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Letter to the Editor

Aggregated COVID-19 suicide incidences in India: Fear of COVID-19 infection is the prominent causative factor



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SUMMARY

Many Indian COVID-19 suicide cases are turning the press-media attention and flooding in the social media platforms although, no particular studies assessed the COVID-19 suicide causative factors to a large extent. Therefore, the present study presents 69 COVID-19 suicide cases (aged 19 to 65 years; 63 cases were males). The suicide causalities are included as follows – fear of COVID-19 infection (n=21), followed by financial crisis (n=19), loneliness, social boycott and pressure to be quarantine, COVID-19 positive, COVID-19 work-related stress, unable to come back home due to lockdown, unavailability of alcohol etc. Considering the extreme psychological impacts related to COVID-19, there emerges a need for countrywide extensive tele-mental health care services.

1. Introduction

The Corona Virus Disease 2019 (COVID-19) has ignited many debates and has undoubtedly shaken up the core foundations of the health-care system worldwide (Pakpour and Griffiths, 2020; Usman et al., 2020). Currently, massive transmission rates are observed with the absence of specific treatment (Mamun and Griffiths, 2020). At present, public health measures such as isolation, social distancing, and quarantine are being implemented throughout the world to combat COVID-19 (Bodrud-Doza et al., 2020). The entire world is arguably under lockdown, which disrupts the normal lifestyle. Studies have found that lockdown, isolation and quarantine elevate psychological symptoms such as depression, anxiety, phobia, trauma, etc. (Brooks et al., 2020; Hawryluck et al., 2004; Sakib et al., 2020; Shammi et al., 2020). Besides, there is economic fallout and occupational deprivation due to lockdown existing everywhere, which also mediates individuals to have been suffered from psychiatric issues like depression, anxiety, stress, etc. (Rafi et al., 2019; Mamun and Ullah, 2020). Besides, India, being the second largest populated country in the world with limited mental health care professionals and knowing that professional mental health care may not reach every individual; the psychological distress caused due to COVID-19 may go unnoticed. Consequently, psychological state along with employment and economic status, and lifestyle of individuals are substantially affected in the Indian population. These psychological issues are likely to have accounted for 90% of the suicide causalities (Mamun and Griffiths, 2020b, 2020c). In the sense of pandemic aftermath, suicide rate dramatically increases as of elevating psychological comorbidities; for instance, higher suicide rates are reported among the elderly in Hong Kong during and aftermath the SARS epidemic in 2003 (Cheung et al., 2008).

Concerning the COVID-19 outbreak (since late January 2020 in India), the first Indian suicide case (occurred on February 12) is stated due to fear of being infected with COVID-19 (Goyal et al., 2020), followed by two more cases (Sahoo et al., 2020). Similarly, COVID-19 suicide occurrences were reported as of fear of infection, economic crisis and social boycott in Bangladesh and Pakistan, the most

neighboring countries of India (Bhuiyan et al., 2020; Griffiths and Mamun, 2020; Mamun and Griffiths, 2020; Mamun & Ullah, 2020). However, many of the suicide cases in India are turning the attention of the press and are being flooded in the social media platforms although, no particular studies assessed the COVID-19 suicide causative factors to a large extent that are indisputably the essential components for ensuring the public mental health wellbeing during the crisis. Hence, the present study aims to summarize the causative factors for suicide in times of COVID-19, as reported in the Indian national newspapers.

2. Methods

The present study followed to utilize the press media reported suicide cases like the previous retrospective suicide studies conducted in developing South Asian countries (e.g., India, Armstrong et al., 2019; Bangladesh, Mamun and Griffiths, 2020; Mamun et al., 2020a, 2020b; Pakistan, Mamun & Ullah, 2020). We used a purposive sampling method in selecting the seven popular English Indian online newspapers from March to May 24, 2020. Duplicates identified of same news in multiple reports and suicide reports unrelated to COVID-19 were excluded from the study.

