Oxford Health NHS
NHS Foundation Trust

Coronavirus, anxiety and suicidal ideation: Tips for staff when assessing suicide risk

Many people will experience anxiety related to the coronavirus, particularly due to the uncertainty surrounding the virus and how it might affect individuals, families and communities in both the short and longer term. A certain amount of anxiety is normal and can be helpful in encouraging people to follow Government guidance on handwashing, social distancing and self-isolation.

However, where people have pre-existing anxiety issues, mental health conditions or adverse social circumstances, this additional anxiety may escalate into panic and become harmful, in cases possibly leading to suicidal thoughts and behaviour.

Patients may express thoughts that they should end their lives because of the coronavirus. This might be because of, for example, fear and anxiety relating to:

- Contracting the virus
- Passing the virus on to others
- The virus being unstoppable or uncurable
- Suffering or dying
- Others suffering or dying
- The future
- Feeling alone and isolated
- Financial implications
- Feeing trapped in an abusive situation

As the pandemic goes on people may experience a sense of COVID-19 fatigue, which might lead to a sense of hopelessness or increase individual vulnerabilities.

Recent research (Hawton et al 2020 in press) has identified COVID-19 related factors that contributed to self-harm episodes resulting in presentation to the Emergency Department. These factors can be used to inform our assessments and are set out in the table below.

Hawton K, Lascelles K, Brand F, Casey D, Bale L, Ness J, Kelly S, Waters K. (2020) Self-harm and the COVID-19 pandemic: a study of factors contributing to self-harm during lockdown restrictions. medxRiv https://doi.org/10.1101/2020.12.04.20244129

COVID RELATED PROBLEMS	EXAMPLES/EXPLANATION
Mental health problems	Worsening of existing mental health problem/condition or a new mental health problem
Access to services	Mental health problem exacerbated by cessation or reduction of usual support services e.g., not finding virtual care delivery as effective as face to face
Isolation and loneliness	E.g., consequences of reduced contact with friends or family; people living alone and/or with limited social support networks who now have less access to the outside world
Reduced contact with family	E.g., children unable to visit due to parent being at high risk; or usual contact/support from family reduced; parents unable to have contact with children
Reduced contact with friends	E.g., virtual contact not the same as face to face and not able to see friends due to restrictions
Disruption to normal routine	E.g., unable to engage in usual activities such as sport. Include disruption to planned events e.g., house move, holiday etc
Entrapment	E.g., Feeling trapped in the house or with people they would rather not be with; simply finding lockdown difficult
Interpersonal conflict	E.g., strains in relationship with partner/family member due to being together so much more of the time
Employment	E.g., furlough, job loss, lack of job opportunities, unhappy working at home
Education/training	E.g., struggling with virtual learning; coping with returning to school following lockdown; apprenticeships stopped
Financial concerns	E.g., as a result of job loss/income reduction
Accommodation/housing	E.g., loss of accommodation or having to stay in accommodation they are unhappy with due to the pandemic
Substance misuse	E.g., increase in intake since lockdown; breading lockdown rules to obtain drugs or alcohol
Domestic abuse	Actual or threatened

Fear of COVID-19 infection	Fear of self becoming infected, fear of self infecting others, fear of others becoming infected
General COVID-19 related concerns	E.g., fears of the impact of the pandemic on the future; a sense of being generally overwhelmed by the pandemic
Bereavement issues	E.g., Loss of someone who died following COVID-19 infection or loss not COVID-19 related but unable to carry out usual rituals such as family visits or funeral processes
Other	E.g., disturbed sleep due to concerns about the pandemic; reversed sleep pattern due to lack of routine; difficulties carrying out caring or home schooling; boredom

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A Perspective-taking Approach for anxiety about COVID-19

Perspective Taking involves exploring beliefs and generating information to challenge or look beyond these beliefs in order to offset potential confirmation bias. Seeing things through someone else's eyes might help regulate existing perspectives and/or gain new and helpful perspectives.

