

Suicide rates didn't increase during pandemic

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Many people, including mental health experts, anticipated a dramatic increase in suicide rates following the outbreak of COVID-19. But in fact, this has not been the case and most of the research published in scientific journals points to either no change or a decrease in rates of suicide following the pandemic.

This is according to a new international study on the impact of COVID-19 on rates of suicide and self-harm in low- and [middle-income countries](#) (LMICs). Led by Dr. Duleeka Knipe from the Population Health Sciences Institute at the Bristol Medical School at the University of Bristol, the research was conducted by a group of scientists from across the globe, including Stellenbosch University (SU) and the South African Medical Research Council (SAMRC).

The findings of their study were published recently in the journal *PLOS Global Public Health*.

The researchers systematically collected and synthesized evidence on the impact of the [pandemic](#) on suicide and self-harm in LMICs, as

part of an ongoing systematic review that continuously identifies and collates research on suicidal behavior through a comprehensive automated search of multiple databases in all languages. They used this extensive database to identify all studies with data about the impact of the pandemic on suicide deaths and rates of self-harm in LMICs. They also assessed the quality of the studies and the methodology used to ensure that badly designed studies with unreliable data did not contaminate their findings.

"The most robust evidence, from time-series studies, indicated either a reduction or no change in suicide and self-harm in LMICs following the pandemic," says one of the researchers, Prof Jason Bantjes from the SAMRC and the Institute for Life Course Health Research at SU.

"These findings are important and raise interesting questions about why when looking at the best available data we do not find any changes in suicide rates in LMICs following the pandemic. This is not to say the pandemic has not caused social and [psychological distress](#) and [economic hardship](#), but it would seem from the available evidence that this has not translated into an increase in suicidal behavior at an aggregate population level."

According to Bantjes, this finding echoes the results of a previous study published in *The Lancet Psychiatry* which found that suicide rates in high-income countries also remained largely unchanged or declined in the early phase of the pandemic compared with expected levels based on suicide trends before the pandemic.

Africa

Bantjes points out that perhaps the most startling finding of their review is the absence of reliable suicide data from Africa.

"This is not altogether unsurprising as suicide and

[self-harm](#) prevention is not considered the most important public health problem in the region and consequently research on this issue has historically not been a priority as is the case in high income and western countries largely because of serious healthcare resource constraints and several pressing health challenges."

"Any impact of the pandemic on suicide rates in Africa is likely to be obscured by more visible health problems and the increases in morbidity and mortality from other diseases whose management was interrupted when already limited [healthcare services](#) were shut down to re-deploy medical staff to emergency and intensive care units to treat COVID patients."

Bantjes says that in the absence of reliable epidemiological data on suicides in Africa, it is impossible to assess accurately the full impact of COVID-19 and to plan evidence-based suicide prevention strategies in the region.

"The lack of meaningful epidemiological suicide data from the Africa region is a longstanding serious global public health problem, but the pandemic has brought the lack of suicide research infrastructure in Africa into sharp focus. International organizations, such as the World Health Organization and African Union need to support and invest in robust suicide research networks and evidence-based suicide prevention interventions in Africa."

"Governments and policymakers in Africa can curb suicides in the continent by providing economic support and investing in active labor market schemes to boost employment; working with the media to ensure responsible reporting of suicides; improving access to effective mental health care services; offering support to the victims of domestic violence; and supporting NGOs that provide counseling to suicidal individuals outside of the formal health care system."

Bantjes says their findings need to be cautiously interpreted as they are based on data from only 12 of the 135 LMICs because accurate real-time suicide data is not available in most LMICs.

"Most of the studies reviewed relied on data collected in the early months of the pandemic and generally the quality of the studies was poor. Furthermore, research in this area typically lacks comparable pre-COVID data to enable a meaningful assessment of the real impact of the pandemic on suicide rates.

"While the available [suicide](#) data give cause for optimism, we need to remain vigilant about possible increases in [suicide rates](#) in the future. Most of all, we need to continue to ensure psychological and [social support](#) to those who are most vulnerable since it remains to be seen what lasting impact the pandemic will have on rates of mental illness globally."

More information: Duleeka Knipe et al, Suicide and self-harm in low- and middle- income countries during the COVID-19 pandemic: A systematic review, *PLoS Global Public Health* (2022). [DOI: 10.1371/journal.pgph.0000282](https://doi.org/10.1371/journal.pgph.0000282)

Jane Pirkis et al, Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries, *The Lancet Psychiatry* (2021). [DOI: 10.1016/S2215-0366\(21\)00091-2](https://doi.org/10.1016/S2215-0366(21)00091-2)

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