



# COVID-19: THE NEED FOR INCREASED AWARENESS AROUND RISK FOR SUICIDE

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# COVID-19 AND SUICIDE

## Introduction

The COVID-19 pandemic has resulted in significant changes in social determinants of health, with rapid and drastic adverse effects on income, job security, education, availability of reliable food sources, and items to address daily needs; access to health and mental health services; and opportunities for social interaction. Stressful life events, such as these listed above, have been consistently identified as risk factors for suicide, independently of one's history of mental health symptoms.<sup>1</sup> In addition, mental health symptoms are regularly associated with suicide risk, and the current pandemic is rapidly increasing the number of new individuals experiencing mental health symptoms and exacerbating symptoms for those with a history of mental health problems. It is crucial for frontline providers of all disciplines to understand the increased risk of suicide during and following the pandemic.

## The Impact of the COVID-19 Pandemic

Mental health is significantly influenced by social, economic, and environmental conditions that affect not only individuals but entire populations.<sup>2</sup> This is certainly the case with the COVID-19 pandemic. During the pandemic, concerns about mental health and substance use have grown, including concerns about suicidal ideation. In January 2021, 41% of adults reported symptoms of anxiety and/or depressive disorder. In June 2020, 13% of adults reported new or increased substance use due to coronavirus-related stress, and 11% of adults reported thoughts of suicide in the past 30 days. [Suicide rates](#) have long been on the rise and may worsen due to the pandemic. Early 2020 data show that drug overdose deaths were particularly [pronounced](#) from March to May 2020, coinciding with the start of pandemic-related lockdowns.<sup>3</sup>



<sup>1</sup> Wang, Y., et al (2012). Recent stressful life events and suicide attempt: Results from a nationally representative sample. *Psychiatric Annals*. 42.101.10.3928/00485713-20120217-07.

<sup>2</sup> Shim, R. et al. (2014) Social Determinants of Mental Health: Overview and Call to Action. doi: 10.3928/00485713-20140108-04.

<sup>3</sup> Panchal, N., Kamal, R., et al. (2021). "The implications of COVID-19 for mental health and substance use." Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.



Though early studies have found that suicide rates may not have increased significantly during the early stages of the pandemic,<sup>4,5</sup> evidence also suggests that suicide rates often increase after immediate major crises such as natural disasters or pandemics have passed,<sup>6,7</sup> and clinicians must be prepared for how the “mental health implications of this ongoing pandemic might peak much beyond the infection.”<sup>8</sup> The lingering duration of the pandemic and the emergence of new COVID-19 variants such as Delta may only exacerbate this situation. Prior to the pandemic, suicide was found to be the 10<sup>th</sup> leading cause of death for all ages in the US, with over 47,000 individuals dying by suicide each year.<sup>9</sup> For individuals ages 10-34, suicide is the 2<sup>nd</sup> leading cause of death, after unintentional injury.

Suicide is a complex event resulting from many potential factors, particularly in light of the COVID-19 pandemic. One study found an increase in the risk for suicide associated with unemployment of 20 to 30 percent.<sup>10</sup> Gun sales, including increases in purchases made by first-time gun owners, have skyrocketed, with some states seeing up to a 4,000% increase in gun and ammo transactions.<sup>11</sup> This is particularly troubling as firearms are the most common method used in suicide deaths for men and the second most common method for women.<sup>12</sup>

Unemployment rates and access to lethal means are just two of the many risk factors primary care providers should consider to incorporate measures to identify patients at risk for suicide within their primary care practices.

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<sup>4</sup> Pirkis, J., John, A., Shin, S., DelPozo-Banos, M., Arya, V., Analuisa-Aguilar, P. 2021. “Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries.” *The Lancet* 8(7): 579-588. DOI:[https://doi.org/10.1016/S2215-0366\(21\)00091-2](https://doi.org/10.1016/S2215-0366(21)00091-2).

<sup>5</sup> Faust JS, Shah SB, Du C, Li S, Lin Z, Krumholz HM. Suicide Deaths During the COVID-19 Stay-at-Home Advisory in Massachusetts, March to May 2020. *JAMA Netw Open*. 2021;4(1):e2034273. doi:10.1001/jamanetworkopen.2020.34273

<sup>6</sup> Wasserman, D., Iosue, M., Wuestefeld, A., and Carli, V. 2020. “Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic.” *World Psychiatry* 19(3): 294-306. DOI: 10.1002/wps.20801.

