

## Remaining vigilant about COVID-19 and suicide

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In this issue of *Lancet Psychiatry*, Jane Pirkis and colleagues<sup>1</sup> present an overview of real-time data on suicides from 10 countries and 25 regions. Their analysis suggests rates of suicide did not increase in the early months of the COVID-19 pandemic, and in some areas, may have decreased. Their findings contribute to existing understanding of the associations between suicide and national disasters, including those caused by infectious diseases.<sup>2</sup> The early data on suicide is consistent with the observation that national crises can be associated with a protective effect on suicide, perhaps due greater social cohesion.<sup>3</sup>

However, despite this initial snapshot, governments and services need to remain vigilant for a possible delayed rise in suicide rates as a result of the pandemic. Suicide can be more of a lagging indicator, influenced by medium and longer term disruptions to civic life and the economy. Other work has shown that suicides can increase following economic recession, and such increases can be sustained for several years.<sup>4</sup> Without counter-measures, ongoing reductions in economic activity can translate to individual financial and personal problems, such as job losses, reduced social status, housing instability and relationship breakdowns. These factors, alongside social isolation and the disruption of normal routines, may in turn increase the incidence of suicide, through rises in mental health conditions such as depression, and drug and alcohol misuse.<sup>5</sup> Similar mechanisms may be relevant during the COVID-19 pandemic and its aftershocks.<sup>6</sup>

In support, there is other research evidence displaying this pattern of initial decrease of suicide rates followed by a rise. In Japan, there was a decline in suicides early in the pandemic, followed by an increase of at least 10%.<sup>7</sup> Women and potentially students were more at risk. Complicating the picture in Japan was the concurrent suicide death and media reporting of a female celebrity, which underscores the importance of responsible media reporting of suicides.<sup>8</sup>

As we enter the second year of the coronavirus pandemic, we need to understand more about the complex relationships between mental health, suicidal behaviour, and their underlying mechanisms. Improving how we identify high risk populations and subgroups should also be part of the research agenda going forward. Monitoring proximal markers of suicide risk, such as recent self harm and incidence of new mental illness, can provide early warning signs. More evidence on how risk is stratified by age, sex, background risk factors, such as previous psychiatric conditions and self-harm, will be necessary to inform public health and policy in a more precise

way. One promising approach can be found in recent developments in predicting mortality and hospitalization risk from COVID-19 where a simple scalable tool QCOVID<sup>9</sup> has been developed that can potentially inform exposure mitigation and vaccine allocation in higher risk populations. Consistent with this, prediction tools for suicide can help inform management decisions and target interventions to the most vulnerable.<sup>10</sup> Prediction models using probability scores anchored in research evidence can improve the consistency and transparency around clinical decision-making and the allocation of resources. Such can underscore the need for safety planning, and provide scalable population-based approaches for risk mitigation.

Reducing the global impact on mental health of the COVID-19 pandemic will involve continued monitoring alongside early intervention and investment into mental health services. Local, regional and national strategies should not overlook vulnerable groups, including those that may be hidden from view, such as the homeless, people in prisons, and those in abusive relationships. These strategies will be informed by consortia, such as the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC), allowing for ongoing surveillance, particularly of populations at higher risk. This collaboration can also lead to more consistent collection of high-quality suicide data across different countries. The current paper is reassuring in that there has not been an initial clear increase in suicide deaths, but will need to be followed up across a wider set of countries over the next few years to investigate whether suicide will be one of the health-related aftershocks of the pandemic.

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