C19 National Foresight Group: Intelligence Briefing Paper 15

Data Trends, Adherence in Businesses, Custody and Suicide

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Paper prepared by Rich Pickford, Dr Stacey Stewart, Adam Potter, Kelly Smith, Dr Lucy Justice, edited and synthesised by Dr Rowena Hill and Rich Pickford
Nottingham Trent University

This briefing synthesizes data with systematic findings from across academic subjects. This evidence of empirical data and academic insight contributes to our existing knowledge on who is most likely to be experiencing adversity in our communities. This intelligence briefing focuses on adherence to regulations within public facing businesses and the impact of Covid-19 on the custody system in the UK.

Contents

Context

A data review is undertaken by academics at Nottingham Trent University every week to inform the C19 National Foresight Group. Evidence related to Covid-19 psychological, social and economic trends are reviewed to inform, frame and prioritise discussions at national and local strategic decision-making level (LAs and LRFs). The C19 National Foresight Group synthesise data trends and academic findings across disciplines, with evidence of existing vulnerabilities and inequalities to start to build existing and emerging risk or adversity profiles of impacts from Covid-19.

Who is this for?

This is most useful for **national thought leaders, local strategic decision-makers, intel cells and those involved in populating the MAIC**.

Focussed theme this week: This week we are focussing on the development of the Covid-19 approach to understanding the impacts on individuals, families and groups of Covid-19. This is a useful tool for local strategic and operational decision makers to understand and prioritise need within their local communities.

Data trends: YouGov Mood Data.

Academic Insights:

We are providing two summaries of work we have completed relating to adherence to guidance and rules and the criminal justice system. This is alongside a data synthesis on YouGov's Mood data and current Business data from a selection of sources.

1) Restaurant chains were not adhering to advice: Is there any best practice out there?
2) Custody
3) Risk of suicide in the community

Academic Synthesis

(gathered from systematic literature reviews, rapid reviews, webpages, academic articles, pre-prints, academic expertise)

N.B. This is not a literature review, but a review of the broad area (balanced with Covid-19 specific literature) to see what topics lie within the area to inform future work. Predominantly based on systematic literature reviews and rapid reviews, this is to indicate the size of the literature review should we wish to commission one. Carried out by Stephanie Bianco, Adam Potter, Dr Stacey Stewart, and Rich Pickford, with revisions and edits by Dr Rowena Hill, NTU. Please contact us if you require a list of sources consulted to develop your own literature review.

The section is to provide an overview of the academic and research foresight on the developing areas of latent and emergent needs relating to younger people in the community.

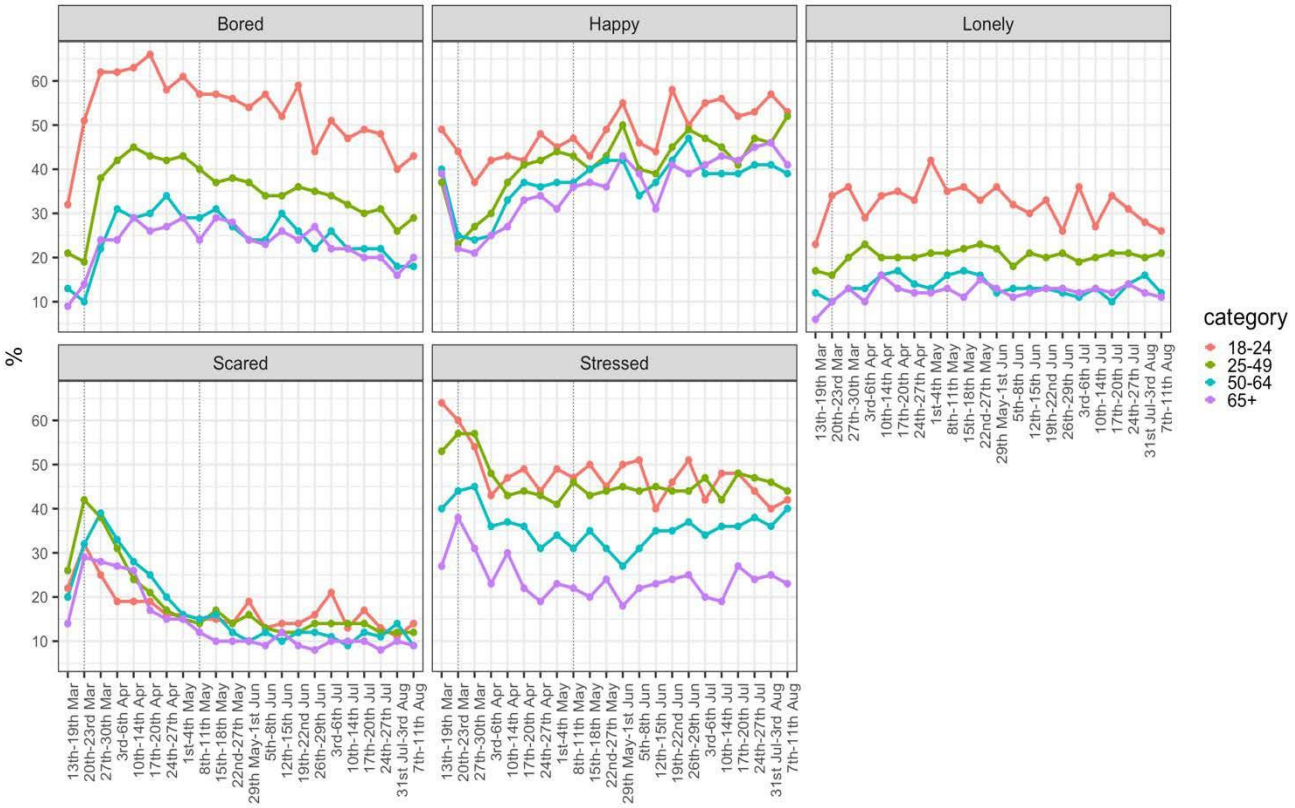
YouGov Mood Data 18 August 2020

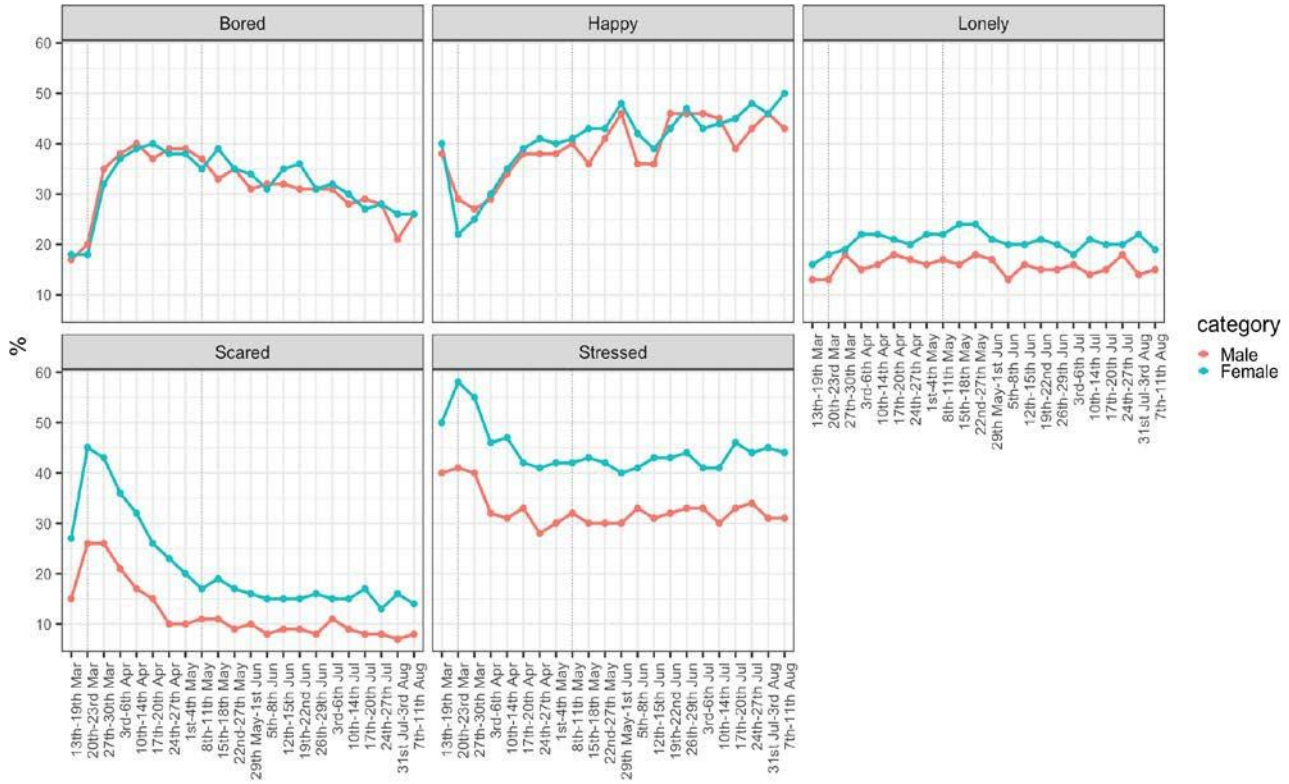
Across most groups the percentage of people reporting feeling happy is around 50% with the trend continuing to increase from lows in early March. However, this is not the case for non-working individuals where only around 30% report feeling happy and the trend is beginning to plateau. Boredom continues to drop or plateau for nearly all groups. Despite this, around 45% of 18-24-year olds still report feeling bored compared to around 20% of 50+ year olds.