Strategies to include in perspective taking might include introducing the below into the dialogue (informed by Galavan and Stapleton 2016):

- Frame the problem of COVID-19 as a global/societal problem and not one that the patient is facing alone. Ask the patient to consider alternative perspectives e.g., that of a person with whom they have an interpersonal relationship but who isn't experiencing anxiety to the same degree.
- Ask the patient to think about the perspectives of other people they have talked to about coronavirus and which of these are helpful or unhelpful.
- Share the knowledge that most people who contract COVID-19 experience only mild symptoms and ask the patient to think about what the perspectives of others who have had minor symptoms might be.
- Notice that scientists assert that if Government advice is followed people are much less likely to contract the virus and ask the patient to consider this perspective.
- Offer alternative perspectives e.g:

Reflect on the fact that the current magnitude of COVID-19 is likely to reduce in the future as vaccinations are administered, peoples' social distancing behaviour helps to delay spread, and scientists gain more knowledge and understanding of the virus.

Suggest a perspective that the strategies the Government have put in place to help people financially affected by the coronavirus might help to alleviate financial stress, even if it may take a bit of time.

Because of the uncertainty associated with COVID-19 and the inability to provide concrete reassurance, fears about the virus might seem reasonable. However, if fear and anxiety have escalated to such a degree that the patient is considering suicide as a way out, clinicians should focus the dialogue on whether or not suicide is a reasonable solution/outcome. The perspective taking approaches above might reduce the conviction of suicidal thoughts.

Galavan E, Stapleton J (2016) New frontiers in addressing core concepts in suicidality: The perspective-taking task. The Irish Psychologist, 42(5), pp108-112)

Remote Assessments

In the current circumstances we are frequently using telephone and video consultations when assessing individuals' mental health needs and suicide risk. Research indicates that remote interventions are effective, and the principles of risk assessment are the same as with face to face assessments. However there are some considerations staff should be aware of (see practice tips below).

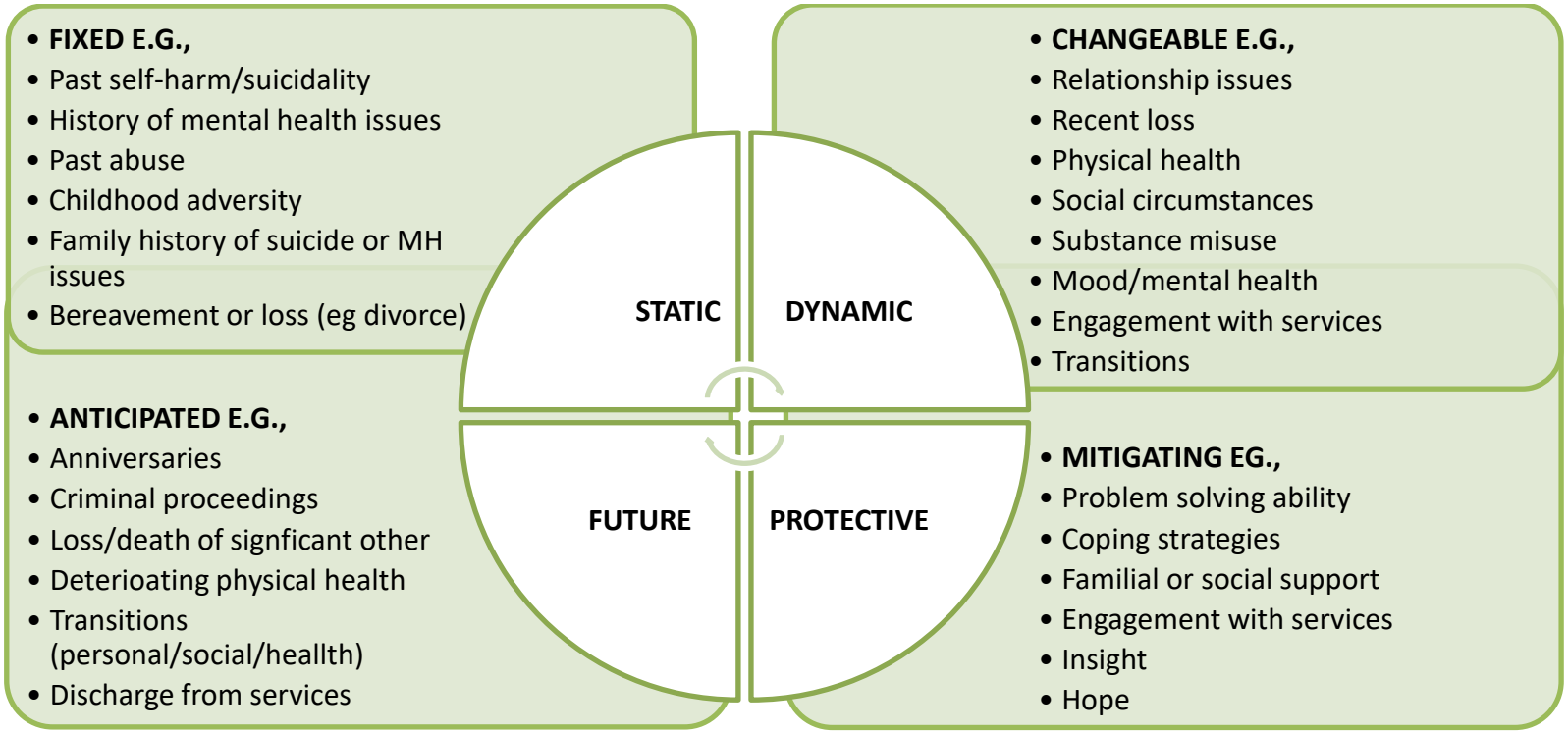
If a clinician judges that a patient may be at imminent risk, is withholding crucial risk information, lacks capacity, will not engage virtually or is acutely unwell, a face-to-face assessment should be carried out (with appropriate COVID-19 risk assessment and PPE).

