SHORT COMMUNICATION

Escalation of Suicide Amidst The COVID-19 Pandemic in Malaysia: Progressive Strategies for Prevention

Charles Ganaprakasam1, Syeda Humayra2, Kalaivani Ganasegaran3, Philominah Arkappan4
1Department of Educational Psychology and Counselling, University of Malaya, 50603 Kuala Lumpur, Malaysia
2Faculty of Medicine, University of Cyberjaya, Persiaran Bestari, Cyber 11, 63000 Cyberjaya, Selangor, Malaysia
3Department of Mass Communication, School of Management & Business, Manipal International University, Malaysia
4Accounting Department, School of Management & Business, Manipal International University, Malaysia

Correspondence: Syeda Humayra (syedahumayra@gmail.com)

Introduction

The COVID-19 global health crisis has inflicted a tremendous amount of mental tribulation, especially in developing nations1. Since the COVID-19 outbreak has been declared as a public health crisis, many countries across the South Asian region reported a sharp increase in suicide cases. For instance, suicide cases in Thailand, Singapore, and Nepal have surged tremendously during the outbreak of COVID-19. Thailand health officials revealed that 2,551 suicide cases were reported in the first half of 2020, which is a 22% increment from the same period in 20192. In parallel, Singapore reported 452 suicides in 2020, the nation's highest number of cases since 2012, amid the isolation and psychological distress brought about by the COVID-19 pandemic3. Furthermore, in Nepal, the number of suicide cases increased by almost 25% compared with previous years amidst the COVID-19 outbreak, whereby 559 suicide incidents occurred every month4.

In Malaysia, there has been a dramatic upsurge in suicide cases since the beginning of the COVID-19 outbreak in January 2020. According to recent statistics by the Royal Malaysian Police Department, a total of 631 suicide cases were recorded in 2020 and 468 cases were reported between January to May 20215. Compared to the year 2019, suicide cases in Malaysia almost doubled on average in all age categories in the 5 months of 2021 that is 94 cases per month compared to 51 cases per month in 20196.

The increased psychological distress and poor mental health status amidst COVID-19 supports the escalating suicide mortality subjectively. Hence, this unexpected pandemic situation demands a comprehensive framework for tackling the massive upsurge of suicide among people from developing countries. In line with that, the aim of this viewpoint is to revisit the efforts implemented by the current Malaysian government and propose several prevention strategies to combat suicide during this global health crisis.

What efforts have been taken so far?

The Malaysian government and non-governmental organisations (NGOs) initiated several strategic efforts to mitigate suicides during the pandemic6.
i. Introduction of tele-counselling programmes (Psychosocial Helpline) via associations with humanitarian NGOs, such as Mercy Malaysia.

ii. Mental health related psychosocial support services in hospitals for COVID-19 patients, quarantined individuals, family members of infected persons, and health care or medical personnel.

iii. Utilisation of forums, podcasts, shout-outs, and necessary campaigns to educate people on the essence of maintaining good mental health during the pandemic.

iv. Initiation of the White Flag Campaign to reach out to people with financial and mental health difficulties.

v. University-based programmes and online webinars to provide students with psychological support. For instance, the Counselling Department of the University Utara Malaysia (UUM) conducted various psychosocial programmes and counselling sessions to support the students’ mental health status.

Who is the vulnerable population or those at risk of suicide?

Based on the rising number of suicidal cases, it can be interpreted that COVID-19 could result in a severe mental health crisis among the general public, and more importantly, the vulnerable or at-risk populations. Particularly, children, adolescents and youths, individuals with pre-existing mental health issues, and migrant workers are found to be among the vulnerable population during this health crisis. Identifying the target population is critical towards implementing appropriate prevention or intervention strategies, and ensuring their mental health state.

What progressive measures should be considered?

Suicide prevention is possible through collective efforts of the society, community and individual-level support management. Hence, it cannot be directed within the health sector alone — action must be taken by several other institutions including schools, homes, communities and workplaces. In this article, we propose several intervention strategies that can be adopted to minimise the risk of increasing suicide and promote better mental health.

i. Since several studies hypothesise that mental health crises may further escalate during the post COVID-19 era, it puts children and adolescents at a greater risk of experiencing psychological distress. Hence, suicidal and non-suicidal self-injury (NSSI) screening is vital for early identification of symptoms in primary and secondary school settings after the school reopened. Since NSSI has proven to be a critical risk factor for future suicide attempt, so identifying the onset of NSSI among students can be a significant step towards mitigating the suicide cases in near future.

