

Mitigating the Perils of Suicide Associated with Covid-19 Pandemic

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Abstract

Background: The mental health effects of the COVID-19 pandemic might be devastating. It has been expected that suicide-related deaths would rise over time, therefore urgent consideration is needed. In this article, we are identifying the individuals who are at heightened risks of suicide or are actively suicidal. Early identification of both external factors (bereavement, job loss, trauma, displacement, stigma, discrimination, victimization) and internal factors (hopelessness, despair, suicidal impulses, psychotic and manic episode, posttraumatic stress, and substance use) of suicide would be helpful to mitigate the risk of suicide.

Methods: Review of recently published articles that discuss the probability of suicide due to COVID-19 and that was available at PubMed, PsycINFO, and LISTA.

Results: Individuals with a prior history of suicide, having serious emotional and/or medical complications, individuals with substance use disorders and facing serious withdrawal symptoms, isolated and bereaved individuals, people having serious financial complications, unemployment or job loss, and those who are combating COVID 19 as a front line worker are highly vulnerable for self-harm.

Conclusions: Careful regular monitoring, screening, and detailed assessment of suicidal thoughts in high-risk populations would be helpful in harm reduction. Evidence-based online interventions and careful face to face interactive services are helpful. Specialized training for the workforce on crisis management would have additional benefits. The government should provide adequate resources to manage the COVID-19 crisis.

Keywords: Suicide, COVID-19, External factors, Internal factors, Stigma

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Background

The novel coronavirus disease 2019 (COVID-19) a global pandemic has been reported to have infected millions of individuals around the world (Roser, Ritchie, Ortiz-Ospina, & Hasell, 2020). It has now been established that COVID-19 has unusual spreading properties and is, therefore, instigating higher proportions of mental health issues along with morbidity and deaths (Rothan & Byrareddy, 2020).

Studies showed that social distancing induces anxiety among various individuals; however, the most vulnerable population is of those people who are already having some underlying mental health conditions in the form of depression or old age psychological issues in the form of isolation and loneliness (Mamun & Griffiths, 2020). Stay in quarantine disturbs normal social routine and therefore becomes a source of psychological fear and the affected person feels trapped for an unspecified time period (Kawohl & Nordt, 2020). The psychosocial distress related to the COVID-19 pandemic has spread all around the world (Carrion, McCurdy, & Scozzafava, 2020). Likewise, exposure to news coverage related to the extraordinary gloomy events may generate additional stressors, specifically for individuals with existing mental health complications. Heightened levels of depression, anxiety, and substance use are being mentioned by various studies is because of listening to COVID 19 related news (Li et al., 2020; Reger, Stanley, & Joiner, 2020). All these conditions make an individual vulnerable to self-harm or suicide.

It has been documented in the past Influenza /Spanish Flu pandemic (1918-19) that suicide-related deaths increased in the USA (Wasserman, 1992). Similarly in the year, 2003 suicides increased among older individuals during the epidemic of the severe acute respiratory syndrome (SARS) in Hong Kong (Cheung, Chau, & Yip, 2008). In modern times the context is different and developing (Li et al., 2020). An extensive interdisciplinary model that recognizes and responds to the COVID-19 heighten suicide risks and suggests effective suicide prevention methodologies based on either universal, indicated or selective intervention is needed (Gunnell et al., 2020; Holmes et al., 2020).

As of now the only known option to understand and curb the spread is to test/screen suspected person for COVID-19 as suggested by the WHO, if results are positive, then a person is either quarantined or self-isolated in a hospital/designated quarantine center for supportive treatment and monitoring (Pakpour & Griffiths, 2020). However, certain cases are being reported around the globe where individuals due to the fear of getting COVID-19 as positive and due to the association of social stigmatization, loneliness and various socio-economic difficulties becomes a source and foundation for suicide (Sahoo et al., 2020).

