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Letter to the Editor

Aggregated COVID-19 suicide incidences in India: Fear of COVID-19 infection is the prominent causative factor

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**SUMMARY**

Many Indian COVID-19 suicide cases are turning the press-media attention and flooding in the social media platforms although, no particular studies assessed the COVID-19 suicide causative factors to a large extent. Therefore, the present study presents 69 COVID-19 suicide cases (aged 19 to 65 years; 63 cases were males). The suicide causalities are included as follows – fear of COVID-19 infection (n=21), followed by financial crisis (n=19), loneliness, social boycott and pressure to be quarantine, COVID-19 positive, COVID-19 work-related stress, unable to come back home due to lockdown, unavailability of alcohol etc. Considering the extreme psychological impacts related to COVID-19, there emerges a need for countrywide extensive tele-mental health care services.

1. Introduction

The Corona Virus Disease 2019 (COVID-19) has ignited many debates and has undoubtedly shaken up the core foundations of the health-care system worldwide (Pakpour and Griffiths, 2020; Usman et al., 2020). Currently, massive transmission rates are observed with the absence of specific treatment (Mamun and Griffiths, 2020). At present, public health measures such as isolation, social distancing, and quarantine are being implemented throughout the world to combat COVID-19 (Bodrud-Doza et al., 2020). The entire world is arguably under lockdown, which disrupts the normal lifestyle. Studies have found that lockdown, isolation and quarantine elevate psychological symptoms such as depression, anxiety, phobia, trauma, etc. (Brooks et al., 2020; Hawryluck et al., 2004; Sakib et al., 2020; Shammi et al., 2020). Besides, there is economic fallout and occupational deprivation due to lockdown existing everywhere, which also mediates individuals to have been suffered from psychiatric issues like depression, anxiety, stress, etc. (Rafi et al., 2019; Mamun and Ullah, 2020). Besides, India, being the second largest populated country in the world with limited mental health care professionals and knowing that professional mental health care may not reach every individual; the psychological distress caused due to COVID-19 may go unnoticed. Consequently, psychological state along with employment and economic status, and lifestyle of individuals are substantially affected in the Indian population. These psychological issues are likely to have accounted for 90% of the suicide causalities (Mamun and Griffiths, 2020b, 2020c). In the sense of pandemic aftermath, suicide rate dramatically increases as of elevating psychological comorbidities; for instance, higher suicide rates are reported among the elderly in Hong Kong during and aftermath the SARS epidemic in 2003 (Cheung et al., 2008).

Concerning the COVID-19 outbreak (since late January 2020 in India), the first Indian suicide case (occurred on February 12) is stated due to fear of being infected with COVID-19 (Goyal et al., 2020), followed by two more cases (Sahoo et al., 2020). Similarly, COVID-19 suicide occurrences were reported as of fear of infection, economic crisis and social boycott in Bangladesh and Pakistan, the most neighboring countries of India (Bhuiyan et al., 2020; Griffiths and Mamun, 2020; Mamun and Griffiths, 2020; Mamun & Ullah, 2020). However, many of the suicide cases in India are turning the attention of the press and are being flooded in the social media platforms although, no particular studies assessed the COVID-19 suicide causative factors to a large extent that are indisputably the essential components for ensuring the public mental health wellbeing during the crisis. Hence, the present study aims to summarize the causative factors for suicide in times of COVID-19, as reported in the Indian national newspapers.

2. Methods

The present study followed to utilize the press media reported suicide cases like the previous retrospective suicide studies conducted in developing South Asian countries (e.g., India, Armstrong et al., 2019; Bangladesh, Mamun and Griffiths, 2020; Mamun et al., 2020a, 2020b; Pakistan, Mamun & Ullah, 2020). We used a purposive sampling method in selecting the seven popular English Indian online newspapers from March to May 24, 2020. Duplicates identified of same news in multiple reports and suicide reports unrelated to COVID-19 were excluded from the study.

3. Results

A total number of 72 suicide cases from 69 newspaper reports met the inclusion criteria for the study. Most of the suicide cases were males (n=63), and the age of the individuals ranged from 19 to 65 years. The most common causative factors reported were fear of COVID-19 infection (n=21), followed by financial crisis (n=19), loneliness, social boycott and pressure to be quarantine, COVID-19 positive, COVID-19 work-related stress, unable to come back home after lockdown was imposed, unavailability of alcohol etc. (Table 1).

