COVID19 Self Harm Report 2020

INTRODUCTION

This information has been put together to display presentation and demographic data in Harmless for the period of COVID-19 lockdown in the UK. This data shows, comparable time periods (i.e. Sept/Oct 2019 vs March/April 2020) to see if there are any differences during this time of national crisis. Additionally, information about people already accessing the service during this crisis has been included. As Harmless' suicide crisis pathway remains fully operational in terms of referrals received and regular crisis support being offered both face to face and remote, this data may give a good indication of if/how the current crisis has impacted on those likely to access a suicide crisis service. Harmless' self-harm and suicide bereavement service also remains operational, continuing to provide remote support to those struggling with self-harm.

For context of the following data, items 1-4 and 5-9 have consistent scoring systems (0 meaning "not at all", and 10 meaning "a lot"), but the context of the questions are reversed; for example, a 10/10 for "suicidal thinking" means the service user has thought a lot about suicide in the past fortnight (i.e. a 10/10 is "negative"), whereas a 10/10 for ability to tolerate distress means the person has felt very positive for the future (i.e. a 10/10 is "positive").

Crisis difference + presentation

People who had their first score taken **during lockdown** (i.e., their first appointment was during lockdown): *Self-harm frequency:* 2.0
Self-harm severity: 1.43
Suicidal thoughts: 5.57
Suicidal planning: 3.29
Ability to tolerate distress: 3.33
Ability to tolerate thoughts: 2.50
Relationship positivity: 4.83
Daily activity positivity: 2.50
Future positivity: 2.71

In the comparable period (Sept/Oct 2019), people at this time scored
Self-harm frequency: 1.81
Self-harm severity: 2.0

Suicidal thoughts: 4.31
Suicidal planning: 2.69
Ability to tolerate distress: 6.50
Ability to tolerate thoughts: 5.13
Relationship positivity: 4.69
Daily activity positivity: 4.06
Future positivity: 3.94

For those who had their scores taken while support in service was already established at point of lockdown, their most recent scores within March/April 2020 were:
Self-harm frequency: 1.5
Self-harm severity: 1.17
Suicidal thoughts: 4.0
Suicidal planning: 1.67
Ability to tolerate distress: 5.09
Ability to tolerate thoughts: 6.0
Relationship positivity: 5.36
Daily activity positivity: 5.0
Future positivity: 4.82

Crisis presentation - Psychometrics

Measure	First score comparable (Sept/Oct 2019)	First score during Mar/Apr 2020	% difference in lockdown compared to comparable
Self-harm frequency	*1.8*	*2.0*	*+11.1%*
Self-harm severity	*2.0*	*1.4*	*-30%*
Suicidal thoughts	*4.3*	*5.6*	***+30.2%***
Suicidal planning	*2.7*	*3.3*	***+22.2%***
Tolerating distress	*6.7*	*3.3*	***-50.7%***
Tolerating thoughts	*5.1*	*2.5*	***-50.1%***
Relationship positivity	*4.7*	*4.8*	*+2.1%*
Daily activity positivity	*4.1*	*2.5*	*-39%*
Future positivity	*3.9*	*2.7*	*-30.8%*
Feeling listened to	*9.1*	*9.3*	*+2.2%*
Feeling helped to progress	*7.8*	*8.8*	*+12.8%*

Table 1: Mean scores of each named period, rated out of 10. "10/10" for a measure means "a lot", and "0/10" for a measure means "not at all".

We can see some differences in these cumulative measures. On average, clients at intake during the C-19 crisis scored on average **30.2%** higher for suicidal thoughts, compared to the comparable period (CP). Furthermore, the mean was **22.2%** higher for suicidal planning. One of the biggest differences in means between the groups was ability to tolerate distress and thoughts; these are **50.7%** and **50.1%** lower in the March/April group compared to the September/October group, respectively. Interestingly, both measures of feeling listened to within the support session and feeling helped to progress were slightly **better** in the C-19 crisis groups. While not broken down here, the lockdown group is comprised of people receiving either remote support (e.g. telephone or Zoom) *and* people still coming into the offices for face to face support. The CP is comprised solely of people receiving face to face support. Indeed, there may be implications here for how remote support shows promise in being an equally effective way for people in crisis to feel listened to; however, this is a tentative suggestion and more data is needed.

Further statistical analysis using a Mann-Whitney U test was conducted to understand if the lockdown period and comparable period were significantly different. Below are the results of this test.

