

COVID-19 impact on suicide

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Julie Cerel is past president of the American Association of Suicidology and a professor in the UK College of Social Work. Credit: Pete Comparoni | UK Photo

Did you know, suicide is the 10th-leading cause of death in the United States? In fact, 48,000 Americans die by suicide every year.

Will that staggering statistic increase as a result of COVID-19?

The uncertainty brought on by the pandemic could have a profound impact on people's [mental health](#)—leading to increased feelings of anxiety and depression. Millions of people have lost their jobs; some have lost their homes or businesses. At the same time, isolation could compromise mental [health](#)—even as it protects [physical health](#).

Julie Cerel has dedicated her life's work to helping those at risk. She has many titles to accompany her expertise. Cerel is a licensed psychologist and professor in the University of Kentucky College of Social Work.

As the COVID-19 pandemic persists, the University of Kentucky is dedicated to continuing the conversation about mental health and well-being. In doing so, Cerel is lending her expertise in the Q&A session below.

UKNow: What are the factors that could lead to a heightened risk of someone dying by suicide? For example, could social isolation have a profound impact on mental health?

Cerel: Suicide is never due to just one factor. Here's what we do know—[suicide](#) is often the result of a number of factors. These factors could definitely include [social isolation](#), as well as hopelessness and burdensomeness due to economic stress—such as job loss.

UKNow: Are there certain variables that make a person more at risk of dying by suicide during this time?

Cerel: The three variables thought to be most important in death by suicide are acquired capacity, burdensomeness and lack of belonging.

Acquired capacity refers to individuals who are at a heightened risk of engaging in suicidal behaviors as a result of life experiences. They work in jobs where life and death is in the balance or they have experience with lethal means. Burdensomeness could apply to people who are working long hours and feeling like they are not making a difference—even if they are—and they become at risk. This can apply to frontline workers and even mental health professionals.

UKNow: Should we—as a society—be concerned about the loneliness, anxiety and depression that, for some, accompany the pandemic?

Cerel: We should be concerned.

During this unprecedented time, those of us with additional energy should reach out to people we care about and people we know are alone.

For example, the American Association of Suicidology is doing a project called "Caring Cards for Communities." Postcard-style cards are printed with an uplifting image on one side and blank space to write a message on the other. Volunteers can offer encouraging messages and then distribute them within their community to elders, hospitals, etc.

UKNow: There are reports that suggest COVID-19 may lead to increased risk of suicide. Do you find that to be true? If so, do you have any data or research to support?

Cerel: There is some speculation the pandemic could lead to an additional 75,000 "deaths of despair." We know that [suicide rates](#) have not increased just yet, but it takes months for this data to be available.

Additionally, we do know that calls to crisis lines have dramatically increased.

UKNow: While these trends are worrisome, do they suggest that an increased suicide rate is an inevitable outcome of the pandemic?

Cerel: Suicide increases are not an inevitable outcome. This is a time that increased attention to addressing mental health can truly make a difference. There has been some [federal funding](#), but more attention is needed. And there is a need to train a workforce of [mental health professionals](#) who can identify people at risk of suicide and provide appropriate treatment.

UKNow: Are there certain measures that could help mitigate the risks? Lately, there has been a big push for telemental health.

Cerel: Giving people flexibility to obtain treatment has been extremely helpful. This flexibility of seeing a therapist, without leaving the house, will continue to help people who need it most.

UKNow: What advice do you have for someone who is struggling with suicidal thoughts during this unprecedented time?

Cerel: This is a time of tremendous emotional and economic upheaval. Many people are physically isolated. But technology—now more than ever—means no one has to be alone. Anyone can reach out to the National Suicide Prevention Lifeline. Therapists are available for people to see from home, and support groups have been meeting virtually. It's

imperative to take advantage of those resources.

UKNow: What advice do you have for someone who has a friend or a loved one who is having trouble coping?

Cerel: You can ask someone if they are thinking about suicide. For many, it can be a relief to be asked that question. It's important to have frank conversations with your loved one about what means or methods they are considering in their suicide plan. You can negotiate with someone to give up those means while they are feeling suicidal. This can save their life.

If you don't know how to help someone, you can reach out to Lifeline (1-800-273-8255) or Crisis Text Line (741741) for advice.

UKNow: If there's one thing readers take away from this article, what would you want it to be?

Cerel: Suicide is not inevitable, but we need to do a better job of looking out for each other.

Provided by University of Kentucky

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