3. Results

A total number of 72 suicide cases from 69 newspaper reports met the inclusion criteria for the study. Most of the suicide cases were males (n=63), and the age of the individuals ranged from 19 to 65 years. The most common causative factors reported were fear of COVID-19 infection (n=21), followed by financial crisis (n=19), loneliness, social boycott and pressure to be quarantine, COVID-19 positive, COVID-19 work-related stress, unable to come back home after lockdown was imposed, unavailability of alcohol etc. (Table 1).

4. Discussion

Public health measures such as isolation, social distancing, and

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Table 1
Distribution of the Indian COVID-19 suicide cases.

Cases	Suicide date	Victims' city/state	Gender	Age	Reported suicide reason	Reporting newspaper
1.	March 22	Meerut	Male	30	Fear of COVID-19 infection	The Statesman
2.	March 23	Uttar Pradesh	Male	32	Fear of COVID-19 infection	Times of India
3.	March 23	Uttar Pradesh	Male	NR	Fear of COVID-19 infection	Deccan Herald
4.	March 23	Uttar Pradesh	Male	NR	Fear of COVID-19 infection	Deccan Herald
5.	March 25	Karnataka	Male	56	Fear of COVID-19 infection	Hindustan Times
6.	March 29	Karnataka	Male	56	Fear of COVID-19 infection	Hindustan Times
7.	April 1	Telangana	Female	20	Fear of COVID-19 infection	Hindustan Times
8.	April 2	Uttar Pradesh	Male	38	Fear of COVID-19 infection	Times of India
9.	April 3	Karnataka	Male	40	Fear of COVID-19 infection	Deccan Herald
10.	April 4	Amritsar	Male	65	Fear of COVID-19 infection	Hindustan Times
11.	April 4	Amritsar	Female	NR	Fear of COVID-19 infection	Hindustan Times
12.	April 6	Uttar Pradesh	Male	35	Fear of COVID-19 infection	The Statesman
13.	April 6	Punjab	Female	65	Fear of COVID-19 infection	Hindustan Times
14.	April 8	Uttarakhand	Male	56	Fear of COVID-19 infection	The Telegraph
15.	April 11	Maharashtra	Male	NR	Fear of COVID-19 infection	Deccan Herald
16.	April 29	Haryana	Male	30	Fear of COVID-19 infection	Hindustan Times
17.	May 02	Telangana	Male	60	Fear of COVID-19 infection	Hindustan Times
18.	May 13	Jammu & Kashmir	Male	50	Fear of COVID-19 infection	The Telegraph
19.	May 15	Maharashtra	Male	24	Fear of COVID-19 infection	Hindustan Times
20.	May 20	Bihar	Male	35	Fear of COVID-19 infection	Deccan Herald
21.	May 01	Haryana	Male	54	Probable fear of COVID-19 infection as of his wife tested positive	Hindustan Times
22.	March 19	Kerala	Male	47	Financial crisis	The Hindu
23.	April 17	Haryana	Male	NR	Financial crisis	Hindustan Times
24.	April 28	Uttar Pradesh	Male	45	Financial crisis	Hindustan Times
25.	May 04	Bihar	Male	35	Financial crisis	Deccan Herald
26.	May 04	Bihar	Female	NR	Financial crisis	Deccan Herald
27.	May 08	Gujarat	Male	38	Financial crisis	Indian Express
28.	May 11	Punjab	Male	38	Financial crisis	Hindustan Times
29.	May 15	Chandigarh	Male	35	Financial crisis	Hindustan Times
30.	May 15	Chandigarh	Male	25	Financial crisis	Hindustan Times
31.	May 15	Gujarat	Male	45	Financial crisis	Deccan Herald
32.	May 22	Karnataka	Male	51	Financial crisis	Hindustan Times
33.	May 22	Uttar Pradesh	Male	38	Financial crisis	Hindustan Times
34.	May 18	Haryana	Male	54	Financial crisis	Hindustan Times
35.	May 18	Maharashtra	Male	32	Financial crisis	The Statesman