Loneliness is plateauing for most groups although 18-24-year olds and non-working report the highest levels (both around 25%).

Feeling scared has plateaued for most groups and is hovering around 10% with the exception of females and non-working groups which sits around 15%.

Feeling stressed has also plateaued for most groups although the trend for 50-64 year olds has steadily increased from the end of May onwards and now sits around the same percentage as 18-49 year olds (approx. 40%).




Bored
Happy
Lonely
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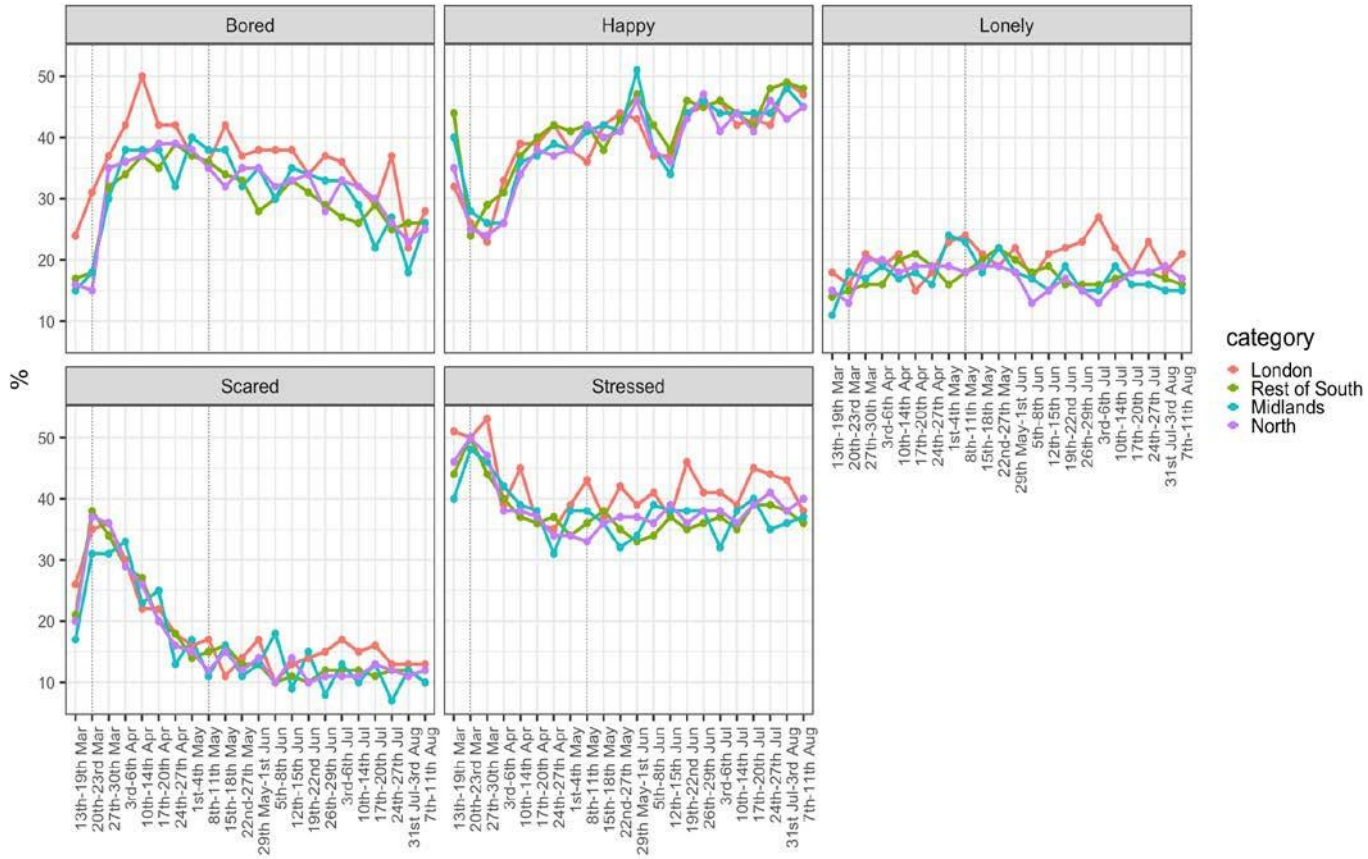
category
Male
Female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Happy
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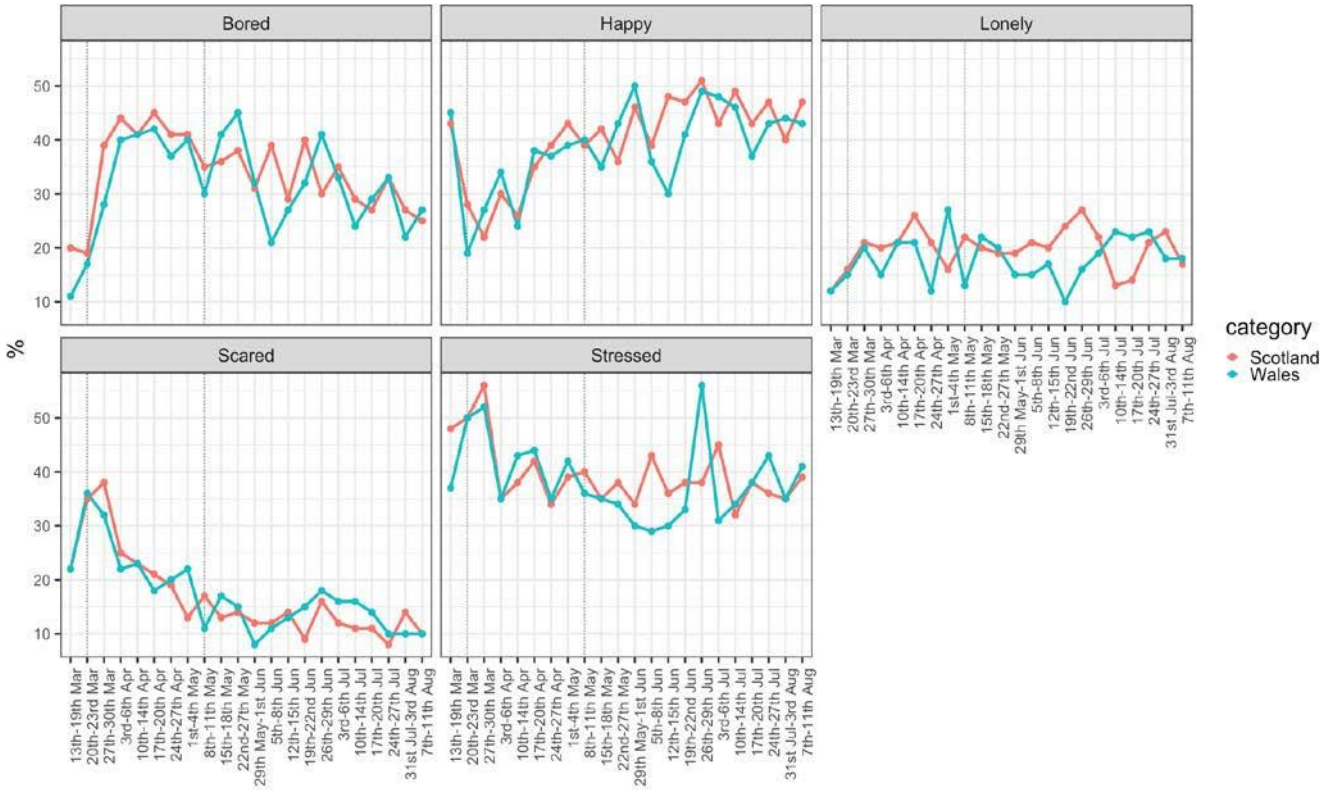
Rest of South
Midlands
North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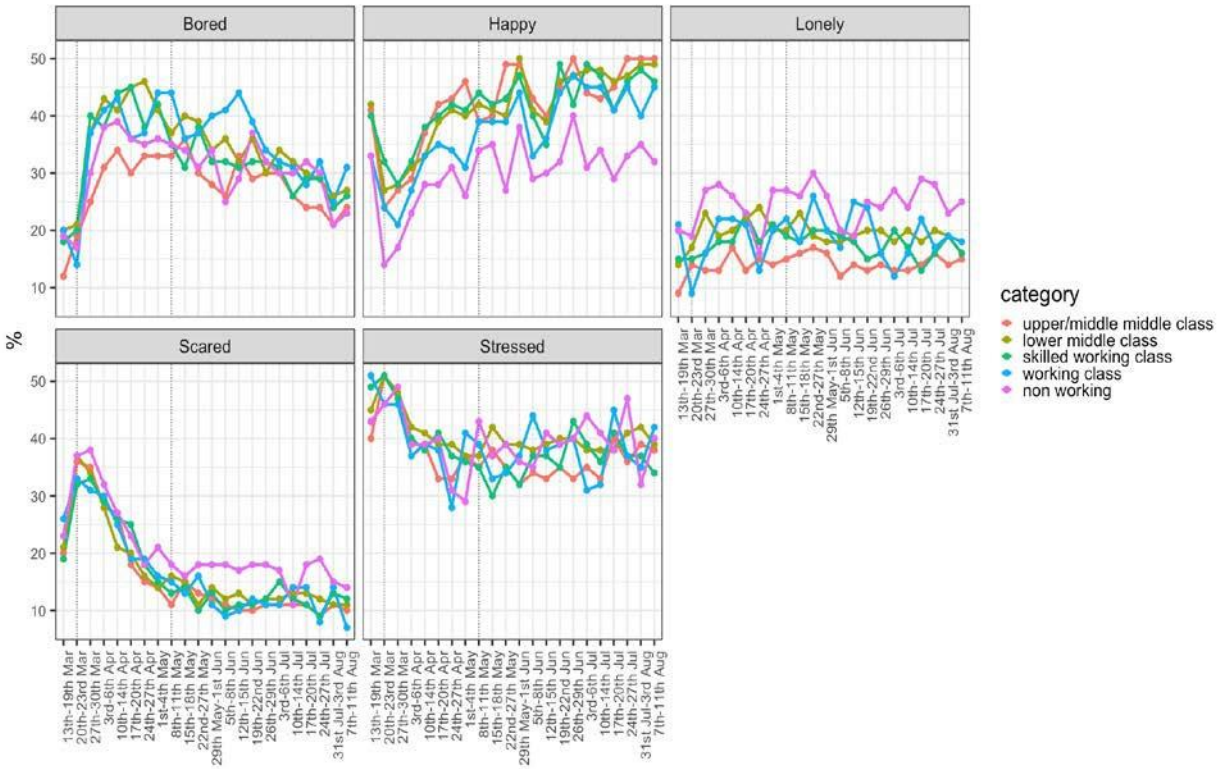
Bored
Happy
Lonely
Scared
Stressed
%
category
upper/middle middle class
lower middle class
skilled working class
working class
non working

