The Royal
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| **Responsible Committee(s):** | President's Advisory Group on Suicide |
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The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is concerned about the negative impacts of the COVID-19 pandemic and its associated restrictions on community mental health and wellbeing. The economic and social impacts of the pandemic are likely to be long-lasting and far-reaching, and mental health consequences, including a possible surge in suicides, are expected to be present for longer and peak later than the actual pandemic.

Suicide prevention is already a national priority in Australia and New Zealand and is of even greater importance as we face widespread social isolation and economic uncertainty across the community. Suicide is a complex issue, however, coordinated, evidence-based, targeted, and timely government action could support and protect the mental health and wellbeing of the community through the pandemic and its social and economic consequences.

Suicide prevention requires a comprehensive whole-of-life approach that spans systems, organisations and environments, combining treatment, support and intervention. It must consider the social determinants of health and encompass health promotion, prevention, early intervention, and life-skills support and management, as well as crisis support.

Clinical interventions remain a crucial component of suicide prevention. Psychosocial treatments and coordinated, proactive, aftercare have been shown to be the most effective treatments for supporting patients in suicidal distress (1) (2). Under the current circumstances, 24 hour crisis care takes on a new importance for preventing suicide deaths (3), as does the need for training of frontline health and community workers in mental health, suicide and suicide prevention.

The public health component of suicide prevention efforts is equally important, and should include efforts to systematically reduce societal inequalities, particularly examining the specific population groups that are adversely affected by the economic impacts of COVID-19. Vulnerable members of the community such as young people, Maori, Aboriginal and Torres Strait Islander people and people with mental illness, deserve to be protected and supported throughout the current crisis and beyond.

During the pandemic, public health measures must include ensuring population-wide access to mobile phone and internet services, and associated training, to enable people to access telehealth and online resources.

The current pandemic highlights the need for reliable, readily accessible data on mental health and suicides to inform and monitor suicide prevention efforts.

Psychiatrists are well-positioned to have a deep understanding of suicide and its causes and are important partners in a collaborative, multi-disciplinary, all-of-community approach to suicide prevention. The RANZCP would welcome opportunities to contribute to national and jurisdictional suicide prevention strategic and service planning.

**References**

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## Purpose

The current COVID-19 pandemic, associated restrictions and their secondary social, economic and personal consequences, raise serious concerns about community mental health and wellbeing and fears of an increase in suicides, particularly of the disadvantaged and vulnerable members of our community.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) urges actions and investment are delivered to protect and support the mental health and wellbeing of the population.

### Key messages

- The COVID-19 pandemic and associated physical distancing and quarantining measures are likely to have a negative impact on mental health and could lead to an increase in suicides.

- The economic and social impacts of the pandemic and associated economic downturn are likely to be long-lasting and far-reaching.

- Mental wellbeing and suicide prevention must remain a national health priority.

- Evidence-based, targeted, and timely government action to support and protect the mental health of the community could limit the negative impacts of the pandemic and prevent a surge in suicides.

- Vulnerable members of the community such as young people, Maori, Aboriginal and Torres Strait Islander people and people with mental illness, deserve to be protected and supported throughout the current crisis and beyond.

- Crisis mental health care should be accessible 24 hours per day, 7 days per week to everyone in need.

- Suicide prevention interventions must be informed by research and reliable data.

- Interventions providing psychosocial treatments and coordinated aftercare can lead to a reduction in suicidal distress and deaths.

- Suicide prevention requires a comprehensive approach that spans systems, organisations and environments, combining treatment, support and intervention.

- Psychiatrists are important partners in a collaborative, multi-disciplinary, all-of-community approach to suicide prevention.

## Background

Suicide is a complicated issue that has devastating and long-term impacts on individuals and the community. Suicidal behaviour has been linked to intense feelings of desperation, abandonment,

humiliation, hopelessness and entrapment (1). It is influenced by an interplay of broad societal factors, developmental factors, adverse life events, particularly interpersonal conflict, situational factors such as access to means, and interpersonal psychological factors (2).

Psychiatrists acknowledge the pain and suffering that suicide brings to the people experiencing suicidal ideation, suicidal behaviours, suicide attempt survivors, those caring for someone who is experiencing suicidal behaviours and those bereaved family members and loved ones.

Psychiatrists are committed to providing high quality mental health care and promoting good mental health in the community. Psychiatrists are one of a number of professions and services that play an important role in preventing suicide and supporting individuals in distress. This includes the community sector, primary health services, allied health professionals, psychologists, social workers, mental health nurses, lived experience support and non-government organisations. Friends, families/whānau and carers can be an important source of social support, which has been associated with decreased likelihood of a lifetime suicide attempt (3). This may be particularly important within certain cultural and social groups (4).

Suicide prevention recognises the life-changing impacts of natural global disasters, and community and individual crises, such as COVID-19, including social isolation, economic stress, loss and trauma, increased incidence of family and domestic violence and decreased access to mental health treatment (5), during and in the aftermath, of such events.

