BMA

Suicide prevention during economic crises: A UK approach

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Summary of recommendations

Addressing the dominant factors causing suicide

1. National and local government and NHS bodies should take a 'mental health in all policies' approach to policy-making, undertaking a mental health impact assessment of all new proposals.

2. There must be a collaborative effort across all government departments, as well as non-government sectors, to prioritise mental health and suicide prevention to protect the population's health, both in the current economic climate and in the future.

Ensuring adequate support in the workplace

3. More must be done by all employers, including the NHS, to ensure adequate wellbeing support in the workplace, in recognition of the need to prevent workplace-related stress, burnout, and, in the worst instances, suicidal ideation. For example, measures might include the provision of adequate rest spaces; ensuring management is trained with mental wellbeing guidance; comprehensive, confidential, and timely occupational health services; a healthy and flexible work-life balance; and ensuring the implementation of reasonable adjustments where necessary.

Addressing the stigma that exists around mental health and suicide

4. Wellbeing and good quality mental health resources must exist in a workplace culture that empowers employees to access these services, increasing awareness to prioritise mental wellbeing at work.

5. Mental health must be of equal importance to physical health in the workplace, including ensuring doctors and other employees are aware of their rights around taking sickness absence for mental health related reasons.

Investigations into suicides in the workplace

6. There must be a duty for all suicides associated with workplace stress to be investigated in the workplace, which includes exploration of disparities in suicide risk, where the findings will help influence further suicide prevention strategies.

Background

Economic crises lead to poorer health, and that includes an increased risk of suicide. At a symposium hosted by the British Medical Association's Board of Science in June 2023, several interested stakeholders discussed the importance of renewed efforts to increase awareness of suicide risk and to reduce the number of suicides in the UK. That's why, in this statement, the BMA's Board of Science has set out the evidence on suicide in time of economic difficulty, along with our recommendations to protect both the mental health of the population and our healthcare workers.

Worldwide, more than 700,000 people die by suicide every year. For every suicide resulting in death, there are many more people who attempt suicide.[1] In 2021, 5219 registered deaths in England were from suicide, which equates to 14 people dying by suicide every day.[2] There are important sociodemographic differences in suicide rates, with those who live in deprived areas being at the highest risk.[3] Suicide is the fourth leading cause of death among 15-29 year-olds worldwide,[4] and the leading cause of death in England for adults under 35 years. Rates are highest amongst men in all age groups, with those who are aged between 40-54 years being at highest risk. There is a further peak in men above the age of 85 years.2 9% of middle-aged men who died by suicide had no contact with any service (primary care, emergency department, mental health service, judiciary, third sector, etc), 67% had been in touch with at least one of these services in the three months preceding their suicide, with over a third having been in contact, in the week preceding death.[5] Suicide rates for England and Wales during the period from 2012 to 2019 showed that white and mixed ethnicity men and mixed ethnicity women tended to have the highest suicide rates.[6]

Our mental health is directly impacted by our financial situation[7]. In a 2023 survey of over 5,000 people, nearly 80% reported their mental health to have been affected by the current cost-of-living crisis.[8] Meanwhile, over just six months in 2022, one charity reported a 196% increase in people coming to them with suicidal thoughts.[9] This relationship between economic difficulty and mental health will exacerbate mental health inequalities in a country where the most deprived in society already face much worse health outcomes than the least deprived.

The evident impact of the present economic crises on the population's health is also putting pressure on healthcare services that are already stretched beyond capacity.[10] In England, mental health services experienced a 22% increase in referrals from 2019 to 2022 with a record 4.6 million people in contact.[11] In turn, increased pressures and under resourcing of services are having a detrimental impact on the mental and physical wellbeing of the healthcare workforce. In 2022, the GMC national training survey of over 63,000 UK doctors reported a third of trainees at high-risk of burnout compared to around a quarter in previous years. Furthermore, over half of respondents reported their work as emotionally exhausting to a high or very high degree compared to less than 40% in previous years.[12] Healthcare workers are in an unsustainable position that the data shows to only be getting worse. At the most extreme end of this scale, some doctors are being driven to suicide. In a 2022 poll of 1,300 GPs in the UK, a quarter knew a colleague who had taken their own life.[13]

Suicide prevention among both the UK's population and specifically the medical profession is a key priority for the BMA. The Professional Regulation Committee has worked alongside the GMC to develop its Supporting Vulnerable Doctors programme. The GMC has since made changes to the way it communicates with doctors subject to a fitness to practise investigation, to help reduce anxiety and, where appropriate, signpost them to the Doctor Support Service and other agencies.

