

The Impact of Covid-19 on Suicide and Mental Health - AM2114245

Introduction

This report aims to provide information from credible and trustworthy sources on the current suicide rates in the UK and how Covid-19 has impacted on mental health services. This research will identify what percentage of suicides are male, female and adolescents. It will also consider different techniques of research used and how the research identifies financial short falls within mental health services and what current health promotions are currently in place to rectify these problems. The new schemes will be analyzed and critiqued in terms of future resolution.

Methology

This report has been compiled by researching and selecting relevant literature. Academic journals, articles, and credible websites were used by searching for terms such as "Suicide UK", "Mental Health UK" and "Covid-19 Mental Health". The appropriate research material was then extracted to compile this report.

Discussion

For the benefit of this report, Covid-19 as described by Horton, R. (2021) is a dangerous new virus that spread rapidly globally causing human devastation and a worldwide pandemic. Suicide is described by the World Health Organization as the act of deliberately ending one's life. On the 2nd March 2022 the World Health Organization (2022) released a news report stating that there is a 25% increase worldwide in anxiety and depression due to Covid-19. Accurate research and record keeping provide an inciteful view into the reasons why this rise in mental health/suicide has incurred, the knowledge of which can be implemented in strategies and remedies for future improvements. The types of facts and figures needed to give a clear view of the current situation would be statistics of suicide, attempted suicide and suicidal ideation. Travis-Lumer, S. et al (2021) analyzed relevant data and compiled a journal revealing that statistically suicide attempt rates over ten months of lockdown within 2020 increased by almost 80%. Lockdown forced people to stay home which caused feelings of loneliness and isolation. People did not get the help and support that was available pre-Covid-19, which impacted

negatively on their mental health. Gillard, S. (2021) performed a qualitative interview study which revealed that people with mental health illness expressed heightened feelings of stress, loneliness and anxiety due to the disruption of their mental health care caused by the pandemic which had a negative impact on both their wellbeing and mental health.

Another research method used to give further indication of the impact the pandemic had on suicide was the monitoring of suicidal terms entered into search engines on electronic devices since 2020. Evans, H. et al (2020) performed a google trend analysis which evidenced that searches related to suicide started to significantly increase when the UK first went into lockdown in 2020. This research finding of increased suicide searching correlates with the rise in attempted suicides during that time. The Office of National Statistics (2021) provided statistics for the year 2020 within England and Wales which recorded a total of 5,224 deaths by suicide. On reviewing the data, it was discovered that the death by suicide for men was 3,925 and death by suicide for women was 1,299. Therefore, men made up just over 75% of the total number of deaths for suicide in the UK within 2020.

Further evidence of male suicide being higher than female suicide was documented by a retrospective cohort study that was performed using the transcripts from a suicide helpline. Salmi, S. and Merelle, S. (2022) details that the research revealed two significant findings; firstly, males under the age of 30 and lived alone showed the biggest increased suicidality that requires very careful future monitoring. Secondly, there was a significant rise in the caller's expressing gratitude and appreciation for the help they had received, highlighting how important contact is to health care service users. Research shows that suicide statistics for children and adolescents are also rising. Hudson, L (2019) reports that for the first time ever in society the death rate for adolescents is higher than very high children, with suicide being the leading cause of mortality. Mayne, S. et al (2021) states that suicide and depression have risen in adolescents ages 12-21 particularly in females which requires rigorous screening and monitoring. It is reported that young people lost the support they usually experienced both emotionally and socially during lockdown due to factors such as school closures, extra curriculum activity cancellations and being told to stay at home for long periods of time. Yau, J. and Nager, A. (2021) report that the Department of Paediatrics in Keck School of Medicine conducted a survey on 1,261 paediatric

patients aged 12 and over, to assess the impact Covid-19 had on their mental health as a result of isolation. The results from the survey revealed that 47.3% felt anxious, 26.4% felt depressed and only 1% admitted to having suicidal ideation, which is surprisingly low when looking previously at the statistics of suicide rates during lockdown in 2020 as a whole. This information was gathered as a screening process in order to perform risk assessments for the benefit of future outcomes. However, this strategy has been used and found to be unsuccessful. In a bid to prevent suicides from happening Lopez-Morinigo, J. et al (2018) performed a retrospective inception cohort study where a risk assessment strategy was used. The results showed the strategy performed poorly and failed in its attempt to predict suicidal ideation and suicide. Further research by Manzar, D. et al (2021) strengthens the previous research on the psychological effects on suicidal adolescents. They recorded the suicide of 8 student victims mostly of school age, the most common reason being depression, loneliness and psychological distress, thought to be caused by the Covid-19 pandemic.