Between-Group Self-Harm and Suicide Crisis Comparison – Mann-Whitney U Test

	LD	CP	LD	CP			
Measure	**(n =)**	**(n =)**	**Mean rank**	**Mean rank**	***U***	***Z***	***p-value***
Self-harm frequency	*7*	*8*	*7.21*	*8.69*	*22.5*	*-.661*	*.536*
Self-harm severity	*7*	*8*	*6.93*	*8.94*	*20.5*	*-.906*	*.397*
Suicidal thoughts	*7*	*8*	*8.79*	*7.31*	*22.5*	*-6.41*	*.536*
Suicidal planning	*7*	*8*	*8.29*	*7.75*	*26.0*	*-.240*	*.867*
Tolerating distress	*6*	*8*	*5.58*	*8.94*	*12.5*	*-1.150*	*.142*
Tolerating thoughts	*6*	*8*	*5.42*	*9.06*	*11.5*	*-1.635*	*.108*
Relationship positivity	*6*	*8*	*7.50*	*7.50*	*24.0*	*.000*	*1*
Daily activity positivity	*6*	*8*	*6.33*	*8.38*	*17.0*	*-.913*	*.414*
Future positivity	*7*	*8*	*7.21*	*8.69*	*22.5*	*-.644*	*.536*
Feeling listened to	*6*	*7*	*7.42*	*6.64*	*18.5*	*-.384*	*.731*
Feeling helped to prog.	*5*	*7*	*7.30*	*5.93*	*13.5*	*-.676*	*.530*

Table 2: LD refers to the lockdown period, and CP refers to the comparable period.

The above indicates no notable, statistically significant differences in presentation measurements during lockdown and during the comparable period of Sept/Oct 2019.

We also looked at clients who were in the service pre-lockdown and during lockdown (i.e. their intake measure was taken before the C-19 crisis, and their most recent measure was taking during it). Results of the Wilcoxon Signed-Rank test are below.

Within-Group Suicide Crisis Pathway – Wilcoxon Signed-Rank Test

		Negative ranks		Positive Ranks				
Domain	**Pairs (n =)**	***n =***	***Sum***	***n =***	***Sum***	***Z***	***r***	***p-value***
Self-harm frequency	*12*	*4*	*13.5*	*2*	*7.5*	*-.631*	-	*.528*
Self-harm severity	*12*	*3*	*11.5*	*3*	*9.5*	*-.21*	-	*.833*
Suicidal thoughts	*12*	*4*	*25.0*	*5*	*20.0*	*-.298*	-	*.766*
Suicidal planning	*12*	*4*	*15.0*	*3*	*13.0*	*-.171*	-	*.865*
Tolerating distress	*11*	*4*	*18.0*	*5*	*27.0*	*-.535*	-	*.593*
Tolerating thoughts	*11*	*4*	*23*	*6*	*32.0*	*-.460*	-	*.646*
Relationships	*10*	*6*	*25.5*	*2*	*10.5*	*-1.098*	-	*.272*
Daily activities	***11***	***1***	***2.5***	***9***	***52.5***	***-2.567***	***.55****	***.01****
Future hopefulness	***11***	***0***	***0***	***9***	***45.0***	***-2.677***	***.57****	***.007****
Feeling listened to	*9*	*1*	*1.5*	*2*	*4.50*	*-.816*	-	*.414*
Feeling helped to pr.	*9*	*2*	*5.0*	*3*	*10*	*-.707*	-	*.480*

Table 3: Display of intake vs most recent measurements for clients who were in service before and during lockdown.

**reached a large effect size (r > .3).*
*** reached statistical significance (p < .05).*

The above shows results of a Wilcoxon Signed-Rank test used to determine significant changes in intake and most recent measurements for clients who were in support before the COVID-19 crisis and have had these measures taken during the lockdown. As can be seen, the two measures which have significantly improved thus far are hopefulness for the future, and interestingly, positivity about daily activities. Further examining the effect size of these significant changes, we see a large effect (using the formula $r = \frac{Z}{\sqrt{N}}$ and the thresholds of .3 for moderate and .5 for large effect sizes). The direction of change indicated these measures were an improvement, as can be seen the in Negative and Positive Ranks columns.

These measures with significant shifts are interesting in that, as is known, our daily lives and activities have become *restricted* during lockdown, yet the above data suggests clients have felt *more* positive about their daily activities. For context, **81.1% of people** (n = 11) report an increase in their positivity about daily activities, despite many other measures remaining relatively stable currently. One hypothesis presented here is that clients accessing the service prior to the C-19 crisis were in suicide crisis *before* these events. As such, they may have been struggling with activities relating to “regular” daily functioning, such as school and work. Whilst the C-19 crisis may have huge longer-term implications for mental health,

asserted here is the brief relief that being restricted from these activities may have had. Clients struggling at school or work before this may have these pressures temporarily put "on-hold" for the duration of the lockdown. An important consideration of this hypothesis, if it holds any merit, is the implications this will have for this cohort when restrictions are lifted.

