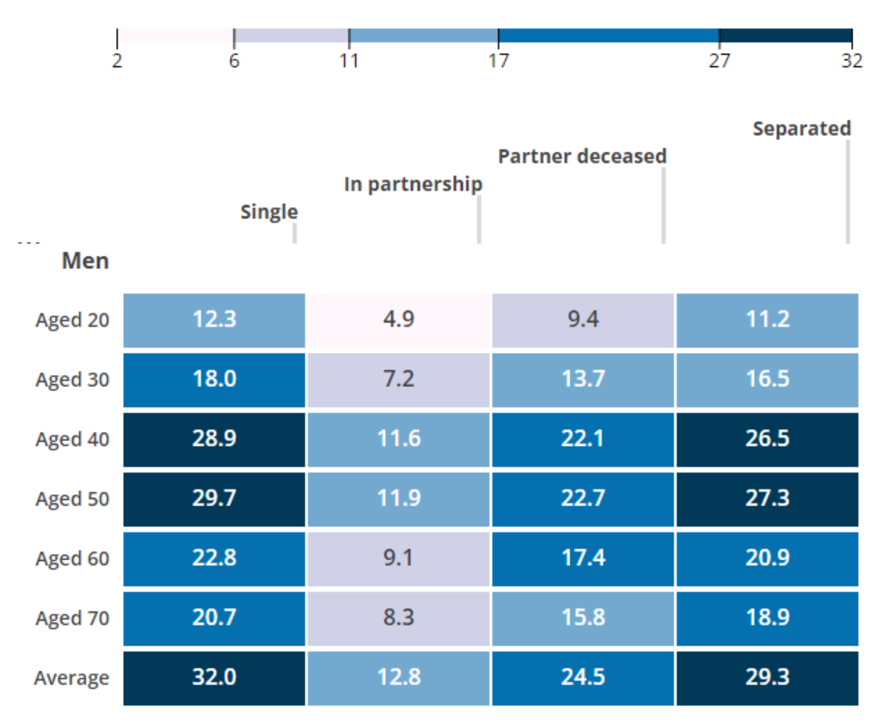
People living with disability

Rates of suicide per 100,000 people by disability status in England and Wales, 2011 to 2021



Having a partner is *protective*

Rates of suicide per 100,000 people by partnership status in England and Wales, 2011 to 2021



Men	Single	In partnership	Partner deceased	Separated
Aged 20	12.3	4.9	9.4	11.2
Aged 30	18.0	7.2	13.7	16.5
Aged 40	28.9	11.6	22.1	26.5
Aged 50	29.7	11.9	22.7	27.3
Aged 60	22.8	9.1	17.4	20.9
Aged 70	20.7	8.3	15.8	18.9
Average	32.0	12.8	24.5	29.3

Occupational risk:

Male: Skilled manual workers, Dependents of members of the armed forces

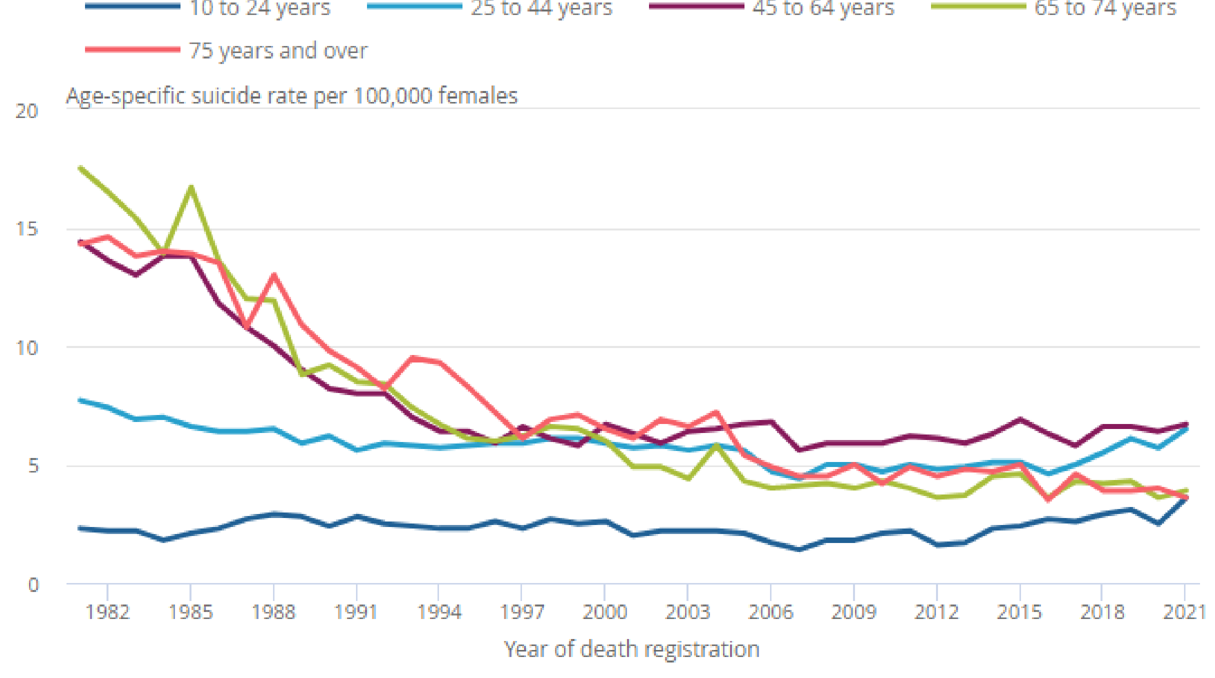
Female: Nurses, Nursery and primary schoolteachers

Both Sexes: Low-skilled workers, carers, arts-related

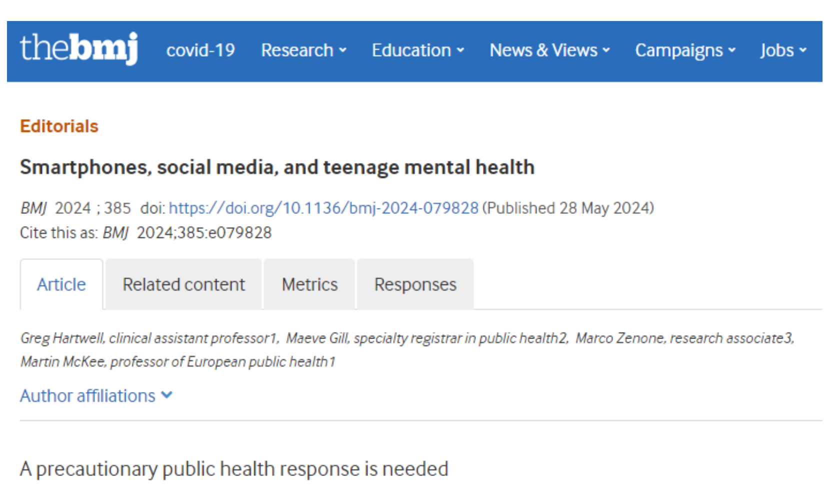
Source: Office for National Statistics, Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021

Suicide, which population groups are most at risk? Children

Increasing rate amongst females aged 10-24



- Autism
- LGBTQ+
- **Online safety/harms**
- Domestic violence
- Experience of the care system
- Bereavement
- Transition points



Source: Office for National Statistics, Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021

Source: Department of Health and Social Care, Suicide prevention in England: 5-year cross-sector strategy, 2023

The Enfield self-harm toolkit

The Enfield self-harm toolkit

Is…

- Produced with clinical and public health input building on best practice from other local authorities and guidance from specialist societies.
- Designed as an easily accessible resource for non-specialists.
- Provided as useful guidance for supporting people at any age.

Isn't…

- Meant to replace clinical/specialist input where required.
- A replacement for local policies and guidance.
- Meant to be the only support available to non-specialists.

