International Perspective on Covid-19 and Suicide Prevention

Russian scientific and practical web-conference with international participation and the WHO support organized for World Suicide Prevention Day

9th September 2020

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Challenges related to suicide prevention during Covid-19

- Unprecedented situation
- Reduced access to mental health and support services and changes in delivery of mental health services
- Redeployment of specially trained staff in suicide prevention
- Absence of real-time data on suicide
- Responding to ‘new’ emerging vulnerable and at risk groups
- Limited interdisciplinary collaboration in suicide prevention

International Covid-19 Suicide Prevention Research Collaboration (ICSPRC)- Objectives and scope of international collaborations

- Established in March 2020
- Main objective: Pool international expertise in suicide prevention and research about the impact of the pandemic on suicidal behaviour and to identify suicide prevention and research priorities
- International scope:
  International Association for Suicide Prevention (IASP)
  International Academy for Suicide Research (IASR)
  American Foundation for Suicide Prevention (AFSP)
  World Health Organization (WHO), including evidence briefs and advisory input United Nations (UN)
- ICSPRC currently represents 67 members from countries covering all continents

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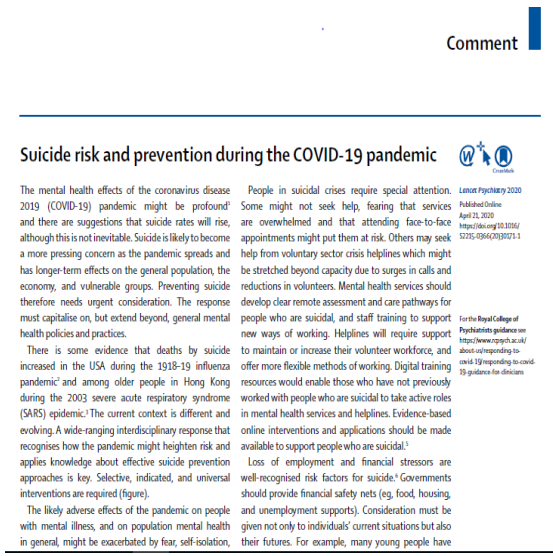
Impact of ICSPRC on policy and practice – Examples

- Rapid dissemination of important research outcomes and publications informing international suicide prevention policy and at country level, e.g.

- Routinely available data on suicide, not yet published
- Pre-publication research data and findings that may inform policy, but are going through peer review

- ICSPRC contributed to the UN Policy Brief: *COVID-19 and the Need for Action on Mental Health* (UN, 2020).

- Impact of ICSPRC international consensus statement (Gunnell et al, 2020) on pro-active approaches by national governments to consider COVID-19 related priorities in national suicide prevention programmes



Comment

Suicide risk and prevention during the COVID-19 pandemic

The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound[1] and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration. The response must capitalise on, but extend beyond, general mental health policies and practices.

There is some evidence that deaths by suicide increased in the USA during the 1918–19 influenza pandemic[2] and among older people in Hong Kong during the 2003 severe acute respiratory syndrome (SARS) epidemic.[3] The current context is different and evolving. A wide-ranging interdisciplinary response that recognises how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key. Selective, indicated, and universal interventions are required (figure).

The likely adverse effects of the pandemic on people with mental illness, and on population mental health in general, might be exacerbated by fear, self-isolation,

People in suicidal crises require special attention. Some might not seek help, fearing that services are overwhelmed and that attending face-to-face appointments might put them at risk. Others may seek help from voluntary sector crisis helplines which might be stretched beyond capacity due to surges in calls and reductions in volunteers. Mental health services should develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working. Helplines will require support to maintain or increase their volunteer workforce, and offer more flexible methods of working. Digital training resources would enable those who have not previously worked with people who are suicidal to take active roles in mental health services and helplines. Evidence-based online interventions and applications should be made available to support people who are suicidal.[5]

Loss of employment and financial stressors are well-recognised risk factors for suicide.[6] Governments should provide financial safety nets (eg, food, housing, and unemployment supports). Consideration must be given not only to individuals' current situations but also their futures. For example, many young people have

Lancet Psychiatry 2020
Published Online April 21, 2020
https://doi.org/10.1016/S2215-0366(20)30171-1

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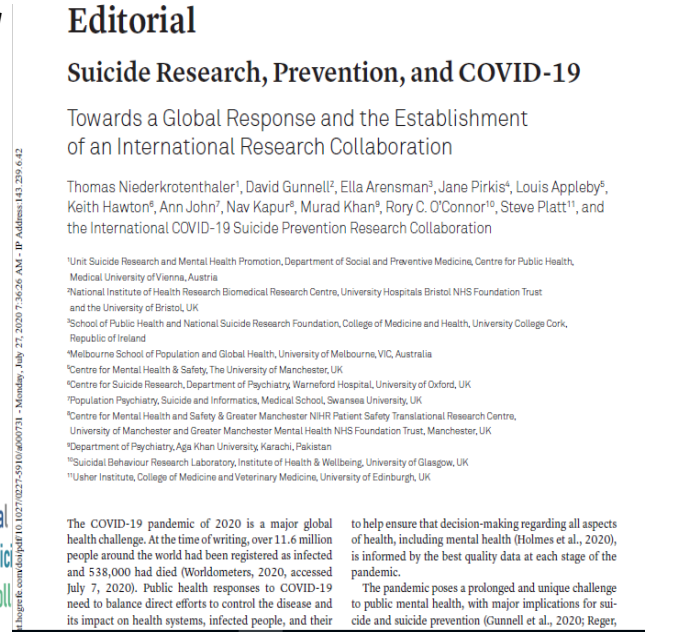