It can be daunting carrying out assessments remotely. Use video technology (Microsoft Teams) wherever possible as this will make it easier to observe emotional states and the environment, pick up nonverbal cues, and enable you to involve the carer together with the patient at some point during the assessment and safety planning process. Information and guidance about telepsychiatry can be found here https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/table-5-digital-technologies-and-telepsychiatry/. Before commencing remote assessments ensure:

- the patient understands the functionality of their device and the video technology
- both your own and the patient's device is fully charged or connected to mains power
- you know where the patient is (i.e., home/a relatives/elsewhere)
- confidentiality (who else is around)
- you have family/carer/emergency contact details
- you inform the patient what you will do if you have concerns about the patient's imminent safety i.e., contact family/carer; request welfare check; organise ambulance if indicated
- Ensure **contingency planning** - agree what to do if there are technological hitches e.g., swap to telephone (check your own and the patient's telephones are charged)

Suicide Risk Assessment

Whilst suicidal thoughts may be attached to the virus, the underlying mechanisms of suicidal thinking are likely to be those that we are used to working with. Standard suicide risk assessment procedures should take place whether assessments are face to face or remote to determine and formulate risk, identify safeguarding issues and establish safety plans. Remember to look for static, dynamic, future and strengths and protective factors



Practice Tips

Additional Guidance and resources for assessing risk in the context of COVID-19 can be found here

https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/prevention-of-suicide-self-harm-in-the-context-of-covid-19/

The table on the page below is based on Joiner's (2005) Interpersonal Theory of Suicide and adapted from Joiner et als (2007) Standards for the Assessment of Suicide Risk among callers to the US National Suicide Prevention Lifeline. Clinicians are advised to elicit evidence of **suicidal desire, suicidal capability, suicidal intent, and protective factors**.

If desire, capability and intent are all present, protective factors may not be effective. If desire and capability or desire and intent are present protective factors may be more accessible and the patient may be more open to brief interventions, although risk is still present.

This is not intended to be an equation-based scoring system but a helpful guide to inform clinical judgement.

