

# SAIL USER FORUM.....

## DATA to POLICY

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# We don't just do data linkage studies

## South Wales Cluster Studies

Community distress

Stage 1: Define the boundaries of a 'cluster'.

Stage 2: Identify influences on development, maintenance & initiation. Linked ED data

Two relatively small grants by today's standards

Dennis et al., Use of routinely collected data from suicide clusters to influence social and health care service delivery NISCHR, 2012-2014. £194,000

John A et al. Understanding suicide clusters through exploring self harm behaviours-CHERISH. NISCHR, 2014-2016. £201,000

9 publications-identification, newspaper quantity, quality and PRINTQUAL, content analysis, qualitative study, long term outcomes

Highlighted importance of **data linkage** to field, never did a press release, practice guidance



# Antidepressants in CYP

## Fluoxetine

Real time data, evidence for professionals to change practice

Private briefing CYP Education Committee

Sit on the Expert Advisory Group for T4CYP Programme board

WeMeRec bulletin, Case study on AD, training package

## Media

Series of publications and collaborations

HQIP funded UK wide CYP MH

Repeating analysis



Bulletin  
"Independent prescribing information for NHS Wales"  
March 2016

### Depression in young people



It has been estimated that 1 in 10 young people between the ages of five and 15 years have a clinically diagnosable mental disorder and that the prevalence of depression in this age group is around 0.9%.<sup>1,2</sup> There have been calls for surveys to be repeated as these prevalence figures are now over a decade old and there is little published data to show how the rate of diagnosed depression has changed in recent years, despite the perception that children and young people are more troubled than in previous generations.<sup>3</sup> More contemporaneous data show that the total number of referrals to Child and Adolescent Mental Health Services (CAMHS) in Wales approximately doubled between April 2010 and July 2014.<sup>4</sup>

This bulletin discusses the various tiers of mental health provision for young people, some appropriate non-pharmacological management strategies, and the appropriate use of medication in this population.

A 2014 enquiry conducted by the Welsh Government highlighted concern over the increasing use of prescription medication for mental health problems in children and young people.<sup>5</sup> A subsequent study, published in 2015, analysed routinely collected primary care prescribing data in Wales and found that 'incident' or new antidepressant prescribing for young people has been increasing since 2006.<sup>6</sup> It was found that three times more young females than young males received a new prescription for antidepressants, that prescribing was twice as high in deprived areas compared to more affluent areas, and that most prescribing was in the 15-18 years age group.<sup>6</sup>

#### Summary

- A depressive episode should be stratified as mild, moderate, or severe according to the ICD-10 criteria, and be treated accordingly.
- It can be useful to use a systematic assessment, specifically asking about depression and suicide rather than relying on the person volunteering this information.
- 'Watchful waiting' may be appropriate for some patients with mild depression. During this period, practical assistance can be helpful.
- If pharmacological therapy is to be considered, this should be following diagnosis and assessment by an appropriate specialist.
- Patients and their parents or carers should be given enough information so that they can give meaningful and properly informed consent before any form of treatment is initiated.
- Fluoxetine is the only antidepressant with a marketing authorisation for use in young people.

*"These results may reflect the limited availability of alternatives to medication for this population and further highlight the need for support for children and young people seeking help for mental health problems in primary care."*<sup>6</sup>

#### Diagnosis

Depression is a major risk factor for suicide in

**FINANCIAL TIMES**  
723 FT

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**Medical science** + Add to myFT

### Surge in antidepressant use by children

Increase of almost a third in past decade, say researchers

Read latest: **Monitoring prostate cancer as good as surgery or radiotherapy** A MINUTES AGO

**FT SPECIAL REPORT DISCOVER BRITAIN'S HEALTHIEST COMPANIES** Supported by **Vitality**

**FINANCIAL TIMES Make the Right connection**

**More on this topic**  
Suggestion: **before based on Medical science**  
**Monitoring prostate cancer as good as surgery or radiotherapy**  
Trial finds same chance of survival after 10 years

**Study finds cigarettes helped 18,000 smokers to quit last year**  
Vaping should be encouraged as public health benefits, say scientists

**Scientists create life without fertilising an egg**  
Embryo team overturns two centuries of received wisdom by breeding mice with embryo manipulation technique

**Brexit Briefing: Life sciences**  
moderate for voice in negotiations  
The industry is worried about the loss of harmonised European regulations

**Antidepressants were prescribed on 10,000 occasions over the past 10 years.**

If you want to learn, sleep on it

Psychological Medicine, Page 1 of 11 © Cambridge University Press 2016  
doi:10.1017/S0954579416000028 ORIGINAL ARTICLE

### Recent trends in primary-care antidepressant prescribing to children and young people: an e-cohort study

A. John<sup>1</sup>, A. L. Murchand<sup>2</sup>, D. L. Fone<sup>3</sup>, J. L. McGuffey<sup>4</sup>, M. S. Dennis<sup>5</sup>, J. O. A. Tan<sup>6</sup> and K. Lloyd<sup>6</sup>

<sup>1</sup>Swansea University, Swansea, Swansea, United Kingdom; <sup>2</sup>Swansea University, Swansea, Swansea, United Kingdom; <sup>3</sup>Swansea University, Swansea, Swansea, United Kingdom; <sup>4</sup>Swansea University, Swansea, Swansea, United Kingdom; <sup>5</sup>Swansea University, Swansea, Swansea, United Kingdom; <sup>6</sup>Swansea University, Swansea, Swansea, United Kingdom

**Background:** Concerns relating to increased use of psychotropic medication contrast with those of under-treatment and under-recognition of common mental disorders in children and young people (CYP) across developed countries. Little is known about the indications recorded for antidepressant prescribing in primary care in CYP.

**Method:** This was an electronic cohort study of routinely collected primary care data from a population of 1.8 million, Wales, UK. Thirteen regions were undertaken to include adjusted counts of recorded depression symptoms, diagnosis and antidepressant prescriptions. Associated indicators were explored.