Editorial

Suicide Research, Prevention, and COVID-19

Towards a Global Response and the Establishment of an International Research Collaboration

Thomas Niederkrotenthaler[1], David Gunnell[2], Ella Arensman[3], Jane Pirkis[4], Louis Appleby[5], Keith Hawton[6], Ann John[7], Nav Kapur[8], Murad Khan[9], Rory C. O'Connor[10], Steve Platt[11], and the International COVID-19 Suicide Prevention Research Collaboration

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The COVID-19 pandemic of 2020 is a major global health challenge. At the time of writing, over 11.6 million people around the world had been registered as infected and 538,000 had died (Worldometers, 2020, accessed July 7, 2020). Public health responses to COVID-19 need to balance direct efforts to control the disease and its impact on health systems, infected people, and their

to help ensure that decision-making regarding all aspects of health, including mental health (Holmes et al., 2020), is informed by the best quality data at each stage of the pandemic.

The pandemic poses a prolonged and unique challenge to public mental health, with major implications for sui-cide and suicide prevention (Gunnell et al., 2020; Reger,

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The impact of epidemics and pandemics on suicide, self-harm and suicidal ideation

- Systematic review identified 8 primary studies were published between 1992 and 2017 and examined the effects of epidemics including the Great Influenza Epidemic, Russian influenza, Severe Acute Respiratory Syndrome (SARS) and Ebola Virus Disease (EVD).

- Despite methodological limitations, the studies indicated a possible impact of the SARS epidemic on suicide deaths in Hong Kong, in particular among women and among older adults during and following the epidemic.

- Data from the Great Influenza Pandemic (1918) and Russian influenza (1889-1893) also indicated an association with suicide deaths.

Zortea et al, in press, 2020

Can we expect an increase in suicide and self-harm during Covid-19?

- Based on first reports from countries with access to real-time suicide mortality data, the findings are mixed, with some countries showing a stabilisation or a decrease in suicide cases during March – May/June and some countries showing an increase

- Suicide rates depend strongly on the lethality of the methods and the proportion of hidden suicides. Lockdown measures may trigger a shift with reduction of highly lethal methods that are often performed outdoors e.g. drowning, railway suicides etc. towards less lethal means such as intoxications that have a higher survival rate.

- Examination of narratives of real-time suicide data shows an increase in Covid-19 related suicides among people with pre-existing mental health conditions.

Selective and indicated interventions
(Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals)

Universal interventions
(Target the whole population and focus on particular risk factors without identifying specific individuals with those risk factors; designed to improve mental health and reduce suicide risk across the population)

Mental illness	Experience of suicidal crisis	Financial stressors	Domestic violence	Alcohol consumption	Isolation, entrapment, loneliness, and bereavement	Access to means	Irresponsible media reporting
Mental health services and individual providers Deliver care in different ways (eg, digital modalities); develop support for health-care staff affected by adverse exposures (eg, multiple traumatic deaths); ensure frontline staff are adequately supported, given breaks and protective equipment, and can access additional support **Government** Adequate resourcing for interventions	**Mental health services and individual providers** Clear assessment and care pathways for people who are suicidal, including guidelines for remote assessment; digital resources to train expanded workforce; evidence-based online interventions and applications **Crisis helplines** Maintain or increase volunteer workforce and offer more flexible ways of working; digital resources to train expanded workforce; evidence-based online interventions and applications **Government** Adequate resourcing for interventions	**Government** Provide financial safety nets (eg, food, housing, and unemployment supports, emergency loans); ensure longer-term measures (eg, active labour market programmes) are put in place	**Government** Public health responses that ensure that those facing domestic violence have access to support and can leave home	**Government** Public health responses that include messaging about monitoring alcohol intake and reminders about safe drinking	**Communities** Provide support for those who are living alone **Friends and family** Check in regularly, if necessary via digital alternatives to face-to-face meetings **Mental health services and individual providers** Ensure easily accessible help is available for bereaved individuals **Government** Adequate resourcing for interventions	**Retailers** Vigilance when dealing with distressed individuals **Government and non-governmental organisations** Carefully framed messages about the importance of restricting access to commonly used and highly lethal suicide methods	**Media professionals** Moderate reporting, in line with existing and modified guidelines

Gunnell et al, 2020

Mental health and work-related factors associated with suicide risk during Covid-19

- Economic insecurity and closure of businesses could lead to 59 million jobs at risk in Europe and global job losses are estimated to be over 200 million, with 40% of the workforce employed with limited access to health services and social protection.

