

Mental disorders & Suicides in COVID-19 Era : A Preventable Pandemic?

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Abstract

Corona Virus Disease -2019 caused by novel Corona virus is the pandemic of 21st century. The world has earlier also witnessed the corona virus diseases like Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS CoV). However the Corona Virus Disease-2019 (COVID-19) caused by novel corona virus is unprecedented in terms of its severity, and the impact it has brought to the lives of people across the globe.

The bad news, lockdowns, economic slowdown and other related factors emerging during the COVID 19 era have adversely affected the mental health of people. Mental health and suicides are related. We are witnessing a surge in the COVID 19 related suicidal deaths these days. This paper is an attempt to assess the reasons for the mental illnesses and increased suicides and try to mitigate this emerging public health problem especially in these difficult times of the COVID 19 pandemic.

Key Words

COVID-19, Corona, Mental Health, Suicide

Introduction

Corona Virus Disease -2019 (COVID-19 or SARS CoV 2) is caused by novel Corona virus. The world has earlier also witnessed the corona virus diseases like Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS CoV). However the Corona Virus Disease- 2019 (COVID-19) caused by novel corona virus is unprecedented in terms of its severity, and the impact it has brought to the lives of people across the globe.

The factors emerging during the COVID 19 era have adversely affected the mental health of people. Mental health and suicides are related. We are witnessing a surge in the COVID 19 related suicidal deaths these days.

An Indian Council of Medical Research (ICMR) report published in 2017 states that about 197 million people in India suffer from some kind of mental disorder, with depression and anxiety disorders being the most common, affecting nearly 45 million people each. The Global Burden of Disease (GBD

2017) report predicts that depression will be the second leading cause of disability worldwide by the end of this year².

The National Mental Health Survey 2015-16 by the National Institute of Mental Health and Neuro-Sciences (NIMHANS) reported that 150 million people require active intervention for their mental disorders while less than 30 million are seeking the support³.

According to World Health Organization (WHO), around 800,000 people commit suicide every year in the world. Suicide prevention comes under the Sustainable Development Goal (SDG) number 3 i.e. "Ensure healthy lives and promote well-being for all at all ages". Still we are witnessing an uptrend in the suicidal deaths in recent years. Suicide causes more deaths than malaria, breast cancer, war, or homicide. In 2016, suicide was the second leading cause of death (2 lakh casualties) among young age group (15-29 year olds), beaten only by road injury deaths⁴.

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India's National Crime Records Bureau (NCRB) publishes yearly reports on suicides. The NCRB reports showed an uptrend in suicide rate per lakh of total population from 6.3 in 1978 to 8.9 in 1990. Another uptrend is reported in last three years as well. The Global Burden of Disease (GBD) study shows a much higher suicide rate in India. India GBD study estimated 230,314 suicide deaths in 2016 while NCRB reported 133,623 the same year, and 134,516 in 2018⁵.

Discussion

Number of reported COVID 19 cases has reached nearly 12.5 million with more than 5,58,000 deaths as on 10th July 2020⁶. These numbers are fearsome and the reactions by the media have made the pandemic even more dreadful. Though the reports of vaccine and drugs are coming, confusion on a definitive preventive and curative aspect of the disease is still prevailing. With physical distancing and isolation tools to prevent the disease spread, governments across the globe took measures like lockdowns to curtail the spread of the disease.

Lack of socializing among one's network builds up the mental stress for the individual. A report from Ludhiana district in Punjab alone shows 100 cases of suicides and 1500 cases of domestic violence during the lockdown period which is nearly 75% higher than the pre-COVID time⁷. Another report by a group of researchers shows that suicide was the leading cause of death in the 300 non-COVID deaths in India during initial one and a half months of lockdown⁸.

Such data are alarming and warrant the need to assess the gravity of the problem, the factors responsible and the preventive actions which can be taken at individual, societal, and policy level.

Probable factors for suicides

During the COVID 19 era, a new set of factors leading to suicides has emerged. Fear of getting infected, social stigma of the disease, social distancing, isolation, anxiety, depression, lack of information and knowledge, domestic violence, migrants displaced and financial turmoil can be few factors leading to the drastic step of suicide.

Social cut-off

In these times of social media, socialization by physical means had already taken a back seat. With advent of COVID 19, people have been pushed to cut off most of the ties with family and friends and limit them to virtual platforms. This has drastically affected the mental health of people especially the ones who are not very inclined to e-platforms or are

not very tech-savvy; our elderly being most susceptible to mental ailments. The reports like that of suicide by an elderly woman in Phagwara district Punjab in April 2020 are testimonies to this. The lady used to live alone in the house as all her daughters were married and lived away from her. Hence she was socially isolated after the lockdown and reportedly depressed because of this⁹.