**Results:** 138 900 registered patients used 6.8 million prescriptions between 1 January 2005 and 31 December 2015, providing a total of



Swansea University Medical School  
Ysgol Feddygaeth Prifysgol Abertawe





**Adolescent Mental Health**  
DATA PLATFORM

 **SAIL DATABANK**



**Wolfson Centre**  
for Young People's Mental Health  
**Canolfan Wolfson**  
ar gyfer Iechyd Meddwl Pobl Ifanc

**NCMH**  
National Centre for Mental Health

**ADR Wales**

## Why use data linkage?

- Many studies into MH face problems:
  - People most likely to experience poor mental health may be less likely to take part
  - Many measures are self-reported and may be subject to bias and/or their clinical meaning may be unclear
  - People are lost to follow up
- These problems may be partly overcome through using linkage to routinely collected health and social care data
- Real world data
- It speaks to policy makers, the public and practitioners



# Using Research Evidence to Inform Policy & Practice

## Types of academic/policy engagements

### Pre-COVID

Advisory roles (Scientific Advisory Committees, Expert Groups)

Member MRC MH and Neuroscience Board

Chair of National Advisory Group to Welsh Government on Suicide and SH Prevention -2014

APPG Suicide Prevention, Medical Research, Fit and Healthy

### COVID

Member TAG

Chair RCBI (sub-group TAG)

Member Children and Schools (sub-group TAG)

Member SPI-B (sub-group SAGE) then Co-chair

Member SAGE

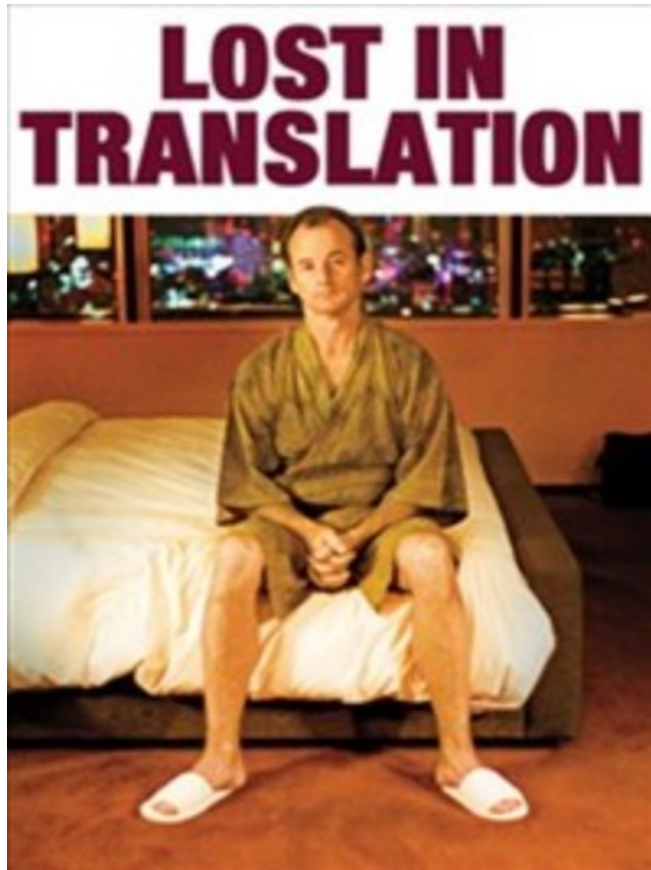
Steering Group Member International COVID-19 Suicide Prevention Research Collaboration

### NOW

Ministerial Groups – MH Schools, MH and Universities

Chair Cross- Government Group Suicide Prevention





# Making a difference

Two models

- ADR/Wolfson
- Relationships/Trust (expertise, over-stating, group think)



# School absence and exclusion in young people who self-harm in Wales

- Absence and exclusion associated range of poor outcomes later in life - ed attainment, employment, and poverty.
- Prev small studies, Most based on questionnaires or interviews
- Often in school or clinical settings so miss young people.
- Some who SH, have MH problems and those not at school less likely to participate, more likely to drop out.
- SH adolescents, 1/10 15 year olds, largely hidden, need of support
- E-cohort study, ADP@SAIL, 400000 children 2012/12 to 2015/16
- Sh/MH record up 24 years in primary care or hospital

THE LANCET  
Psychiatry

ARTICLES | VOLUME 9, ISSUE 1, P23-34, JANUARY 01, 2022

Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK

Prof Ann John, MD  • Yaelin Friedmann, PhD • Marcos DelPozo-Banos, PhD • Aura Fizzari, PhD • Prof Tamsin Ford, PhD • Prof Anita Thapar, PhD