Supporting restaurant chains to adhere to Covid-19 guidance: is there any good practice out there?

Summary of Review

This review explores the literature on why some restaurant chains (and other public facing businesses) may be struggling to comply with Government guidance(s)/rules. It explores aspects of human behaviour and cultural norms, discusses the way informal businesses operate and how this may relate to Covid-19 guidance and rule compliance and returns to trust, emotions, cultural differences and framing from our previous work on health behaviours.

Key Messages

- Academics argue that human behaviour responses may focus on either self-protection or following established routines. Adapting to new routines within familiar or new spaces may be challenging.
- Individuals who consider themselves to have already contracted Covid-19 are more likely to exhibit risky behaviours.
- Other literature highlights the role modelling of behaviours within our social environment, which can have an influential impact on our individual and collective behaviours. If staff perform new norms and follow guidance, we may be more likely to adhere to these norms.
- The advice cautions against too restrictive rules and guides which do not allow for individual flexibility within work/public places and highlights that unless guidance is clear, well set out, and reinforced, it will have limited validity.
- The power of regulation and enforcement is questioned by the literature through a review of informal workplaces. This highlights the complex situations at play and lays out a series of firm types which should be considered for staff and customer safety and compliance.
- We should be aware that many businesses will look to work around regulations for the purpose of advancement and to gain a competitive advantage. Unlike market-based systems regulatory systems are less influenced by rewards so alternative approaches are required to ensure compliance.
- Finally, this review returns to searches done on health behaviours and explores how trust, emotions, cultural differences and framing of the issues in question play a key role.

Human behaviour within pubs and restaurants

Within the containment behaviour writeup, a section on **Open to interpretation** - *Discussion with own networks* shared "Zhong (2016) argued that human behavioural responses need to be a part of influenza modelling, as they suggest there are two behavioural responses; self-protective actions, and individuals keeping routine ways of behaving.". This could be interpreted to mean that we have routine ways of behaving – at pubs and restaurants – and these routines were just stopped during lockdown, rather than adapted and changed. Now those restrictions are lifted, we may have just returned to our old routines within that context, rather than adapting them to new conditions. This would place a lot of pressure on the establishment to enforce changes in behaviour that were necessary, rather than relying on the individual to do it themselves.

"Koh (et al., 2020) explains that humans learn and build knowledge and experience from relating ideas to each other to form a complex network that shapes how we make choices…this experience then informs the future choices they make in similar situations. Zhong (2016) explains people's responses are therefore just adjustive behavioural outcomes of their reaction process, and this is influenced by the choices they make and the interactions they have with others as a result of processing the information. Zhong (2016) explains that if individuals do not interpret the information received as a warning message of risk, or if they do not believe in the risk, then they would ignore it and continue as they wanted; this also occurs if the risk cannot be confirmed through their personal contacts, or if they do not consider themselves as targets of the risk." This may influence a person's decision to even go out to a bar/restaurant, and once out, if they can see others are doing the same and the measures those people are or are not taking, they may judge that they are safe to do the same. This again comes back to making sure the establishment follow the rules.

Within the same document again, it is shared that "Smith (et al. 2020) used an online survey to investigate whether people who think they have had Covid-19 are less likely to engage in social distancing measures, compared to those who think they have not had it. People who believed that they had had Covid-19 were:

- more likely to agree that they had some immunity to Covid-19;
- less likely to report adhering to social distancing measures;
- less worried about Covid-19;
    - and less likely to know that cough and high temperature/fever are two of the most common symptoms of Covid-19."

They suggest the number of people in the UK who think they have already had Covid-19 is about twice the rate of current prevalence estimates. People who think they have already had Covid- 19 may therefore contribute to the transmission of the virus through non-adherence to distancing measures. Clear communication to this group is needed to explain why protective measures continue to be important to encourage sustained adherence.
Davis (et al. 2015) conducted interviews to determine how members of the general public respond to pandemic influenza and the measures that are proposed by Public Health to tackle it. They sought to go beyond the commonly employed notion that the general public is resistant to health communication, in order to examine how health individualism, gender and real work constraints affect action. They found that the participants were not resistant to public health communications, but they did interpret and implement them differently; in this sense, the individualistic approach predominated. As people did not see themselves at risk, they did not consider that they were putting others at risk." As before, this could then impact on how a person behaves when they are in the pub or restaurant; they have assessed their own risk and therefore how many protective behaviours they need to engage in – whether correct and accurate or not. As the establishment cannot determine this themselves, they again must enforce the guidelines.

Chains of restaurants not adhering to guidelines

Within the 'Containment behaviours in lockdown (revisited)' report, it is shared that "Social identity theory suggests it is important for leaders to act as 'identity entrepreneurs' or 'identity impresarios' who strive to build and then embed a shared sense of 'us' within the individuals affected by local lockdown restrictions (Haslam et al., 2020; Jetten et al, 2020). Jetten et al (2020) outline three keyways in which leaders need to manage social identity in order to be effective:

a. by representing us,
b. by doing it for us, and
c. by crafting and embedding a sense of us.

Both local and national social identities may be useful in supporting adherence to local restrictions - a local identity with a sense of being in it together in adhering to restrictions, and a national identity to maintain a national sense of 'us' and to prevent feelings of exclusion or unfair treatment." Depending on who is not abiding by the rules – management or staff – this approach could be used by management to influence/encourage staff. However, Anthony Lloyd, in Harms of Work, has written about the role of cliques in workplaces as a form of control (purposeful and non-purposeful) which may be relevant here. He argues they are highly powerful influencers within workplaces.

Reif (et al., 2018) discuss the tensions between a process becoming standardised (changed to fit a new routine/process) and process adaptability. They explain that standardisation ensures the process is always done the same way – in a routine – so the effort involved can be reduced. However, the process should also be adaptive and flexible e.g. not too rigid, so that it works for different stakeholder groups (this could be cooking staff, waiting staff, cleaning staff etc.) in different contexts and situations. Processes need to have a modular structure, so quick changes and adaptions to individual processes can be implemented in the specific environments. This could suggest that a lack of flexibility in approach means people who do not think, or who have found, that the enforced guidelines fit their work well are less likely to implement them. Potentially having some flexibility – within bounds – or within an agreed process to discuss alterations/improvements could be a middle route. Reif (et al., 2018) go on to say that processes, once developed, need to be described; clearly defined and assigned roles, tasks and outcomes to people involved in the process, determined process

initiators and also deadlines. Once the process is clear and defined, it must be implemented – this includes appropriate communication over multiple channels, in numerous languages. It must be transparent and comprehensible. Clear and enforced guidelines, processes and communications plans are suggested to improve their use."

Dechenaux and Samuel (2014) analysed a model in which a firm's compliance with regulation is monitored by a supervisor. Inspections were announced and unannounced. They found that when the supervisor is corruptible, unannounced inspections are susceptible to a tip-off from the supervisors to the firm in exchange for a bribe. In order to eliminate bribery, the regulator could reduce the frequency of inspections, however, eliminating tip-off could lead to lower compliance, unless the supervisors wage was raised. This highlights the susceptibility of individuals to outside influence and incentives when considering how to enforce compliant behaviour. Careful planning would be required to reduce the potential to influence any inspection system.

Ram (et al., 2019) explain that firms may not comply with legal regulations, but are still been seen as legitimate. This is because the business 'end' is legal, but the 'means' is illegitimate; they are described as practicing 'non-compliant informality'. Ram (et al., 2019) say a limitation of this view is that the informal economy is presented as the direct outcome of a gap between macro (laws and regulations) and meso (set of norms that prescribe what is acceptable in a given context). The focus of Ram's (et al., 2019) work is how UK non-compliant firms respond to major labour market intervention, specifically in relation to the National Living Wage (NLW).

This links with restaurant chains not complying to Covid-19 regulations, as the restaurants have a legal end, but the means are illegitimate as they do not follow guidelines. In this report they outline a number of main categories:

- persistent non-compliers:
  - Longstanding non-compliance and a disinclination to change.
  - Atypical management practices, under the radar operations and limited ambitions.
  - These businesses are struggling to survive, comfortable in their current position and pursuing strategies of growth.

