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Is the COVID-19 pandemic a factor that led to completed suicides among suicide attempters?

Dear editor

Most suicide statistics published by public institutions relate to suicide completers. There is almost nothing about suicide attempters. Therefore, it is difficult to grasp the actual situation of suicide attempts. Even in academic research, there is limited established evidence on attempted suicides due to methodology challenges. Thus, it is necessary to accumulate further knowledge on how the COVID-19 pandemic has affected suicide (especially suicide attempts). In this paper, the effects of the COVID-19 pandemic on suicide are considered from the viewpoint of differences between completed suicides and attempted suicides.

1. Are the “suicide completed” group and “suicide attempted” group different?

A history of suicide attempts is considered one of the most important risk factors for suicide completion (Fushimi et al., 2006). Based on this idea, it can be said that suicide attempters and suicide completers are continuous, and that suicide completions are an extension of suicide attempts. However, there is a contrasting idea that suicide attempters and suicide completers have different profiles and belong to different groups. In fact, in many countries, suicide completers are more likely to be male than female as compared with suicide attempters. There are also many reports that young women often attempt suicide. In summary, there is substantial evidence in the literature that suicide attempters are a different group from suicide completers (Fushimi et al., 2006).

2. Changes in the tendency of suicides in Japan before and after the onset of the COVID-19 pandemic

According to the National Police Agency's suicide statistics, the number of suicides in 2020 was 21,081, showing an increase of 912 (about 4.5%) from the previous year. This level exceeded the previous year's level for the first time in 11 years (since 2009) after the Lehman shock (Fushimi, 2021a, 2021b). In terms of gender, the number of males decreased for the 11th consecutive year, whereas the number of females increased for the first time in 2 years (Fushimi, 2021a). Regarding changes in the number of suicides by age group, those under the age of 20 have been on an upward trend in recent years. Compared to the number of suicides in 2019, suicides in 2020 increased in each age group except for people in their 50 s and 60 s. While the number of suicides by people in their 60 s decreased the most, suicides by people in their 20 s increased the most, increasing by 404. When the number of suicides increased in Japan in the past, increases for middle-aged and older men were conspicuous, whereas changes for females were small. Notably, the change in suicides in 2020 (i.e., after onset of the COVID-19 pandemic) is different from these past trends (Fushimi, 2021b, 2022; Fushimi et al., 2005).

3. Is the COVID-19 pandemic a factor that transformed suicide attempters into suicide completers?

As mentioned above, the increase in the number of females and youths is conspicuous when looking at the changes in the number of suicides (completed suicides) after the onset of the COVID-19 pandemic in Japan. When dividing cases into a suicide completed group and an attempted group, females and youths have historically mostly been in the attempted group; in other words, most completed suicides are men and middle-aged or elderly, whereas most attempted suicides are women and young people (Fushimi et al., 2006, 2005). It can be said that the group that has historically been suicide attempters (i.e., women and young people) was a factor in increasing the number of completed suicides after the onset of the COVID-19 pandemic. Therefore, the COVID-19 pandemic may be a factor that influenced the group previously most likely to be suicide attempters to become suicide completers.

4. What is speculated to be the reason why the COVID-19 pandemic increased suicides (completed suicides)?

If the COVID-19 pandemic transformed suicide attempters into suicide completers, what were the contributing factors? There are several potential explanations. It is possible that the group that would have attempted suicide in the past (i.e., before the onset of COVID-19) due to self-restraint and the weakening of communication between people due to COVID-19 was promoted to the group of suicide completion. In other words, it is speculated that females and youths were more likely to feel psychological distress when communication was lost compared to males and older people. Since the rapid increase in suicides in 1998, Japan has been working on nationwide suicide prevention measures (Fushimi et al., 2005). These measures emphasize avoiding isolation and loneliness and promoting connections between people (Fushimi et al., 2005). Thus, it is reasonable to think that isolation, loneliness, and diminished connections due to the COVID-19 pandemic had some effect on the change in the number of suicides. To confirm this speculation, it will be necessary to publish and verify more information on this point in the future.

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Declaration of interests

None.

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