Research has also been conducted into suicides of health care professionals during the pandemic. A study was conducted by Jahan, I. and Ullah, I. (2021) based upon health care professionals who had committed suicide during Covid-19. They found the most common reason for suicide was being infected with Covid-19 followed with stress with work and then fears concerning Covid-19 infection. Lesser reasons also noted in the report were fear of infecting others with the virus and the trauma of witnessing deaths and being unable to save those infected. Health care professionals working within the NHS were under pressure but due to Covid-19 the pressure turned extreme due to staff shortages, fear, less resources available and longer wait times for patients. Research into the deficit of care provided across the globe from many different sources the World Health Organisation (2022) state that mental health services and substance misuse have been most disrupted during the pandemic. Ferguson, S. and Williams, M. (2021) declare that people's health across the globe is endangered with underfunded public health. This research is further evidenced by Davies, A. et al (2021) who state that declines in care provided with services of anxiety and depression were not holy unexpected given the impact Covid-19 has had on the NHS and states that currently within Wales these services are severely lacking with considerable unmet needs. However, the validity

of this research could be questioned and is at odds with what the Welsh Government is declaring. The Welsh Government (2020) have released a 10-year plan called 'Together for Mental Health', the latest version of which was released in 2020, in which they state that more money is now spent in Wales on the promotion of mental health services. Whilst the government in Wales say they are spending more money within the mental health sector to prevent suicides; this sector is still severely underfunded.

Another current mental health promotion campaign in response to the research into the failings of mental health care during the pandemic is a new digital health initiative. It is a response to the recognition of the disruption of face-to-face health services caused by Covid-19. This has given rise to providing health care digitally. Digital Health and Care Wales (DHCW) (2021) released a new web page in April 2021 to replace the NHS Wales Informatics Service. They report this new digital service is universally accessible by service users seeking help whilst they await face to face appointments that would have usually been available prior to the pandemic. The digital healthcare consists of smartphone apps and teletherapy via videoconference or phone. Whilst promoting this service as a positive remedy for the fall out of Covid-19 mental health care, there is research to suggest that there may be some negatives to this digital approach. Skorbjurg, J. and Friesen, P. (2021) documents that there is already an equality gap between our society, and they fear this digital health service could further divide. They both note that the elderly might not have the technology or the ability to use it and the poorer in society might not be able to afford the technology or have the privacy needed for video calls. This could impact on their ability to utilize technological resources which could for someone who has mental health issues be fatal. Another potential negative for digital health is that it is made to appeal universally and is not gender specific. With male suicide at a much higher rate than female, this could have a detrimental effect on male suicide. Conroy, A. and Dickenson, T. (2018) argues that by not trying to appeal to males, especially adolescents that succumb to peer pressure they might not be inclined to use those services and could potentially miss out on receiving essential care that they need the most.

Conclusion

This report has researched statistics from many different credible sources of the effects Covid-19 had on mental health services and suicide percentages for men, women, adolescents and health care workers over the pandemic starting in 2020. It has also researched and identified a consistent record of lack of funding within mental health services which is an area which needs further funding as the rates of attempted suicide during this period have risen. This rise has been identified through different reason methods such as cohort studies, google trend analysis, qualitative study and surveys. Its findings were that patients admitted to feeling more anxious and are experiencing depression caused by lack of social interaction due to loneliness and isolation due to the forced government rules. Health care has been identified worldwide as being in desperate need of further funding and attention, especially for people who feel their mental health is suffering and their only way out is suicide. Looking for remedies to the current crisis in health care the Welsh Government have implemented Together for Mental Health which promotes mental health and states that it is providing more funding for the mental health sector than any other. This finding is not reflected throughout further research as of yet. Another initiative the NHS is rolling out in a bid to remedy the deficit in healthcare is Digital Health and Care Wales. It is widely regarded as a positive step, however research has highlighted several possible pitfalls. This is due to appointments being online or on the telephone and there are people in society such as the elderly who will be at a disadvantage when it comes to using technology and the poorer who may not be able to access a private space to be able to talk. In these cases the system can fail them and it can be detrimental in cases where a person has suicidal ideation.

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