- Struggling to survive trapped by the market:
  - Marginalised and exploitative operator.
  - Cannot pay more as they do not have enough turnover to pay more.
  - Excessive competition affected by economic recession.

- Comfortable non-compliers: keeping it in the family:
  - Content with trading position but no intention to implement NLW.
    - Owners complained of competition and experiencing long-term decline.
    - Role of involving family (to run and manage business), along with absence of workforce pressures, was crucial in accommodating regulatory pressures.
    - Employing low aspirant migrant workers.

- Growth oriented non-compliers: colluding to grow:
  - Family members in key positions – without expecting payment.
  - When employing outside of the family, the company seeks advice from accountant and external advisors to set the wages.
  - This also set good practice to prevent being investigated.
  - Full-time workers get NLW, others are less well remunerated.
  - Some feel that NLW forces them to pay decent wages to undeserving workers.

Ram (et al, 2019) explain that for these companies to comply, pressures likely need to come from the workplace as much as the regulatory microsphere. They state that even though the state has started to crack down, owners seem oblivious to this threat; instead they feel pressure internally because the easily satisfied first-generation migrant population they often hire are dwindling. This leads to rising dissatisfaction and

workers requesting more pay.

Ram (et al., 2019) discuss how their findings show that, whilst they found a considerable variety of practice, non-compliance happens in geographically discrete areas.

Ram (et al., 2019) relay that traders were impacted by environmental pressures such as containing costs, which meant they were not able to comply with regulations; this suggests that for the chains not complying with Covid-19 regulations, something else may be happening that could need resolution so the restaurants feel able to comply. "Restauranteurs and retailers made repeated reference to the 'cut-throat' nature of the competition and 'trying to outdo one another'."; it may be linked to the routines above – some chains are allowing people to abide by their normal routine, regardless of Covid-19, which makes other chains feel pressure to do the same to compete with their competitors. Further confirming this, Ram (et al. 2019) states "…the impact of regulations will be felt differently in different competitive circumstances, hence the theoretical importance of encompassing the product market in assessments of meso-level institutions."

The second most important finding related to community, family and kinship ties; when the worker knows their family is struggling, they are reluctant to challenge non-compliance, which is shaped by paternalistic bargain and familial links. Some also appreciate they have been granted good opportunities; there is acceptance and accommodation rather than resistance. The other side is that when it is family, there is an element of dependency, vulnerability and liminality for employees.

Ram (et al., 2019) state that sociological perspectives on the 'impact' of regulations on non- compliant firms question the notion of a direct effect of regulations, as outcomes vary over time, are dependent on social relationship within the firm, and they are shaped by external stakeholders. This demonstrates who has influence over companies and may provide an avenue to consider when trying to encourage businesses to comply.

One may think that policies and processes to encourage staff to speak up – for the restaurant to feel pressure from within - would be worth consideration. However, a further finding from Ram (et al. 2019) is that "…the internal inequalities and abuses we uncovered caution against an uncomplicated link between meso-institutions and notions of shared norms. Managers in non- compliant firms often exploit personal relationships and networks of vulnerable workers. This can create a situation of indebtedness and resignation rather than workplace harmony. The sociological concept of competing interests – elicited by incorporating workers' voices – guards against the unitarist portrayal of meso-level actors and institutions." If this impact on such things as the psychological contract is considered alongside job loss and precarity, redundancy and people spending their savings to survive the pandemic, then it is unlikely staff will feel willing or able to speak up, and this places responsibility with someone who is not responsible for the overall decision of not following guidelines. Additionally, if the employee is a migrant worker, or in the UK on an illegal basis, they may be even more vulnerable to manipulation and exploitation.

Ram (et al., 2019) conclude that managers of non-compliant firms are emboldened by the absence of effective external deterrence from the state; the risk of being penalized are low as there is a gap between the enactment of regulations and their enforcement. They therefore suggest three approaches:

1. Attack the cases of clear exploitation, as they tend to be deemed illegitimate even by informal normative meso-institutions – the asymmetry is therefore narrower.
2. Identify and support firms which are actively seeking formalization (like those that have moved into compliance in our sample) by strengthening those meso-institutions (e.g. local employer associations) that can support both compliance and business survival.
3. Provide forms of labour empowerment (through mechanisms of voice, better employment security and employment advice centres) that can support employees in claiming their rights.

Linking with Ram (et al., 2019) the 'Containment behaviours in lockdown (revisited)' report shared that "reports that many supermarkets and businesses have said that whilst they hope the public will wear face masks in their stores, and they strongly encourage them to, this will not be something they enforce and they will not be patrolling the aisles. This includes supermarkets such as Asda, Lidl, Sainsburys, Co-op and Costa. Aldi and Waitrose have shared a statement that customers need to wear a face covering but have not stated that they

will be enforcing this, or how. Tesco have shared that people need to wear a face covering, and that they will have face coverings for sale near the front of the store for people to buy if they have forgotten theirs. Some businesses have explained this is because some members of the public are exempt from wearing face coverings, so they will not know if the customer is exempt or simply not wearing one, and they do not want to challenge their customer." Considering this in line with Ram's (et al. 2019) findings, whilst chains are not struggling in the same sense as independent businesses, they are dealing with an uncertain future for profitability and revenue and they want to protect themselves from seeing a fall and remain competitive. They may feel that if they challenge their customers, the customers will not return and will simply go to a store where they will not be challenged.

This is further evidenced by Braithwaite (2002) who states "Rewards are less useful in regulation than they are in markets. Firms respond to market incentives because most markets are contestable. In markets that are not oligopolies it makes more sense to adopt a competitor mentality than a fixer mentality. Regulatory power in contrast is mostly not contestable. Firms are therefore more likely to adopt a fixer or game-playing mentality. Reactance to regulatory control through rewards is likely to be greater than reactance to market discipline. If a responsive regulatory pyramid is a good strategy for optimizing compliance, then punishment is more useful in regulation than reward…in general, punishments are more useful to regulators than monetary rewards, informal rewards (praise, letters of recognition) are rather consistently useful in securing compliance." Evidence from Clark (et al 2020) into the informal business sector highlights that alternative regulatory spaces will develop to circumvent regulations if businesses do not feel at risk from authorities.

If the concern(s) for restaurants/pubs/chains are not in relation to profit, they could potentially be in relation to trust in the government, how messages are communicated and received, and what is then done with that information. Sections from the 'Risk Perception' and 'Health Behaviours' reports have therefore been considered further:

Factors that influence the adherence to health behaviours

Trust:

The perceived reliability and trust in the source of information during a pandemic influences the likelihood that individuals will adopt recommended behaviours- higher **trust** in the government, health agencies and media sources (Prati, Pietrantoni & Zani, 2011; Siegrist & Zingg, 2014; van der Weerd et al, 2011; Setbon et al, 2011), belief in their expertise and responsibility to protect (Prati, Pietrantoni & Zani, 2011), and perceiving their information as useful and reliable (Agüero et al, 2011; Bults et al, 2011) all increase the likelihood that individuals will follow recommended behaviours.

Emotions such as fear, worry and anxiety also increase the likelihood of engaging in protective health behaviours (Bults et al, 2011; Cirakoglu, 2011; Jones & Salathe, 2009; Karademas et al, 2013; Prati, Pietrantoni, & Zani, 2011; Setbon et al, 2011; van der Weerd et al, 2011), with some research suggesting that emotions mediate the relationships between socio-cognitive variables and subsequent behaviours (Jones & Salathe, 2009; Prati, Pietrantoni, & Zani, 2011). von Gottberg et al (2016) also found that willingness to work during a pandemic was increased by the perception of a high working role competence, a high assessment of role importance, high self-efficacy expectations, and a high sense of duty.

Cultural differences should also be considered. For example, Matthews Pillemer et al (2015) found that support for recommended health behaviours following the SARS outbreak varied substantially between different regions in Hong Kong, Singapore, Taiwan, and the United States, and that minority groups tended to be less supportive of the health behaviours when arrest was the consequence of non-compliance. Therefore, dissemination of information by health authorities should be culturally sensitive (Ferng et al, 2011).

Communication

Framing

Research shows that the way in which health and risk information is presented and framed influences how it is received. Rosseau et al (2015) found that advocating for clear information and coordination between health authorities and the media promoted adherence to preventive behaviour- however, overexaggerating the risks

and minimizing the population's agency may undermine health authority credibility. Sandell, Sebar & Harris (2013) investigated the reasons for the difference in immunisation uptake in Sweden and Australia during the H1N1 pandemic (60% versus 18%). They found that in Australia, responsibility was predominantly reported negatively, blaming various organisations for a lack of information, compared to Sweden where responsibility was placed on the community to help protect public health. Furthermore, there was limited self-efficacy measures reported in the Australian media compared to Sweden, and Sweden's media was more transparent about the uncertainties of the pandemic.

Furthermore, data visualisations can shape how risks are perceived. Welhausen (2015) investigated the use of data visualisation during the Ebola outbreak and concluded that language-based content may communicate a very different message from data visualisations. This author concluded that warm colours increase risk perception, and that data visualizations are high-context, collectivistic forms of visual communication, which lessen risk perception among experts but intensify risk perception among non-experts. They recommend that communicators: show quantitative information using a variety of visualization strategies, include explanatory text and/ or visuals to more fully contextualize data visualizations, and add comparative data visualizations.

The Custodial System during Covid-19

Summary of Review

This review has looked at the impact of Covid-19 on custody in the UK. It draws on publicly available data on the system, published guidance by MoJ and Police and a review of bail within Covid-19 by QCs from the Garden Court Chambers.