Indeed, while this sample size is relatively small and may be difficult to generalise, if this small cohort *does* represent a wider group of people, it may be expected that return to the regular pressures of life (e.g. employment searching, daily functioning) will incite distress again in this area of life.

The other statistically significant change with a large effect size is positivity for the future. It is more difficult to draw any conclusions in this area with just quantitative data. Positivity for "the future" is a slightly more abstract and much broader construct than the immediate focus of daily activities, and so could be comprised of many elements, depending on what "the future" means for an individual. It is suggested here that future positivity is a construct to be examined more in depth within the service. This has been shown to be one of the pivotal distinguishing measures for those in crisis based on previous projects completed by the service around comparisons of crisis and self-harm cohorts.

No other statistically significant changes aside from daily activities and future positivity were found; it must be noted that due to the nature of this lockdown, it appears these clients have not been discharged and so are still receiving support from the service. Overall, however, we can see un-analysed descriptive data indicating shifts are still moving in the correct direction, despite the current national crisis.

Current progress of crisis pathway

Measure	Intake (out of 10)	Most recent (out of 10)
Self-harm frequency	2.1	1.5
Self-harm severity	1.3	1.2
Suicidal thoughts	4.8	4.0
Suicidal planning	2.1	1.7
Tolerating distress	4.1	5.1
Tolerating thoughts	5.0	6.0
Relationships	5.4	5.4
Daily activities	2.1	5.0
Future hopefulness	1.8	4.8

Feeling listened to	9.5	9.9
Feeling helped to pr.	9.0	9.6

Table 4: Display of intake vs most recent measurements for clients who were in service before and during lockdown using raw descriptive quantitative means

Age

0-17: 10 (20.8%)

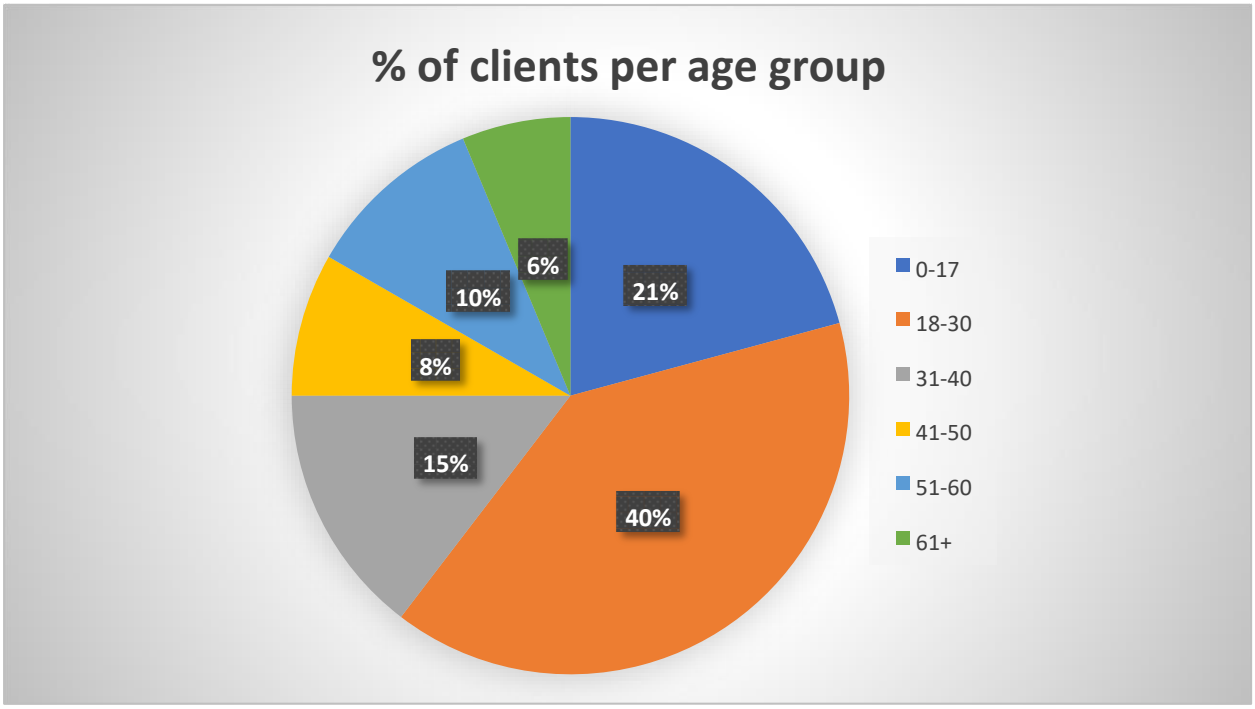
18-30: 19 (39.6%)

