

# IIMHL & IIDL Leadership Briefing XXVIII

## Suicide prevention and Covid-19

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### Introduction

Many countries are predicting an increase in suicide rates due to many negative factors associated with COVID-19 (for example unemployment, mental distress/ PTSD, addiction, violence & homelessness and other social and economic factors).

As a result, countries are looking at strategies to alleviate suicide increases, and this Briefing shows the suggested solutions to this impending problem.

### Ireland

#### **Health Service Executive (HSE) Strategy & Planning and the HSE National Office for Suicide Prevention (NOSP): COVID-19: What does it mean for the implementation of Connecting for Life?**

This briefing looks at the implications of COVID-19 for the implementation of Ireland's National Strategy to reduce deaths by suicide – Connecting for Life - over the next two years. The paper identifies some key challenges and opportunities for strategy leads.

We give further consideration to the implications of COVID-19 on the implementation of the national strategy over the next two years, including: the indirect impacts of lockdown on social isolation and loneliness, lack of exercise, poor diet, and alcohol and drug misuse, increased levels of domestic violence, unemployment and poverty. The implementation of the national strategy also occurs within the context of two new developments in recent months:

- The launch of Sharing the Vision: A National Mental Health Policy for Everyone
- The initiation of a COVID-19 Health Sector National Psychosocial Response Project.

The report looks at:

- Likely impact of COVID-19 on specific population groups
- Likely impact of COVID-19 on mental health presentations, referral processes, pathways of care and provision of appropriate interventions, including evidence based psychotherapeutic treatments (i.e. Talk Therapies)
- Social issues as emerging risk factors underpinning suicide prevention

- Impact of COVID-19 on mental health service delivery

<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/covid19-and-connecting-for-life.pdf>

## Australia

### **Suicide Prevention Australia & Wesley Foundation: Reducing distress in the community following the COVID-19 pandemic**

June 2020

A popular analogy describing the impact of the COVID-19 crisis is, 'we're all in the same storm, but not in the same boat'. This bears out in our experience at Wesley Mission, with some people reaching a point of crisis within days and many others who, after months of increased isolation or having depleted their available resources, will find themselves in crisis even after the significant threat of the virus has passed.

Understanding the social and economic factors that underlie distress and increase people's vulnerability to suicidality is critical if we are to address the important secondary impacts of this pandemic.

This is an important departure from a mental health specific approach, which fails to consider the many Australians in distress who do not experience mental illness but are in crisis because of their life circumstances. People who are out of work, who are experiencing violence at home, who are homeless or who have a drug or alcohol addiction and are vulnerable to distress and suicidality.

Twelve recommendations are outlined. These are described under the following headings:

- Economic review
- Domestic violence
- Social isolation
- Substance abuse and alcohol consumption
- Homelessness
- Role of media

[https://www.suicidepreventionaustralia.org/wp-content/uploads/2020/07/White-Paper\\_Reducing-distress-following-the-COVID-19-pandemic.pdf](https://www.suicidepreventionaustralia.org/wp-content/uploads/2020/07/White-Paper_Reducing-distress-following-the-COVID-19-pandemic.pdf)

## Canada

### **Elsevier Public Health Emergency Collection: Projected increases in suicide in Canada as a consequence of COVID-19**

August 2020

Macroeconomic indicators, notably unemployment, are significant moderators of suicide. We projected the number of excess suicides in Canada as a consequence of the impact of COVID-19 on unemployment.

We recently reported that the rapid rise in unemployment as a result of the COVID-19 pandemic is predicted to result in 3,235-8,164 excess suicides between 2020 and 2021, representing a 3.3-8.4% increase in suicides per year from the 2018 rate of 48,432 suicides in the USA. Herein, we replicate and extend our previous findings and project the number of excess suicides in Canada as a consequence of the impact of COVID-19 on unemployment.

In the current study we found that the abrupt increase in unemployment in Canada is associated with an increase in deaths due to suicide.

The results of our analysis underscore the urgency of prioritizing access to mental healthcare and the provision of psychological first aid. The COVID-19 pandemic has accelerated the implementation of telemedicine/telehealth; clinicians are encouraged to incorporate the assessment of mental health amongst all patients, including, but not limited to, those previously diagnosed with mental illness.

*“A policy approach to managing the COVID-19 pandemic needs to be informed by the projection of possible suicides to prevent excess suicides in the context of the COVID-19 pandemic.*

*We see a role for primary, secondary, and tertiary prevention. For example, wage subsidies, forbearance on financial obligation, government support of small business, work retraining programs, and access to community-based support programs can all serve as primary prevention. We also believe that the creation of virtual, as well as conventional, services that provide timely access to high quality mental health assessment and, where appropriate, specific treatment for persons at risk of mental illness are urgently needed. Finally, we assert that specialized services with an emphasis on psychiatric first aid available in communities and co-localized with other medical services will be especially relevant as a mechanism to reduce suicide at this time.”*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7236718/>

## US

### Suicide Prevention Resource Center: Treating patients during COVID-19 2020

This set of resources includes three videos on client contact:

#### 1. Initiating and Maintaining Remote Contact

Hear recommendations for initiating and maintaining remote contact with clients who may be at risk for suicide, with an emphasis on gathering specific information to access the client and their supports in the event of an emergency, preparing for technology interruptions, and best practices to include at every visit.

## 2. **Assessing Suicide Risk**

Learn tips for assessing the suicide risk of clients remotely.

## 3. **Developing a Safety Plan Remotely**

Listen to guidance on developing a safety plan remotely, highlighting how the process is the same—and different—from safety planning in person.

In addition there are the following documents:

- [COVID-19: Adult Suicide Risk Screening Pathway](#) and [COVID-19: Youth Suicide Risk Screening Pathway](#) - Use these suicide risk screening pathways from the National Institute of Mental Health's *Ask Suicide-Screening Questions (ASQ) Toolkit* during telehealth screenings (e.g., phone, video).
- [Patient Safety Plan Template](#) - Use this fill-in-the-blank template to develop a safety plan with a patient who is at increased risk for a suicide attempt.

<http://www.sprc.org/resources-programs/treating-suicidal-patients-during-covid-19>