36.	May 23	Uttar Pradesh	Male	19	Financial crisis	Times of India
37.	March 30	Chhattisgarh	Male	35	Loneliness as of wife deaths in last year and sons' separate living; and alcohol addiction	Deccan Herald
38.	April 9	Uttar Pradesh	Male	32	Feelings of missing wife	Hindustan Times
39.	April 17	Uttar Pradesh	Female	22	Being unable to go to her parents' home due to lockdown	Deccan Herald
40.	April 24	Madya Pradesh	Male	30	Did not wish to be kept in isolation and wanted to be with his children	Deccan Herald
41.	May 06	Maharashtra	Male	22	Feelings of loneliness	Indian Express
42.	May 13	Maharashtra	Male	NR	Missing family due to lockdown	Hindustan Times
43.	May 22	Karnataka	Male	40	Fear of being quarantined	Deccan Herald
44.	April 17	Uttarakhand	Male	24	Social boycott and pressured to be quarantined	Telegraph
45.	April 9	Odisha	Male	29	Social boycott and pressured to be quarantined	Hindustan Times
46.	April 14	Noida	Male	32	A financially distressed Muslim man mistakenly alleged to be supporter of Tablighi Jamaat was socially boycotted and intercepted, also his beard notching videos were uploaded in Tiktok	Hindustan Times
47.	April 24	Gujarat	Male	30	Social boycott and pressured to be quarantined by villagers	Hindustan Times
48.	May 19	Uttarakhand	Female	24	Got divorced after 15 days of marriage in April 2019, then searched for job before coming back to home, where she was pressured to be quarantined	Hindustan Times
49.	April 5	Arunachal Pradesh	Female	38	COVID-19 related work stress being disaster management officer	Hindustan Times
50.	April 20	Haryana	Male	38	COVID-19 related work stress being police officer	Hindustan Times
51.	April 29	Delhi	Male	55	COVID-19 related work stress being medical college lab technician	Hindustan Times
52.	May 16	West Bengal	Male	NR	COVID-19 related stress	Deccan Herald
53.	April 11	NR	Male	30	COVID-19 positive	Hindustan Times
54.	April 15	Mumbai	Female	29	COVID-19 positive	Hindustan Times
55.	April 16	Mumbai	Male	NR	COVID-19 positive	Hindustan Times
56.	April 27	Karnataka	Male	50	COVID-19 positive	Hindustan Times
57.	May 01	Uttar Pradesh	Male	NR	COVID-19 positive	Hindustan Times
58.	May 10	Maharashtra	Male	60	COVID-19 positive	Hindustan Times
59.	May 13	Delhi	Male	31	COVID-19 positive	Hindustan Times
60.	May 12	Uttarakhand	Male	45	(Migrant worker) unable to return home due to lockdown and probable financial crisis	Hindustan Times
61.	May 12	Uttarakhand	Male	32	Unable to return home due to lockdown	Hindustan Times
62.	May 13	Haryana	Male	NR	(Migrant worker) unable to return home due to lockdown and financial crisis	Hindustan Times
63.	March 27	Kerala	Male	NR	Unavailability of alcohol	Hindustan Times
64.	April 02	Karnataka	Male	42	Unavailability of alcohol	Deccan Herald
65.	April 5	Uttar Pradesh	Male	19	At quarantine center reasons not reported	Hindustan Times
66.	May 18	Chhattisgarh	Male	26	At quarantine center reasons not reported	Hindustan Times
67.	May 11	Rajasthan	Male	30	Out of free will as reported in suicide note	Hindustan Times
68.	April 15	Maharashtra	Male	35	Lockdown extension made the priest terribly depressed	Hindustan Times
69.	May 11	Punjab	Male	NR	Depressed due to postponement exams	Hindustan Times