Joiner T (2005) Why people die by suicide. Cambridge, Massachusetts: Havard University Press.

Joiner T, Kalafat J, Draper J, Stokes H, Knudson M, Berman AL, McKeon R (2007) Establishing standards for the assessment of suicide risk among callers to the National Suicide Prevention Lifeline. Suicide and Life Threatening Behavior, 37(3) 353-365

Standards for Assessment of Suicide Risk (adapted from Joiner et al (2007) among callers to the US National Suicide Prevention Lifeline with permission from author)

Suicidal Desire	Suicidal Capability	Suicidal Intent	Protective factors
Suicidal ideation – if persistent and accompanied by mental imagery risk is higher	**History** of self-harm/suicide attempts Sense of **competency** and **fearlessness** **Exposure** to someone else's death by suicide (including via media/social media) History of/current **violence** towards others Access to **means** (physical and cognitive availability e.g., medication, internet/media, mental imagery) **Substance** misuse **Current** intoxication **Acute symptoms** of mental illness e.g., dramatic mood change or psychotic features **Extreme agitation** or rage e.g., increased anxiety and decreased sleep	Clear, detailed and specific **plan** in place (including method, execution, avoiding rescue etc) Expressed intent to **die** **Preparatory behaviours** (e.g., rehearsal, stockpiling, organising affairs etc) Attempt **in progress**	**Immediate support** **Social support** networks Planning for the **future** (but don't assume future plans are an antidote) **Engagement** with services and with clinician at time of call **Ambivalence** for living/dying might be protective if you can orientate thinking towards living **Core values** and beliefs (e.g., religious beliefs)
Psychological pain - strong negative emotions such as shame, guilt, self-loathing, humiliation, loneliness, angst and dread			
Hopelessness – the sense that nothing is going to get any better			
Helplessness – the sense that nothing they do will make any difference			
Immense stress –feeling pressured and overwhelmed			
Feeling a burden - on family, on professionals, on society			
Feeling trapped – suicide offers a means of escape			
Feeling intolerably alone - lack of interpersonal relationships or contact, loss of sense of purpose, lack of a sense of fit with society			

Problem Solving & Safety Planning

Use a problem-solving approach to assist with practical needs such as staying in touch with friends and family using internet platforms (e.g., Zoom), maintaining diet and exercise, contacting banks or landlords, or seeking advice from Citizens Advice.

Resources

Oxford Health safety planning guidance and resources can be accessed here:

https://ohft365.sharepoint.com/sites/patient-safety/Shared%20Documents/Forms/AllItems.aspx?viewid=9d3be2a4%2D5747%2D4dc9%2Db26c%2De87b428ada2a&id=%2Fsites%2Fpatient%2Dsafety%2FShared%20Documents%2FSuicide%20Prevention

Through your safety planning intervention, you can help the patient recognise early warning signs and triggers and how current anxieties associated with Covid19, such as contagion, social distancing or self-isolation, might exacerbate triggers.

Simple strategies might include:

Reducing browsing the internet and social media for Covid19 news.

Sharing concerns with others but also talking about other things.

Planning activities to help pass time during self-isolation, see **MARCH Network** – Creative Isolation https://www.marchnetwork.org/creative-isolation

Coronavirus and your wellbeing information https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/

Looking after mental health during the pandemic How to look after your mental health during the coronavirus outbreak | Mental Health Foundation

The **Psychology Tools** Guide to Living with Worry and Anxiety amid Global Uncertainty suggests some useful psychological exercises that clinicians can suggest patients complete between contacts. https://www.psychologytools.com/articles/free-guide-to-living-with-worry-and-anxiety-amidst-global-uncertainty/

OHFT Coping with Coronavirus leaflets https://www.oxfordhealth.nhs.uk/leaflets/

NHS information on stress, anxiety, depression and loneliness https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/

https://www.nhs.uk/conditions/stress-anxiety-depression/feeling-lonely/

The **Stay Alive App** https://play.google.com/store/apps/details?id=uk.org.suicideprevention.stayalive&hl=en_GB