31-40: 7 (14.6%)

41-50: 4 (8.3%)

51-60: 5 (10.4%)

61+: 3 (6.3%)



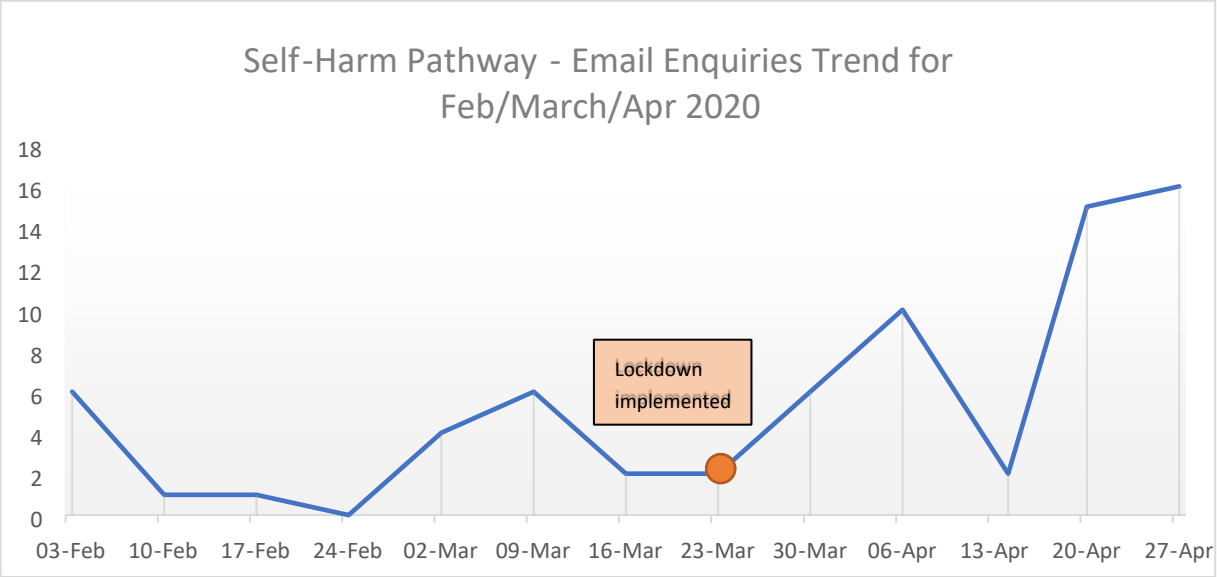
Gender

35/55 were female, and 20/55 were male

Referrals & demand

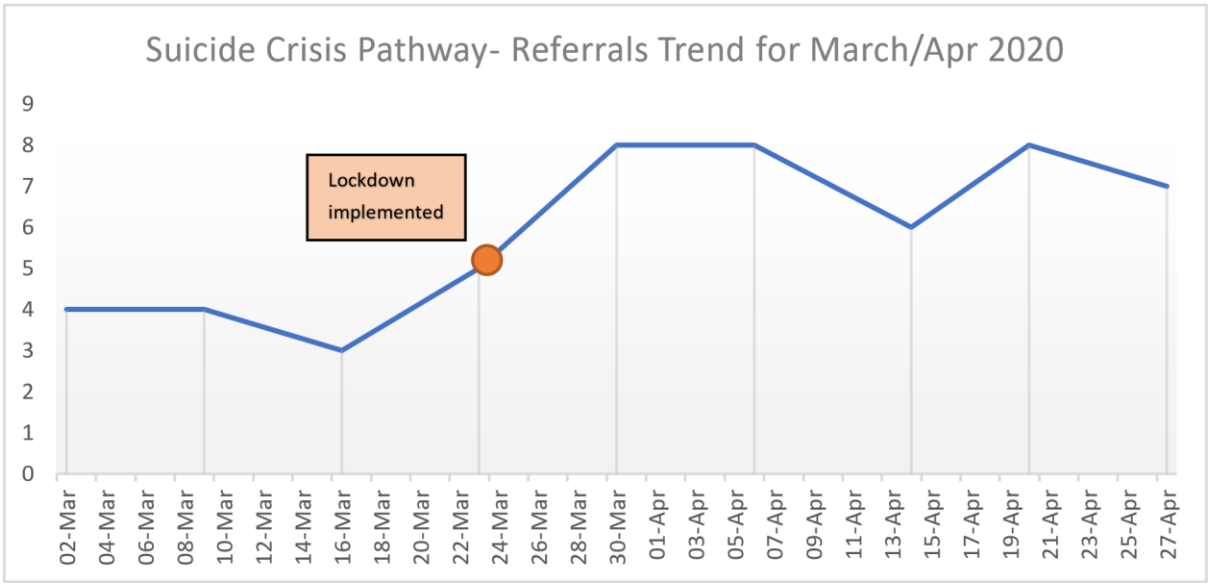
We have seen an increase in demand for the service since the lockdown began. Comparison of the lockdown period vs a comparable period indicates a **197.5%** increase in average email enquiries per week into the service from people seeking information or