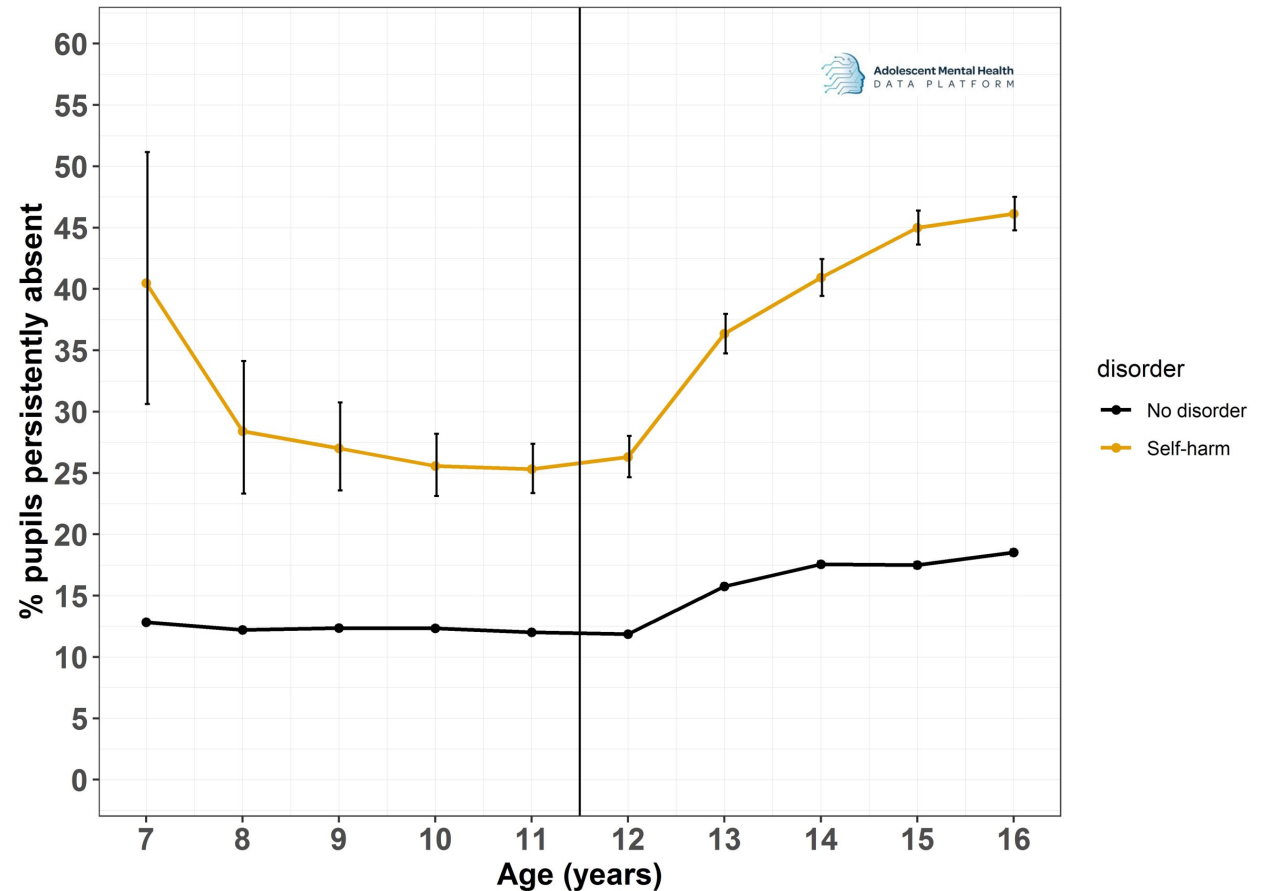
Open Access • Published: November 23, 2021 • DOI: [https://doi.org/10.1016/S2215-0366\(21\)00367-9](https://doi.org/10.1016/S2215-0366(21)00367-9)

 Check for updates

# Absenteeism

- Rates consistently higher in those with a record of SH compared to those without across all ages.
- Rates increase with age.
- Pupils with record of SH 2xs absent in the most compared to the least deprived quintile

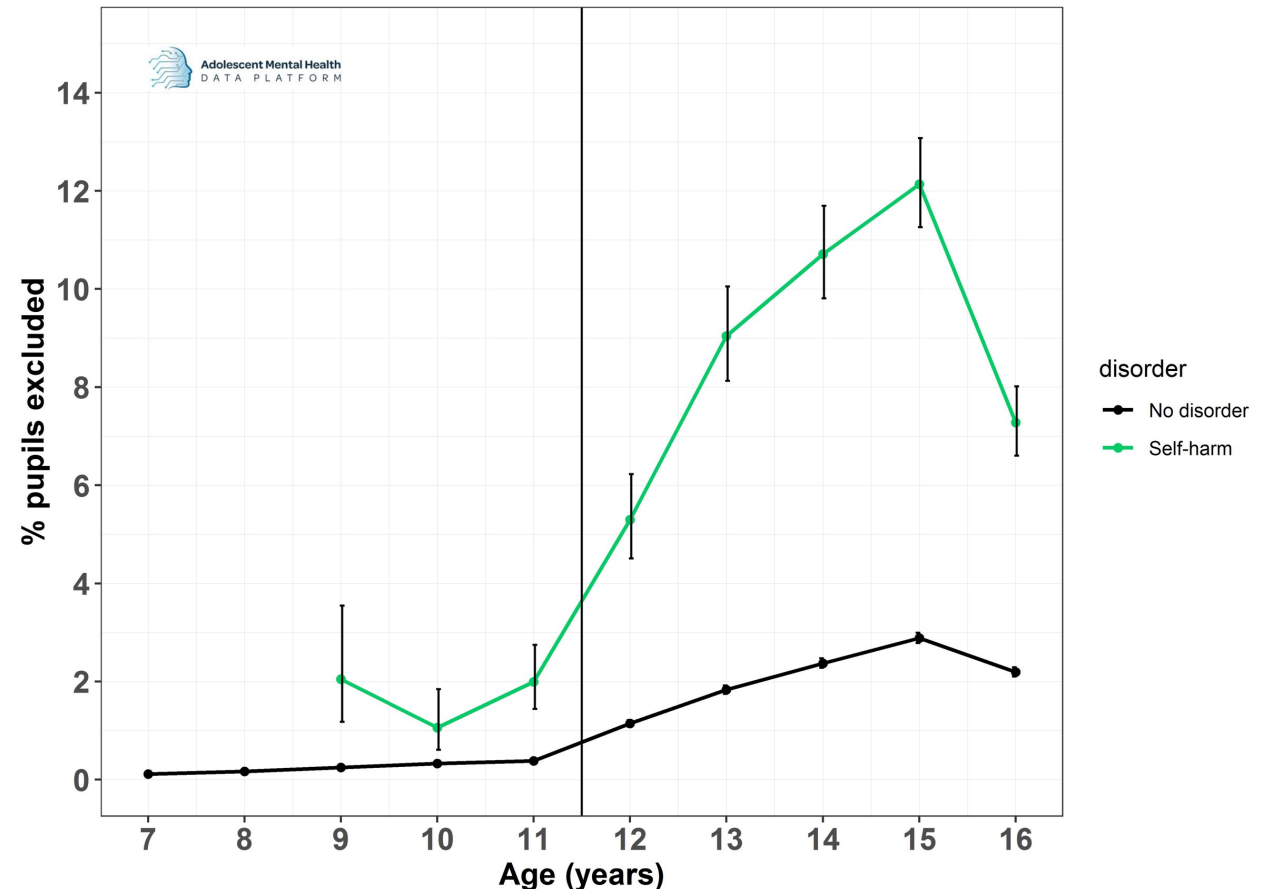
Rates of absenteeism in those who self harm and those without any disorder



