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# SUICIDE, A CONVOLUTED CHALLENGE IN COVID-19 ERA!

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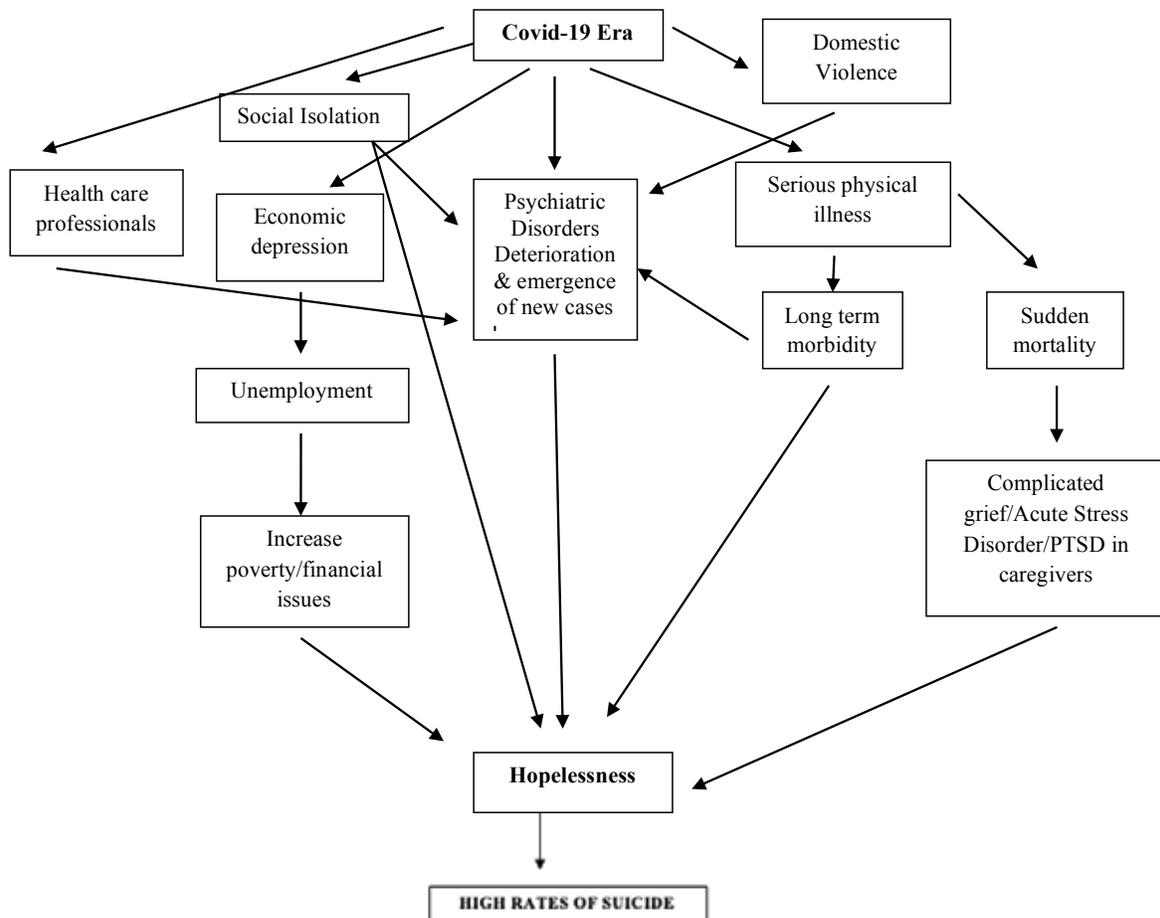
The enigmatic, precarious, and menacing Coronavirus-19 pandemic has flooded almost all corners of the world globally revealing its devastating effects in multiple spectra of life. The famous notion that no health can ever be achieved without mental health is the best fit in today's emerging mental health needs more than ever. The psychological effects of pandemic are expeditiously unfolding making it compulsory for all the professionals to live on the qui vive globally but specifically in low- and middle-income countries like Pakistan where mental health is still a struggling discipline for service users and service providers. Suicide is the tenth <sup>[1]</sup> leading cause of death worldwide. Media reports numerous cases of suicide during this COVID-19 era. A man <sup>[2]</sup> in Islamabad who was suspected to suffer from some psychiatric illness, committed suicide. Approximately one month after this, a father took his life <sup>[3]</sup> due to starvation of his children in quarantine. Another case in Karachi worth investigation is of a lady who committed suicide <sup>[4]</sup> after killing her children. A post-doctoral student <sup>[5]</sup> committed suicide who was being harassed by her supervisor and had multiple rejections of her thesis. Pakistani national data on suicide and deliberate self harm is not available due to diverse reasons [complexities surrounding societal, religious and legal system] so these reported cases at various media forums are important indicators that the frequency is escalating rapidly. A multitude of conventional predisposing, precipitating and perpetuating pre-pandemic risk factors of suicide may be exacerbated in COVID-19 compounded with new emergence of devastating bio-psycho social circumstances which may further escalate the risk of suicide. Let's piece together etiological parts surrounding COVID-19 which may mount these cases. The most congruous research findings of proximal risk factors of suicide state the large majorities of those who die from suicide <sup>[6]</sup> have some form of psychiatric disorders. People who are already diagnosed with some psychiatric disorders are lost to follow up, have relapse of symptoms or non-compliance with medications due to fiscal financial realities. The new unattended and undiagnosed cases are also heading towards poorer prognosis due to longer duration of untreated illness. The rates of suicide are known to be higher in the unemployed cohort <sup>[7]</sup>, in the current situation, economic depression <sup>[8]</sup> is leading to higher rates of unemployment. The domestic violence