support. The comparable period was 03/02/2020 to 22/03/2020, compared against March 23/03/2020 to 01/05/2020.



This demand has also been observed internally; we used clinical caseloads to determine the support requirements of our clients in service, alongside examining how clients support needs may have changed throughout the lockdown. Prior to lockdown, based on four of our practitioners' caseloads, the self-harm pathway saw approx. 27.8% of its clients fortnightly or more, and the remaining 72.2% were seen weekly. However, since lockdown began, only 5.1% of clients are being seen fortnightly, with the remaining 94.9% being seen or supported remotely on a weekly basis. An average of 9.75 clients are receiving sessions per practitioner per week, up from 9 pre-lockdown. There has been, on average, a 12.8% increase in clients requiring more support between appointments.

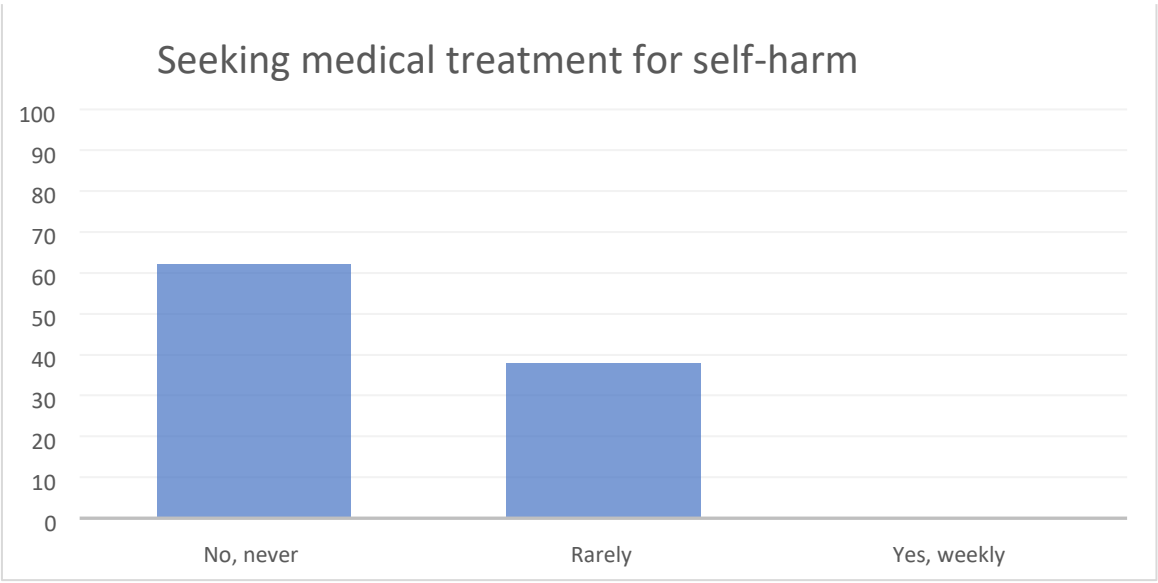
On our crisis pathway, we have seen (on average) practitioners spend approx. 1.9 hours per client during the month of April, across an average of 8 clients per week per practitioner (inclusive of full- and part-time staff). Keeping in mind that, as standard, our support sessions are offered for 50-60 minutes, this represents almost 1 additional hour per client in terms of external contacts and additional work such as texting/email/phone contacts, administrative duties, project work, safeguarding and onward referrals. In addition, we have seen an **86.4% increase** on average referrals per week into the crisis pathway during lockdown, compared to the weeks prior to lockdown. Within this, we see a **150% increase** in male referrals and **62.5% increase** in female referrals compared to before lockdown.