# Exclusions

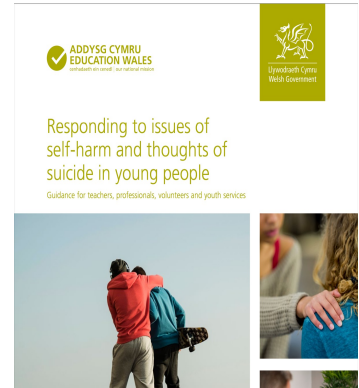
- Exclusions more common among older children, decrease final year of secondary school
- Rates higher in those who self-harm (x7).
- Notable increases in pupils aged 15.
- Higher with deprivation
- **Boys with record of SH more 2xs than girls.**

Rates of exclusion in those who self-harm and those without any disorder



# Implications

- Children who self-harm spend less time at school.
- **Bi-directional**
- Potential indicator for current/ future poor MH, routinely collected by schools/ LEAs
- **Could be used to target assessment and early intervention** (?vs current focus).
- School-based MH provision and integration with MH services a major strategic priority in Wales. Absences and exclusions should be a part of this
- School-based MH prevention strategies (whole school approach) to promote self-help strategies, awareness of when to seek help, resilience





Home > Senedd Business > Pupil absence

## Pupil absence

Published 12/04/2022 | Last Updated 12/04/20 | Reading Time 7 minutes

**Issue Details**

**Issue History**

**Related Meetings**

Inquiry  
proposed

Receiving  
evidence

Drafting  
report

Report  
published

Complete

Welsh Parliament

**Children, Young People and Education Committee**

# Pupil absence

November 2022

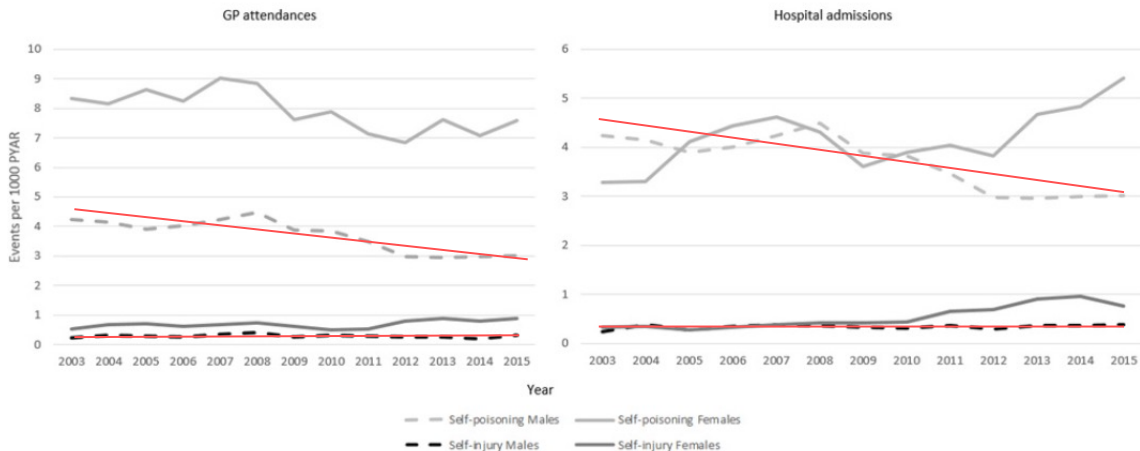
- Changed definition of persistent absence



# SH in CYP



0.9M people aged 10-24 years

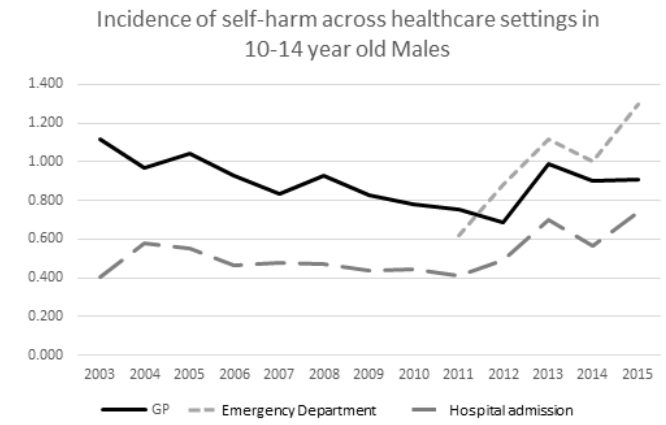
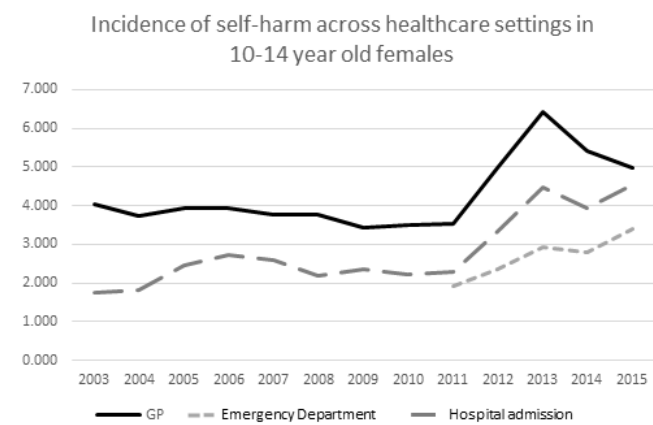


Original article

**OPEN ACCESS**

Self-harm presentation across healthcare settings by sex in young people: an e-cohort study using routinely collected linked healthcare data in Wales, UK