has increased in this pandemic globally which poses a high risk of suicide. Rising trends of divorce stemming from domestic abuse of various sorts may also confer additional risk. Durkheim, has emphasized the importance of social disintegration <sup>[9]</sup> as a precipitating event in tolling the cases of suicide. When societies undergo major transformations, those who feel detached from society may commit suicide. Social fragmentation in today's scenario is enough to precipitate this event. In Pakistan a culture of "men don't cry", escalate the risk for men by not seeking professional help for mental health problems. Physical illnesses always pose higher risk for suicide, the morbidity in the short and longterm stemming from COVID-19 is a risk factor of suicide. The high mortality from COVID-19 leaves behind caregivers who may develop complicated grief, acute stress disorder and post-traumatic stress disorder. High rates of suicides have been reported among doctors,<sup>[10]</sup> front-line professionals<sup>[11]</sup> in this humanitarian emergency are also subsumed under red umbrella to be at the high risk of suicide. Many of the above-mentioned factors may lead to hopelessness which independently increases the risk of suicide.

## Ways Forward:

Suicides are preventable and they should be prevented. The seriousness of this subject is reflected in the national and international initiatives for suicide prevention. Availability of more accessible, affordable and cost-effective psychiatric services is a viable option including tele mental health services. Concept of mental health help lines is already emerging, need to expand with regard to specific suicide help lines. Establishing supportive psychological services for front-line workers who are suffering from deteriorating psychological well-being may also help. At a national level reporting and registration

of suicides need to be improved. Urgent need to revisit decriminalization of suicide. Feeling connected to each other is vital human need and is desired today more than ever. Making sure people have regular check in virtually, no one lacks ties with society. Promoting the new availability of vaccines and proved time limitations of these pandemic may overall result in optimistic outcome. It is the right moment for doing the root cause analysis of this global public health problem. We can utilize this adverse pandemic situation into an opportunity for policy implications, not the proposed policies but the implemented one everywhere and for every one because the mental health really matters!

**Figure # 01- Interconnected Web of Etiological Factors of Suicide**



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**Aisha Noor ullah**; data collection, data analysis, manuscript writing, manuscript review