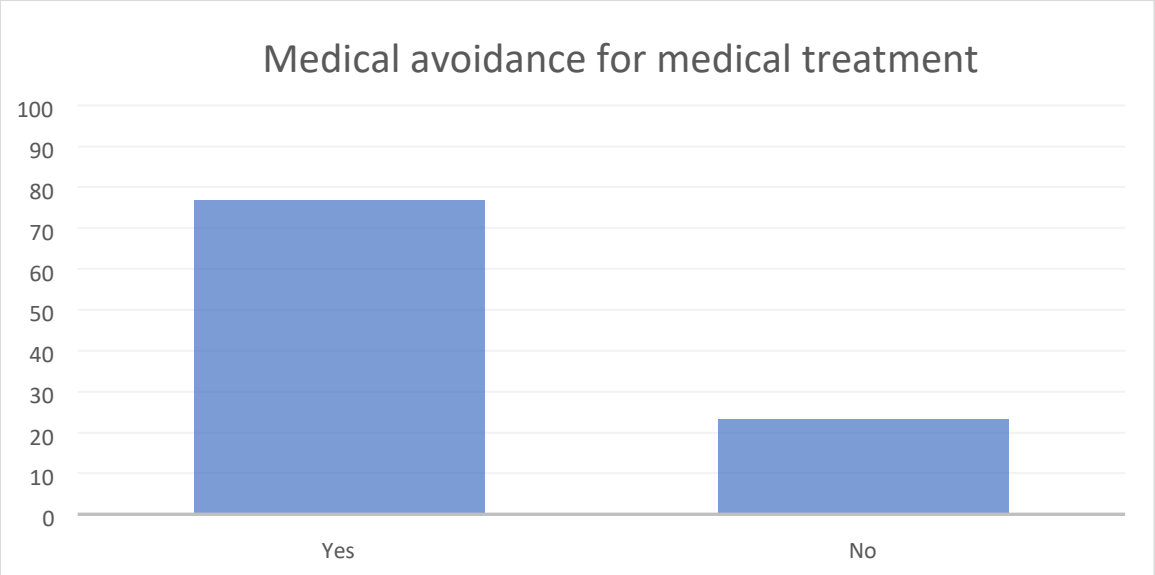
Medical Intervention Avoidance

Harmless published a survey across our media platforms asking people to respond with their experiences of self-harm and medical treatment during lockdown. Responses are listed in order of amount of responses, descending. The responses and summary are as follows:

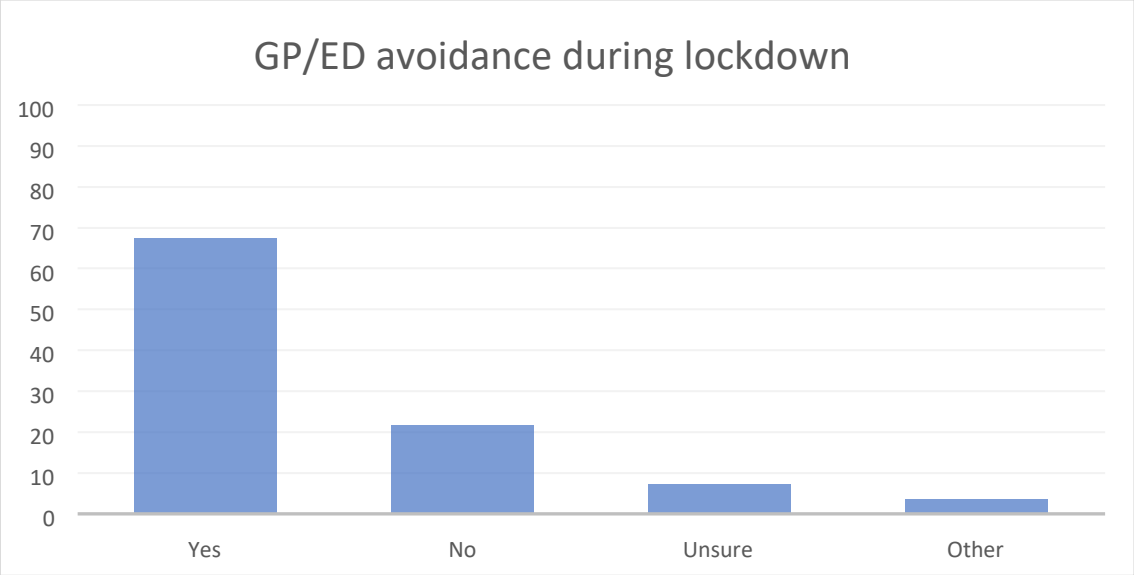
- Almost **two-thirds (62.07%)** of people responded that they never seek medical treatment for self-harm, regardless of the current virus.