Amanda Marchant,<sup>1</sup> Samantha Turner,<sup>1</sup> Lloyd Balbuena,<sup>2</sup> Eryn Peters,<sup>2</sup> Dave Williams,<sup>3</sup> Keith Lloyd,<sup>1</sup> Ronan Lyons,<sup>1</sup> Ann John<sup>1</sup>



Of the group of 10-15 yr olds who presented in the emergency room, the following were admitted:

- 76% of girls
- 49% of children

Seen in	%
GP only	25
HA only	7
ED only	22
GP & HA	15
GP & ED	13
ED & HA	4
GP & ED & HA	15

# Responding to issues of self-harm and thoughts of suicide in young people

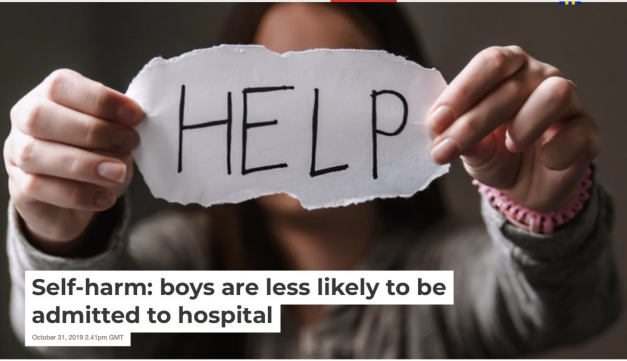
Guidance for teachers, professionals, volunteers and youth services



# Self-harm in children and young people

- Policy makers across departments
- Challenging stigma and stereotypes
- Help-seeking and responses

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**Self-harm: boys are less likely to be admitted to hospital**

October 31, 2019 2:41pm GMT

Self-harm is one of the most important risk factors for suicide. Although rare in young people, suicide is still the leading cause of death in males and females aged 10-19 years in England and Wales.



## Self-harm presentation across healthcare settings by sex in young people: an e-cohort study using routinely collected linked healthcare data in Wales, UK

Amanda Marchant,<sup>1</sup> Samantha Turner,<sup>1</sup> Lloyd Balbuena,<sup>2</sup> Ewyn Peters,<sup>2</sup> Dave Williams,<sup>3</sup> Keith Lloyd,<sup>1</sup> Ronan Lyons,<sup>1</sup> Ann John<sup>1</sup>

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/archdischild-2019-317248>).

**ABSTRACT** **Background** This study used individual-level linked data across general practice, emergency departments (EDs), outpatients and hospital admissions to examine contacts across settings and time by sex for self-harm in individuals aged 10–24 years old in Wales, UK. **Methods** A whole population-based e-cohort study of routinely collected healthcare data was conducted. Rates of self-harm across settings over time by sex were examined. Individuals were categorised based on the

### What is already known?

- Most self-harm research is conducted in hospital settings although many individuals are managed in primary care.
- There has been no previous research examining linked whole population GP and hospital admissions nor incorporating emergency department data.
- Departmental caseload presentation by age and sex

Arch Dis Child: first published as 10.1136/archdischild-2019-317248 on 1



# Healthcare contacts prior to suicide

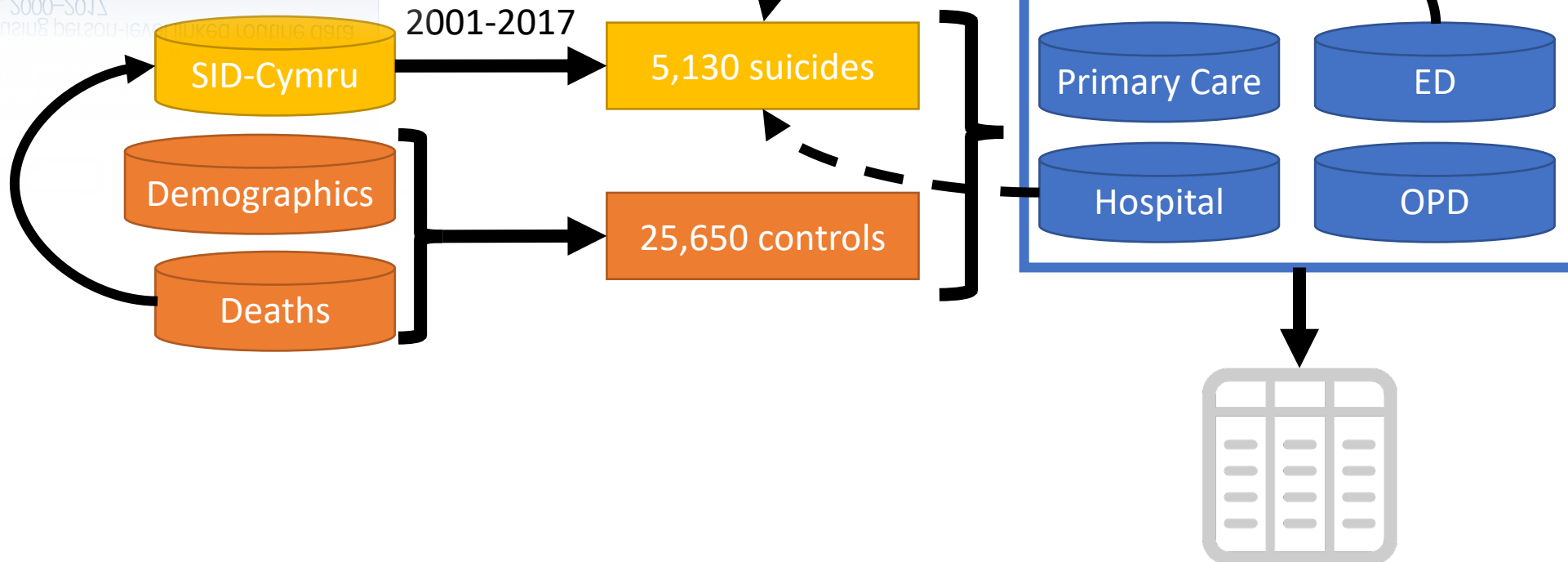
BJPsych The British Journal of Psychiatry (2020) 217, 717–724. doi: 10.1192/bjp.2020.137