4. Discussion

Public health measures such as isolation, social distancing, and
Table 1
Distribution of the Indian COVID-19 suicide cases.

| Cases | Suicide date | Victims’ city/state | Gender | Age | Reported suicide reason | Reporting newspaper |
|-------|--------------|---------------------|--------|-----|--------------------------|---------------------|
| 1     | March 22     | Meerut              | Male   | 30  | Fear of COVID-19 infection | The Statesman       |
| 2     | March 23     | Uttar Pradesh       | Male   | 32  | Fear of COVID-19 infection | Times of India      |
| 3     | March 23     | Uttar Pradesh       | Male   | NR  | Fear of COVID-19 infection | Deccan Herald       |
| 4     | March 23     | Uttar Pradesh       | Male   | NR  | Fear of COVID-19 infection | Hindustan Times     |
| 5     | March 25     | Karnataka           | Male   | 56  | Fear of COVID-19 infection | Deccan Herald       |
| 6     | March 29     | Karnataka           | Male   | 56  | Fear of COVID-19 infection | Hindustan Times     |
| 7     | April 1      | Telangana           | Female | 20  | Fear of COVID-19 infection | Hindustan Times     |
| 8     | April 2      | Uttar Pradesh       | Male   | 38  | Fear of COVID-19 infection | Times of India      |
| 9     | April 3      | Karnataka           | Male   | 40  | Fear of COVID-19 infection | Deccan Herald       |
| 10    | April 4      | Amritsar            | Male   | 65  | Fear of COVID-19 infection | Hindustan Times     |
| 11    | April 4      | Amritsar            | Female | NR  | Fear of COVID-19 infection | Hindustan Times     |
| 12    | April 6      | Uttar Pradesh       | Male   | 35  | Fear of COVID-19 infection | The Statesman       |
| 13    | April 6      | Punjab              | Female | 65  | Fear of COVID-19 infection | Hindustan Times     |
| 14    | April 8      | Uttarakhand         | Male   | 56  | Fear of COVID-19 infection | The Telegraph       |
| 15    | April 11     | Maharashtra         | Male   | NR  | Fear of COVID-19 infection | Deccan Herald       |
| 16    | April 29     | Haryana             | Male   | 30  | Fear of COVID-19 infection | Hindustan Times     |
| 17    | May 02       | Telangana           | Male   | 60  | Fear of COVID-19 infection | Hindustan Times     |
| 18    | May 13       | Jammu & Kashmir     | Male   | 50  | Fear of COVID-19 infection | The Telegraph       |
| 19    | May 15       | Maharashtra         | Male   | 24  | Fear of COVID-19 infection | Hindustan Times     |
| 20    | May 20       | Bihar               | Male   | 35  | Fear of COVID-19 infection | Deccan Herald       |
| 21    | May 01       | Haryana             | Male   | 54  | Fear of COVID-19 infection | Hindustan Times     |
| 22    | March 19     | Kerala              | Male   | 47  | Financial crisis          | The Hindu           |
| 23    | April 17     | Haryana             | Male   | NR  | Financial crisis          | Hindustan Times     |
| 24    | April 28     | Uttar Pradesh       | Male   | 45  | Financial crisis          | Hindustan Times     |
| 25    | May 04       | Bihar               | Male   | 35  | Financial crisis          | Deccan Herald       |
| 26    | May 04       | Bihar               | Female | NR  | Financial crisis          | Deccan Herald       |
| 27    | May 08       | Gujarat             | Male   | 38  | Financial crisis          | Indian Express      |
| 28    | May 11       | Punjab              | Male   | 38  | Financial crisis          | Hindustan Times     |
| 29    | May 15       | Chandigarh          | Male   | 35  | Financial crisis          | Hindustan Times     |
| 30    | May 15       | Chandigarh          | Male   | 25  | Financial crisis          | Hindustan Times     |
| 31    | May 15       | Gujarat             | Male   | 45  | Financial crisis          | Deccan Herald       |
| 32    | May 22       | Karnataka           | Male   | 51  | Financial crisis          | Hindustan Times     |
| 33    | May 22       | Uttar Pradesh       | Male   | 38  | Financial crisis          | Hindustan Times     |
| 34    | May 18       | Haryana             | Male   | 54  | Financial crisis          | Hindustan Times     |
| 35    | May 18       | Maharashtra         | Male   | 32  | Financial crisis          | The Statesman       |
| 36    | May 23       | Uttar Pradesh       | Male   | 19  | Financial crisis          | Times of India      |
| 37    | March 30     | Chhattisgarh        | Male   | 35  | Loneliness as of wife deaths in last year and sons’ separate living; and alcohol addiction | Deccan Herald |
| 38    | April 9      | Uttar Pradesh       | Male   | 32  | Feelings of missing wife  | Hindustan Times     |
| 39    | April 17     | Uttar Pradesh       | Female | 22  | Being unable to go to her parents’ home due to lockdown | Deccan Herald |
| 40    | April 24     | Madhya Pradesh      | Male   | 30  | Did not wish to be kept in isolation and wanted to be with his children | Deccan Herald |
| 41    | May 06       | Maharashtra         | Male   | 22  | Feelings of loneliness   | Indian Express      |
| 42    | May 13       | Maharashtra         | Male   | NR  | Missing family due to lockdown | Hindustan Times |
| 43    | May 22       | Karnataka           | Male   | 40  | Fear of being quarantined | Deccan Herald       |
| 44    | April 17     | Uttarakhand         | Male   | 24  | Social boycott and pressured to be quarantined | Telegraph |
| 45    | April 9      | Odisha              | Male   | 29  | Social boycott and pressured to be quarantined | Hindustan Times |
| 46    | April 14     | Noida               | Male   | 32  | A financially distressed Muslim man mistakenly alleged to be supporter of Tabligh Jamaat was socially boycotted and intercepted, also his beard notchting videos were uploaded in Tiktok | Hindustan Times |
| 47    | April 24     | Gujrat              | Male   | 30  | Social boycott and pressured to be quarantined by villagers | Hindustan Times |
| 48    | May 19       | Uttarakhand         | Female | 24  | Got divorced after 15 days of marriage in April 2019, then searched for job before coming back to home, where she was pressured to be quarantined| Hindustan Times |
| 49    | April 5      | Arunachal Pradesh   | Female | 38  | COVID-19 related work stress being disaster management officer | Hindustan Times |
| 50    | April 20     | Haryana             | Male   | 38  | COVID-19 related work stress being police officer | Hindustan Times |
| 51    | April 29     | Delhi               | Male   | 55  | COVID-19 related work stress being medical college lab technician | Hindustan Times |
| 52    | May 16       | West Bengal         | Male   | NR  | COVID-19 related stress | Deccan Herald       |
| 53    | April 11     | NR                  | Male   | 30  | COVID-19 positive         | Hindustan Times     |
| 54    | April 15     | Mumbai              | Female | 29  | COVID-19 positive         | Hindustan Times     |
| 55    | April 16     | Mumbai              | Male   | NR  | COVID-19 positive         | Hindustan Times     |
| 56    | April 27     | Karnataka           | Male   | 50  | COVID-19 positive         | Hindustan Times     |
| 57    | May 01       | Uttar Pradesh       | Male   | NR  | COVID-19 positive         | Hindustan Times     |
| 58    | May 10       | Maharashtra         | Male   | 60  | COVID-19 positive         | Hindustan Times     |
| 59    | May 13       | Delhi               | Male   | 31  | COVID-19 positive         | Hindustan Times     |
| 60    | May 12       | Uttarakhand         | Male   | 45  | (Migrant worker) unable to return home due to lockdown and probable financial crisis | Hindustan Times |
| 61    | May 12       | Uttarakhand         | Male   | 32  | Unable to return home due to lockdown | Hindustan Times |
| 62    | May 13       | Haryana             | Male   | NR  | (Migrant worker) unable to return home due to lockdown and financial crisis | Hindustan Times |
| 63    | March 27     | Kerala              | Male   | NR  | Unavailability of alcohol | Hindustan Times     |
| 64    | April 02     | Karnataka           | Male   | 42  | Unavailability of alcohol | Deccan Herald       |
| 65    | April 5      | Uttar Pradesh       | Male   | 19  | At quarantine center reasons not reported | Hindustan Times |
| 66    | May 18       | Chhattisgarh        | Male   | 26  | At quarantine center reasons not reported | Deccan Herald |
| 67    | May 11       | Rajasthan           | Male   | 30  | Out of fear well as reported in suicide note | Hindustan Times |
| 68    | April 15     | Maharashtra         | Male   | 35  | Lockdown extension made the priest terribly depressed | Hindustan Times |
| 69    | May 11       | Punjab              | Male   | NR  | Depressed due to postponement exams | Hindustan Times |