<sup>7</sup> Lee, S. M., Kang, W. S., Cho, A., Kim, T., and Park, J. K. 2018. “Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients.” *Comprehensive Psychiatry* 87: 123-27. DOI: 10.1016/j.comppsy.2018.10.003.

<sup>8</sup> Banerjee, D., Kosagisharaf, J. R., and Rao, T.S. S. 2021. “‘The dual pandemic’ of suicide and COVID-19: A biopsychosocial narrative of risks and prevention.” *Psychiatry Research* 295. DOI: 10.1016/j.psychres.2020.113577.

<sup>9</sup> National Institute of Mental Health. 2021. “Suicide.” National Institute of Mental Health Information Resource Center. <https://www.nimh.nih.gov/health/statistics/suicide>.

<sup>10</sup> Nordt, C., Warnke, I., et al. 2015. “Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000-11.” *The Lancet* 2(3): 239-245. DOI: [https://doi.org/10.1016/S2215-0366\(14\)00118-7](https://doi.org/10.1016/S2215-0366(14)00118-7).

<sup>11</sup> Alcorn, C. 2020. “Gun sales surge as coronavirus pandemic spreads.” *CNN Business*. <https://www.cnn.com/2020/03/19/business/coronavirus-gun-sales/index.html>.

<sup>12</sup> National Institute of Mental Health. 2021. “Suicide.” National Institute of Mental Health Information Resource Center. <https://www.nimh.nih.gov/health/statistics/suicide>.

# WHAT HEALTHCARE PROVIDERS AND ORGANIZATIONS CAN DO

## Practical Steps to Address Suicide Risk During the COVID-19 Pandemic

- **Be aware of social determinants of health and how they may affect mental health and suicide risk.**  
Ask patients who are experiencing significant struggles directly about suicide.
- **Consider suicide screening for patients with a history of mental health symptoms.**  
Modify current screening protocols to screen or rescreen patients using the Patient Health Questionnaire-9 (PHQ-9), an evidence-based screening tool that includes questions about suicide. Ask patients of all ages about suicide, not just adults.
  - **Relevant Resources:** [Suicide Prevention in Primary Care: A Toolkit for Primary Care Clinicians and Leaders](#): Provides further details on common screening and risk assessment tools, including the PHQ-9 and Columbia-Suicide Severity Rating Scale (C-SSRS), as well as clinical pathways and evidence-based interventions.
    - An accompanying webinar, [“Suicide Safer Care for Primary Care Providers and Their Teams,”](#) is also available.
    - Furthermore, guidance for pediatric suicide prevention, age-appropriate screening tools, and evidence-based interventions is also available in [Suicide Safer Care: A Toolkit for Pediatric Primary Care Providers & School-Based Health Centers](#).
- **Conduct outreach to all patients with known suicide risk.**  
Remember to consider the use of telehealth to help reach patients who may be unable to come in for face-to-face visits due to new barriers to care imposed by the pandemic. Coordination with community health workers and patient navigators may also be helpful to reach community members, and guidance is available to support these efforts.<sup>13</sup>

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<sup>13</sup> NYC Health. 2020. “COVID-19 Guidance for Peers and Community Health Workers Supporting Participants Coping with Thoughts of Suicide.” City of New York.  
<https://www1.nyc.gov/assets/doh/downloads/pdf/covid/providers/covid-19-peers-chws-suicide.pdf>.

- **Take steps to support and know the risk signs for staff and provider suicide.**  
The pandemic has placed profound stress on healthcare workers, among whom rates of suicide—particularly in physicians and other providers—were already high. Furthermore, systemic barriers and stigma may discourage healthcare workers from seeking help or engaging in self-care. Raise awareness of the warning signs and actively cultivate organizational support for self-care and mental health. Nearly 50% of all healthcare workers reported significant psychological distress during COVID-19.<sup>14</sup>
  - **Relevant Resource: Webinar: [Caring for the Healers: Preventing Suicide Among Providers](#):** Offers Safer Care techniques to support providers and team members through organizational approaches to address suicide risk and prevent suicide, such as creating an intentional response plan.

**It is imperative that healthcare organizations consider a systemic and organizational approach to identifying and caring for patients at risk for suicide during and following the pandemic.**

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<sup>14</sup> Young, K. P., Kolcz, D. L., et al. 2020. « Health care workers' mental health and quality of life during COVID-19: Results from a mid-pandemic, national survey." *Psychiatric Services* 72(2): 122-128. <https://doi.org/10.1176/appi.ps.202000424>.