Suicidal behaviour is a global public health issue of major policy significance. Reliable data and reporting on suicide occurrence is important to monitor and respond to the risk and changes in suicide rates, inform suicide prevention interventions and appropriately resourced service provision wherever and whenever required. Given the complexities of data collection relating to suicide and issues of under-reporting, it is believed that suicide rates are greater than those reported (6).

## Mental Health Impacts of COVID-19

Suicidal behaviour is likely to increase as the COVID-19 pandemic continues and has longer-term effects on the general population, the economy, and vulnerable groups (7). Physical distancing interventions to reduce the spread of COVID-19 will have many unintended and far-reaching consequences.

The negative impacts of COVID-19 and its associated restrictions will have a significant impact on psychological wellbeing. Those with pre-existing mental health problems might experience a decline in mental health. Others might develop new mental health problems, especially depression, anxiety, and post-traumatic stress - all associated with increased suicide risk (8). In March 2020, Lifeline Australia answered almost 90,000 calls for help, an increase of 25% over the same time last year. Mental health consequences are likely to be present for longer and peak later than the actual pandemic (9).

Prior work has highlighted that previous epidemics are linked to elevated suicide rates. A US study showed an association between several COVID-19-related experiences (i.e. general distress, fear of physical harm, effects of physical distancing policies) and past-month suicidal ideation and attempts (10). Older people might be at particular risk due to a heightened sense of disconnectedness from society, feel devalued and burdensome with the explicit knowledge that they may not receive the healthcare they need due to rationing which heightens anxiety and fear (11)

Secondary consequences of physical distancing measures could include the following (5):

**Economic stress**: Suicide rates increase during economic downturns (12). The Grattan Institute predicts that between 14 and 26 per cent of Australian workers could be out of work as a direct result of COVID-19, and the crisis will have an enduring impact on jobs and the economy for years to come. For more information on the economic impacts refer to the Grattan Institute's working paper: Shutdown: estimating the COVID-19 employment shock. Economic recession may also have a severe and long-term impact on mental health in children and young people, especially if they face stress within the family as a result of economic hardship or parental unemployment (13).

**Social isolation**: Under physical distancing measures, many individuals are facing increased loneliness and social isolation. Social connections have a preventative role in suicide prevention.

Undefined quarantine is often associated with a negative psychological effect that can be long lasting for people with or without pre-existing health conditions (14).

**Family violence**: In the early stages of widespread home isolation, Women's Safety NSW reported a sharp increase in violence being reported for the first time (47.5% up from 15.9% the previous week). UN Women has reported a worldwide trend in rising calls for help from domestic violence services during the pandemic. It notes the combination of increased stress from spending longer time socially isolated in the company of their abuser in confined spaces can worsen the violence against women and separate them from people and resources that can potentially help.

**Alcohol consumption and gambling**: The stresses and social isolation associated with the COVID-19 crisis increase the risk of a range of unhealthy behaviours and coping strategies, including alcohol and substance use and gambling. Addictive behaviours are exacerbated when there are few other positive reinforcers in the environment—such as pleasurable things to do and people with whom to interact (15).This period of isolation might lead to a spike in alcohol misuse, relapse, and potentially, development of alcohol use disorder in at-risk individuals (16). Alcohol misuse is a serious public health problem. Excessive alcohol consumption has a detrimental effect on mental health with a well-documented relationship between alcohol misuse and mental health issues including depression, anxiety and suicide. The Foundation for Alcohol Research and Education (FARE) found that one in five (20 per cent) households reported buying more alcohol than usual since the COVID-19 outbreak in Australia. Of those households, 70 per cent report drinking more alcohol than usual since the COVID-19 outbreak in Australia, and 28 per cent report drinking alcohol to cope with anxiety and stress. Online gambling and gaming has increased where casinos and other gambling venues have closed, alongside the cessation of most professional sport globally (15).

**Barriers to mental health treatment**: There are growing concerns that routine mental health care may be reduced during the pandemic, due to physical distancing measures. Fear of exposure to the virus and concerns that priority should be given to health care directly related to the pandemic, may deter people from attending routine appointments as well as seeking crisis care in emergency departments. Under the current pandemic shutdown, many services have transitioned to conducting assessments and delivering interventions remotely (e.g. by telephone or digitally). However, services delivered remotely will not be accessible for some patients and may not be effective for others.

**School and university closures**: School closures carry high social and economic costs for people across communities. The resulting disruptions exacerbate already existing disparities within the education system but also in other aspects of children's lives such as interrupted learning and social isolation. For children and young people with mental health needs, school closures mean a lack of access to the resources they usually have through schools (17). In a survey by the UK mental health charity Young Minds, of participants up to age 25 years with a mental illness history in the UK, 83% said the pandemic had made their conditions worse.

**Health care professional suicide rates**: Medical professionals have elevated suicide rates. During the pandemic, many health care workers have experienced increased pressures , including concerns about exposure to infection, shortages of personal protective equipment, overwhelmed facilities and work stress (7).