NR – Not reported

quarantine as there are no available effective treatments or vaccines to combat COVID-19 are being suggested throughout the world. The term 'isolation' is associated with the restriction of the infected cases, whereas 'quarantine' refers to the restriction of social movement in large scales such as group, or community level (Hawryluck et al., 2004). The quarantine time may be extremely burdensome to some individuals, as reported in 15% of the SARS quarantined persons in Toronto, did not feel the need of quarantine (Hawryluck et al., 2004). Besides, individuals escaping from the quarantine can be conflictive because quarantine is mandatory to slow down the virus transmission rate. On the other hand, quarantine time without meaningful and purposeful occupations may lead to life-threatening circumstances in the suspected cases (Hawryluck et al., 2004). Moreover, such a dilemma can impact people emotionally and psychologically, resulting in higher rates of loneliness, fear, anxiety, depression, stress, boredom, etc. (Brooks et al., 2020). Besides, the fear of infection, the psychological distress due to pandemic also arbitrates by the stressors such as frustration, inadequate information, and financial loss (Brooks et al., 2020; Hossain et al., 2020; Sakib et al., 2020; Pakpour et al., 2020). Consequently, the unstable mental health conditions may easily lead the individual to suicidality that is more prominent among individuals with preexisting mental illness due to unable to cope with the stressful situation (Mamun and Griffiths, 2020). Besides, a significant proportion of the population in the country reside in rural areas with a lack of literacy and elevated mental health stigma in India (Venkatesh et al., 2015). The persons with a lack of knowledge on COVID-19 and higher mental health stigma might be prone to psychological distress and, in extreme cases – suicide completion.

The analysis of the present 69 Indian suicide cases shows various causes for suicide during the COVID-19 outbreak. Of these causal factors, fear or anticipation of COVID-19 infection was the most prominent suicide causality, although most of the victims were later diagnosed with COVID-19 negative in the autopsy (as being reported in the press media). This presents a significant concern to the community and health-care professionals because most of the COVID-19 suspected cases who had committed suicide is due to fear of infection (even though before the test result announcements – in many of the cases). Non-representative studies report that misinformation is a trigger for suicide completion among the suspected cases as well as among the non-suspected cases. For example, two suicide cases reported in India because of direct contact with a positive case and meeting with a foreign couple, respectively, despite not infected literally (Sahoo et al., 2020). A similar incident in Bangladesh reported a COVID-19 suicide case, who tested negative for the infection in the autopsy but had a fear of infection (Mamun and Griffiths, 2020).

As the country was under lockdown, the restricted movement may have resulted in psychological distress and loneliness, leading to suicide. Nonetheless, the lack of access to addictive substances like alcohol and drugs led to extreme psychological distress, compelling individuals with addiction to carry out self-harm activities in the Indian context (Mamun and Griffiths, 2019). Besides, other lockdown stressors such as economic crisis and recession, unemployment, poverty, etc. may be highly associated with psychological distress and suicidal behaviors (Bhuiyan et al. 2020; Mamun & Ullah, 2020; Rafi et al., 2019). Thus, the factors such as stress of losing job, feelings of hopelessness or helplessness, inability to provide support to the family, etc. are not unusual in simplifying the way of having persistent suicidality and committing suicides and were reported in the COVID-19 suicide context (Bhuiyan et al., 2020; ; Mamun & Ullah, 2020).

5. Limitations

The study was based on a newspaper reports (and only eight newspapers were included); and was extracted with the secondary data that could not be verified; this may not represent the extensive nationwide incidence; some information may be missing in the press

reports as all of the suicides are not reported due to existing social and cultural norms and values (i.e., suicide is stigma) in south Asian countries – are the arguable limitations of the present study (Mamun and Griffiths, 2020; Venkatesh et al., 2015).

6. Conclusions

Considering the COVID-19 related extreme psychological impact on individuals, there emerges a need for extensive mental health services. This can be bested through services like Tele-mental health care, where the mental health professionals are required to play an essential role in facilitating psychological and emotional well-being, enhancing problem-solving and health-promoting behaviors in service users (Mamun and Griffiths, 2020; Sahoo et al., 2020). Additionally, appropriate and authentic information regarding COVID-19 and (mental) health-care seeking opportunities is necessary to increase the knowledge of COVID-19 in the public. Furthermore, social media platforms, news media such as televisions, news portals, etc. can take measures to promote positive mental health in combating further COVID-19 suicides.

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Data will be available on request.

Author agreement

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Declaration of competing interest

The authors of the paper do not have any conflict of interest.

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Supplementary materials

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