From recently reported suicides among different countries, a rippling effect can be observed with the increase in the number of worldwide suicide events (Jung & Jun, 2020). Nonetheless, the inability and hopelessness of a person and the mass society to deal with the present state of affairs are the major factors behind these COVID-19

suicides pandemic. The reports of increased domestic violence, alcohol consumption, and social isolation are considered to be the augmenting factors for suicide and the chances of suicide even increase further if a person is facing bereavement issues (Holmes et al., 2020). It has been demonstrated that due to lockdown conditions availing drug treatment services is not easy and consequently mental health issues of the individuals who are using drugs have increased. They feel difficulty to deal with withdrawal symptoms. In the state of Kerala in India, few cases of suicide deaths have been reported due to severe alcohol withdrawal (Verma, 2020). The ready availability of firearms, pesticides, and disinfectants adds to the risk of suicide. Community support for bereaved people living alone is deemed vital by various researches (Gunnell et al., 2020; Holmes et al., 2020).

Based on the current scenario socio-psychological interventions for mental rehabilitation should be planned in the form of online crisis response services for behavioral, mental, and emotional support. Most of the countries around the world are already implementing these measures for COVID-19 health care professionals as reported from Chinese studies (Kang et al., 2020; Li et al., 2020).

This article aims to raise the interest of policymakers and health professionals about the risk of suicide during COVID 19. This article will be helpful in understanding and spotting the high-risk population. Evidence-based interventions should be delivered in diverse possible ways according to the context and socio-demographic of the people. As the pandemic have global effects, irrespective of gender, race, and culture. So, no single intervention can be suggested, rather interventions can be customized and modified while keeping in mind the social and cultural context of the individuals. In the current situation, almost every individual has been affected in one or another way. However, some groups or segments of society are highly affected and more vulnerable. These include front line medical force, individuals with a history of suicide or mental illnesses and/or serious medical complications, isolated and bereaved individuals, individuals with substance use disorders, people having serious financial complications, and those who are unemployed or lost their job (Stuckler, Basu, Suhrcke, Coutts, & McKee, 2009; Verma, 2020).

The vulnerable population to COVID 19 is the medical staff. It is imperative to develop specialized support systems considering both the physical and human needs of those who have adverse exposure to traumatic situations. Especially those who are working in the front line, who witness many critical conditions and deaths. It has been observed that the psychological problems of medical staff have increased. Furthermore, urgent online screening and assessment are required for those individuals who had the past suicidal history or have some mental illness. For instance, enormous literature showed that patients with bipolar mood disorders, major depression, and psychosis are at high risk of suicide (Zeng et al., 2015). They may be provided with evidence-based online interventions. This can be done with crisis helplines or with careful face to face interactions.

It has been observed that instances of domestic violence have increased after this pandemic. Customized

online counseling services and support networks would be helpful to mitigate the intra-familial conflicts. Counseling services that promote communication among spouses is beneficial. The use of alcohol or other drugs may be the cause or effect of violence therefore it requires careful attention (Leonard & Quigley, 2017). Furthermore, specialized services are necessary for those individuals who use or abuse drugs. Specialized tele-health services may be commenced for individuals with substance use disorder. They may participate in online self-help groups. Furthermore, careful monitoring is needed for those individuals, who are isolated, living alone, and is in the phase of bereavement. Telephonic hotline counseling services can be initiated for these individuals.

The government should provide adequate resourcing for interventions and provide support in remote assessment, make assessable digital resources, and provide resources to generate and/or expand the workforce. Besides, government provision of financial safety nets, emergency loans, and unemployment supports would make people free from a lot of stress and strains that trigger self-harm thoughts. Non-governmental organizations may come forward to generate resources and develop an online network for certain neglected populations, such as minorities, individuals with disabilities, extremely poor people, marginalized communities, and those with serious medical and psychological complications.

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Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding authors on reasonable request.

Authors contributions

NA: study design, literature search, first draft, manuscript revisions, approval of the final version. AA: literature search, first draft, manuscript revisions, approval of the final version.

Ethics approval and consent to participate

The integrate study was approved by the National Institute of Psychology Review Board. Written consent was obtained from all participants.

Competing interests

The authors declare to have no competing interests.

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