Addressing the dominant factors causing suicide

Suicide is seldom caused by any single reason.[14] The risk of suicide is increased by many interlinking factors at an individual, relationship, and community level.[15] These factors include socioeconomic disadvantage, gambling, physical illness, substance abuse, poverty, and pre-existing mental ill health. ONS data over the last few years on suicide in England shows suicide rates in the most deprived areas to be double suicide rates in the least deprived areas; three times more common in men than women; and the highest risk age group being those between 40 and 54 years old.[16]

However, the complexity of the causes of suicide should not be used as a reason for slow progress in suicide prevention, but instead should be a reason that a 'mental health in all policies' approach is essential. The BMA has previously called for national and local governments and NHS bodies to undertake a mental health impact assessment of all new policy proposals. A cross-governmental approach to suicide prevention, to foster the collaboration required to address the social inequalities that increase the risk of poor mental health and suicide, is recommended, as addressed in the BMA's Beyond parity of esteem report.[17]

Reducing suicide rates requires a collaborative effort from the government, the NHS, voluntary sectors, education systems and communities. Some practical strategies include: outlawing all inappropriate out of area admissions alongside investment in inpatient care, implementing 24-hour crisis teams, outreach teams, safer wards, early follow-up after discharge, low staff turnover, personalised risk management, guidance on depression and involving families in 'lessons learned'. In a time of economic crises, where the NHS workforce crises have left services stretched beyond capacity,[18-20] there must be a concerted effort to ensure services across all sectors are adequately resourced so that we can protect the population's mental health and reduce suicide rates across the UK.

Recommendations

– National and local government and NHS bodies should take a 'mental health in all policies' approach to policy-making, undertaking a mental health impact assessment of all new proposals.

– There must be a collaborative effort across all government departments, as well as non-government sectors, to prioritise mental health and suicide prevention to protect the population's health, both in the current economic climate and in the future.

Ensuring adequate support in the workplace

Employers play an essential role in preventing suicide. People in work will spend on average one third of their lives at their place of employment, so it is crucial that employers provide adequate support for people's mental health.[21] This is important in a health and social care setting in which experiences of burnout and moral injury are high. The 2022 NHS wellbeing survey reported 56.5% of respondents came into work despite not feeling well enough to perform their duties and 34% of respondents felt burnt out because of their work.[22] Evidence suggests that doctors with high levels of burnout have between 45-63% higher odds of making a major medical error, compared with those who had low levels of burnout.[23] Furthermore, a Medical Protection Society survey that received responses from nearly 200 doctors that had undergone investigation by the GMC, found almost a third of these doctors to have had suicidal thoughts during their investigation.[24] This current combination of medical error and blame culture surrounding UK doctors requires our attention.

The BMA has previously laid out expectations for employers to support doctors at work.[20,24-28] This includes the provision of adequate rest spaces; ensuring management is trained with mental wellbeing guidance; comprehensive, confidential and timely occupational health services; a healthy and flexible work-life balance; and ensuring the implementation of reasonable adjustments where necessary. However, a BMA survey of Trusts in 2022 showed that, in various cases, provisions to protect the wellbeing of doctors were still far from adequate. This research found 46% of trusts have not taken any action to ensure that trainees receive uninterrupted

breaks overnight (except in emergency cases) and 89% of these trusts have no plans to address this issue.[29] More must be done to ensure workplaces are adequately equipped to provide doctors the support they need to care for patients, thus improving the retention of doctors and helping to prevent exacerbating pre-existing struggles to provide enough doctors to meet the increasing demand on healthcare services.

