

Coronavirus, anxiety and suicidal ideation: Tips for staff

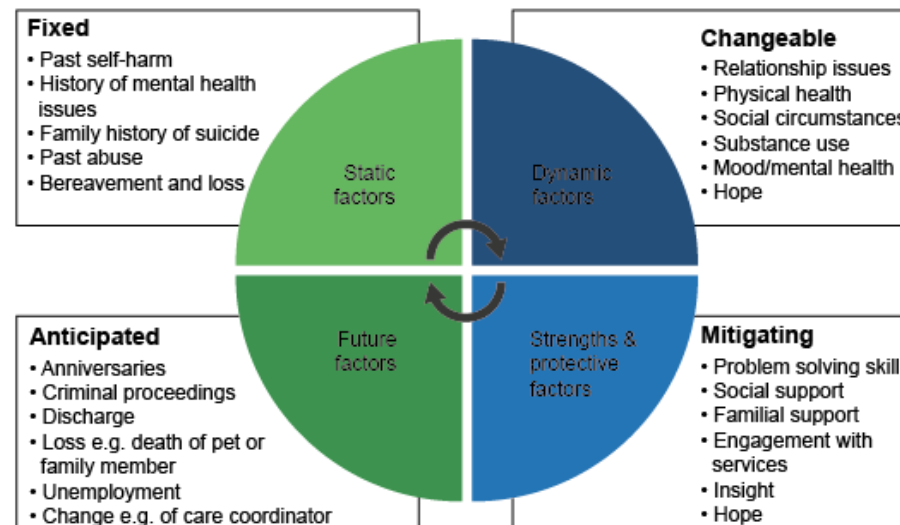
Many people will experience anxiety related to the coronavirus, particularly due to the uncertainty surrounding the virus and how it might affect individuals, families and communities in both the short and longer term. A certain amount of anxiety is normal and can be helpful in encouraging people to 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.

In the current circumstances we are advised not to visit patients at home unless we are delivering essential care (see intranet for more information <https://ohft365.sharepoint.com/sites/YourTrust/SitePages/Coronavirus-briefing.aspx>).

It can be daunting carrying out assessments without seeing the patient. Use FaceTime where possible as this will make it easier to 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.

Standard risk assessment procedures should continue as normal to determine and formulate risk, identify safeguarding issues and establish safety plans. Remember to look for static, dynamic, future and protective factors



Practice Tips

1. **Understand** the trigger for the suicidal thoughts.

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

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

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.

The table below is based on Joiner's (2005) Interpersonal Theory of Suicide and adapted from Joiner et al (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 will 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.

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

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

A Perspective Taking Approach for anxiety about Covid19

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:

- Framing the problem of Covid 19 as a global/societal problem and not one that the patient is facing alone. Asking 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.
- Asking the patient to think about the perspectives of other people they have talked to about coronavirus and which of these are helpful or unhelpful.
- Sharing the knowledge that most people who contract Covid19 experience only mild symptoms and asking the patient to think about what the perspectives of others' who had such minor symptoms might be.
- Noticing that scientists appear confident that if Government advice is followed people are much less likely to contract the virus and asking the patient to consider this perspective.
- Offering alternative perspectives e.g.,
Reflecting on the fact that the current magnitude of Covid 19 is likely to reduce in the future as peoples' social distancing behaviour helps to delay the spread, scientists gain more knowledge and understanding of the virus and new treatments and vaccinations are discovered.

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

- Because of the uncertainty associated with Covid19 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.

Problem Solving

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 or House Party apps), contacting banks or landlords, or seeking advice from Citizens Advice.

Safety Planning and Resources

The Trust 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>

Self-care - advising patients about the Mind – Coronavirus and your wellbeing information <https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>

Additional resources that might be helpful to signpost patients and families to are:

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** is a useful app to advise to patients and they can be supported to complete it over the phone or FaceTime

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

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/>