Key Messages

- We have seen a large increase on individuals on remand across the UK (June 2019 – 2020) mostly caused by increases in drug offences and violence against persons. A five year high in remand population.
    - Guidance highlights that particular case types will be prioritised at a time of reduced capacity.
    - New guidance on Custody Time Limit cases has been created to support the system.
    - The CPS guidance relating to Covid-19 outlines any changes to consideration of Public Interest tests which set out why this may be changed during the pandemic due to the burden on the system. Reasons are set out below.
    - NPCC and CPS have produced Covid-19 specific charging guidance. The three case categories are outlined below which have been designed to support the system at this time.
    - In light of the increased number of individuals on remand, a case is made for all to review cases where bail may be in the best interests of the individual and their wider family to support during the Covid-19 pandemic.

Summary

The number of individuals held on remand increased dramatically by 25% between June 2019 and June 2020, largely driven by an increase in the drug offences and violence against the person remand populations. At the same time, the Covid-19 pandemic crisis has led to a number of policy changes guiding how the police and the CPS deal with cases awaiting trial, including guidance on Custody Time Limit (CTL) cases, the application of the public interest and charging protocols.

These policy changes are intended to respond to and mitigate the effect of the Covid-19 pandemic on the number of cases awaiting trial, reduced capacity of the court systems, and the changed circumstances of involved parties such as defendants, victims, witnesses and wider

families. These policy changes give priority to CTL cases, Covid-19 related cases and serious crimes such as homicide, serious domestic violence and terrorism.

Reduced capacity, increasing backlogs and guidance to prioritise certain cases and consider the burden on the court system during the Covid-19 pandemic may lead to some cases not being pursued in the same way they would have been prior to the crisis.

Remand and bail decisions need to take into account the effect of the Covid-19 pandemic on defendants- particularly those that are clinically and/or mentally vulnerable- and their families, including whether the risk to vulnerable family members could be reduced if the defendant is released on bail.

Statistics

The following is taken directly from the Offender Management Statistics Bulletin for England and Wales for the quarter, January to March 2020 and the prison population as of 30 June 2020 (Ministry of Justice, 2020).

Remand Population:

Following a decreasing trend in the remand population since 2014, the remand population has dramatically increased over the latest 12-month period (between June 2019 and June 2020). As at 30 June 2020, the remand population was 11,388. This is the highest annual ('as at 30 June') figure in five years. 17,092 offenders were received into custody as first receptions in the latest quarter, 9,881 of which were remand first receptions.

Between June 2019 and June 2020, the total remand population increased by 25%. The number of males and females in custody on remand rose by 26% (to 10,788) and 9% (to 600) respectively. 60% of those in custody on remand were being held for either:

- Violence against the person (25% of the remand population).
- Drug offences (23%).
- Theft Offences (12%).

The current rise is primarily due to marked increases of 52% in the "Drug offences" remand population and 32% in the "Violence against the person" remand population.

Impact of Covid-19:

The current Covid-19 pandemic has significantly affected normal court operations. Management Information recently released by the Ministry of Justice suggests that the number of outstanding cases ("caseload") for both Magistrates Court and Crown Court have shown a substantial increase since March 2020 – which has resulted in prisoners being held on remand for longer.

Custody Time Limit Cases

The following is taken from guidance for CTL cases in the context of the current crisis. The purpose of this Protocol is to set a temporary framework during the Coronavirus pandemic for the efficient and expeditious handling of cases that involve a CTL.

"In the circumstances created by the Coronavirus pandemic it may not be possible for trials to take place within the CTLs and this protocol sets out some of the considerations and processes to be used in such cases.

- On any occasion a case with a CTL is listed for mention, a remand hearing, or otherwise, the Custody Time Limit and any extension should be considered even if a written notice has not been served in advance of that hearing.

- No CTL case should be adjourned without a future date and during the period that this Protocol is in operation that date should either be for trial, mention or further remand. Where a trial date is fixed it will generally be prudent to fix a Further Case Management Hearing (FCMH) to review compliance with the PTPH (Plea and Trial Preparation Hearing) Staged Directions to ensure the overriding objective of a fair trial is met and to ensure that any trial listing will be effective. In any event at any future pre-trial hearing (whether or not it is a FCMH) the case should be reviewed to ensure the PTPH staged process is being complied

with so that the case will be trial ready and capable of immediate listing when courts permit.

- New and current CTL cases, where a trial date has yet to be set and current CTL cases, where a trial date has been fixed but which has to be vacated because of the present restrictions on jury trial should only be fixed for trial dates when there is a realistic expectation that two of those trial dates will be available and an effective trial can take place. CTL extensions should be considered at an early stage in such cases. At every hearing the case must be reviewed, and the CTL expiry date must be agreed in open court and recorded on Crown Prosecution Service (CPS) and court records.
    - If listing CTL cases for trial, alternative venues should be considered when necessary including courts in different court circuits, HMCTS (Her Majesty's Court and Tribunal Services) regions and CPS areas. Every court centre should also have regard to the possibility other court centres may require their court rooms for CTL trials.
- In listing trials priority usually should be given to CTL trials over cases in which defendants are on bail save for exceptional cases such as those involving a young witness under the age of 10.
- Wherever possible live links, both audio and video, should be considered for defendants, witnesses, parties to the proceedings and the court in CTL trials.
    - In CTL trials all parties will consider, and the court will encourage whenever appropriate, the agreement of evidence under sections 9 and 10 of the Criminal Justice Act 1967,the use of the hearsay provisions of the Criminal Justice Act 2003 and the provisions for expert evidence in absence contained in section 30 of the Criminal Justice Act 1988."

Public Interest

The following is drawn from Coronavirus: Interim CPS Case Review Guidance – Application of the Public Interest Covid-19 crisis response 14 April 2020 *Legal Guidance:*

"The crisis will have a long-term impact on the Criminal Justice System, particularly in relation to the expanding pipeline of cases waiting to be heard. When reviewing a case and considering whether prosecution is a proportionate response, prosecutors should do so in the context of the ongoing impact on the criminal justice system of the Covid-19 pandemic. In particular, prosecutors should note:

- The crisis is producing an expanding pipeline of cases waiting to be heard.
- Criminal proceedings and case progression are likely to be delayed. Significant delay may impact adversely on victims, witnesses and defendants, in some cases, may reduce the likelihood of a conviction.
- Each case that is introduced into the system, or kept in the system, will contribute to the expanding pipeline and delay. With regard to live cases, prosecutors should be proactive in discharging their ongoing duty to review the evidential and public interest stages of the relevant Code Test. In particular, the Covid- 19 pandemic should be considered to be a "change in circumstances" under paragraph 3.6 of The Code. Prosecutors should therefore decide what, if any, impact this change in circumstances has on the public interest in continuing the prosecution. In the majority of cases, there will be no impact at all, and the public interest will lie with continuing the prosecution. In some cases, however, prosecutors may decide to:
- Discontinue proceedings or offer no evidence.
- Offer an out of court disposal.
- Accept a guilty plea to some, but not all charges; or to a less serious offence.

- Where cases have already been listed for trial and adjourned due to witness issues, further considerations will apply. Prosecutors should actively seek to determine whether:

- The witnesses still support the prosecution and will attend court.
- Support is required to secure their attendance.
- Their attendance needs to be secured with a witness summons."

Charging Protocol

In response to the Covid-19 crisis, the National Police Chiefs' Council and CPS have produced an interim CPS charging protocol. This protocol sets out how cases should be managed by identifying three categories of cases:

A. Immediate - Custody and All Covid-19 Related Cases.

B. High Priority Cases – Non-Custody Bail Cases.

C. Other Cases – Released Under Investigation or No Arrest Required.

Covid-19 Offences:

Under this classification, Covid-19 related cases are given priority. All Covid-19 related cases will be dealt with as Immediate cases for the purpose of obtaining a charging decision, whether they are custody or subsequently on bail. Guidance for Covid-19 offences is presented in the table below.

Covid-19 Case Examples	Bail Act Considerations	Priority Considerations
Covid-19 dishonesty offences against vulnerable victims	Seriousness of offence and likely sentence Risk of further offending Interfere with witnesses	Protect vulnerable victims and deter future offending
Serious assaults and any Covid-19 related on emergency workers	Seriousness of offence and likely sentence Risk of further offending	Protect front-line workers Public confidence
Other Covid-19 related offending e.g. fraud	Seriousness of offence and likely sentence Risk of further offending	Protect vulnerable victims and deter future offending

Immediate Cases:

Immediate cases are defined as those where the police or other investigators are seeking a charging decision followed by a remand in custody (whether under an application of the Full Code Test or the Threshold Test) or the case is Covid-19 related offence, whether or not a remand in custody is required. Police will access CPS pre-charge advice in accordance with current arrangements but will only seek to obtain an immediate charging decision for cases where the withholding of bail is properly justified, or the case requires CPS authority to charge and is Covid-19 related.

Where a decision to charge has been made on an Immediate case, it should be anticipated that the defendant will be placed before the next available court, for an application to remand them in custody (although this may not apply with all Covid-19 related cases). There is a general presumption in favour of bail, for a defendant, unless exceptions under the Bail Act are met. In the current Covid-19 circumstances, it is essential that the CPS charging lawyers are focused first on genuinely Immediate cases.