- Current forecasts indicate that two of three jobs at risk are in SMEs, where almost 93% of the European Union workforce are employed.

- Within this context, people with pre-existing mental health problems are twice as likely at risk to become unemployed.

- Therefore, it is imperative that mental health interventions at the workplace, and in particular in SME settings, need to be prioritised.

McKinsey et al 2020; Holmes et al, 2020

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Recommended actions

- Expand and strengthen interdisciplinary collaboration in suicide prevention and research during Covid-19

- Prioritise access to real-time suicide mortality data

- Prioritise evaluation and enhancement of new ways of working to conduct assessments and deliver mental health services to people presenting with self-harm and suicide risk, including new care pathways, remote consultation, and increased use of telemedicine and digital interventions.

- Prioritise research into knowledge gaps, e.g. neurological complications of Covid-19, long-term impacts of Covid-19 on young and older people, and protective factors mitigating suicide risk among vulnerable people

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The likely adverse effects of the pandemic on people with mental illness, and on population mental health in general, might be exacerbated by fear, self-isolation, People in suicidal crises req Some might not seek help, are overwhelmed and that attending face-to-face appointments might put them at risk. Others may seek help from voluntary sector crisis helplines which might be stretched beyond capacity due to surges in calls and reductions in volunteers. Mental health services should develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working. Helplines will require support to maintain or increase their volunteer workforce, and offer more flexible methods of working. Digital training resources would enable those who have not previously worked with people who are suicidal to take active roles in mental health services and helplines. Evidence-based online interventions and applications should be made available to support people who are suicidal.[5]

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World Health Organization

Mental health and psychosocial considerations during the COVID-19 outbreak

18 March 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic.

WHO and public health authorities around the world are acting to contain the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

Messages for the general population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.

2. Do not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their life will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma.

Policy Brief: COVID-19 and the Need for Action on Mental Health

13 MAY 2020

United Nations

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World Suicide Prevention Day
Working Together to Prevent Suicide
September 10, 2020

progress knowledge
opportunity
mentorship
prevention
awareness
resilience
listen lead
raising strategy
collaboration

Suicide prevention remains a universal challenge. Every year, suicide is among the top 20 leading causes of death globally for people of all ages. It is responsible for over 800,000 deaths, which equates to one suicide every 40 seconds.

Every life lost represents someone's partner, child, parent, friend or colleague. For each suicide approximately 135 people suffer intense grief or are otherwise affected. This amounts to 108 million people per year who are profoundly impacted by suicidal behaviour. Suicidal behaviour includes suicide, and also encompasses suicidal ideation and suicide attempts. For every suicide, 25 people make a suicide attempt and many more have serious thoughts of suicide.

Suicide is the result of a convergence of genetic, psychological, social and cultural and other risk factors, sometimes combined with experiences of trauma and loss. People who take their own lives represent a heterogeneous group, with unique, complex and multifaceted causal influences preceding their final act. Such heterogeneity presents challenges for suicide prevention experts. These challenges can be overcome by adopting a multilevel and cohesive approach to suicide prevention.

Preventing suicide is often possible and you are a key player in its prevention! You can make a difference – as a member of society, as a child, as a parent, as a friend, as a colleague or as a neighbour. There are many things that you can do daily and also on World Suicide Prevention Day (WSPD), to prevent suicidal behaviour. You can raise awareness about the issue, educate yourself and others about the causes of suicide and warning signs for suicide, show compassion and care for those who are in distress in your community, question the stigma associated with suicide, suicidal behaviour and mental health problems and share your own experiences.

It takes work to prevent suicide. The positive benefits of this work are infinite and sustainable and can have a massive impact. The work can affect not only those in distress but also their loved ones, those working in the area and also society as a whole. We must endeavour to develop evidence based suicide prevention activities that reach those who are struggling in every part of the world.

Joining together is critical to preventing suicide. Preventing suicide requires the efforts of many. It takes family, friends, co-workers, community members, educators, religious leaders, healthcare professionals, political officials and governments. Suicide prevention requires integrated strategies that encompass work at the individual, systems and community level. Research suggests that suicide prevention efforts will be much more effective if they span multiple levels and incorporate multiple interventions. This requires the involvement of interventions that occur in communities and involve social and policy reforms, as well as interventions that are delivered directly to individuals. To reach our common goal in preventing suicidal behaviour we as the public, we as organisations, we as legislators and we as members of society must work collaboratively in a coordinated fashion, using a multidisciplinary approach.

Everyone can make a contribution in preventing suicide. Suicidal behaviour is universal, knows no boundaries so it affects everyone. The millions of people affected each year by suicidal behaviour have unique insight and unique voices. These experiences are invaluable for informing suicide prevention strategies and influencing the provision of supports for suicidal people and those around them. The involvement of people with lived experience of suicide in research, evaluation and intervention should be central to the work of every organisation addressing suicidal behaviour.

World Suicide Prevention Day Cycle Around the Globe

For further information, contact:

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Всемирный день предотвращения самоубийств
Работая Вместе Предотвратим суицид!
10 сентября 2020 года

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