

Suicidal Behavior and COVID-19: Literature Review

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The year was 2020, the likes not seen in more than one hundred years; our last pandemic. The 2019 novel coronavirus disease (COVID-19) began slowly, like a skyscraper's initial destruction. However, COVID-19 swept the world with a tsunami of illness and death that caught everyone off-guard within a short time. On the battlefield was the nurse. As ill clients entered hospitals, on the front-line was the nurse that gave unconditional care to clients. The range of clients was from an overabundance that was ill to many of them that later died. However, this literature review looks at the psychosocial point-of-view of COVID-19. This study gives the nurse evidence-based information about the increasing number of clients who had suicidal ideation, suicide attempts, and self-harm during COVID-19 compared to prior years before the pandemic (Dube et al., 2021). Also, inside this literature review, written articles compare the lexicon and content from December 2019 to April 2020 show suicide and covid as the most numerous words listed (Junior et al., 2021). Lastly, comparing the time between January 1st to June 30th for 2019 and 2020, respectively, an article on the increase of crisis hotline calls to a center in Israel showed a rise in suicide-related issues (Zalsman et al., 2021).

Suicide Behaviors During the COVID-19 Pandemic: A Meta-Analysis of 54 Studies

COVID-19 is believed to be the reason that people had severe coping mechanism challenges. As people dealt with the different aspects of becoming ill or family members dying, losing their income and housing, having no food, or just the fear of COVID-19, suicide behaviors increased. In this article, Dube et al. (2021) meta-analyzed data from 308,596 clients across 54 studies. Their results were that suicidal behaviors increased during this pandemic as compared to times before the pandemic. Furthermore, they found that specific groups and their location were

directly proportional to an increase in suicidal behaviors. They also suggested that certain groups should step up to assist people with suicidal issues.

Key Points

Dube et al. (2021) compared prior years of suicidal behavior to the COVID-19 pandemic during their meta-analysis. They found suicide ideation went up nearly eleven percent, suicide attempts went up almost five percent, and self-harm went up almost ten percent during the COVID-19 pandemic. In addition, they found that younger people, women, and people from democratic countries were most prone to suicide ideation during the COVID-19 pandemic.

Dube et al. (2021) also pointed out that governments need to do their part:

- put in place a reduction in the way people get guns and other weapons
- reduce things that suicide victims have access to, like alcohol and drugs
- decrease economic stressors like job protection

Assumptions

The authors were thinking, was there an increase in mental health behavior during COVID-19? This virus took people apart just like one puts away a one-thousand-piece jig-saw puzzle. COVID-19 broke the whole down to pieces. Since these pieces were hard to put back together because of government restrictions, no immediate cure, crowdedness in the hospitals, separation between client and friends and family, and many more examples, those pieces brought forth confusion, fear, and anger. One could not rely on the past ways to put things back together because the circumstances were different: Instead of just a short time of restrictions, it went on for months. Instead of quickly developing a cure, nobody knew initially how this virus worked. If you do not understand how it works, you cannot put it back together. Instead of visiting the

hospital, if one was unfortunate, one stayed there under the severe duress of loneliness because no client could be seen. These and more issues brought forth inadequate coping mechanisms leading people to an increase in suicide ideations, suicide attempts, and self-harm compared to pre-COVID-19 years. The assumption of an increase in mental health behaviors correlates directly with COVID-19, as evidenced by this meta-analysis.

Deficit/Conclusion

Dube et al. (2021) concluded that their meta-analysis was thorough, looking at their inspected cases. They found that suicidal behavior increased during the COVID-19 pandemic. Furthermore, they found that younger people, women, and people from democratic countries were most prone to suicide ideation during the COVID-19 pandemic.

They also mentioned that governments should need to do their part. These ideas are required to combat the psychological challenge of the COVID-19 pandemic. However, this is more utopic than realistic. The assumption is to put these ideas into action. These actions are impossible. As long as there are humans, factors like greed and not working together will always exist. More specifically, the exact genesis of this virus has still not been discovered.

This article relates to the nurse, albeit in a mental health facility, an emergency room, or an out-patient clinic. The unknown increase in suicidal behaviors, like ideations, attempts, and self-harm, was directly proportional to the COVID-19 pandemic. The nurse understands that a future rise in mental health situations may be due to what is socially happening, as this article explains.

