

Covid-19 and Suicide Prevention

Diego De Leo

Prof. Diego De Leo (the head of Slovene Centre for Suicide Research and professor of Psychiatry at the Griffith University in Brisbane, Australia), is considered as one of top five world leading experts in suicidology by international professional and scientific public. His research expertise includes definitional issues in suicidology, culture and suicide, international trends and national suicide prevention programs. He received numerous world renowned awards for his scientific work. His bibliography includes over 420 peer-reviewed articles and 180 book chapters.

Abstract. The SARS-CoV-2 pandemic – which causes Covid-19 – is feared to cause a confluence of risk factors capable of increasing suicidal behaviours. Policies to combat infection, such as social distancing, social isolation and quarantine, can have negative effects on vulnerable people such as the elderly and those with mental illness. The increased sense of disconnection from society, physical estrangement and the loss of the usual social and work opportunities can provoke feelings of loneliness and social isolation, which are well-known risk factors for suicide, especially in late life. Quarantine itself has been associated with psychological distress, especially when prolonged, as demonstrated by the previous SARS outbreak. Rationing of resources, frustration and boredom, fear of infection, insufficient or contradictory information are all stressful factors associated with poor mental health outcomes. Anxiety, depression and stress-related disorders are common consequences of emergency situations, especially if long-lasting. In addition, during the pandemic, people with mental conditions may find obstacles to accessing continuous treatment, including regular access to drugs and medical checks. As happened in Italy, people residing in nursing homes can be particularly at risk of abandonment with inadequate resources, overwhelmed staff and lack of contact with family members. People who report to emergency departments with suicidal behaviours may also be disadvantaged due to lengthy cues with priority given to suspected Covid-19 cases, resulting in suboptimal levels of care, which can potentially affect suicide numbers. As happened with the economic crisis between 2008–2010, it is particularly feared that the Covid-19 pandemic will provoke a global recession, capable of causing a significant number of ‘economic suicides’ through mechanisms such as loss of employment and indebtedness, and housing insecurity.