Social stigma and misinformation

With information overload about COVID 19 on all channels whether it is on TV, radio, internet or others, people often end up baffled and clueless about the right information. With incidences like that of retraction of anti-HCQS papers from Lancet and New England Journal of Medicine (NEJM), the authentic information today can become false the day after¹⁰. This ambiguity of information and lack of clear and succinct guidelines about the origin, prevention and treatment of this novel disease has led to a large scale social stigma and anxiety in society, especially in countries like India, in which social fabric plays a very important role in the well being of the individuals. The suicide by an Indian Revenue Services (IRS) officer in New Delhi in June 2020, due the fear of spreading the disease to his family is a glaring example that even well read people are so ill-informed about the disease¹¹. Suicide by a German minister also shows the widespread crisis across the globe¹².

Increased stress among Healthcare workers

With highest degree of exposure to the virus, difficult working conditions, watching the COVID deaths each day, and increased infection rate despite taking the precautions; the healthcare workers bear the brunt face on. With more than tens of thousands healthcare workers infected and at least 70 doctors died due COVID 19, the situation is frightening for these Corona-warriors¹³. This can lead to burn out, stress, anxiety and depression in them. Multiple reports of suicide attempts and suicides in frontline healthcare workers have emerged in many countries. The incidences like the suicides by two healthcare workers in New York and by a post graduate lady doctor in Kolkata reveal the grim situation. Reportedly, in all these cases, the deceased were stable and normal before the pandemic and went into depression after doing the hospital duties treating COVID 19 patients¹⁴.¹⁵

Financial crisis

The disease and the lockdowns have given a big jolt to the economies of most of the countries. The situation is worse in middle to low income group

countries. The lockdowns adversely impacted the economy with businesses affected and jobs axed. According to the McKinsey' briefing note of 2nd July, 2020, globally 20 to 60 % of the household's decision makers fear for their own jobs, with more than half concerned about their future¹⁶. Lack of social support has worsened the situation in such depressed people. These factors have aggravated the pre-existing clinical and subclinical mental health conditions; leading to suicides in many cases. According to a research group, till May 02, 2020, India had witnessed more than 80 suicides with many owing the financial crisis⁸.

Workers' migration and livelihood crisis

This problem is peculiar to India and probably only a few other countries. With a large number of factory workers in industrialized cities coming from rural and poor areas of a handful of states, COVID 19 lockdown left them jobless. Lakhs of workers had to migrate back to their native places due to poverty, but still the livelihood crisis persisted. There have been reports of such jobless workers committing suicides¹⁷.

Domestic violence triggering suicides

With low economic growth, people are rendered jobless. Reports show that abusive husbands' ill-behavior has increased due to lockdowns and domestic violence has increased in many countries. The report of four Israeli women committing suicides during the pandemic because of domestic violence is such an example. Moreover, the report mentions increased cases of abused females with suicidal thoughts and behavior seeking help⁸. Such cases are suspected to be there in many other countries including India.

Social discrimination and boycott

Social distancing and social discrimination are two very separate things. There have been reports of people being boycotted and discriminated for being either COVID positive or even in ignorance. Suicide by a man in Una district in Himachal Pradesh showed that the social fabric of our culture needs to be maintained otherwise it will have dreadful results⁹.

Inability to access community and religious places

Social health is important, and so is the spiritual health. People socialize in community events like in clubs and functions. Religious places like temples, churches and mosques play very vital role in maintaining the social relations and mental stability of people. It is known that the frequent visitors to religious places have less mental ailments and commit significantly less suicides. Hence restricted access

to these places can be one of the contributory factors to the pandemic of suicides²⁰.

Decreased access to mental health treatment

Many hospitals are converted to COVID 19 dedicated hospitals. COVID screening is done in every healthcare setup. It has become difficult to access psychiatrists and psychologists and seek mental health treatment²⁰. This can be one triggering factor.

Neglect of other diseases

The planned surgeries are postponed. Government and hospitals are focusing on COVID more and other diseases are neglected. Decreased footfall in screening OPDs and other curative OPDs can lead to neglect, progression or worsening of other organic diseases including cancers, heart diseases, diabetes etc. These chronic diseases are known to be stressors and can cause anxiety and depression which can lead to suicidal tendencies²⁰.

Remedial Actions/Recommendations

While the medical scientists worldwide are working to come up with the drugs and vaccines for COVID 19, there is an urgent need to address the problem of this growing pandemic of mental illness and suicides. With these known triggers and factors leading to the increased suicide cases, we need to make sure we address them and support the susceptible individuals. There are many strategies to contain the mental illnesses and suicides. Some are already implemented and few are proposed to be considered at policy level as well as individual level.