Contacts with primary and secondary healthcare prior to suicide: case-control whole-population-based study using person-level linked routine data in Wales, UK, 2000–2017

Ann John, Marcos DellPozo-Banos, David Gunnell, Michael Dennis, Jonathan Scourfield, David V. Ford, Nav Kapur and Keith Lloyd

Abstract





# Healthcare contacts prior to suicide

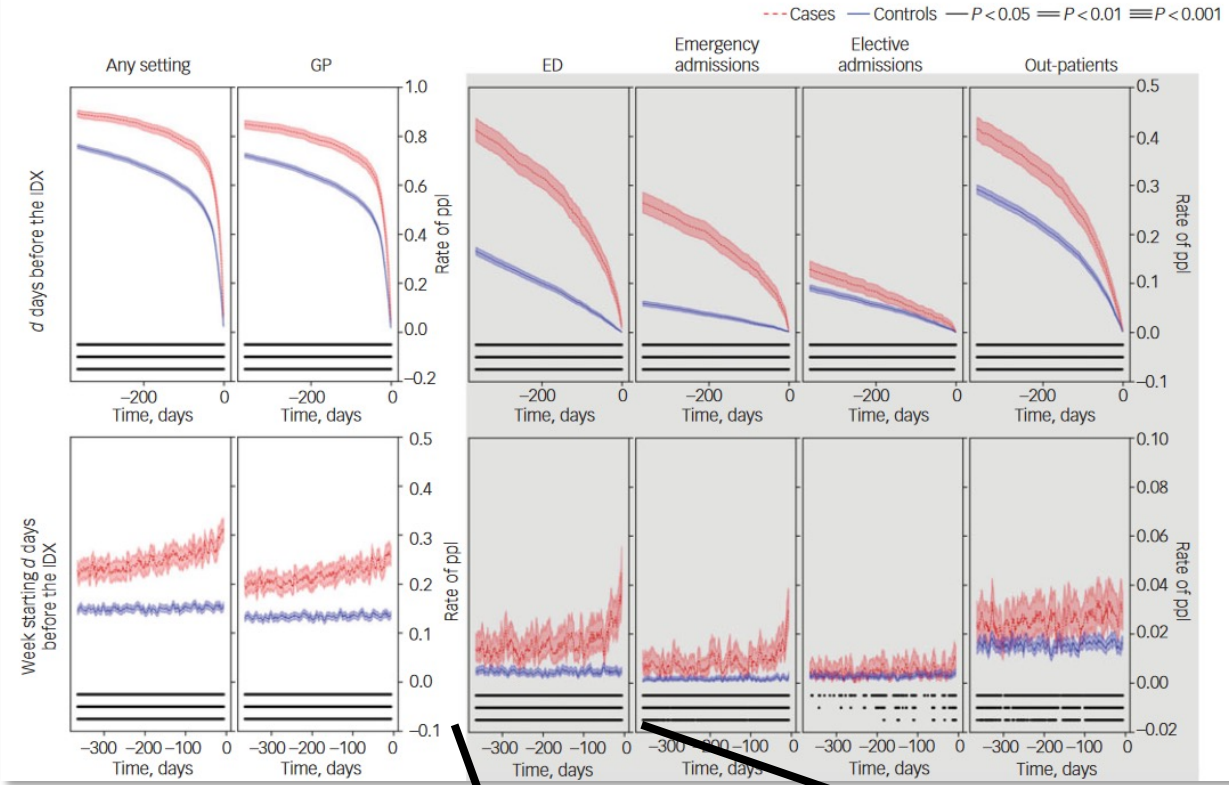
MH service contact in year before



Contacts the month before



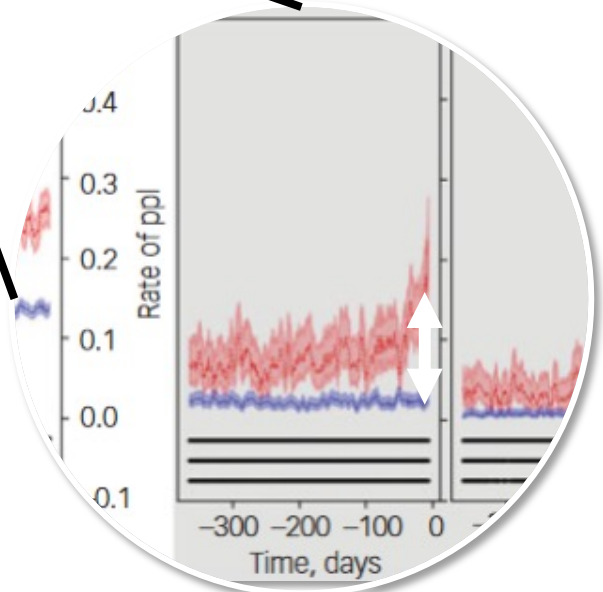
Contacts the week before



Last point of contact most commonly associated with MH and most often occurred in GP

At any week in the year before their death, cases were more likely to contact healthcare services than controls.

SH, MH, substance misuse contacts strongly linked with suicide risk, more so when in ED/emergency admissions.