ii. Evidence revealed that students reportedly experienced more psychological distress during this pandemic period, therefore the role of school Guidance and Counselling teachers is vital to provide detailed information on the risk factors, warning signs, coping skills, debunk the myths of suicide, and promote better help-seeking behaviours in both students and parents.

iii. The Ministry of Education should collaborate with school/university staff, local authorities, social activists, educational and mental health organisations to develop special training programmes for teachers’ guidance and understanding on trauma-related approaches, and establish empirically proven treatment to overcome the histories of trauma.

iv. As depression is often linked to suicidal ideation, agencies involved in the licensing and training of counsellors should provide comprehensive training and guidelines for the practice of computer-based cognitive behavioural therapy which is an effective treatment for reducing depression and also achievable for people from urban and rural areas.

v. Maximising and encouraging the use of self-healing activities such as yoga among the target population as an alternative method to maintain the mental health. It can also be implemented in people with pre-existing mental health
issues since Tele-psychiatry services are still under-developed in many developing countries.  

vi. The media plays an important role in developing a sense of optimism among the general public during this pandemic. Broadcasting positive recovery stories and promoting mental health literacy through various platforms such as media reports, advertisements, and social networking sites can be initiated as additional efforts to reduce the stigma attached with suicides and mental health issues.

vii. The government and NGOs should proactively engage with migrant workers by selecting representatives of this population to voice their problems during this COVID-19 health crisis and also emphasise the involvement of volunteers with and without mental health expertise from their native speakers to provide better support and awareness from their own community.

viii. Lastly and most importantly, government-based organizations should regularly monitor and update the suicide registry system to track unidentified suicide cases and implement progressive measures. According to the World Health Organisation (WHO), very limited number of countries around the world have good quality records system on suicide. For instance, in Malaysia, the last National Suicide Registry was last updated in 2007. This lack of data accuracy is immensely strenuous when used to identify long-term solutions to mitigate the hidden pandemic of suicide.

Although the number of counselling/psychology private practices have been flourishing to mitigate mental health problems during this COVID-19 outbreak, serious questions arise regarding the effectiveness of the interventions in a multicultural context. Cultural competence, including dimensions of knowledge (e.g., understanding the meaning of culture and its importance to healthcare delivery), attitude (e.g., having respect for variations in cultural norms), and skills (e.g., eliciting patients’ explanatory models of illness), are necessary for improving health care preventions.

In the past, the Indian community has shown disproportionately higher suicide rates compared to other ethno cultural groups in Malaysia, which indicates the need of evidence-based research in community setting. Thus suicide risk assessment across the various ethnic groups in Malaysia is recommended for tailoring population-based interventions and providing better mental health support. However, shortage of resources and financial aid from the government to support research and practice concerning suicide intervention and prevention acts as the prime obstacle in developing comprehensive, culturally-sensitive mental health services across the nation. Perhaps, the recent annual federal budget for the year 2021 by the Malaysian government with significant reduction in monetary allocation for mental health services is also a contributing factor. This demonstrates that the inadequacy of financial resources can be perceived as a major hindrance in the development of a comprehensive mental health care plan.

Mental health related research and practice is totally different in high-income countries. No significant rise of suicide cases have been reported in developed countries, such as Canada, New Zealand, Norway, Sweden, Peru, and United States, during this global public health crisis. Although the exact reason is unknown, it might be attributable to the concentrated efforts from the national government that provided comprehensive mental health services, including empirically proven intervention and prevention strategies.

Analysing culturally-responsive prevention and intervention strategies through active research practices is essential to determine what works with whom, by whom, and in what context. There should be a concentrated effort by the government to help move forward by strengthening progressive measures through encouraging credible research and practices. Since Malaysia is rich in cultural diversity, a multicultural, sensitive approach is needed to tackle this serious public health concern. Furthermore, the Ministry of Health should conjointly work with various ongoing missions or organisations for effective, empirical solutions to overcome the escalating suicides during this pandemic.
Acknowledgments

We would like to thank scholars from the psychology research team for their guidance and support.

Source of Funding

The authors did not receive funding to carry out the work presented in this article.

Conflicts of interest

The authors declare that they have no conflict of interest.