A person may only be denied bail if there are substantial grounds for believing that any of the exceptions in Schedule 1 of the Bail Act 1976 are made out; for instance, substantial grounds for believing that the defendant would fail to surrender to custody, commit further offences on bail, interfere with witnesses or obstruct the course of justice. The seriousness of the offence and likely sentence are also important considerations, particularly at a time when offences may take some time to progress through the system. The strength of the evidence is also a key component of applying to withhold bail.

Wherever possible, the remand hearing will be conducted by a CPS lawyer working remotely, in accordance with the Coronavirus Bill, where digital technology permits.

High Priority Cases:

High Priority Cases are still serious cases which require bail conditions under the Bail Act, primarily to prevent further offending and protect the public. They are not cases which necessarily require the defendant to be remanded in custody, following a charging decision. As such these cases will not be submitted to CPS while the offender is in custody, they will be dealt with by the out-of-custody process. However, they are cases where the CPS will prioritise the making of charging decisions, ranked behind those requiring immediate action.

Once a CPS charging decision has been taken in these cases, the police should charge with a long court bail date; 28 days for GAP cases and 56 days for NGAP cases, from the date of charge. This will hopefully allow the current crisis to have passed and thereafter enable a structured timetable for future hearings. The dates may be moved back, in the event that the crisis prevents a full resumption of hearings or a workable digital solution to conduct them remotely.

The long bail date does not prevent discussion between CPS reviewing lawyers and defence practitioners in the intervening period; to agree pleas, identify cases which will require a contested trial and to narrow down the trial issues, so that cases can be dealt with expeditiously once matters appear in court. For those cases where a trial is anticipated in the Crown Court, trial counsel may be instructed early to begin trial preparations. Early preparation may enable much more effective first hearings once cases do appear in court.

Other Cases:

Other cases are not necessarily cases which lack serious consideration. They are lower priority during the Covid-19 crisis, simply because of the assumptions being made around the likely delays and backlogs in work.

These cases broadly fall into two categories. Firstly, the large, complex investigations which have been investigated for some time. Preparation on these cases can continue and litigation work can be conducted with defence representatives ahead of charge which will shorten the process post-charge. In the case of complex fraud, cases can be transferred directly to the Crown Court by the giving of a notice under s.51B CDA 1998. Given the likely backlogs in the Crown Courts, following delay to so many existing trials, delaying the start of proceedings in these cases makes sense, until a wider listing plan is in place. It may be that a virtual specialist fraud court could be set up to manage cases and prepare a longer listing plan.

Secondly, cases of a less serious nature. The summary-only offences have statutory time limits of six months attached to them and proceedings therefore need to be commenced by the police, either of their own volition or following CPS advice, within that period. It is not proposed that these offences are simply ignored but they need to be managed alongside the wider pipeline. They should be listed, either through postal requisition or summons 84 days after the issue of proceedings. In the case of road traffic offences, that would be once an indication of plea had been made. This longer pipeline would allow issues to be resolved and some of the cases to be weeded out, on evidential or PI grounds, ahead of a trial listing; so that the courts do not become unnecessarily clogged up with trials.

Effect on Defendants and Their Families

Lucie Wibberley, Victoria Meads, Patrick Roche and Keir Monteith QC of the Garden Court Chambers Criminal Defence Team drafted a protocol entitled: Coronavirus - Bail and custody time limits protocol for protecting the rights and lives of prisoners and their families. In this document they argue that:

“Now is the time for all criminal courts to consider, in every ongoing case in which a defendant is remanded, and for every new case coming into the system, where the balance lies in the application of the Bail Act and whether an extension to Custody Time Limits should be granted. Families need support and help on the outside as never before to navigate school closures, grandparents in isolation and the difficulty in maintaining the food supply for vulnerable family members. Soon, families of defendants will experience bereavement and critical illness of relatives because of the virus. Risks of further offending and failing to surrender will need to be re-evaluated, case by case, as the national situation changes rapidly. To comply with Articles 2 and 8, courts will need to consider on applications for bail, whether Defendants may have a role to provide support for other family members in ways that will mitigate the impact of the virus on their close relatives. We need to act proactively, not reactively, to prevent crisis situations for families and mitigate those that arise.”

“Defence lawyers should immediately review, on a case by case basis, the position of each of our presently remanded clients and think again about whether any of them (if they so instruct) should in fact be making bail applications or, if there is a sentencing hearing on the horizon (and particularly so in the magistrates), what the alternatives to custody are. What are the foreseeable risks for any given defendant remanded beyond Custody

Time Limits? What are their personal circumstances? Are they in the vulnerable category? Do they have family members on the outside who now need help because vulnerable/self-isolating? Are there avoidable risks to family members on the outside that can be mitigated, safely, by release of a defendant on a stringent bail package? There should be no assumption that in the coming weeks and months prisons will be able to continue to facilitate social visits. The impact on remanded and serving prisoners, particularly those with mental vulnerabilities, when and if social visits are stopped, cannot be overstated, nor the impact on the maintenance of good order across the prison estate."

Suicide and Covid-19

The literature on previous epidemics and disasters suggests that there is a very high likelihood that suicide and suicidal behaviour will increase both during and for a long time after the COVID- 19 pandemic. Psychological effects that may lead to increased suicide during the COVID-19 include higher rates of anxiety, depression, social isolation, loneliness, PTSD, fear of contagion, fear of becoming a burden, the influence of the media, and increased alcohol consumption and domestic abuse. The physical effects of COVID-19 may also lead to suicides. The pandemic is also likely to cause intense economic uncertainty, which has been shown to be strongly associated with heightened rates of suicide. At the same time, individuals struggling with suicidality may have reduced access to services. **A concerted, co-ordinated and properly resourced approach is needed to reduce the risk of suicides, including universal, selective and indicated interventions.**

Statistics

COVID-19 Social Study:

The most recent COVID-19 Social Study results (13th August 2020) show that there continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 19 weeks. They remain higher amongst younger adults, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

BAME, Disability and Low Socioeconomic Status:

Frank, Iob, Steptoe and Fancourt (2020) found that during the first month of the pandemic the reported frequency of abuse, self-harm and thoughts of suicide/self-harm was higher among women, Black, Asian and Minority Ethnic (BAME) groups and people experiencing socioeconomic disadvantage, unemployment, disability, chronic physical illnesses, mental disorders and COVID-19 diagnosis. Frank et al (2020) also found that people with psychosocial and health-related risk factors, as well as those with low socioeconomic position seem to be most vulnerable to experiencing moderate or severe depressive symptoms during the COVID-19 pandemic.

Age:

The World Health Organization (WHO, 2020) reports that older adults- particularly those isolated or in cognitive decline- may become more anxious, angry, stressed, agitated, and withdrawn while in quarantine. They also are more likely to have underlying conditions such as cardiovascular disease, diabetes, or respiratory illness- comorbidities known to raise the risk of severe COVID-19 and COVID-19-related death. These trends and risk factors suggest that older adults (both with and without prior mental health symptoms) are in uncharted territory as they experience new or exacerbated psychiatric symptoms (Troutman-Jordan & Kazemi, 2020). Yip, Cheung, Chau and Law (2010) found that suicide rates in those aged over 65 increased during the SARS epidemic in Hong Kong.

Courtney et al (2020) also report that the disruption of routines, social isolation and fears of contagion are likely to increase depression and anxiety in children and adolescents.

Healthcare Workers:

Lai et al (2020) examined the state of mental health of 1257 health care professionals in China. 50.4% of study participants reported depression, 44.6% anxiety, 34.0% insomnia and 71.5% distress. Frontline health care professionals who were taking care of patients with COVID had a higher risk of having symptoms of depression, anxiety, insomnia and distress in comparison to other medical professionals. High levels of anxiety, stress, burnout and PTSD in frontline healthcare workers may increase risk of suicide (Sher, 2020).

Previous Epidemics/Disasters

Research has shown that suicide rates have increased following previous epidemics and other disasters.

Epidemics:

Wasserman (1992) found that suicides increased during the Spanish flu. It has been proposed that a decrease in social integration and interaction during the Spanish Flu epidemic and the fears caused by the epidemic likely increased suicide (Sher, 2020).

Yip, Cheung, Chau and Law (2010) found that suicide rates in those aged over 65 increased during the SARS epidemic in Hong Kong. SARS-related older adult suicide victims were more likely to be afraid of contracting the disease and had fears of disconnection. The suicide motives among SARS-related suicide deaths were closely associated with fears of being a burden to their families. Social disengagement, mental stress, and anxiety at the time of the SARS epidemic among a certain group of older adults resulted in an exceptionally high rate of suicide deaths.

Other Disasters:

Suicide rates increased following the Taiwan earthquake of 1999 (Yang et al, 2005). The authors state that this represents a terminal outcome of the spectrum of major mental problems observed among survivors including depression, PTSD, and a sense of hopelessness.

Orui et al (2020) found that although suicide rates initially decreased following the Fukushima nuclear disaster, they subsequently significantly increased. Removal of initial economic aid may have contributed to this pattern.

Economic Uncertainty

Economic crises and uncertainty are strongly related to higher rates of suicide. Sher (2020) states that uncertainty- especially economic uncertainty- is associated with stress-related disorders and suicide. Uncertainty is associated with depression and anxiety. Vandoros et al (2019) found that a spikes in daily economic uncertainty in England and Wales lead to an immediate increase in suicides.