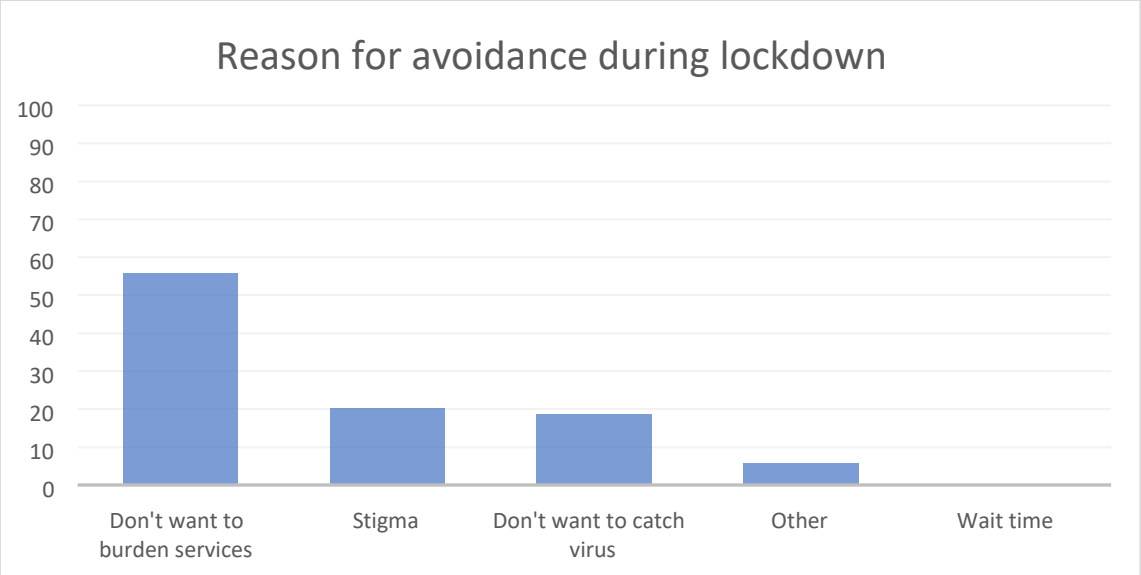
- For those who did not think it was unnecessary to seek medical treatment for their selfharm, **76.7%** (33/43) avoided seeking medical treatment.



- **Two-thirds (67.47%)** of respondents said they **would** avoid going to their GP or to a hospital for self-harm during lockdown.



- **Over half (55.7%)** of respondents said that they did not want to burden services by attending for self-harm. A further **fifth** (20%) of respondents said this was because of stigma, and **the virus itself only accounted for 18.57%** of responses.



Q1 How many times a week did you self-harm before lockdown? (n = 90)

Less than 1: 33 (36.67%)

1 – 2: 26 (28.89%)

3 – 5: 16 (17.78%)

6 – 10: 7 (7.78%)

10+ 2 (2.22%)

Other: 6

Q2 How much do you self-harm since lockdown? (n = 89)

3 – 5: 26 (29.21%)

Less than 1: 23 (25.84%)

1 – 2: 17 (19.1%)

6 – 10: 11 (12.36%)

