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Ref: IPS/HGS/20-22/0310 (Suicide)

Dated: 8th June, 2020

Preventing Suicides during Covid Pandemic- Role of Psychiatrists

The Covid-19 pandemic has impacted populations in multiple ways around the world. Fear of being infected and anxiety about an uncertain present and future has impacted mental health severely. Lockdowns have led to isolation, heightening anxiety and depression in societies and particularly in vulnerable communities.

While the Covid-19 pandemic is unprecedented in scope and scale, previous studies suggest an elevated risk of suicide during such times. There is some evidence that deaths by suicide increased in the USA during the 1918–19 influenza pandemic¹ and among older people in Hong Kong during the 2003 severe acute respiratory syndrome (SARS) epidemic.²

There are varying estimates of suicide during and following the covid pandemic. One study estimates a 1% increase in global suicides³ while another suggests a doubling of national suicides⁴. However, it has been noted that a rise in suicides in the wake of the pandemic is not inevitable⁵. In fact preliminary information from countries like New Zealand, Japan and UK suggest lower suicidal behaviour at least in the early phase of the pandemic.^{6,7,8}

Covid-19 has also had a strong negative impact on the economy, with unemployment rates climbing and financial crises looming large. The Centre for Monitoring India Economy estimated that 27 million young people between the ages of 20-30 years lost their jobs in April 2020 during the lockdown⁹. It is also estimated that nearly 100 million Indian jobs are at risk in the coming months¹⁰.



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Physical distancing and lockdowns carry a strong risk of increasing isolation in the elderly. They also increase stress in families like domestic violence, marital and family conflicts. These factors may substantially increase risk of suicide.

While world over, healthcare professionals, frontline workers, police personnel, people with mental illness, persons facing job loss and financial crisis are at greater suicide risk due to Covid-19, India has an additional unique set of vulnerable communities who are at greater risk. The migrant labour population as well as the population deprived of alcohol abruptly due to the lockdown are unique to India.

According to the 2011 Census of India, there are 5.6 crore inter-state migrants in the country. These are families or individuals, often below the poverty line, who travel outside of their home state in search of livelihood. The majority of these labourers have been isolated and stranded away from their families due to the lockdown, many without income, food or shelter. Apart from these are the migrant workers who have gone from India abroad in search of a livelihood, especially to the Gulf countries. Many of these migrants have lost their jobs and have been forced to return.

According to a 2018 ILO report, the official count of migrant workers abroad is over 30 million Indians. Over 90% of Indian migrant workers, most of whom are low- and semi-skilled workers; work in the Gulf region and South-East Asia¹¹.

These migrant labourers are returning home without money in hand, with the stigma of being likely Covid-19 carriers and the anxiety of unemployment in their homes.



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The other unique vulnerable population in India is the habitual alcohol consumer who has been deprived of liquor as the lockdown has made liquor unavailable. Unlike in Europe and in the US, liquor is not retailed in supermarkets or stores in India. Sales of alcohol are controlled by government and there are standalone licenced shops that sell only liquor. In some Indian states, the state government has the monopoly of liquor retail. All of these closed on March 24, 2020, leaving the habitual consumer faced with a sudden loss of supply. In the state of Kerala, media reports have documented suicides of at least nine people due to unmanaged withdrawal symptoms from unavailability of alcohol.

Suicide prevention in India:

Women, youth and farmers have a higher suicide rate in India.

Targeted risk reduction among vulnerable communities, integrating suicide prevention into mainstream healthcare and training community level participants on suicide risk identification and prevention, are some of the broader themes.

For instance, targeted reduction of suicide in rural areas would include banning Class 1 pesticides, reducing access to pesticides, restricting sales of pesticides, and creating community participation in handling of pesticides. Media would need to follow Press council of India's guidelines on reportage of suicide and also create awareness about suicide prevention. It is crucial for the healthcare system to integrate suicide prevention in all the programmes.



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Psychiatrists can play a crucial role, adopt a proactive approach and collaborate with a variety of stakeholders to prevent suicides during these difficult and uncertain times.

The following table enumerates the variety of actions which can be undertaken by psychiatrists to reduce suicide during the pandemic.

From the Clinic to the Community

S. No.	Sectors	Action Points
1.	Health Services	<ol style="list-style-type: none"> Proactive outreach to patients. Conduct assertive follow up. Impress upon patient's family the importance of continuing treatment. Work with general physicians, emergency staff, geriatricians and provide referral pathways for those at high risk of suicide Build capacity of other health workers eg. community health workers, ASHA's and train them to identify, support and refer persons who are suicidal. Engage with the District Mental Health Program, Prepare a register of vulnerable persons at risk for suicide .Map suicide and attempts by geographical location if possible.



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	Health Services	<ol style="list-style-type: none"> 8. Engage with de-addiction centers to identify, support, manage and refer suicidal persons 9. Reach out to healthcare and frontline workers like doctors and nurses working in Covid-19 wards, provide psychological support to them and their families 10. Train health workers attached to other programmes such as malaria, maternal and child welfare or HIV programmes, and sensitize them to the risk of suicide in their population, help them to identify, support, manage and refer suicidal patients
2.	Other services	<ol style="list-style-type: none"> 1. Education: Train teachers in schools and colleges to identify stress and suicidal behaviour in students. Teach students resilience building strategies 2. Law enforcement: Work with law enforcement personnel and their families to reduce stress, anxiety, depression and suicidal behaviour. 3. Sanitation workers: Similarly provide psychological support to the workers and their families.



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Other services

- Media:** Psychiatrists need to interact with the media and encourage them to follow the guidelines on reporting of suicide by Press council of India. The International Association for Suicide Prevention has developed a resource for reporting suicides during Covid pandemic.
- Old age homes and migrant colonies:** These are vulnerable groups as lockdown imposes a sense of isolation and fear in them. Since they are far from their families, it is important to support these groups regularly and frequently to reduce suicide risk.
- Helplines:** Enhance support to crisis lines. Staff of helplines such as child helpline, domestic violence helpline, Covid-19 helpline need to be trained to identify support and refer suicidal patients.



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3.	Community	<ol style="list-style-type: none"> 1. Actively engage with Self Help Groups, farmer's unions, Panchayats, religious heads, practitioners of alternate medicine, local NGOs, local youth and women associations to identify, support, manage and refer suicidal persons. 2. Families of persons who died by suicide due to Covid-related issues need special support 3. Increase awareness about suicide being preventable and organise awareness programmes to reduce the double stigma of suicide and Covid
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The uncertain nature of the global crisis today calls for innovative responses from the psychiatric community. Psychiatrists need to be proactive in reaching out to the vulnerable sections of society. This can save lives that are lost to suicide.

The time is ripe for Psychiatrists to move from the clinic to the community.

Long live IPS,

(Dr. P.K. Dalal)
President
Indian Psychiatric Society

(Dr. Lakshmi Vijayakumar)
Co-Chairperson,
Suicide Prevention,
Specialty Section IPS

(Dr. T.S.S. Rao)
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