EDITORIAL

Suicide & COVID-19 Pandemic

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BACKGROUND

The Corona virus disease 2019(COVID-19) which was first reported from Wuhan in China in late 2019 was declared a global pandemic by World Health Organization on 11 March 2020.[1] The Covid 19 has affected more than 120 million people and lead to 2.66 million deaths globally.[2] This pandemic has already lead to about 275 thousand cases and about 3000 deaths in Nepal.[3] Suicide causes about 800,000 deaths each year and it is one of the top 15 causes of death globally.[4] It is the second leading cause of death among young people.[4] Nepal Police records show that there were 6241 suicide deaths during the last year (2076/77) which translates to 17 suicide deaths each day.[5] Police data also show there has been a 34% rise in the number of reported suicide cases over the last five years. [5] Among them suicide by hanging was the commonest method (80%) followed by consumption of pesticide (18%).

SUICIDE DURING PANDEMIC

Pandemics lead to depression, anxiety, uncertainty and socio-economic disruption. These may affect the suicide rates of the community as evidenced by the Spanish Flu pandemic of 1918-19 which lead to a rise in suicides in USA[6]. The 2003 SARS outbreak also lead to an increase in elderly suicides in Hongkong.[7] Studies from Africa has shown an increase in suicides during the Ebola epidemic.[8] Multiple cases of COVID-19-related suicides in the USA, UK, Italy, Germany, Bangladesh, India and other countries have been reported in mass media and psychiatric literature.[9-14] A 19-year-old waitress in England died in a hospital after a suicide attempt because of fears of the 'mental health impacts' of isolation.[9] A 66-year-old man with throat cancer hanged himself in a New York City hospital after testing positive for the coronavirus.[10] A man in Illinois, USA who feared that he and his girlfriend contracted the coronavirus fatally shot his girlfriend and then killed himself.[11] They tested negative for the coronavirus. A 36-year-old Bangladeshi man killed himself thinking that he was infected with COVID-19 because he had fever and cold symptoms.[12] A postmortem examination showed that he did not have COVID-19. The 49-year-old head of the Emergency Department in a New York City hospital died by suicide after telling her family about the tremendous suffering and death she witnessed while taking care of Covid-19 patients.[13]

Because of these reasons and reports we expected that there may be increase in the rates of suicide globally. However multiple studies carried out on separate continents have not found significant changes in the overall suicide rate. For example in Massachusetts, U.S., the rate of suicides during the stay-at-home period from March to May 2020 was similar to that of the same period in 2019.[15] In Victoria, Australia, the number of suicides through September of 2020 was comparable to that through September of 2019 and other years prior.[16] In England, the average number of suicides per month pre-lockdown (January-March 2020) was 84.0 and post-lockdown (April-August 2020) was 85.4.[17] In Norway, the rate of suicides from March to May 2020 was 2.8 per 100,000, which is not significantly different from the rate for the five previous years.[18]

Some historical data shows that during periods of crisis like war there is often a short term dip in suicide rate during the immediate aftermath of the crises but an increased rate later.[14] This phenomena is attributed to increased social

cohesion and mutual support which leads to greater coping and reduced levels of suicide. [19]

CONCLUSION

The data thus far do not reflect an overall increase in suicide deaths since the onset of the pandemic. However, it is imperative to remain vigilant as the pandemic may lead to long term increase in suicide rates. The pandemic has generated much anxiety and stress for many, and has exacerbated numerous known suicide factors. As the suicide rate in Nepal is already rising on yearly basis this effect may be more pronounced in Nepal. It is particularly important to support at-risk populations, such as the elderly, people with pre-existing mental illness, frontline workers, people with substance use disorders and those who lost their employment during the pandemic. This is the time we take steps to bring a national suicide prevention policy. Steps like increasing awareness of mental illness, increasing access to mental health care, control of access to pesticides, gate keeper training and training the media for responsible reporting of suicide is necessary. As the psychiatric services are still limited to major urban areas it is necessary to train general health workers to identify, manage and refer suicidal patients.

REFERENCES:

1. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen
2. https://www.worldometers.info/coronavirus/
3. https://covid19.mohp.gov.np/
4. World Health Organization,(2014).Preventing suicide: A global imperative. World Health Organization.
5. https://cid.nepalpolice.gov.np/index.php/notices/crime-statistics
6. Wasserman IM. The impact of epidemic, war, prohibition and media on suicide: United States, 1910-1920. Suicide Life Threat Behav. 1992;22(2):240-54. [PMID:1626335]
7. Cheung YT, Chau PH, Yip PS. A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. Int J Geriatr Psychiatry. 2008;23(12):1231-8. [PMID:18500689]
8. Bitanihirwe BK. Monitoring and managing mental health in the wake of Ebola. Commentary. Ann Ist Super Sanita. 2016;52(3):320-322. [PMID:27698289]
9. Miller JR. British teen dies after suicide attempt due to coronavirus fears. New York Post, 25 March 2020.
10. Moore T, Bensimon O. Man with cancer commits suicide at NYC hospital after getting coronavirus. New York Post, 27 March 2020.
11. Garger K. Illinois couple dead in murder-suicide after man feared they had coronavirus. New York Post, 7 April 2020.
12. Mamun MA, Griffiths MD. First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: possible suicide prevention strategies. Asian J Psychiatr 2020;51:102073.
13. Rosner E, Sheehy K.Top Manhattan ER doc commits suicide, shaken by coronavirus onslaught. New York Post, 27 April 2020.
14. Thomas K, Gunnell D. Suicide in England and Wales 1861–2007: a time-trends analysis. Int J Epidemiol 2010;39:1464–1475
15. Faust J, Shah S, Du C, Li S-X, Lin Z, Krumholz H. Suicide Deaths during the Stay-at-Home Advisory in Massachusetts. medRxiv; 2020. p. https://doi.org/10.1101/2020.10.20.20215343.
16. Coroners Court of Victoria. Monthly Suicide Data Report.
17. Appleby L, Kapur N, Turnbull P, Richards N. Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance. 2020.
18. Qin P, Mehlum L. National observation of death by suicide in the first 3 months under COVID-19 pandemic. Acta Psychiatr Scand. Oct 2020;
19. Zortea TC, Brenna CTA, Joyce M, et al. The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behavior, and Suicidal Thoughts. Crisis. 2020. [PMID:33063542]