Not only must adequate wellbeing and mental health resources and support be available to doctors, but they must work in a culture that enables and empowers them to access the help and care they need. By building a supportive culture and tackling stigma surrounding accessing support services, which this paper addresses next, the very pressing dangers for patients and doctors in the existing situation can be relieved.

Recommendations

– More must be done by all employers, including the NHS, to ensure adequate wellbeing support in the workplace, in recognition of the need to prevent workplace-related stress, burnout, and, in the worst instances, suicidal ideation. For example, measures might include the provision of adequate rest spaces; ensuring management is trained with mental wellbeing guidance; comprehensive, confidential, and timely occupational health services; a healthy and flexible work-life balance; and ensuring the implementation of reasonable adjustments where necessary.

Addressing the stigma that exists around mental health and suicide

Stigma around mental health and suicide still exists and leads to severe consequences for the individual and wider society. In a survey conducted of more than 500 people that were affected by mental health issues, 86% said that the fear of being stigmatised or discriminated against stopped them from partaking in activities that they would want to do, which included seeking help for their mental health.[30] In another recent study of over 150 respondents, nearly 30% of people viewed suicide as a selfish act and 13% saw suicide as a sign of weakness.[31] The relationship that stigma has with mental health and suicidality acts both ways; those with mental illness face stigmatisation and this stigma can precipitate mental health issues and suicide. Stigma brings an additional burden to an already suffering individual; increases feelings of isolation; delays individuals speaking out or accessing treatment and services, which in turn can increase the risk of suicide.[32]

Stigma around mental health within the medical profession is of particular concern. Doctors often do not feel comfortable taking time off for illness, and even less comfortable taking time off for their mental health, despite mental illness issues being consistently the single highest category for sickness absences amongst NHS staff.[33] Doctors still fear a mental health diagnosis would negatively impact their colleagues' perceptions of them, with junior doctors in particular fearing its impact on their career progression.[34] There is a problematic perception that doctors are 'invincible', and 'illness is only for patients'.[35] This stigma has been further compounded throughout Covid-19 and its ongoing hero narrative. The stigma that clearly still exists in the NHS is dangerous and can prevent doctors seeking help when they need it, perpetuating the risk of suicide.

Creating a working environment free of stigma, in which staff are empowered and supported to prioritise their mental health, is vital.[36] This must take place alongside steps to address the underlying reasons for poor mental health in the NHS workforce such as inadequate working conditions and under-staffing.

Recommendations

–Wellbeing and good quality mental health resources must exist in a workplace culture that empowers employees to access these services, increasing awareness to prioritise mental wellbeing at work.

–Mental health must be of equal importance to physical health in the workplace, including ensuring doctors and other employees are aware of their rights around taking sickness absence for mental health related reasons.

Investigations into suicides in the workplace

Where suicide is associated with workplace stress, there should be an investigation. The preventable nature of suicides and the impact on our workforce and patient care means there must be improved accountability of organisations to reduce the prevalence of suicide in the workplace. Currently under HSE (Health and Safety Executive) rules, there is a duty for all deaths of workers to be reported by employers, except in cases of suicide. The HSE cannot investigate any suicides in the workplace unless having received referral by a coroner.[37] As a result, there is a considerable and dangerous gap in the data on work-related suicide.

The BMA supports calls for the HSE to investigate work-related suicides and ensure better monitoring, awareness and understanding of the issues behind suicidal ideation. The findings of these reports must be used to inform future action in providing the adequate support and intervention that is crucial to preventing more suicides. HSE must have the necessary resources in place to ensure that they can effectively investigate and evaluate this in a way that can result in much-needed change within the healthcare system to ultimately prevent work-related suicides.

Recommendations

–There must be a duty for all suicides associated with workplace stress to be investigated in the workplace, which includes exploration of disparities in suicide risk, where the findings will help influence further suicide prevention strategies.

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