For example, if another dramatic situation happens, like clients losing their job and home. Clients' friends and family members becoming gravely ill or dying. Alternatively, just the lack of

interaction with other people pushing clients toward unsatisfying results, as their coping skills lack strength. The nurse will forge onward with medical assistance to medically and mentally ill people because of some catastrophe.

The Impacts of SARS-CoV-2 Pandemic on Suicide: A Lexical Analysis

In this article, Junior et al. (2021) stated that during a severe crisis, the mental health of the general population, and especially psychiatric people, is neglected. As COVID-19 continued being virulent, those vulnerable or in a vicarious position (homeless, mental illness, and so forth) recognized suicide behavior as a likely outlet against emotional and behavioral reactions. Suicide behavior increased as time went on as many issues affect the general population. The economy worsened, propagated negative or “fake” news swirled about, and poverty and social isolation became more widespread. Fewer mental health workers with fewer resources made the vulnerable riskier toward suicide behavior. This lexical and content analyzed articles where descriptors of “suicide,” “covid,” “health,” “mental,” and “social” were identified in regards to COVID-19. In other words, these words were identified the most in these articles and their association with COVID-19. The range of literature was from December 2019 to April 2020. Its conclusion showed “method for psychological treatment” and “strategies to minimize the COVID-19 impacts” represented 50.6% represented the text segments. “Signs of clinical depressions” and “COVID-19 pandemic as a public health problem” served as the other text segments.

Key Points

Junior et al. (2021) said a concerted attempt with civil society, governments, and medical groups needed to upgrade their emergency care and health policies to assists people, in pandemic

times. These times worsens when industries and commerce collapses. It declines when people cannot buy basic household needs.

Globally, suicide behavior was the 18th leading cause of death in 2016. That figure breaks down to one in forty deaths. As of December 30, 2020, there were more than eighty million cases of COVID-19 and nearly 1.8 million deaths in more than two hundred countries (Junior et al., 2021).

Quarantine's impact on adults and children worsened. They had more insomnia, denial, stress, anger, and so forth. In addition, the use of smoking, alcohol, and illicit drugs soared (Junior et al., 2021).

In chronological order, suicide, followed by covid, health, mental, and social, were the main word found in these articles during this short period between December 2019 and April 2020. These lexical and content words showed how vulnerable society was (Junior et al., 2021).

Assumptions

The authors found that during this period between December 2019 and April 2020, more signs pointed to suicide behaviors as an avenue to relieve oneself from emotional and behavioral reactions like fear, anger, and loneliness. In a Chinese study, people infected with COVID-19 suffered more than usual with these reactions. The assumption of facing suicide behavior during this period of social isolation, lack of proper resources, and decreasing health professionals and facilities were factors of suicidal ideation, as evidenced by this lexical and content analysis (Junior et al., 2021).

Deficit/Conclusion

Junior et al. (2021) found during their analysis of various articles, the number of people whose mental health was damaged was more significant than the number of people affected with COVID-19. Many people suffered. Suicidal behaviors became an issue as COVID-19 continued spreading. People were distressed as the economy falters, with the vulnerable suffering the most. In ordinary life, living can be challenging. However, in the grasp of a pandemic, those with suicidal ideations suffer more. Another reason nurses need to be aware of patterns during social events like COVID-19. Nurses can observe this trend of suicide behavior rise during endemics and pandemics and be hopefully prepared.

Suicide-Related Calls to a National Crisis Chat Hotline Service During the COVID-19 Pandemic and Lockdown

Were there more crisis hotline calls during the COVID-19 period, which was 2020, compared to the prior year, 2019? Were the call volumes higher in 2020 with the topics of loneliness, depression, anxiety, and suicide than in 2019? These questions were what Zalsman et al. (2021) sought as they performed an assessment comparing the time between January 1st to June 30th for 2019 and 2020, respectively. Although 9743 calls came through, only 6756 were answered by volunteers, possibly due to insufficient volunteer workers. The internet crisis hotline organization was in Israel. Chats were from age ten-year-old and up.

Key Points

The total number of chats for 2020 was 48% higher than the same range in 2019. Calls related to depression, loneliness, and anxiety did not differ between the two years. However, depression calls were lower by 11% in 2020, whereas anxiety calls were higher by 3% in 2020.

