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I|J|S|P

International Journal of
Social Psychiatry
2021, Vol. 67(2) 197–199
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DOI: 10.1177/0020764020946348
journals.sagepub.com/home/isp
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Tsunami after the novel coronavirus (COVID-19) pandemic: A global wave of suicide?

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The novel coronavirus (COVID-19) pandemic has affected people all around the world and created an unprecedented global challenge. The COVID-19 pandemic has also led to the introduction of strong restrictive measures that are having a substantial effect on the global economy, including an increase in the unemployment rate worldwide. Governments kept a large number of people in quarantine or non-quarantine isolation and affected many aspects of people's lives to save lives.

The International Labour Organization's (ILO) press release from 18 March 2020 reported a decline of 24.7 million jobs as a high scenario and 5.3 million jobs lost as a low scenario due to COVID-19 (ILO, 2020a). The latest ILO estimates from 30 June 2020 show that working-hour losses have worsened during the first half of 2020, reflecting the deteriorating situation, especially in developing countries. During the first quarter of the year, an estimated 5.4% of global working hours (equivalent to 155 million full-time jobs) were lost relative to the fourth quarter of 2019. Working-hour losses for the second quarter of 2020 relative to the last quarter of 2019 are estimated to reach 14.0% worldwide (equivalent to 400 million full-time jobs), with the largest reduction (18.3%) occurring in the Americas (ILO, 2020b). According to Kawohla and Nordta, the worldwide unemployment rate would increase from 4.936% to 5.644%, which would be associated with an increase in suicides of about 9,570 per year in the high scenario. In the low scenario, the unemployment would increase to 5.088%, associated with an increase of about 2,135 suicides (Kawohla & Nordta, 2020).

Nowadays, suicide cases due to COVID-19 are started in different parts of the world (Sher, 2020). The first case was reported in India on 12 February 2020, where the male victim, returning from a city to his native village, committed suicide by hanging to avoid spreading COVID-19 throughout the village (Goyal et al., 2020). A very similar case was reported in Bangladesh on 25 March 2020, where the main factor that drove the man to suicide was prejudice by the others in the village who thought he had COVID-19 even though there was no diagnosis (Mamun & Griffiths, 2020). Based on these two cases, it appears that suicide cases are started at low-income rural areas.

In Germany, Thomas Schaefer, the finance minister of Germany's Hesse state, has committed suicide apparently after becoming 'deeply worried' over how to cope with the economic fallout from the coronavirus. ('Covid-19: German Minister Commits Suicide After "Virus Crisis Worries"', 2020)

In England, a 19-year-old waitress died in a hospital after a suicide attempt because of fears of the 'mental health impacts' of isolation (Miller, 2020). In Saudi Arabia, Chinese student who quarantined on suspicion of being infected with the coronavirus had committed suicide by jumping from the third floor of a hospital (Middle East Monitor, 2020).

Another group at high risk of suicide is health care workers. They have the fear of getting infection and transmitting the infection to their family members. Therefore, they live separately from their families. High workload, unbearable stress, helplessness and distress of watching infected patients also increase their anxiety levels and cause psychological trauma (Gunnel et al., 2020; Reger et al., 2020; Sher, 2020). In Italy, two nurses committed suicide. A 49-year-old nurse who lived alone and distressed because of pandemic committed suicide by jumping into Piave River and a 34-year-old nurse with compassion fatigue, emotional burnout, hopelessness and fear of contracting and spreading the disease to others committed suicide after learning that she is infected (Smith, 2020). 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 coronavirus patients (Rosner & Sheehy, 2020).

Suicide is the ultimate human sacrifice for anyone who cannot bear the mental suffering. Psychosocial factors contributing to suicide attempt in general population during the pandemic process are social isolation, loneliness, fear of contagion, uncertainty over the future, chronic

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stress, economic difficulties, domestic violence, alcohol consumption, access to means and irresponsible media reporting (Gunnel et al., 2020; Reger et al., 2020; Sher, 2020; World Psychiatric Association [WPA], 2020). Social isolation and loneliness contribute to the pathophysiology of psychiatric disorders and suicidal behavior in many people (Calati et al., 2019). However, the most vulnerable people are those with mental health problems such as depression, anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder (OCD) and the elderly living alone (Gunnel et al., 2020). Individuals with the previous history of suicidal thoughts, panic and stress disorder, low self-esteem and low self-worth are easily susceptible to catastrophic thinking like suicide in such viral pandemic (Thakura & Jain, 2020).

All the people worldwide have been exposed to a persistent source of distress not only because of the virus itself, but also the negative economic outcomes of the outbreak such as unemployment. The economic crisis that occurred due to the closure of the workplaces creates poverty and panic. In the coming days, we may see more suicides of people living in the cities where the victim's economic breakdown and hopeless psychology may have major roles in contributing the suicide.

Therefore, in addition to providing medical care to the public, medical health services have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients, health care providers and the public. Governments should also give public health warnings about mental well-being and organize suicide prevention interventions which should include three key points:

1. Understanding and monitoring the mental health status and psychosocial needs of the populations influenced by the COVID-19 outbreak;
2. Identifying people who are at high risk of suicide and aggression;
3. Providing appropriate psychological interventions for those in need.

WPA (2020) has published Suicide Prevention During and After the COVID-19 Pandemic Evidence-Based Recommendations 2020. According to WPA, suicide is an unnecessary death and can be prevented by using evidence-based methods. Protective factors for suicide such as effective mental health care; strong personal relationships; supportive social network; and life skills such as problem solving, coping, ability to adapt, practice of positive coping strategies and well-being, and religious or spiritual beliefs are also of utmost importance.

According to WPA, suicide prevention strategies comprise population-based and health care-based efforts. Population-based strategies are multisectoral and include education, labor, social welfare, agriculture, business, law, politics and media, which are complemented by health care activities. The suicide preventive interventions proven to be most effective are restriction of access to lethal means, policies to reduce harmful use of alcohol, school-based awareness programs, pharmacological and psychological treatment of depression and other mental disorders, chain of care and follow-up of at-risk individuals. Besides these, various mental health associations and organizations should be activated to establish mental health services by expert teams to compile guidelines and public health educational articles/videos for mental health professionals and the general public alongside with online mental health services (Liu et al., 2020; Suicide Awareness Voices of Education, 2020; WPA, 2020).

These efforts need to be appropriately resourced and coordinated. The suicide-related consequences of the pandemic might vary depending on countries' public health control measures, sociocultural and demographic structures, and existing supports (Gunnel et al., 2020). In addition, there is an urgent need to carry out comprehensive studies worldwide to determine the level of fear, worry and hopelessness, as well as other associated issues concerning mental health and suicide risk in relation to COVID-19. The fact that mental and economic breakdown secondary to COVID-19 pandemic led to suicide is preventable and suggests both research and prevention are urgently needed to avoid such tragedies.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

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