References

1. Mamun MA, Ullah I. COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty? The forthcoming economic challenges for a developing country’. Brain, behavior, and immunity 2020; 87: 163–66.
2. CNA. With Southeast Asia's highest suicide rate, Thailand grapples with mental health challenge amid pandemic. Available from: shorturl.at/apEHZ, accessed 1 August, 2021.
3. CNA. Suicide cases in Singapore highest in 8 years amid COVID-19 pandemic. Available from: shorturl.at/ahrlI, accessed 1 August, 2021.
4. Acharya SR, Shin YC, Moon DH. COVID-19 outbreak and suicides in Nepal: Urgency of immediate action. International Journal of Social Psychiatry 2021; 67(5): 606-08.
5. The Star. Selangor tops list of suicide cases between Jan-May this year, says Bukit Aman. Available from: shorturl.at/fuMRU, accessed 1 July, 2021.
6. COVID-19 Malaysia updates. COVID-19 Malaysia. Available from: shorturl.at/rwNTZ, accessed 4 July, 2021.
7. UNICEF. Mental health alert for children in Malaysia. Available from: shorturl.at/hpDNP, accessed 1 July, 2021.
8. Manzar MD, Albougami A, Usman N, Mamun MA. Suicide among adolescents and youths during the COVID-19 pandemic lockdowns: A press media reports-based exploratory study. J Child Adolesc Psychiatr Nurs 2021; 34(2): 139-46.
9. Gobbi S, Płomecka MB, Ashraf Z, Radziński P, Neckels R, Lazzeri S, et al. Worsening of pre-existing psychiatric conditions during the COVID-19 pandemic. Front Psychiatry 2020; 11: 581426.
10. Yee K, Peh HP, Tan YP, Teo I, Tan EUT, Paul J, et al. Stressors and coping strategies of migrant workers diagnosed with COVID-19 in Singapore: a qualitative study. BMJ Open 2021; 11(3): e045949.
11. Vadivel R, Shoib S, El Halabi S, El Hayek S, Essam L, Gashi Bytyçi D, et al. Mental health in the post-COVID-19 era: challenges and the way forward. General Psychiatry 2021; 34: e100424.
12. Benton TD, Boyd RC, Njoroge WFM. Addressing the Global Crisis of Child and Adolescent Mental Health. JAMA Pediatr 2021.
13. Grandercs S, De Labrouhe D, Spodenkiewicz M, Lachal J, Moro MR. Relations between nonsuicidal self-injury and suicidal behavior in adolescence: a systematic review. PLoS One 2016; 11(4): e0153760.
14. Karaman MA, Esçiçi H, Tomar İH, Aliyev R. COVID-19: Are school counseling services ready? Students' psychological symptoms, school counselors' views, and solutions. Front Psychol 2021; 12: 647740.
15. Dawson S, Bierce A, Feder G, Macleod J, Turner KM, Zammit S, et al. Trauma-informed approaches to primary and community mental health care: protocol for a mixed-methods systematic review. BMJ Open 2021; 11: e042112.
16. Vallury KD, Jones M, Oosterbroek C. Computerized cognitive behavior therapy for anxiety and depression in rural areas: a systematic review. J Med Internet Res 2015; 17(6): e139.
17. Ransing R, Pinto da Costa M, Adiukwu F, Grandinetti P, Schuh Teixeira AL, Kilic O, et al. Yoga for COVID-19 and natural disaster related mental health issues: challenges and perspectives. Asian J Psychiatr 2020; 53: 102386.

18. Kulkarni MS, Kakodkar P, Nesari TM, Dubewar AP. Combating the psychological impact of COVID-19 pandemic through yoga: Recommendation from an overview. J Ayurveda Integr Med 2021; S0975-9476(21)00059-0.

19. Pereira-Sanchez V, Adiukwu F, El Hayek S, Bytyçi DG, Gonzalez-Diaz JM, Kundadak GK, et al. COVID-19 effect on mental health: patients and workforce. Lancet Psychiatry 2020; 7(6): e29-30.

20. Su Z, McDonnell D, Wen J, Kozak M, Abbas J, Segalo S et al. Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. Global Health 2020; 17: 4.

21. World Health Organization (WHO). Suicide. Available from: https://www.who.int/news-room/fact-sheets/detail/suicide, accessed 3 August, 2021

22. Truong M, Paradies Y, Priest N. Interventions to improve cultural competency in healthcare: a systematic review of reviews. BMC Health Serv Res 2020; 14: 99.

23. Maniam T, Chan LF. Half a Century of Suicide Studies-a Plea for New Directions in Research and Prevention. Sains Malaysiana 2013; 42(3), 399–402.

24. The Star. Budget 2021 is bad for our mental health. Available from: shorturl.at/BDFSQ, accessed 3 July, 2021

25. John A, Pirkis J, Gunnell D, Appleby L, Morrissey J. Trends in suicide during the COVID-19 pandemic. BMJ 2020; 371: m4352.