Suicide-related calls were 35% higher in 2020 than 2019 but were lower in proportion to other issues of 2020 (Zalsman et al., 2021).

More women chatted about suicide than men in both years. In non-suicide chats, there was no gender difference. Suicide-related conversations amongst women were higher in 2020 than in 2019. However, in both years, the number of women on suicide-related chats was 17%. Men's suicide calls were 20% in 2019 and 14% in 2020 (Zalsman et al., 2021).

There were only 0.2% of the suicide-related chats with adults 50 years and over in 2019. However, there were 6% of the suicide-related talks with adults 50 years and over in 2020 (Zalsman et al., 2021).

Assumptions

The assumption that more suicide-related chats to suicide rates did not prove well. There were limitations. One was hotline chats do not predict suicide rates. Also, their sample was too small as they needed more than the hotline in Israel. Another issue was the nearly three thousand calls that did not get to a crisis counselor. What would those other numbers have represented? Lastly, chats are done more by the younger than the older generation, which again does not reflect the population adequately. However, they pointed out that the government and policymakers need to plan their prevention and treatment by doing more extensive analyses. By being prepared, the government can quell the tide of suicide ideation and the like. Being prepared also relates to nursing as they must be ready for an onslaught of medical issues when the situation warrants it (Zalsman et al., 2021).

Deficit/Conclusion

Zalsman et al. (2021) felt a correlation between more suicide-related chats to crisis hotlines during the COVID-19 pandemic than the previous period the year before. They based their decision on the conditions COVID-19 brought, which were quarantines, isolations, lockdowns, fear of disease, and other maneuvers that brought on impacts of confusion, anger, and post-traumatic stress symptoms, to name a few. There were more calls overall in 2020 as people were anxious, lonely, and depressed compared to the same period in 2019. They did find that lockdowns increased rates of depression and anxiety. In addition, they found that women usually talked, whereas men did not. Men not talking was a significant issue because successful suicide rates are higher in men.

Conclusion

The time was COVID-19. The question was, “Could there be a healthcare relationship between COVID-19 and suicide?” Dube et al. (2021) compared prior years of suicidal behavior to the COVID-19 pandemic during their meta-analysis. They found that suicide ideation went up nearly eleven percent, suicide attempts went up almost 5 percent, and self-harm went up nearly ten percent during the COVID-19 pandemic. Junior et al. (2021) stated that during a severe crisis, the general population's mental health, especially psychiatric people, is neglected. They looked at the lexicon of literature between December 2019 and April 2020, during the unknown etiology of COVID-19, and found the top main words used were suicide and covid, respectively. This formidable period showed suicide and covid were on the minds of many writings as statistics showed its prevalence. Zalsman et al. (2021) tried to show that Israel's crisis hotline, between January 1st to June 30th for 2019 and 2020, respectively, had received more suicide-related calls during COVID-19's period (2020). They did find that suicide-related calls increased in 2020 as compared to 2019. However, their finding was not as robust as they had liked.

This literature review shows overall, during COVID-19, suicide ideations were more prevailing than in comparative years. More people used the medical and mental health facilities during this time. Articles written during this period spoke more topics on suicide and covid while a crisis center received an increase of suicide-related calls. As discussed in the literature, government and healthcare can prepare for the onslaught of the sick and suicide-related clients during an unprecedented time by upgrading their emergency care and health policies to assist people next time there is an epidemic or pandemic.

Nursing practice can be prepared by reading articles related to pandemics and the like. Mental health and other nursing practices will see the rise in suicidal ideation, suicide attempts, and self-harm and be prepared to counteracting its insult as clients visit mental health facilities and hospitals. If healthcare programs and organizations prepare for the next microbe, nursing practice can be ready.

These articles were important in the evidence-based practice/quality improvement efforts as they tried to explain and correlate the increase of COVID-19 and the increase of suicidal-related issues. Updated written articles will be accessible by all medical members.

Healthcare will be better prepared to fight the vast known and unknown entities globally. Research provides the best solution for tomorrow and beyond. With superb research and hard-working healthcare personnel, the sick and mentally ill client can be promptly placed back into society.

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