## Vulnerable Groups

Several populations are at greater risk of suicide. These include (but are not limited to) males, people aged 15-44 years, Maori, and Aboriginal and Torres Strait Islander people, people living in rural and remote locations and those who are more socioeconomically disadvantaged. Risk factors include inequality, experiences of marginalisation and trauma, deficits across the social determinants of health, and personal experiences of discrimination. There is a likelihood that the COVID-19 pandemic will continue to amplify inequitable outcomes, barriers to accessing mental health care, and discrepancies in social, emotional and cultural wellbeing.

## Suicide prevention and mental health services

Suicide prevention requires a whole of life approach that considers the social determinants of health and must encompass health promotion, prevention, early intervention, and life-skills support and management, as well as crisis support.

Psychiatrists are well-positioned to have a deep understanding of suicide and its causes. Psychiatrists can support people who are experiencing psychological distress, with or without mental illness.

Psychosocial treatments and coordinated, proactive, aftercare to people who demonstrate suicidal behaviours, have survived suicide attempts, been carers of people who have or are showing suicidal behaviours and those bereaved by suicide have been shown to be the most effective treatments for supporting patients in suicidal distress. (18) (19). Under the current circumstances, 24 hour crisis care takes on a new importance for preventing suicide deaths (20), as does the need for training of frontline health and community workers in mental health, suicide and suicide prevention (21).

Mental health services need to develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working. The recent expansion of Australia's Medicare Benefits Scheme telehealth items numbers will enable psychiatrists and other health professionals to provide care to more people in the community via telephone or video consultation. However, the RANZCP notes that telehealth will be insufficient for some patient groups and that face to face delivery of service will continue to be required.

Ensuring that people in widespread home isolation have access to mobile phone and internet services is also a necessity in order to access telehealth and online resources (14).

The Australian Department of Health, in collaboration with the lived experience, consumer and carer voices, have further expanded online resources to support mental health during the COVID-19 pandemic via its Head to Health website. In New Zealand online resources have been developed and enhanced to support mental wellbeing during the COVID-19 response, via the New Zealand Ministry of Health the Mental Health Foundation of New Zealand's Getting Through Together.

## Public Health measures

The RANZCP considers that the public health component of suicide prevention efforts should include efforts to systematically reduce societal inequalities, particularly examining the specific population groups that are adversely affected by the economic impacts of COVID-19. These include the following:

- Financial stressors: require financial safety nets for those most affected by job and income losses. Some groups including casual hospitality workers, arts sector workers, international students and other short-term casual workers will be ineligible for supports such as the Australian Government's JobKeeper program and will need targeted support. People with lower incomes and younger people are much more likely to lose work as a result of this crisis (Shutdown: estimating the COVID-19 employment shock). The RANZCP acknowledges that the Australian and New Zealand Governments have been quick to commit significant financial support to individuals and businesses negatively impacted by the COVID-19 response. Longer term support may be required to support people the potentially high numbers of unemployed people to re-train and re-enter the workforce.
- Family violence: The United Nations has called for governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19. Women's Safety NSW have identified a need for additional staffing capacity to manage the increasing number of highly complex cases, crisis and ongoing accommodation and safe technologies, such as safe phones.
- Alcohol consumption and gambling: governments should consider increasing public health messaging about safe drinking and limiting television and online advertising for betting and gambling. Governments need a comprehensive plan of action with investment to deal with the range of co-occurring alcohol and mental health problems that will continue to arise.

- Isolation, entrapment, loneliness: to reduce the negative psychological impacts of quarantine, the shortest possible periods should be imposed, the expectations and time period be clearly communicated to the community, and adhered to whenever possible, and essential supplies and services maintained (14). Targeted mental health support will be required for some groups such as individuals who are required to be quarantined in hotels.

Identifying solutions and investing in suicide prevention interventions needs urgent attention. Suicide prevention is a public health priority in Australia and New Zealand, and its importance will only grow as a result of the COVID-19 pandemic and associated recession. The RANZCP considers that action must be taken now to mitigate potential unintended consequences, including an increase in suicides. Any response must build on existing mental health policies and practices.

## Recommendations

The RANZCP recommends that:

- high-quality psychiatric consultation and collaborative mental health care is available to all people presenting at emergency departments and primary health care settings with suicidal ideation or behaviour
- individualised and comprehensive post-attempt care and support are provided by mental health services and aftercare programs
- Crisis mental health care is accessible 24 hours per day, 7 days a week wherever required in Australia and New Zealand
- training of frontline health and community workers to develop competencies in mental health, suicide and suicide prevention
- widespread access to mobile phone and internet services, and associated training, should be supported by governments to enable people to access telehealth and online resources
- suicide prevention to include efforts to systematically reduce societal inequalities, and target population groups adversely affected by the secondary economic and social impacts of COVID-19
- the RANZCP is included in national and jurisdictional suicide prevention strategic and service planning.

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