Stuckler et al (2009) found that rises in unemployment are associated with significant short-term increases in suicide and suggest that active labour market programmes that keep and reintegrate workers in jobs could mitigate some adverse health effects of economic downturns. Furthermore, Ken et al (2020) report that worsening economic conditions such as decreasing stock prices, decreasing growth rates of total amount in cash salary, and increasing unemployment have been observed that lead to an increase in the rate of suicide in the affected populations

Previous economic downturns have led to increases in rates of suicide. Martin-Carrasco et al (2016) found that increases in the unemployment rate were associated with higher prevalence of depression, alcohol and other substance use disorders and suicide deaths. Both perceived job insecurity and unemployment constitute significant risks of increased depressive symptoms in prospective observational studies (Kim & von Dem Knesebeck, 2016). Suicides increased in the USA during the Great Depression, with suicide mortality peaking with unemployment in the most recessionary years (Granados & Roux, 2009). Suicides also increased in other countries across the world (Sher, 2020). Reeves et al (2014) observed that almost all European countries experienced rising suicide rates during the 2008–10 recession. The authors estimated that, in total, there were at least 10 000 more economic suicides during the recession in the European Union, Canada and the USA than would have been expected.

Mimoun, Ben Ari and Margalit (2020) found that Israelis placed on furlough (unpaid leave of absence) by their employers demonstrated significantly higher distress than those who were unemployed prior to the pandemic.

Economic decline during and after the COVID-19 pandemic is likely to have a powerful and harmful effect on

mental health and result in an increase in the prevalence of psychiatric disorders and suicidal behaviour. It is important to note that financial problems may also reduce access to psychiatric treatment (Sher, 2020).

Social Isolation and Loneliness

The most recent COVID-19 Social Study (13th August 2020) shows that loneliness levels have stabilised in the past fortnight but are noticeably lower than 21 weeks ago. Loneliness levels are still highest in younger adults, people living alone, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental health condition.

Social isolation and loneliness are very strongly linked with suicide and suicidal behaviour (Calati et al, 2018; Domènech-Abella et al, 2018; Sher, 2020; Stravynski & Boyer, 2001). It is thought that reduced social contact was a major factor in the increased suicide rates during and following the Spanish Flu epidemic and the SARS epidemic (Sher, 2020; Yip et al, 2010).

Xiao et al (2020) studied individuals in self-isolation during the COVID-19 epidemic in central China. They found that higher social capital- actual or potential resources that include social trust, belonging, and participation- improved sleep quality by reducing anxiety and stress, whereas low levels of social capital were associated with increased levels of anxiety and stress and reduced sleep quality. Sleeplessness contributes to symptoms of depression and anxiety, and symptoms of depression and anxiety disturb sleep. Sleep disturbances are a stand-alone risk factor for suicidal behaviour (Bernert & Nadorff, 2015).

Increased social isolation and loneliness is likely to contribute significantly to suicide and suicidal behaviour during and following the COVID-19 pandemic.

Fear of Contagion

Fear of contracting Covid-19 may be a significant factor contributing to the risk of suicide. Bryan, Bryan and Baker (2020) found that concerns about life-threatening illness or injury during the Covid-19 pandemic were uniquely associated with an increased risk of attempting suicide. Fear of contagion drove suicide during both the Spanish Flu and the SARS epidemics.

Sher (2020) reports a number of suicides during Covid-19 caused by a fear of contagion: a 66- year-old man with throat cancer hanged himself in a New York City hospital after testing positive for the coronavirus; a man in Illinois who feared that he and his girlfriend contracted the coronavirus fatally shot his girlfriend and then killed himself- they subsequently tested negative for the coronavirus; a 36-year-old Bangladeshi man killed himself because he and people in his village thought that he was infected with Covid-19 because he had fever and cold symptoms- a post-mortem examination showed that he did not have Covid-19. These reports show that fear of contracting Covid-19, rather than actually contracting the disease, can drive individuals to suicide. Furthermore, fear of infection may prevent individuals struggling with suicidal thoughts from attending face-to-face medical appointments (Gunnell, 2020).

The Media

The way in which the media reports the Covid-19 crisis, as well as the quantity of such report's individuals are exposed to, may increase fear of contagion and subsequent suicidal behaviour. Sher (2020) states that anxiety and fear of contagion during the Covid-19 crisis may be related to uncertainty, fear of the unknown and panic-inducing stories in traditional and social media. Repeated exposure to reports about the Covid-19 pandemic can intensify fear and anxiety, and heighten the risk of suicide (Garfin, Cohen Silver & Holman, 2020).

The way in which suicides are reported by the media may also heighten the risk of further suicides. Niederkrotenthaler et al (2020) found that the reporting of deaths of celebrities by suicide appears to have led to a meaningful increase in total suicides in the general population. The effect was larger for increases by the same method as used by the celebrity. Irresponsible media reporting of suicide can lead to spikes in suicides- media professionals should ensure that reporting follows existing and Covid-19-specific guidelines (Gunnell et al, 2020).

Anxiety and Depression

Most recent Covid-19 Social Study (13th August 2020) reports that depression and anxiety levels are similar to two weeks ago. Although this study focuses on trajectories rather than prevalence, the levels overall are higher

than usual reported averages using the same scales but appear to be returning towards these usual averages. Decreases in depression and anxiety have occurred across every subgroup. However, depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms, but they have on average experienced greater improvements in the past fortnight in depressive symptoms, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.

However, this contrasts with Office for National Statistics (ONS) data, which suggests the number of adults in Great Britain experiencing depression has doubled during the coronavirus pandemic. Almost one in five (19.2%) of the 3,500 participants in the study experienced depression in June, almost double the 9.7% of the group who had symptoms of depression in the nine months to March. Younger adults, women and disabled people were among those most likely to experience depression during the pandemic, as were those living in households unable to afford an unexpected expense. One in eight adults (13%) developed moderate to severe depressive symptoms during the pandemic, while a further 6.2% continued to experience this level of depressive symptoms from previously. A much smaller proportion, 3.5%, experienced an improvement in the same period. Although people across all age brackets were more likely to have experienced depression post the first national peak, the greatest proportional increase was among those aged 16 to 39. Between July 2019 and March 2020, 11% of this age group reported experiencing depression, but this rose to 31% in June. Women were more likely than men to have experienced depression during the pandemic, with almost one in four (23.3%) reporting moderate to severe depressive symptoms, compared with one in eight beforehand.

Sher (2020) reports that studies indicate that the Covid-19 pandemic is associated with distress, anxiety, fear of contagion, depression and insomnia in the general population.

Hao et al (2020) compared the psychological impact of the Covid-19 epidemic on individuals with or without mood and anxiety disorders. Worries about their physical health, anger, impulsivity and suicidal ideation were significantly higher in psychiatric patients than in healthy controls. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties may lead to the development or exacerbation of stress-related disorders and suicidality in vulnerable populations including individuals with pre-existing psychiatric disorders, low-resilient persons, individuals who reside in high Covid-19 prevalence areas and people who have a family member or a friend who has died of Covid-19 (Sher, 2020).

PTSD

Many patients and frontline healthcare workers are likely to have developed PTSD, which increases their risk of suicide and suicidal behaviour.

There is a high probability that the Covid-19 survivors- especially survivors who had severe Covid-19- are at elevated suicide risk (Sher, 2020). Stressful experiences such as learning about the diagnosis of Covid-19, fear of infecting others, symptoms of the illness, hospitalization, especially admission to an intensive care unit, and loss of income may lead to the development of anxiety, depressive and post-traumatic stress disorder (Sher, 2020; McGiffin, Galatzer-Levy & Bonanno, 2016). A recent study in China indicated that 96.2% of recovering Covid-19 patients had significant posttraumatic stress symptoms (Bo et al, 2020). Around 50% of recovered patients remained anxious after the 2003 SARS epidemic in Hong Kong.

Physical Symptoms

Covid-19 infection is associated with neurological conditions including acute ischemic stroke, headache, dizziness, ataxia and seizures. A recent review of the impact of the Covid virus on the brain show that neurological conditions are present in about 25% of the Covid-19 patients (Asadi-Pooya & Simani, 2020). Many recovering Covid patients have physical symptoms including pain for a long time. Neurological disorders such as ischemic stroke, headache and seizures are associated with suicidal behaviour (Hudzik & Marek, 2014). Physical symptoms- especially pain- also increase suicide risk (Sher, 2020).

Fear of Being a Burden

Fear of being a burden to others is a significant contributing factor to suicidality- fear of being a burden on families was found to contribute to elevated suicide rates during the SARS epidemic (Yip et al, 2010). Gratz, Tull and Richmond (2020) found that perceived burdensomeness was significantly associated with suicide risk during the Covid-19 pandemic. Furthermore, some individuals struggling with suicidal ideation may not seek

help, fearing that services are overwhelmed (Gunnell et al, 2020).

Alcohol and Domestic Violence

A narrative literature review by Ramalho (2020) reports that there is a growing concern that the quarantine and social isolation associated with the pandemic has led to or will lead to an increase in alcohol consumption and alcohol abuse. It has been suggested that the stress and isolation experienced with the current pandemic could serve as a significant trigger for alcohol use, which in turn could lead to an increase in the prevalence of alcohol use disorder and alcohol-related harms, including a possible rise in domestic violence during the pandemic, a potential increased risk of harm to children and the link between increased alcohol consumption and suicide, as well as with other mental health issues.

Joiner et al (2020) report that during the Covid-19 pandemic in the USA there have been reports of increased gun sales, alcohol sales, intimate partner violence and child neglect/abuse, and highlight the potential for murder-suicide, especially in the context of other pandemic-related stressors such as loneliness, economic stress, health anxiety.Standish (2020) argues that many men faced with 'breadwinner' stress will experience negative outcomes, women faced with domestic violence who try to leave (comprising 50–75% of homicide-suicide victims) may be killed and those suffering from mental ill health, stress, anxiety, depression and social isolation will face the added challenge of resource-poor communities depleted by the impact and management of the pandemic.

