

# Covid-19 Outbreak and Risk of Suicide: Psycho-Social Outlook

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## Abstract

*Many studies claim that the outbreak of Coronavirus disease (Covid-19) has profound social and psychological impacts around the world. Researches indicate that Covid-19 epidemic is associated with fear, anxiety and depression, restlessness among healthcare workers and general public. Social isolation, fear, anxiety and other chronic psychological distress may lead for creating suicidal thought among vulnerable people, individuals who have psychiatric disorder and who live in a high risk Covid-19 prevalence areas. Covid-19 survivors may also be at upturned suicide risk. The Covid-19 pandemic may increase suicide rate during and after the calamity. This crisis including suicidal ideation which likely to be existing for a long time even after the actual epidemic. To reduce the rate of suicide, it is important to reduce fear, anxiety, stress and loneliness among people. This study suggests that health sectors in all countries should initiate suitable and proper campaigns to promote mental health service and decrease psychological difficulties including fear, anxiety, depression, stress of loneliness and social isolation in order to overcome the battle against suicide during and after Covid-19 pandemic.*

*Keywords: Covid-19, suicide, lockdown, social isolation, psychological distress.*

## Introduction: The Coronavirus outbreak

The first occurrence of coronavirus disease (Covid-19) found in Wuhan city, Hubei Province of China and it was reported initially to the WHO on 31.12.2020. The WHO declared Covid-19 epidemic as a worldwide health emergency on 30.01.2020 [1]. Then this virus has spread quickly across countries. Millions of people across the globe are infected and hundreds of thousands people have died due to this disease [2]. Medical practitioners and public health care workers are highly focusing on take care of persons who are sick while infecting coronavirus generally. But, few attention is given for the psychological consequences of Covid-19 disaster. Many forms of evidences showing that the Covid-19 has intensively reflected social and psychological implications. The psychological trauma of this pandemic probably will continue for many months or years to come.

*Table 1. Previous outbreaks and suicide*

Disease	Infection and suicide risk	Factors
<i>Spanish Flu (Influenza) in 1918–19 caused by H1N1 viruses during 1918-19</i>	Around 500 million people were infected around global including 675,000 in USA, and Spanish Flu associated with increase of death by suicide [3].	Lack of social interaction, fears, self-isolation likely increased suicide [4].
SARS (severe acute respiratory Syndrome) outbreak in Hong Kong, 2003	High rate of suicidal death occurred among aged 65 & above in 2003. SARS attributed to increase the suicide [5].	fears of contacting the illness, fears of being a burden to family, general anxiety, social isolation and depression [5].

The coronavirus prevalence also may lead for chronic mental health problem, psychological distress and post-pandemic trauma among people, especially among persons who unemployed, ill, aged, migrant workers, and so on.

## Suicidal behavior during Covid-19 outbreak

Fear, anxiety, social-isolation, chronic stress, uncertainty and economic challenges may lead for increasing psychological distress and suicidal thought among vulnerable groups or an individual who have psychiatric problems, and who live in high risk Covid-19 regions, and those have friends or family members who infected or died due to Covid-19 [6 & 7]. Singh (2020) stated that social isolation or stress also affected by continuous lockdown, which has several faces and motives resulting from travel restrictions and limitation of cultural celebrations, limited healthcare facilities and disruption in regular immunizations in hospitals leading to anxiety and fear among the population, social isolation with friends and family, closure of places of entertaining and relaxation, unexpected closure of schools and colleges affecting both students and parents about the academic year and the loss of quality.

The Covi-19 disease has been driven to increase suicides as a result of social isolation because of the self-quarantine and social or physical distance strategies, anxiety and unemployment and economic crisis and burdens in society. The covid-19 crisis effects on mental health among general public, it might be intensified by anxiety, fear, physical distancing and self-isolation [8, 9 & 10]. The pandemic might badly affect other group of known precipitants. For instant; alcohol consumption, and domestic violence may increase throughout the lockdown. The social isolation, loneliness, and entrapment subsidize to the risk of suicide, and likely to increase during the epidemic mainly among bereaved persons [9]. So, social support should be provided for those alone, aged and ill, and encourage them during this difficult situation.

Studies evident that the social isolation (living alone) or feeling of being alone often associated with suicidal thought and or force to attempt suicide [11]. Social disengagement caused to increase the rate of suicide in Hong Kong during 2003 SARS epidemic. From this perspective, this situation is replicating the important public health approach for the Covid-19 pandemic is social distancing.

Economic decline during and after the COVID- 19 pandemic will probably have a powerful and harmful effect on mental health and result in an increase in the prevalence of psychiatric disorders and suicidal behavior. It is important to note that financial problems may reduce access to psychiatric treatment. Studies observed that increases in the unemployment rate were associated with higher prevalence of depression, alcohol and other substance use disorders and suicide deaths [12].