Strategies at Individual/societal level

Deferring the illness: Prevention strategies

People can prevent themselves from getting infected and from the resulting mental trauma by few simple measures like using a mask/face cover with proper fitting, maintaining adequate distance from others, and avoiding going to public places unless it is extremely urgent. While on workplace or outside home, avoid touching any surfaces and practice frequent hand washing with soap and water for at least 20 seconds.

Combating misinformation

The Arogya Setu mobile application is developed by the government of India to "protect yourself, your family and friends and help our country in efforts to fight COVID-19". This app tracks the interaction with someone tested COVID-19 positive through a Bluetooth and location generated social graph. This app has self assessment test, instructions to self-isolate, several informative videos like the "Break the

Stigma”, and guidance by top doctors of the nation¹. The app shall be downloaded and used by one and all. This will go a long way in preventing anxiety and misinformation.

Physical distancing and not social distancing

Physical distancing shall be practiced everywhere. Social events like parties, processions etc should be avoided. However it’s a good idea to connect to people through the telephone or electronic media. This helps in building social bonds and reduces the anxiety and stress, which are often the factors responsible for suicides.

Socialize within family

Spending time with family relieves stress. Special attention need to be given to adolescents and aged people at home.

Develop hobbies

Lockdowns have given adequate time to people to develop new hobbies or revive the old ones. Engagement in hobbies is a stress buster and can help preventing the mental burnout from the negative news surrounding us.

Develop skills

Skill enhancement is another constructive activity which should be considered in the COVID era. Enhanced skills whether they are job related skills or life skills help in giving meaningful purpose to the life.

Practice Yoga

Yoga means Union. This union can of one’s soul with the supreme soul or the union of mind, body and the soul. Yogic practice is known to alleviate many mental illnesses and boost immunity. This will help the body and mind to be in a better state to fight the infection.

Exercise and Diet

Exercise and nutritious diet are vital to maintain good immunity and proper mental and physical health and will help tide over the mental exhaustion and stress.

Avoid too much of news and negative information about the COVID 19 pandemic

Information bombardment can lead to preoccupation of thoughts by that information. This applies more to the negative news and COVID is a suitable example for the same. Media is focusing on COVID news and delivering information, sometimes half baked and from unreliable sources. Hence information from reliable sources like government data, government websites and Arogya Setu app should be considered for taking information. Any uploading or forwarding of unauthentic information should be avoided.

Seek and provide help

If one thinks that he is encountering anxiety, stress or depression due to any reason, he should seek help from the healthcare providers. Telemedicine is legal and is practiced widely now. Most of the psychiatrists and psychologists are practicing through telemedicine, with few also opening the clinics. Further, mental health/psychiatry OPDs are also functional in many government and private hospitals. Mental health helplines are another important modality to seek help.

If one observes changed behavior, increased stress, or suicidal thoughts in a known person, he should be made to approach the facilities as mentioned above. Sometimes these clues can be obtained from the phrases like ‘being fed up of life’, ‘tired of life’ ‘purposeless life’, ‘no one loves me’, ‘I am useless’ etc. This act of solidarity and care can save someone’s life.

Policy interventions

Early detection of mental health problems and suicidal behaviors

First and foremost, early detection of mental illnesses and of suicidal behavior is essential. We won’t be able to fight the pandemic unless we identify the susceptible people and do the requisite interventions. We need to come up with easy and reproducible scales for assessing the depression and anxiety especially focusing on the COVID 19 times. One such scale has been developed by Lee et al, and needs to be adopted or modified according to regional needs²².

Mental Health assessment of COVID 19 positive patients in healthcare and societal settings

COVID-19 patients encounter high levels of anxiety and stress. Their mental health assessment shall be done both in healthcare set-up and in societal settings. This interaction needs to be done on frequent basis and help if needed should be provided to them on priority.

Tele-counseling/ helpline

On March 30th 2020, NIMHANS launched a national helpline (080-46110007) to provide counseling on mental health and psycho-social issues related to the pandemic and lockdown. The availability of vernacular languages and dedicated healthcare warriors helpline make it even more effective. There are many such helplines by state governments and NGOs, which are being utilized for the work²³.

More 24-hour mental health help-lines should be started and their popularity should be increased through all the government platforms, media including

social media, and through private players. Associated round the clock crisis support teams should be formed for any immediate intervention if needed.

Multisectoral approach

Mental health is related to many factors including social, financial, spiritual and physical health. Government has rightly taken steps with “Unlock- 1 and 2” in opening businesses, religious places and public transport to a limited extent, normalizing the lives of people. Policy intervention for the multisectoral approach should be considered for containing the pandemic of mental illnesses and suicides.

Conclusion

COVID-19 is a modern world challenge and so are the mental disorders and suicides being increased during the pandemic. While we fight the COVID-19, it is imperative to acknowledge, prevent and fight the growing pandemic of mental illnesses and suicides at individual, societal and policy level through a pragmatic approach.

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