Services

Many individuals struggling with their mental health and suicidality may not access services. Frank, Iob, Steptoe and Fancourt (2020) found that during the first month of the pandemic, of the individuals affected by abuse, self-harm and thoughts of suicide/self-harm, psychiatric medications were the most common type of support being used, but fewer than half of those affected were accessing formal or informal support.

Reger, Stanley and Joiner (2020) argue that while hospitals and other primary care facilities continue to see clients, mental health services have not been given the same priority. As a result, people dealing with mental health crises have little choice but to wait in overcrowded hospital emergency departments to get the help they need, something that might discourage many of them from even making the effort. Though suicide hotlines and telehealth services are still available, the wait time has been reported in the literature as being much longer than usual due to increased demand. Individuals also may avoid attending face-to-face appointments because they believe services are overwhelmed and because they fear infection (Gunnell et al, 2020). This means that people contemplating suicide often have nowhere to turn.

Telehealth:

Szlyk et al (2020) report that there is a dearth in evidence-based studies on the effectiveness of telehealth as a first-line approach for the assessment and treatment of adolescents with suicidal behaviour. For example, it is known that having a strong relationship with a therapist is a protective factor against suicidal behaviour; however, whether "virtual" interactions with a therapist adequately substitute for in-person interactions has not been tested. It is also unclear to what extent suicide risk assessment conducted via telehealth is equivalent in accuracy to in- person assessment. Lack of access to the digital technologies necessary for telehealth may mean families with fewer resources are hit hardest. However, adolescents may prefer online treatment and the flexibility may allow greater parent involvement.

Recommendations

Sher (2020):

"A universal approach is designed for everyone in the general population regardless of their risk for suicide. To reduce suicides during the Covid-19 crisis it is imperative to decrease stress, anxiety, fears and loneliness in the general population. There should be traditional and social media campaigns to promote mental health and reduce distress. People need to be encouraged to stay connected and maintain relationships by telephone or video, get enough sleep, eat healthy food and exercise. It is vital to deliver community support for those living alone and to encourage families and friends to check in. Screenings for anxiety, depression and suicidal feelings ought to be employed. Transparent, timely and responsible media reporting is absolutely necessary. Community or organizational gatekeepers including clergy, first responders, pharmacists, geriatric caregivers and school employees may have an opportunity to identify individuals at risk for suicide and direct them to

proper evaluation and treatment. Suicide prevention helplines should be available and may be very useful in preventing suicides. Integration of basic mental health services into outpatient primary care may help to minimize the harmful psychological effects of the Covid-19 crisis. Whenever possible, governments and non-governmental organizations should provide financial support for people in needs. This may include direct cash payments, postponement of loan repayments, tax credits etc.

A selective approach is for subgroups at increased risk for suicide, for example, for individuals with a history of psychiatric disorders, persons with symptoms of significant emotional distress, Covid-19 survivors, frontline health care professionals and elderly people.[52] Active outreach is necessary, especially for people with a history of psychiatric disorders, Covid-19 survivors and older adults. People with psychiatric disorders should be advised to continue their treatment regimens and to stay in touch with their mental health professionals. Some psychiatric patients may need adjustments in their treatment and increased frequency of contact with their mental health clinicians. Telemedicine can improve accessibility of mental health care. Also, vulnerable individuals should be advised to limit watching, reading or listening to traditional and social media news stories.

An indicated approach is designed for individuals who have a risk factor or condition that puts them at very high risk for suicide, e.g. a recent suicide attempt. Individuals in suicidal crises need special attention. Some suicidal persons might not seek help because of fear that attending face- to-face appointments with a health care professional might put them at risk of contracting Covid- 19 or because of other reasons. Therefore, individuals with a recent suicide attempt history need a follow-up. Clinicians should have well-defined guidelines on how to deal with suicidal individuals."

Gunnell et al (2020):

"Individuals may seek help from voluntary sector crisis helplines which might be stretched beyond capacity due to surges in calls and reductions in volunteers. Mental health services should develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working. Helplines will require support to maintain or increase their volunteer workforce and offer more flexible methods of working. Digital training resources would enable those who have not previously worked with people who are suicidal to take active roles in mental health services and helplines. Evidence-based online interventions and applications should be made available to support people who are suicidal.

Access to means is a major risk factor for suicide. In the current environment, certain lethal means (e.g., firearms, pesticides, and analgesics) might be more readily available, stockpiled in homes. Retailers selling such products should be especially vigilant when dealing with distressed individuals. Governments and non-governmental organisations should consider temporary sales restrictions and deliver carefully framed messages about reducing access to commonly used and highly lethal suicide means.

Comprehensive responses should be informed by enhanced surveillance of Covid-19-related risk factors contributing to suicidal behaviours. Some suicide and self-harm registers are now collecting data on Covid-19-related stressors contributing to the episode; summaries of these data will facilitate timely public health responses. Repeat representative cross-sectional and longitudinal surveys will help identify increases in population-level risk, as might anonymised real-time data on caller concerns from helplines. Monitoring demands and capacity of mental health-care providers over the coming months is also essential to ensure resources are directed to those parts of the system under greatest pressure. These efforts need to be appropriately resourced and coordinated."

Selective and indicated interventions
(Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)

Universal interventions
(Target the whole population and focus on particular risk factors without identifying specific individuals with those risk factors; designed to improve mental health and reduce suicide risk across the population)

Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement	Access to means	Irresponsible media reporting
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given breaks and protective equipment, and can access additional support **Government** Adequate resourcing for interventions	**Mental health services and individual providers** Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications **Crisis helplines** Maintain or increase volunteer workforce and offer more flexible ways of working; digital resources to train expanded workforce; evidence-based online interventions and applications **Government** Adequate resourcing for interventions	**Government** Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	**Government** Public health responses that ensure that those facing domestic violence have access to support and can leave home	**Government** Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	**Communities** Provide support for those who are living alone **Friends and family** Check in regularly, if necessary via digital alternatives to face-to-face meetings **Mental health services and individual providers** Ensure easily accessible help is available for bereaved individuals **Government** Adequate resourcing for interventions	**Retailers** Vigilance when dealing with distressed individuals **Government and non-governmental organisations** Carefully framed messages about the importance of restricting access to commonly used and highly lethal suicide methods	**Media professionals** Moderate reporting, in line with existing and modified guidelines

Researchers and data monitoring experts
Enhanced surveillance of risk factors related to COVID-19 (eg, via suicide and self-harm registers, population-based surveys, and real-time data from crisis helplines)

What we do in this analysis, how and why (caution when interpreting)

A data review is undertaken by academics at Nottingham Trent University every week to inform the C19 National Foresight Group. Data related to Covid-19 UK social and economic trends is reviewed to inform, guide and help prioritise discussions at national and local decision-making level (LRFs). The C19 National Foresight Group are keen to ensure that the data included has been ethically governed and structured to adhere to open access, data protection and GDPR regulations and principles. For example, the data is to be manipulated in an ethical manner, and the content and context is to be fit for purpose in terms of the audience and decision timeframe in question.

Activity Completed

The following findings are based on a review of multiple data sources exploring Social, Economic, Psychological, Community aspects of Covid-19 in the UK. These could include:

- ONS: covers wellbeing, perceived financial precarity, objective indicators of UK economy, household financial pressures, perceived impact on work life
- OfCom: Public perceptions of information to help manage Covid-19, perceptions of preparedness and action
- ONS: Deaths from Covid-19
- Gov UK: Relevant contextual information
- Census and geographical data: Geographical/location specifics
- IMD: Socio economic trends associated with spread or primary/secondary impacts
- LG Inform: Population, social, demographic, lifestyle and health data
- You Gov: Public mood
- NTU's own analysis of open source data (lead by Dr Lucy Justice and Sally Andrews)
- Other academic survey work published within the last week

Limitations for Consideration: The National Foresight Group have been keen to quality assure the data assumptions, including the equity and representation of participants.

Internet use data indicates representational issues in older adults

Almost all of the data sets draw from online surveys. With this in mind the statistics behind online access were explored. The following is to be considered in the assumptions taken from the data sets.

The table below shows the estimated number of people who have never used the internet. The data are drawn from ONS 2019 Internet users:

Table 1: estimated number of people who have never used the internet

Age	Estimated number of people who have never used internet	Age	Estimated number of people who have never used internet
16-24	20,000	55-64	389,000
25-34	28,000	65-74	869,000
35-44	46,000	75+	2,482,000
45-54	158,000	Equality Act Disabled Not Equality Act Disabled	2,336,000 1,657,000

Table 1 shows that caution should be applied when considering the inferences made in the rest of the document as older adults could be underrepresented in the samples. The estimated numbers of those that have never used the internet begins to increase around age group category 35-44, the subsequent age categories increase by approximately twice as many non-users as the age category that precedes it. The numbers of 'over 75s' (2,482,000) for example not using the internet equates to almost a million more than the total of the other age group categories (1,510,000).

The interpretation of data should also consider the proportion of people known to be disabled by government agencies who do and do not meet the Act's criteria. These numbers make up 3,993,000 of the population, so this should be considered in the representativeness of the data.

END.

Contact us: If you have any questions about this output please email: C19foresight@ntu.ac.uk
Corresponding editing author Dr Rowena Hill is seconded full time to provide academic representation on the C19 National Foresight Group, and works at Nottingham Trent University.