

Long-term suicide prevention during and after the COVID-19 epidemic

Editor


As of May 15, 2020, more than 594 869 cases have been confirmed worldwide. Global attention has largely been focused on the active treatment of these patients^{1,2}, with suicide populations in society overlooked. In Italy, on March 18 and March 25, two nurses with a confirmed COVID-2019 diagnosis committed suicide, highlighting the vulnerability of patients with suicidal thoughts. We believe that many suicides can be avoided through adequate emotional support in the darkest hour.

The Chinese government has provided multiple platforms for psychological consultation for patients. Such services largely improved the mental health of patients at the early stage of the epidemic³. At this stage, however, with further outbreak, only a fraction of the needs are addressed and work specifically targeting suicide prevention is still required. First, the mental state of each confirmed case should be assessed to identify high-risk patients. Once patients experience depression, anxiety and other mental health problems, timely and effective psychological interventions could reduce suicidal ideation. To achieve this, collaboration between a large number of mental health professionals would be required. Second, 'family cluster' cases result in disastrous consequences for families. In

China, three generations can live in the same house. If the first generation is confirmed with COVID-19 and there are no beds available for admission, patients may commit suicide to prevent person-to-person transmission to their relatives living in the family home. One study from Hong Kong has reported that the SARS epidemic was associated with a significant increase in the rate of elderly suicide. Strengthening surveillance of the psychological condition in the elderly population would, hence, be beneficial. Third, governments should actively provide financial support to patients. The majority of people make ends meet from month to month, having multiple bills and house and vehicle loans to repay. A lack of income can have a severe impact on emotional vulnerability⁴. In addition, recovered patients may face discrimination when returning to work or when searching for a job.

These multiple factors can severely impact an already fragile mind, resulting in suicidal thoughts, attempts, as well as suicide⁵. Prevention is the most critical element in preserving patient mental health. Timely and effective psychological intervention is essential to protect patients from suicide. Through government, healthcare industry and community joint effort, the suicide rate can be minimized during and after the COVID-19 pandemic.

The authors declare no competing interest.

B. Mi^{1#}, Y. Xiong^{1#}, L. Chen¹,
A. C. Panayi² and G. Liu¹ 

[#]Equal contribution.

¹Department of Orthopedics, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Hubei, China and ²Department of Plastic Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, USA

DOI: 10.1002/bjs.11794

- 1 COVIDSurg Collaborative. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11646> [Epub ahead of print].
- 2 Welsh Surgical Research Initiative (WSRI) Collaborative. Surgery during the COVID-19 pandemic: operating room suggestions from an international Delphi process. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11747> [Epub ahead of print].
- 3 Balakumar C, Rait J, Montauban P, Zarsadias P, Iqbal S, Fernandes R. COVID-19: are frontline surgical staff ready for this. *Br J Surg* 2020; **107**: e195.
- 4 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; **107**: 785–787.
- 5 Abu Hilal M, Besselink MG, Lemmers DHL, Taylor MA, Triboldi A. Early look at the future of healthcare during the COVID-19 pandemic. *Br J Surg* 2020; **107**: e197.