IMHO INDIA MENTAL HEALTH OBSERVATORY

The Hour of Crisis:

Suicides in India due to COVID-19

In order to understand trends in deaths by suicide and attempted suicides during India's COVID-19 lockdown in the absence of real time data on suicide, the India Mental Health Observatory conducted a systematic comparison (1) of English newspaper reports on suicides and attempted suicides during the COVID-19 lockdown in India from 24 March to 3 May 2020 with reports for the corresponding dates in 2019. Presented here are some of the findings.

FIGURES ON SUICIDE AND ATTEMPTED SUICIDE

2019 **196 deaths**

2020 **326 deaths**

67.7% INCREASE IN REPORTS ON SUICIDE AND ATTEMPTED SUICIDE

More suicides and attempted suicides were reported during the lockdown among **employed, middle-aged, married men** as compared to 2019.

Significant reports of suicides related to the pandemic and its consequences – fear of infection; social stigma; isolation or prolonged quarantine; and economic shutdown, unemployment, financial and future insecurities.

The Centre for Monitoring Indian Economy estimated that 27 million young people between the ages of 20–30 years lost their jobs in April 2020 during the lockdown.(2)

It is also estimated that nearly 100 million Indian jobs are at risk in the coming months.

Methods →

64% of the reports analysed for 2020 described hanging as the method used for taking one's life, compared to 42% of the reports in 2019. Other than this there were no statistically significant differences between methods reported in the two years, where self-immolation, self-infliction, jumping from a height & consuming a poisonous substance were methods described.

Real-time data on suicide →

Changes in demographic details from the reports between 2019 and 2020 cannot be attributed to changes in journalists' reporting behaviour - there has been no event to change journalist reporting styles across the country in this time period. Therefore, real-time data on suicide, data that is up to date, accurate and publicly accessible, must be systematically documented and released for timely and appropriate interventions.

Recommendations →

Following are a series of recommendations we believe would help with the issues that we've listed below.

ISSUE	RECOMMENDATIONS
Data Availability Lack of availability of national data on suicides and attempted suicides during the COVID-19 pandemic	National health authorities need to collect real-time data on suicide and attempted suicide during the pandemic and associated lockdown to identify any increases in suicides and attempted suicides in this period.
State-Level Variances States which traditionally had suicide rates such as Bihar, Uttar Pradesh, Rajasthan, Haryana, Chandigarh reported high number of suicides during the lockdown period of 2020. These states are economically less developed with inadequate health infrastructure. In the light of the COVID-19 pandemic and the associated economic distress, the two factors combined may render people in these states more vulnerable to suicides.	A multi-pronged strategy to improve issues of health, livelihood and development at a state level are crucial to improve overall quality of life, and in turn, prevent suicides. Long term studies are needed to determine whether these states, with traditionally low suicide rates, are likely to witness an increase in their suicide rates, going forward.
High Risk Groups Various vulnerable and marginalised groups were severely affected and under distress during the lockdown and pandemic period. The groups identified were Middle-aged, married, employed men Individuals who are dependent on alcohol and are unable to access it due to lockdown restrictions Vulnerable groups (migrant workers, elderly and	The heterogeneity of these groups highlights the need for a robust suicide prevention strategy that is holistic and multi-pronged. High-risk groups need to be provided with targeted and timely psychosocial support and interventions to reduce the risk of suicide among these groups. Further, gatekeeper training to those who are likely to come in contact with these high-risk groups should be prioritized. Beyond psychosocial support, priority interventions need to address the economic fall-out of the COVID-19 pandemic. A national alcohol policy, which would regulate availability of and access to alcohol, is required to address the issue of alcohol related suicides.

References

Pathare, S., Vijayakumar, L., Fernandes, T. et al. Analysis of news media reports of suicides and attempted suicides during the COVID-19 lockdown in India. Int J Ment Health Syst 14, 88 (2020). https://doi.org/10.1186/s13033-020-00422-2

Job loss due to coronavirus: 27 million youth in age group of 20–30 years lost jobs in April: CMIE - The Economic Times [Internet]. Available from: https://economictimes.indiatimes.com/news/economy/indicators/unemployment-rate-dips-to-23-97-data-from-cmie-shows/articleshow/75689370.cms?from=mdr. Accessed 25 May 2020.

Supported by:

THAKUR FOUNDATION