# Healthcare contacts prior to suicide

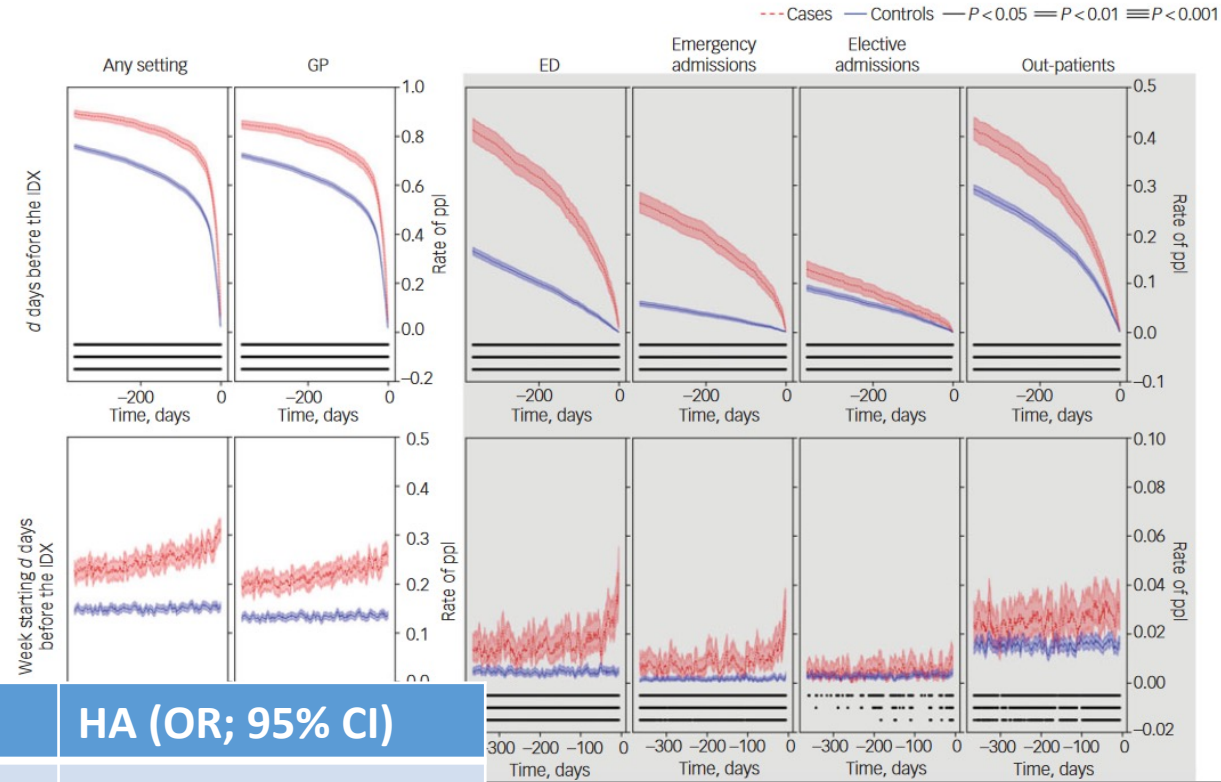
Contacts the month before



Contacts the week before



Diagnosis	GP (OR; 95% CI)	ED (OR; 95% CI)	HA (OR; 95% CI)
Mental health	6.9; 6.3–7.5		18.6; 16.3–21.2
Injuries and poisoning	1.6; 1.4–1.7	3.0; 2.8–3.3	12.3; 10.9–13.9
Accidents	1.7; 1.4–1.9	2.2; 2.0–2.4	5.2; 4.5–6.0
Self-harm	33.1; 23.8–45.9	38.7; 25.6–58.6	94.9; 63.5–141.9
Alcohol use	10.2; 8.2–12.6		20.1; 15.7–25.7
Drug use	6.1; 4.7–7.8		17.3; 11.6–25.6



**Contacts with primary and secondary healthcare prior to suicide: case-control whole-population-based study using person-level linked routine data in Wales, UK, 2000–2017**

Published online by Cambridge University Press: 03 August 2020

Ann John, Marcos DelPozo-Banos, David Gunnell, Michael Dennis, Jonathan Scourfield, David V. Ford, Nav Kapur and Keith Lloyd

Show author details



# Concern and conflation

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**Editorials**

**Trends in suicide during the covid-19 pandemic**

BMJ 2020 ; 371 doi: <https://doi.org/10.1136/bmj.m4352> (Published 12 November 2020)  
Cite this as: BMJ 2020;371:m4352

Read our latest coverage of the coronavirus outbreak

Article Related content Metrics Responses

*Ann John, professor of public health and psychiatry<sup>1</sup>, Jane Pirakis, director<sup>2</sup>, David Gunnell, professor of epidemiology<sup>3</sup>, Louis Appleby, director<sup>4</sup>, Jacqui Morrissey, assistant director<sup>5</sup>*

[Author affiliations](#)

Suicide figures are up 200% since lockdown. Could 2 friends please copy and re-post this tweet? We're trying to demonstrate that someone is always listening.

Call 116 123 (Samaritans UK)

←  
Just two. Any two. Copy, not retweet  
[#SuicideAwareness](#)

3:25 PM · Jun 29, 2020 · [Twitter for iPhone](#)

1.4K Retweets 1.9K Likes

The lockdown measures are a frontal attack on our fundamental freedoms.

They also make no sense from a health perspective.

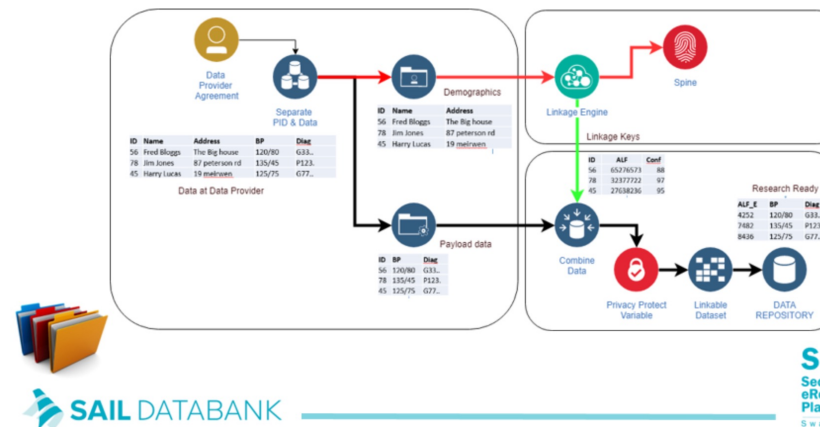
The lockdowns will cause more people to die from other causes like cancer, depression and suicide.