According to ILO (International Labour Organization), the economy and labour market will face more crisis due to Covid-19. It lead for unemployment and leaving millions of people from work and particularly plunging the income of the workers. Besides, suicide prevention experts opinioned that it is rationale to increase suicide risk for certain individuals. Social fallout and economic destruction from the coronavirus will generate the risk for many people even after the outbreak [13]. Suicide has been reported as the second largest cause for non-corona virus death during the continuous lockdown in India, according to the information gathered by a journalist Rachel Chitra. Similarly a group of researchers found that 168 of the 326 non-COVID-19 deaths till 9 May (51 percent) were suicides [14].

It has been reported numerous Covid-19 related suicide cases occurred in Italy, UK, German, USA, India and Bangladesh. For instant; 19-year-old waitress in England died himself after committing suicide in the hospital because of fear and anxiety of mental health impacts of isolation. In New York, 66-year-man hanged himself in hospital after testing positive for coronavirus. A man killed himself who feared that he contracted with Covid-19 in Illinois. A 36-year-old man in Bangladesh killed himself as he and people in his village thought that he was infected with Covid-19, because he had fever and cold symptoms. A 49-year-old person in New York City hospital died by suicide after telling her family about suffering and death she witnessed while taking care of coronavirus patients [12].

## Causes for suicide during Covid-19 outbreak

The following five key factors that emphasized by a group of researchers.

- **Social isolation:** Leading sociologist Durkheim emphasized in his 'theory of suicide' that social interaction or connection is a key tool to prevent suicide. Suicidal ideation is often disconnect from others and lack of interaction with other people. Suicidal thought normally associated with loneliness and social isolation. Social distancing often lead for disconnection among people and it has increased the suicidal risk during this pandemic [15, 8, 9 & 10].
- **Economic distress:** Economic declines are often associated by higher rates of suicide compared with pre-pandemic or pre-disaster period. Covid-19 crisis has created hardship and putting off employees [13, 12 & 15].
- **Lack of community / religious Support:** the closure of community centers and religious places may contribute further risk for social isolation and later suicide.
- **Reduce access for mental healthcare:** overcrowd and restriction of healthcare service may negatively affect the mental health treatment. Cancellation of permission to children and family members as well as Covid-19 screening and question in the each entry point also face difficulties for mental health care [15].
- **Illness and medical problem:** Chronic physical health problem may create risk among elderly adults. This health problem also associated with suicidal ideation.
- **National anxiety:** 24 hours news coverage and repeated the same news or reports in the media could serves as an additional factor for stress and psychological disorder [15].

Besides, it is observed that domestic violence, drug addiction and alcohol obsession also influencing factors for suicidal risk even during and after the Covid-19 epidemic.

### Preventive measure for controlling suicide during Covid-19 outbreak

- Enhance the observation of COVID-19 related risk factors causative to suicidal behaviors.
- There should be a traditional and social media campaign to promote mental health and reduce distress.
- Encourage the people to stay connected and maintain rapport with relatives via telephone or video etc.
- Promote them to get sleep well, take healthy food and do the exercise.
- Provide social support to those isolated (living alone) and encourage friends and their families to connect with them.
- Screening for anxiety, depression and suicidal feeling ought to be engaged.
- Identify individuals at risk for suicide and direct them for proper evaluation and treatment.
- The helpline service for suicide prevention should be ensured.
- Integrate the mental health service in the out patients unit in the hospitals to mitigate harmful psycho-social effects of Covid-19 crisis.
- NGOs and welfare organization should provide financial assistance to the needy people, to reduce the economic distress.
- People with psychiatric problem should be advised to continue their treatment and stay in touch with their health professionals.

Suicide prevention in the COVID-19 era is an important as well as difficult task. Research studies are needed to understand how to control mental health consequences during and after COVID-19 pandemic. It is to be hoped that the efforts of clinicians, researchers, mental health professionals and policy makers will help to reduce COVID-19 related suicides.

### Conclusion

The effect of Covid-19 on suicide is still indefinite [16]. It is important to note that social isolation and fears are common during the current Covid-19 epidemic. Billions of people have been restrained in their home. Many studies were undertaken to observe the implication of covid-19 in relation to mental health problem. The social isolation or physical distancing followed by the global community to control the widespread of Covid-19. It is found that the secondary apprehension of social isolation may upsurge the suicidal risk during Covid-19 prevalence. It also required to create many changes on economic, social, psychological, and health related risk factors for overwhelming the suicidal crisis. Alike, health professionals also should advocate health sectors in their countries for improving mental health services to fight again this suicidal ideation during and after Covid-19 prevalent.

In-short, suicide has been identified as a worldwide phenomenon which occurred throughout the lifetime. Nearly 800,000 died by suicide globally in every year [17]. However, as Regar says 'suicide is preventable', so 'we must use what we know can work to mitigate the risk in this time' [16].

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