NR – Not reported
quarantine as there are no available effective treatments or vaccines to combat COVID-19 are being suggested throughout the world. The term ‘isolation’ is associated with the restriction of the infected cases, whereas ‘quarantine’ refers to the restriction of social movement in large scales such as group, or community level (Hawryluck et al., 2004). The quarantine time may be extremely burdensome to some individuals, as reported in 15% of the SARS quarantined persons in Toronto, did not feel the need of quarantine (Hawryluck et al., 2004). Besides, individuals escaping from the quarantine can be conflictive because quarantine is mandatory to slow down the virus transmission rate. On the other hand, quarantine time without meaningful and purposeful occupations may lead to life-threatening circumstances in the suspected cases (Hawryluck et al., 2004). Moreover, such a dilemma can impact people emotionally and psychologically, resulting in higher rates of loneliness, fear, anxiety, depression, stress, boredom, etc. (Brooks et al., 2020). Besides, the fear of infection, the psychological distress due to pandemic also arbitrates by the stressors such as frustration, inadequate information, and financial loss (Brooks et al., 2020; Hossain et al., 2020; Sakib et al., 2020; Pakpour et al., 2020). Consequently, the unstable mental health conditions may easily lead the individual to suicidality that is more prominent among individuals with preexisting mental illness due to unable to cope with the stressful situation (Mamun and Griffiths, 2020). Besides, a significant proportion of the population in the country reside in rural areas with a lack of literacy and elevated mental health stigma in India (Venkatesh et al., 2015). The persons with a lack of knowledge on COVID-19 and higher mental health stigma might be prone to psychological distress and, in extreme cases – suicide completion.

