

COVID 19: The Need for Increased Awareness Around Suicide Risk in Primary Care Populations

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The immediate and growing effects of COVID-19 are evident as it sweeps the country, affecting individuals, families, communities, and systems at every level. The COVID-19 pandemic has resulted in major changes in social determinants of health, with rapid and drastic negative effects on income, job security, education, availability of reliable food sources and items to address daily needs, access to health and mental health services, and opportunities for social interaction. Stressful life events, such as these listed above, have been consistently identified as risk factors for suicide, independently of one's history of mental health symptoms.¹ In addition, mental health symptoms are regularly associated with suicide risk, and the current pandemic is rapidly increasing the number of new individuals experiencing mental health symptoms and exacerbating symptoms for those with a history of mental health problems. It is crucial for primary care providers to consider increased risk for suicide as they care for patients infected and affected by the current pandemic. It is particularly critical for primary care providers to understand and respond to these increased risks, as research shows that 45% of patients who died by suicide contacted their primary care provider in the month prior to death, and were not connected to mental health services.²

Mental health is significantly influenced by social, economic, and environmental conditions that affect not only individuals, but entire populations.³ A recent study from the American Psychiatric Association found:

- 36% of Americans say COVID-19 is having a serious impact on their mental health.
- 59% feel COVID-19 is having a serious impact on their day-to-day lives.
- 57% of adults are concerned that COVID-19 will have a serious negative impact on their finances, and almost half are worried about running out of food, medicine, and/or supplies.
- 68% of Americans fear that COVID-19 will have a long-lasting impact on the economy.⁴

Suicide rates are expected to rise due to the effects of the COVID-19 pandemic. Prior to the pandemic, suicide was found to be the 10th leading cause of death for all ages in the US, with over 47,000 individuals dying by suicide each year. For individuals ages 10-34, suicide is the 2nd leading cause of death, after unintentional injury.⁵ Suicide is a complex event that is a result of many potential factors, particularly in light of the COVID-19 pandemic. The World Health Organization found an increase in the risk for suicide associated with unemployment of 20 to 30 percent.⁶ Gun sales, including increases in purchases made by first time gun owners, have skyrocketed, with some states seeing up to a 4,000% increase in gun and ammo transactions.⁷ Firearms are the most common method used in suicide deaths for men, and the second most common method for women.⁵ Unemployment rates and access to lethal means are just two of the many risk factors primary care providers should consider in order to incorporate measures to identify patients at risk for suicide within their primary care practices.

What primary care providers can do to begin addressing suicide risk during the COVID-19 pandemic:

- **Be aware of social determinants of health and how they may affect mental health and/or suicide risk.** Ask patients who are experiencing significant struggles directly about suicide.
- **Consider suicide screening for patients with a history of mental health symptoms.** Modify current screening protocols to screen or rescreen patients using the PHQ9, an evidence-based screening tool that includes questions about suicide. Ask patients of all ages about suicide, not just adults.
- **Conduct outreach to all patients with known suicide risk.**

The COVID-19 pandemic will have a significant physical and mental health impact on primary care populations of all ages. Primary care providers may be the only external providers that patients have access to, making them essential to identifying patients who may be at new or increased risk for suicide.

¹ Wang, Y., et al (2012). Recent stressful life events and suicide attempt: Results from a nationally representative sample. *Psychiatric Annals*. 42.101.10.3928/00485713-20120217-07.

² Luoma, J. B., Martin, C. E., Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry*, 159, 909-916. doi:[10.1176/appi.ajp.159.6.909](https://doi.org/10.1176/appi.ajp.159.6.909)

³ Shim, R. et al. (2014) Social Determinants of Mental Health: Overview and Call to Action. doi: 10.3928/00485713-20140108-04

⁴ American Psychiatric Association (25 Mar 2020). New poll: COVID-19 impacting mental well-being: Americans feeling anxious, especially for loved ones; older adults are less anxious [press release]. Washington, DC.

⁵ National Institute of Mental Health (2020) Mental Health Information: Statistics: Suicide. www.nimh.nih.gov/health/statistics/suicide.shtml#part_154968

⁶ Cummins, I. (2015) Link between suicide and unemployment. www.weforum.org/agenda/2015/02/the-link-between-unemployment-and-suicide/

⁷ Alcorn, C. (2020) Gun sales surge as coronavirus pandemic spreads www.cnn.com/2020/03/19/business/coronavirus-gun-sales/index.html