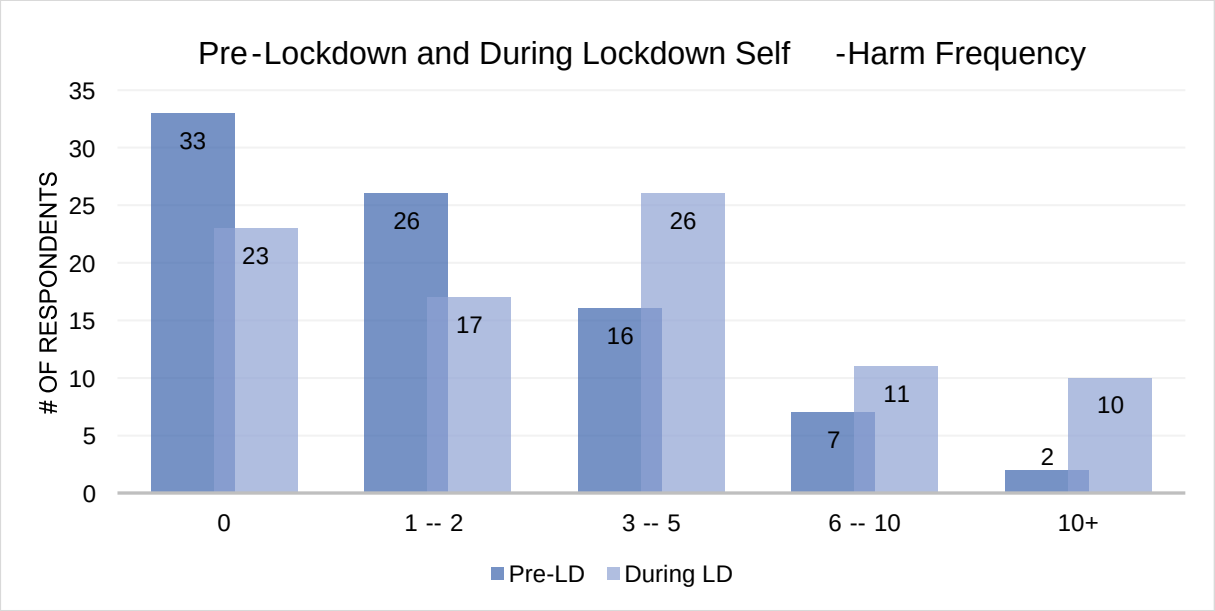
10+: 10 (7.87%)

Other: 5

We can see in Q1 and Q2 a comparison of pre-lockdown and during-lockdown rate of self-harm. Pre-lockdown, over a third of respondents did not self-harm and this is the option with the highest amount of responses. During lockdown, however, *3 – 5* times per week supersedes *Less than 1* as the highest response, with almost a third reporting they self-harm 3-5 times per week. Comparison of Q1 and Q2 reveals the following:

- The amount of responses for no self-harm during lockdown **decreases** by **30.3%**
- The amount of responses for 1-2 times of self-harm during lockdown **decreases** by **34.6%**

- The amount of responses for 3-5 times of self-harm during lockdown **increases** by **62.5%**
- The amount of responses for 6-10 times of self-harm during lockdown **increases** by **57.1%**



In pre-lockdown responses, we can see a consistent and almost proportional decrease in the frequency of self-harm per category, with the peak being no self-harm. However, during lockdown, this trend becomes more erratic and inconsistent, with the peak of selfharm frequency responses being 3-5 times per week during lockdown.

Further examination indicates that, of responses that could be used (i.e. people who answered both questions), **50.6%** (43/85) of people report more self-harm during lockdown than prior to lockdown. The most reported shift in this increase was from 1-2 times per week, up to 3-5 times per week. **18.2%** (16/85) people responded that they went from no self-harm per week prior to lockdown, to self-harming during lockdown. This may speak to the inversion seen in the above chart between 1-2 and 3-5 times per week pre/during lockdown, and the decrease in people not self-harming/self-harming once per week. This suggests some people are shifting from “lower” frequencies of self-harm to higher frequencies, based on this survey data. A further 41.2% (35/85) people reported no change in their self-harm, and 8.2% (7/85) reported a reduction in their self-harm.

Q3 Do you often seek medical attention for your self-harm? (n = 87)

No, never: 54 (62.07%)

Rarely: 33 (37.93%)

Yes, weekly: 0

Q4 During lockdown, have you avoided seeking medical treatment for your self-harm (e.g. via your GP or hospital)? (n = 86)

Unnecessary: 43 (50%)

Yes: 33 (38.37%)

No: 10 (11.63%)

Q5 If you required help, would you avoid going to your GP or hospital? (n = 83)

Yes: 56 (67.47%)

Unsure: 18 (21.69%)

No: 6 (7.23%)

Other: 3 (3.61%)

Q6 Would your medical avoidance be because of coronavirus? (n = 82)

Yes: 38 (46.34%)

No: 30 (36.59%)

Unsure: 7 (8.54%)

Other: 7 (8.54%)

Q7 What would your concerns be? (n = 70)

Don't want to burden services: 39 (55.71%)

Stigma: 14 (20%)

Don't want to catch the virus: 13 (18.57%)

Other: 4 (5.71%)

Wait time: 0

If you'd be worried about seeking medical treatment due to coronavirus, would this be because of: (n = 81)

Worry about overwhelming services: 46 (56.79%)

Fear of getting the virus: 22 (27.16%)

Stigma: 10 (12.35%)

Other: 2 (2.47%)

Wait times: 1 (1.23%)