Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

According to WHO, each suicide in a population is accompanied by more than 20 suicide attempts.[3] Thus, the number of mentally distressed people who might seek help from mental health services can be expected to increase in the context of the COVID-19 pandemic. Data from the economic crisis of 2008 showed that the increase in suicides preceded the actual rise in the unemployment rate.[2] We therefore expect an extra burden for our mental health system, and the medical community should prepare for this challenge now. Mental health providers should also raise awareness in politics and society that rising unemployment is associated with an increased number of suicides. The downsizing of the economy and the focus of the medical system on the COVID-19 pandemic can lead to unintended long-term problems for a vulnerable group on the fringes of society. It is important that various services, such as hotlines and psychiatric services, remain able to respond appropriately.

We declare no competing interests.

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1 International Labor Organization. Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO. March 18, 2020. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang--en/index.htm (accessed March 24, 2020).
2 Nordt C, Warnke I, Seifritz E, Kawohl W. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *Lancet Psychiatry* 2015; **2:** 239–45.
3 WHO. Suicide prevention. https://www.who.int/health-topics/suicide#tab=tab_1 (accessed March 24, 2020).

Suicide prevention during the COVID-19 outbreak

Publications on mental health and psychosocial considerations during the COVID-19 outbreak[1,2] and on the psychological effects of quarantine[3] provide important information and recommendations. These are important publications that should be translated to the field for all three levels of suicide prevention: primary, secondary, and tertiary. These publications include sections on urgent mental health issues such as depression[2] and severe psychiatric conditions,[1] but directly addressing specific recommendations for suicide prevention is needed.

The COVID-19 outbreak is emotionally challenging for everyone, especially for individuals who are already at risk (eg, those suffering from depression). During and following the COVID-19 outbreak and the outcomes of isolation and quarantine, we might see an increase in suicide ideation and behaviour among at-risk populations.[4] Whether this increase will be in the short or long term (or both) remains unclear, but the mental health community should be prepared and can use this challenging period to advance suicide prevention. First, people are currently more able than in the past to talk about depression, anxiety, and suicide ideation. It appears that sharing experiences of negative emotions carries less stigma than it used to. Moreover, death has become a topic that all ages can more readily talk about, and it might be easier for people and mental health providers to ask directly about suicide risk. Second, people now understand the importance of social support in times of crises and tend to agree that it saves lives. Finally, people at risk for suicide can now get psychological help online, which might be more accessible for various reasons (eg, because of reduced stigma and removal of transportation or time barriers). The medical community needs to make sure that online providers can assess suicide risk and provide specific suicide prevention interventions.[5] Mental health providers should now directly convey to every patient that in any case of severe crises, they should not hurt themselves. It has always been our priority as mental health providers to reinforce to our patients that there is always hope and that there are several solutions to any problem. The challenge of the COVID-19 outbreak might bring with it an opportunity to advance the field of suicide prevention and thus to save lives. These suicide prevention efforts should be integrated into the overall reaction programme for dealing with the COVID-19 crisis.

I declare no competing interests.

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1 Inter-Agency Standing Committee. Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak (developed by the IASC's reference group on mental health and psychosocial support). March 17, 2020. https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak (accessed March 24, 2020).
2 WHO. Mental health and psychosocial considerations during COVID-19 outbreak. March 12, 2020. https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf (accessed March 24, 2020).
3 Brooks S, Webster R, Smith L, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; **395:** 912–20.
4 Chan S, Chiu F, Lam C, Leung P, Conwell Y. Elderly suicide and the 2003 SARS epidemic in Hong Kong. *Int J Geriatr Psychiatry* 2006; **21:** 113–18.
5 Stanley B, Brown G. Safety planning intervention: a brief intervention to mitigate suicide risk. *Cogn Behav Pract* 2012; **19:** 256–64.

Public health messaging and harm reduction in the time of COVID-19

Coronavirus disease 2019 (COVID-19) was declared a pandemic on March 11, and the disease is now expected to spread to most countries, if not all.[1] The public health messaging mainly concerns personal hygiene, physical distancing, respiratory etiquette, stocking up on food supplies and essential medicines, contact tracing, and staying indoors as much as possible. We are concerned that the