The analysis of the present 69 Indian suicide cases shows various causes for suicide during the COVID-19 outbreak. Of these causal factors, fear or anticipation of COVID-19 infection was the most prominent suicide causality, although most of the victims were later diagnosed with COVID-19 negative in the autopsy (as being reported in the press media). This presents a significant concern to the community and health-care professionals because most of the COVID-19 suspected cases who had committed suicide is due to fear of infection (even though before the test result announcements – in many of the cases). Non-representative studies report that misinformation is a trigger for suicide completion among the suspected cases as well as among the non-suspected cases. For example, two suicide cases reported in India because of direct contact with a positive case and meeting with a foreign couple, respectively, despite not infected literally (Sahoo et al., 2020). A similar incident in Bangladesh reported a COVID-19 suicide case, who tested negative for the infection in the autopsy but had a fear of infection (Mamun and Griffiths, 2020).

As the country was under lockdown, the restricted movement may have resulted in psychological distress and loneliness, leading to suicide. Nonetheless, the lack of access to addictive substances like alcohol and drugs led to extreme psychological distress, compelling individuals with addiction to carry out self-harm activities in the Indian context (Mamun and Griffiths, 2019). Besides, other lockdown stressors such as economic crisis and recession, unemployment, poverty, etc. may be highly associated with psychological distress and suicidal behaviors (Bhuiyan et al., 2020; Mamun & Ullah, 2020; Rafi et al., 2019). Thus, the factors such as stress of losing job, feelings of hopelessness or helplessness, inability to provide support to the family, etc. are not unusual in simplifying the way of having persistent suicidality and committing suicides and were reported in the COVID-19 suicide context (Bhuiyan et al., 2020; Mamun & Ullah, 2020).

5. Limitations

The study was based on a newspaper reports (and only eight newspapers were included); and was extracted with the secondary data that could not be verified; this may not represent the extensive nationwide incidence; some information may be missing in the press reports as all of the suicides are not reported due to existing social and cultural norms and values (i.e., suicide is stigma) in south Asian counties – are the arguable limitations of the present study (Mamun and Griffiths, 2020; Venkatesh et al., 2015).

6. Conclusions

Considering the COVID-19 related extreme psychological impact on individuals, there emerges a need for extensive mental health services. This can be bested through services like Tele-mental health care, where the mental health professionals are required to play an essential role in facilitating psychological and emotional well-being, enhancing problem-solving and health-promoting behaviors in service users (Mamun and Griffiths, 2020; Sahoo et al., 2020). Additionally, appropriate and authentic information regarding COVID-19 and (mental) health-care seeking opportunities is necessary to increase the knowledge of COVID-19 in the public. Furthermore, social media platforms, news media such as televisions, news portals, etc. can take measures to promote positive mental health in combating further COVID-19 suicides.

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Data share statement

Data will be available on request.

Author agreement

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Declaration of competing interest

The authors of the paper do not have any conflict of interest.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.psychres.2020.113145.

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