The Enfield self-harm toolkit

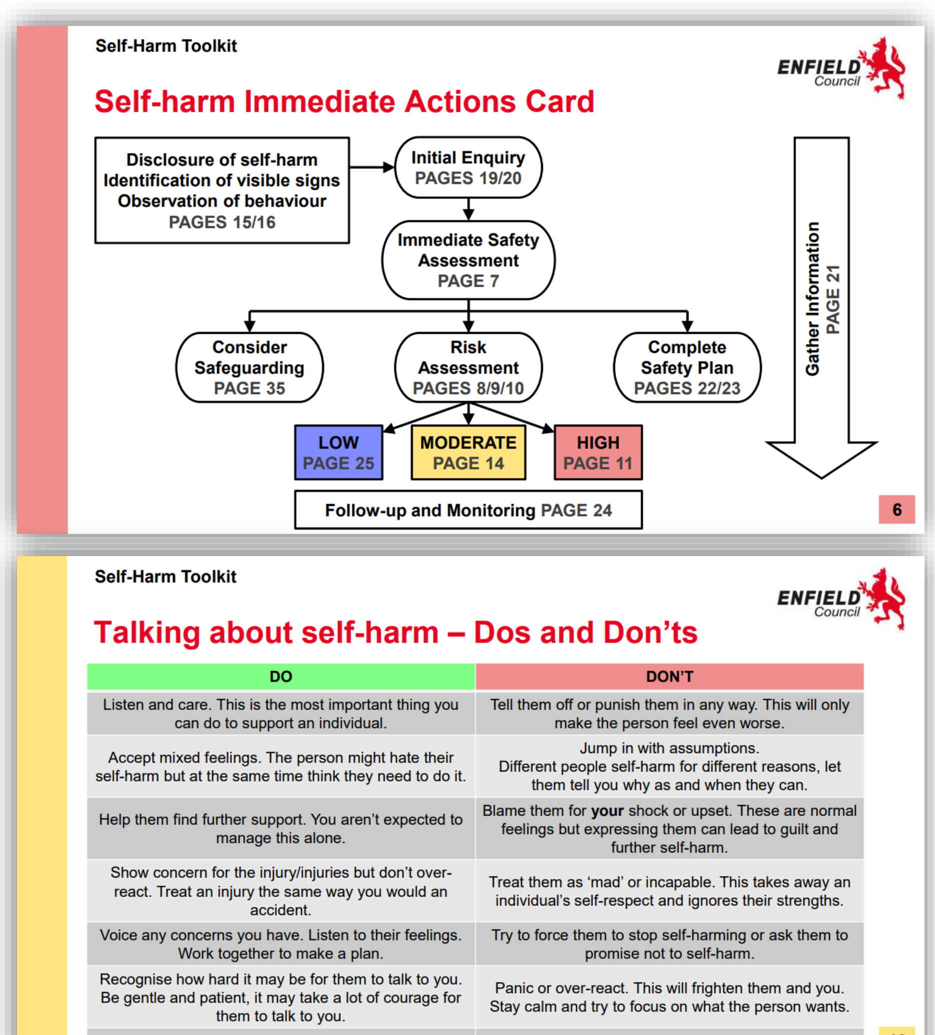
Self-Harm Toolkit

How to use this document

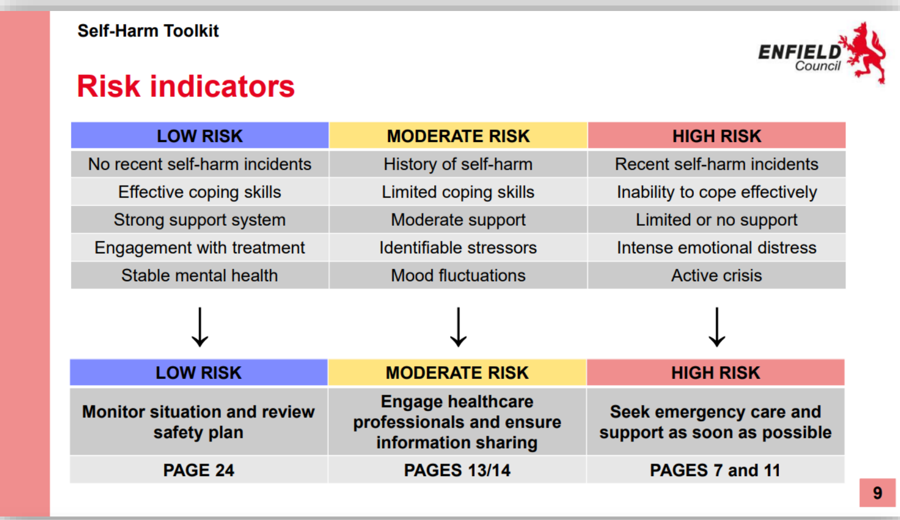
To help you find the right information quickly, this documented has been separated into colour coded sections based on urgency/risk:

- **Preface and references**
- **Information for High Risk situations or immediate assessments**
- **Information for Moderate Risk situations or detailed assessments**
- **Information for Low Risk situations or background knowledge**
- **Information relating to special considerations**
- **Case study and other resources**

The Enfield self-harm toolkit

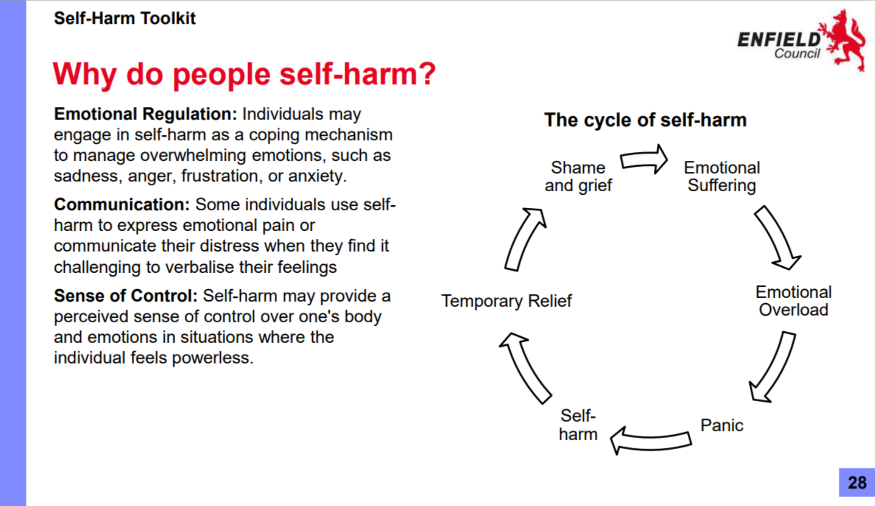


DO	DON'T
Listen and care. This is the most important thing you can do to support an individual.	Tell them off or punish them in any way. This will only make the person feel even worse.
Accept mixed feelings. The person might hate their self-harm but at the same time think they need to do it.	Jump in with assumptions. Different people self-harm for different reasons, let them tell you why as and when they can.
Help them find further support. You aren't expected to manage this alone.	Blame them for **your** shock or upset. These are normal feelings but expressing them can lead to guilt and further self-harm.
Show concern for the injury/injuries but don't over-react. Treat an injury the same way you would an accident.	Treat them as 'mad' or incapable. This takes away an individual's self-respect and ignores their strengths.
Voice any concerns you have. Listen to their feelings. Work together to make a plan.	Try to force them to stop self-harming or ask them to promise not to self-harm.
Recognise how hard it may be for them to talk to you. Be gentle and patient, it may take a lot of courage for them to talk to you.	Panic or over-react. This will frighten them and you. Stay calm and try to focus on what the person wants.
Help them find alternatives to self-harm.	Avoid talking about self-harm.



LOW RISK	MODERATE RISK	HIGH RISK
No recent self-harm incidents	History of self-harm	Recent self-harm incidents
Effective coping skills	Limited coping skills	Inability to cope effectively
Strong support system	Moderate support	Limited or no support
Engagement with treatment	Identifiable stressors	Intense emotional distress
Stable mental health	Mood fluctuations	Active crisis

LOW RISK	MODERATE RISK	HIGH RISK
Monitor situation and review safety plan	Engage healthcare professionals and ensure information sharing	Seek emergency care and support as soon as possible
PAGE 24	PAGES 13/14	PAGES 7 and 11



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Questions?

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