8:45 pm · 25 Oct 2020 from Toronto, Ontario · [Twitter for Android](#)

# Self-harm healthcare contacts during COVID-19, Wales

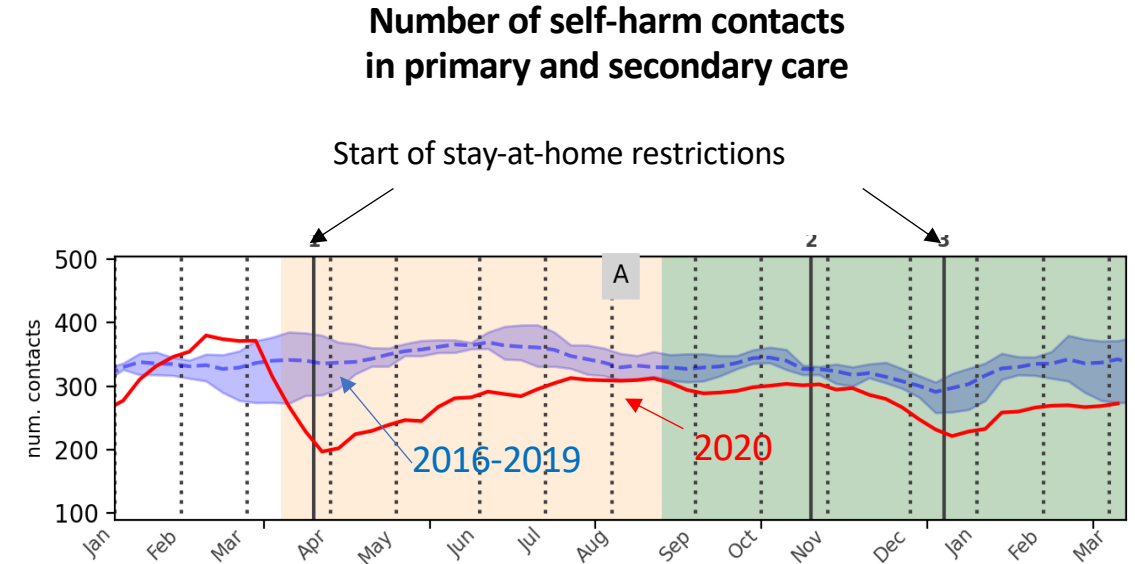
We compared service presentations with self-harm before and during the pandemic:

- Across primary and secondary care
- Using data from the population of Wales
- During the first 12 months of the pandemic - Waves 1 and 2



# Self-harm healthcare contacts during COVID-19

- Self-harm contacts dropped in Waves 1 and 2, with the minimum at the start of stay-at-home restrictions.
- The number of self-harm contacts was never above pre-pandemic levels.
- Differences across deprivation levels remained stable.



Fear of infection, stay-at-home orders and ‘protect the NHS’ may have prevented those who SH from accessing healthcare services.

# Self-harm healthcare contacts during COVID-19

Of those who self-harmed during Wave 1:

- A lower-than-usual number contacted only ED but proportion of all ED contacts increased (?sense it increased)
- A higher-than-usual proportion contacted only GPs, or all of GP, ED and hospital admissions.

**During Wave 1, patients preferentially contacted GPs,  
?fear of infection in ED and hospitals  
?trying to 'protect NHS'**



# Self-harm healthcare contacts during COVID-19

- Presentations with more lethal methods of SH increased first 12 months of pandemic.
- Proportion of ED presentations SH hospitalised did not change during Wave 1, dropped to below pre-pandemic levels Wave 2.
- Females aged 10-25 years more likely to be seen in ED and/or hospitalised with SH.
- Fewer-than-usual adults (25+ yrs) admitted to hospital with SH Wave 2, particularly males.

**Those who did seek help potentially encountered stringent criteria for hospitalisation, particularly male adults.**

**Unmet need and psychosocial assessments**

**WHO bulletin**

## Mental Health and COVID-19: Early evidence of the pandemic's impact

Scientific brief  
2 March 2022



### Introduction

The COVID-19 pandemic has had a severe impact on the mental health and wellbeing of people around the world (1). While many individuals have adapted (2), others have experienced mental health problems, in some cases a consequence of COVID-19 infection (3-5). The pandemic also continues to impede access to mental health services and has raised concerns about increases in suicidal behaviour (6).

The aim of this scientific brief is to present current evidence regarding the mental health aspects of the pandemic and inform prevention, response and recovery efforts worldwide. The target audience includes health care providers, researchers, policy-makers and any other stakeholders interested in the evidence on COVID-19 and mental health.

### Key questions

This scientific brief provides a comprehensive overview of the current evidence about:

1. the impact of the COVID-19 pandemic on the prevalence of mental health symptoms and mental disorders
2. the impact of the COVID-19 pandemic on prevalence of suicidal thoughts and behaviours
3. the risk of infection, severe illness and death from COVID-19 for people living with mental disorders
4. the impact of the COVID-19 pandemic on mental health services
5. the effectiveness of psychological interventions adapted to the COVID-19 pandemic to prevent or reduce mental health problems and/or maintain access to mental health services.

Each question is addressed in a dedicated section of the brief. Key findings are highlighted at the end of each section to summarize the data described therein.

### Process and methodology

Because WHO Global Health Estimates for frequency of mental disorders are aligned with Global Burden of Disease study estimates, the brief summarizes recent estimates of the Global Burden of Disease 2020 study (7). This brief is also based on evidence from research commissioned by WHO, including an umbrella review of systematic reviews and meta-analyses (published up to October 2021) (8) and an update to a living systematic review (updated to September 2021) (9), and other relevant WHO publications (10-12). Literature searches in commissioned reviews were not restricted by language.

### Research evidence

**Prevalence of mental health problems: GBD 2020**

The GBD 2020 (7) estimated that the COVID-19 pandemic has led to a 77.6% increase (95% uncertainty interval (UI) 54.1-101.1)

# Timing is everything.....



Uni students, Prisons, EOTAS, Exclusions and suicide, Prescribing.....  
Development MH and Suicide Self-harm Strategies