

COVID-19 Pandemic and Suicide

Understanding the 2020 CDC Leading Causes of Death Report related to Suicide

Medical Advisory Board - The Jason Foundation, Inc.

The National Vital Statistics System from the CDC's National Center of Health Statistics recently reported provisional data from 2020 looking at COVID-19 deaths within the overall death rate from all other causes in the United States. Multiple causes for death were seen to increase in the pandemic setting such as heart disease, stroke, and Alzheimer Disease which has been attributed in part to decreased access to routine care or a decreased willingness to seek medical attention early in symptom onset. Attention has been brought to the numeric decrease in suicides during 2020 compared to numbers seen since 2017 as evidence that COVID-19 pandemic impacts did not increase suicides (as was an early concern for many people for varying reasons - effect of lockdowns, unemployment, etc.) but actually demonstrated a decrease in reported suicides (Table 1)¹. While we are all glad that the number of suicides were down in a year where there was a common and viable concern for an increase similar to other medical conditions, we need to evaluate the reasons why the number may have decreased and continue to prioritize mental health care and suicide prevention as we are still in the pandemic environment.

Table 1: Deaths by Suicide in the United States - 2015-2020

	2015	2016	2017	2018	2019	2020
Suicide	44,193	44,965	47,173	48,344	47,511	44,834

Early in the COVID-19 pandemic there was a push toward increasing awareness of the mental health impact of the medical and socioeconomic uncertainty facing individuals and families. The heightened awareness and increased sense of community support of mental health challenges lead to an openness to seek mental health resources as individuals were struggling to adjust to changes from the pandemic. There are also reports of increased referrals for psychological evaluation in the adolescent population since the start of the pandemic as families recognize the impact on this already vulnerable population and have chosen to seek care.

The abrupt and dramatic digital shift in outpatient medical care was fortunately one that could be adopted by mental health providers and served to create an alternative pathway to psychological and psychiatric care for many individuals. However, patients still faced challenges within the COVID-19 environment in accessing care in offices being closed, a fear of leaving home, and other psychosocial strains. Even with the digital adaptations, in 2020 and into 2021, we still do not have enough mental health providers that are accessible to those who need care. Barriers are greatest in those with severe mental illness, that are uninsured, and/or have a low socioeconomic status. Increased access to inpatient psychiatric care has been an area of need in many communities before the pandemic and decreased space due to social distancing requirements has only made it a greater challenge for these facilities to meet the increasing demands.

Unfortunately, it was not just seeking out help online or in a traditional outpatient or inpatient mental health settings that saw increases. A *JAMA Psychiatry* article in February reported yearly data for 2019

and 2020 through October of each year which showed a median weekly increase in emergency department visits for suicide attempts from 4,626 in 2019 to 5,040 in 2020 (8.9% increase). An median weekly increase was also seen in disaster associated mental health conditions presenting to the emergency department going from 39,366 in 2019 to 41,075 in 2020 (4.3% increase)².

Access to health care and mental health care are not the only variables to impact the number of suicides during 2020. We know from a CDC survey performed in June 2020 that both adults and young adults (18-25) were having increased thoughts of suicide in the previous month compared to baseline at 11% and 25% of each group respectively³. Beyond stressful economic changes, stay-at-home orders and the even larger work-from-home/school-from-home environment has had both negative and positive impacts on mental health issues. The negative impacts of being away from family and friends, missing a normal routine or normal activities, and decreased socialization are aligned with worse overall mental health; however, from a suicide standpoint, having less alone time away from family members can decrease the opportunities for acting on suicidal thoughts/plans or allow for more rapid responses to attempts.

Recently, a publication in *The Lancet Psychiatry*⁴ looked at long-term neurological and psychiatric outcomes from COVID-19 infection. In their evaluation of patients within 6 months of infection, new onset mood, anxiety, or psychotic disorders occurred in 8.63% of anyone infected and up to 12.68% of individuals who required intensive care. The numbers grow dramatically if you include individuals who previously had symptoms and experienced a recurrence or worsening following COVID-19. The research team found a 23.98% prevalence in all infected patients having mood, anxiety, or psychotic disorder classified as new, recurrent, or worsened. This data suggest the psychological impact from COVID-19 infection itself can contribute to the overall psychosocial strain patients may experience, even if the infection itself is mild, and psychiatric symptoms may persist for several months following infection.

There is established data that proactive suicide awareness campaigns when combined with increased access to mental health care have a significant impact on the reduction of suicide-related deaths. While we continue to deal with the impacts of the COVID-19 pandemic, we must not forget that we are not back to a pre-COVID medical, social, or psychological environment. Individuals struggling with mental health issues continue to be at risk for worsening and decompensation and invariably there will be additional individuals who will develop mental health needs. We must continue to educate and create awareness to mental health issues and highlight the risk and preventability of suicide for those who are not yet being treated. We need to focus on continued support from communities, insurers, and governments for mental health therapy and support for outpatient and inpatient psychiatric care programs.

Thankfully, the number of deaths from suicide were down in 2020, a year in which most of us were concerned about an increase. Actively addressing mental health issues along with suicide awareness and prevention has driven society to be more open about discussing mental health issues and for actively seeking treatment. We will need to continue the awareness and educational campaigns while simultaneously working to continue to improve access to mental health care providers and institutions.

Resources

1. Ahmad FB, Anderson RN. The Leading Causes of Death in the US for 2020. *JAMA*. Published online March 31, 2021. DOI:10.1001/jama.2021.5469

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3. Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>
4. Taquet M, Geddes JR, Husain M, Luciano S, Harrison PJ. 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records. *The Lancet Psychiatry*. Open Access Published:April 06, 2021. DOI:10.1016/S2215-0366(21)00084-5