

Suicide Risk and the COVID-19 Pandemic: Transforming threat to skills for safer living

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St. Michael's



Arthur Sommer Rotenberg
Chair in Suicide Studies



Get to Know Your Mind...

- 1. What are some of the risk factors for suicide that you had not considered?**
- 2. What are some of the key elements of intervention?**

What is Suicide?

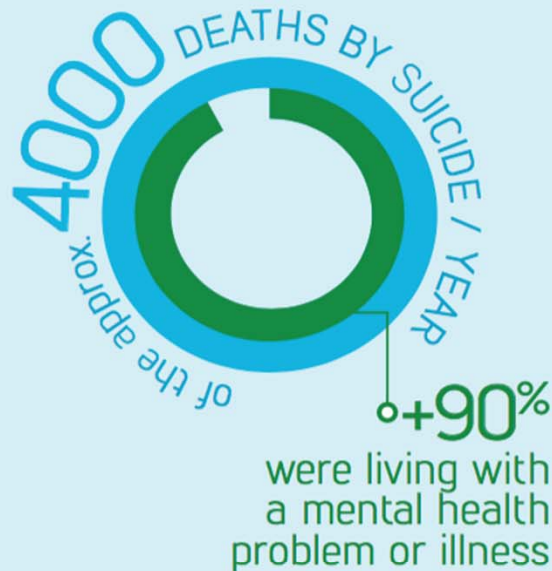
- ❖ Not a feeling; behaviour
- ❖ Reaction to deep emotional pain
- ❖ Not about wanting to die
- ❖ Seeing no options out of the pain



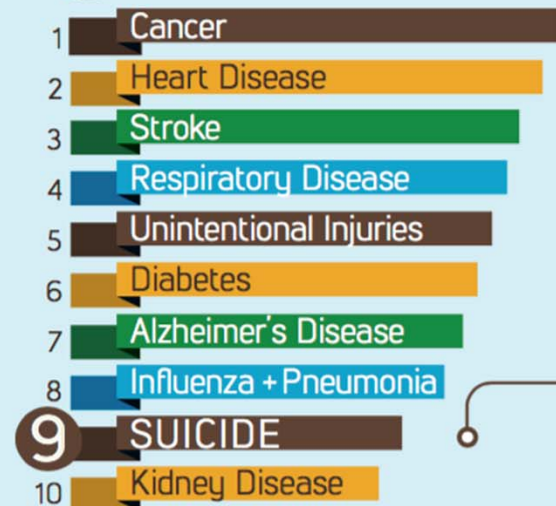
SUICIDE in Canada

CURRENT CONTEXT

An average of
10
PEOPLE
die by suicide
EACH DAY
in Canada



9th LEADING CAUSE OF DEATH in Canada



FOR EVERY
SUICIDE
DEATH **1** } THERE ARE:

5
SELF-INFLICTED
INJURY
HOSPITALIZATIONS



25-30
ATTEMPTS



7-10
PEOPLE PROFOUNDLY
AFFECTED BY
SUICIDE LOSS



Poll: Pandemic Suicide Risk

What impact has COVID had on thoughts of suicide?

- A. No effect, suicidal ideation rates have not changed
- B. Slight increase
- C. Doubled
- D. Tripled
- E. Quadrupled

Suicide and COVID-19

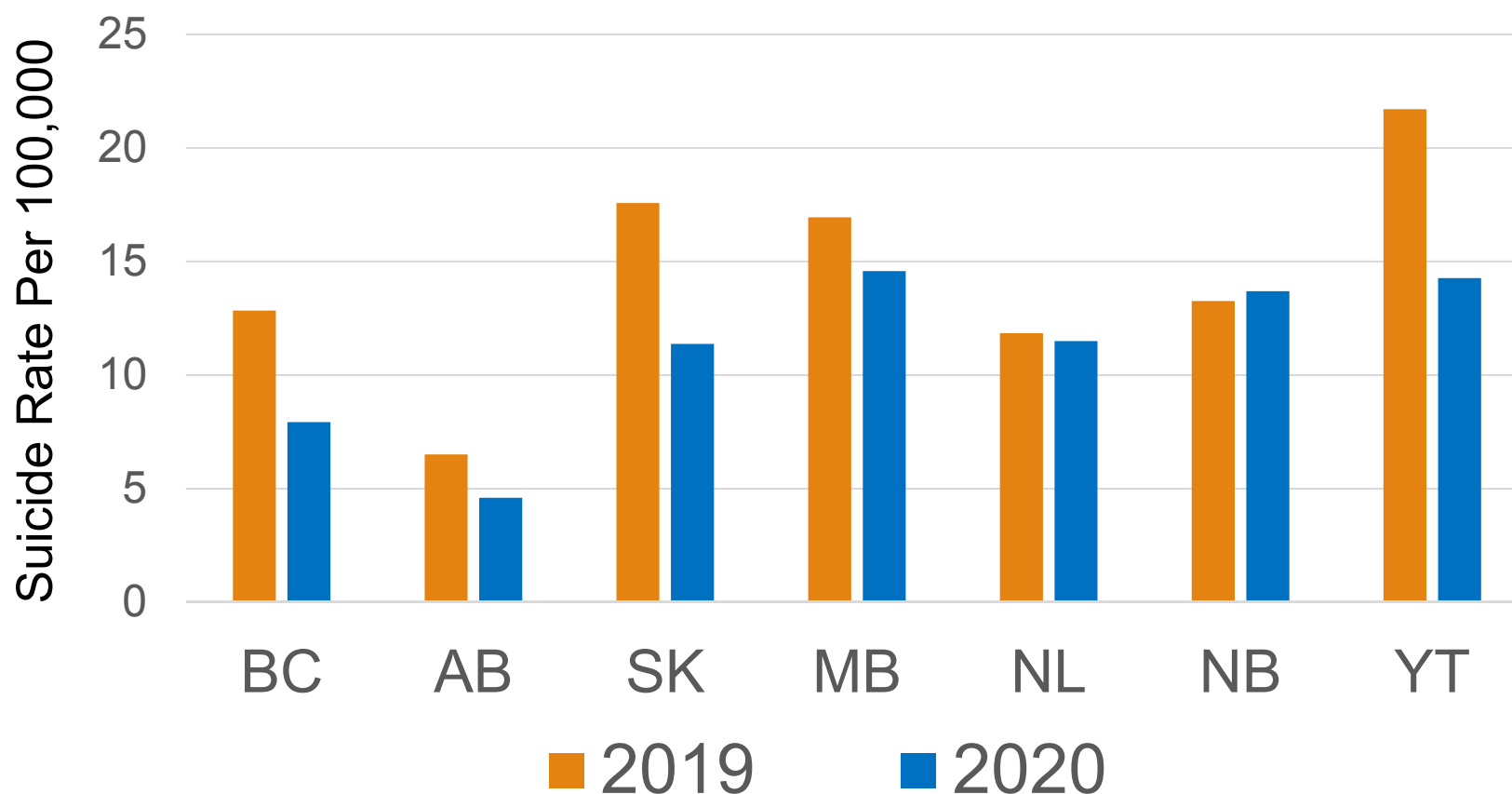
- The pandemic has exacerbated known risk factors for suicide (Reger et al., 2020; Gunnell et al., 2020)
 - Financial strain
 - Job loss
 - Social isolation
 - Stress
- Decreased access to mental health services

Projected Increase in Suicide as a Consequence of COVID-19



* Based on projections in April 2020 using historical data from 2000-2019

Suicide Rates Across Canada – No Increase in 2020



Source: Centre for Suicide Prevention, Feb 2021

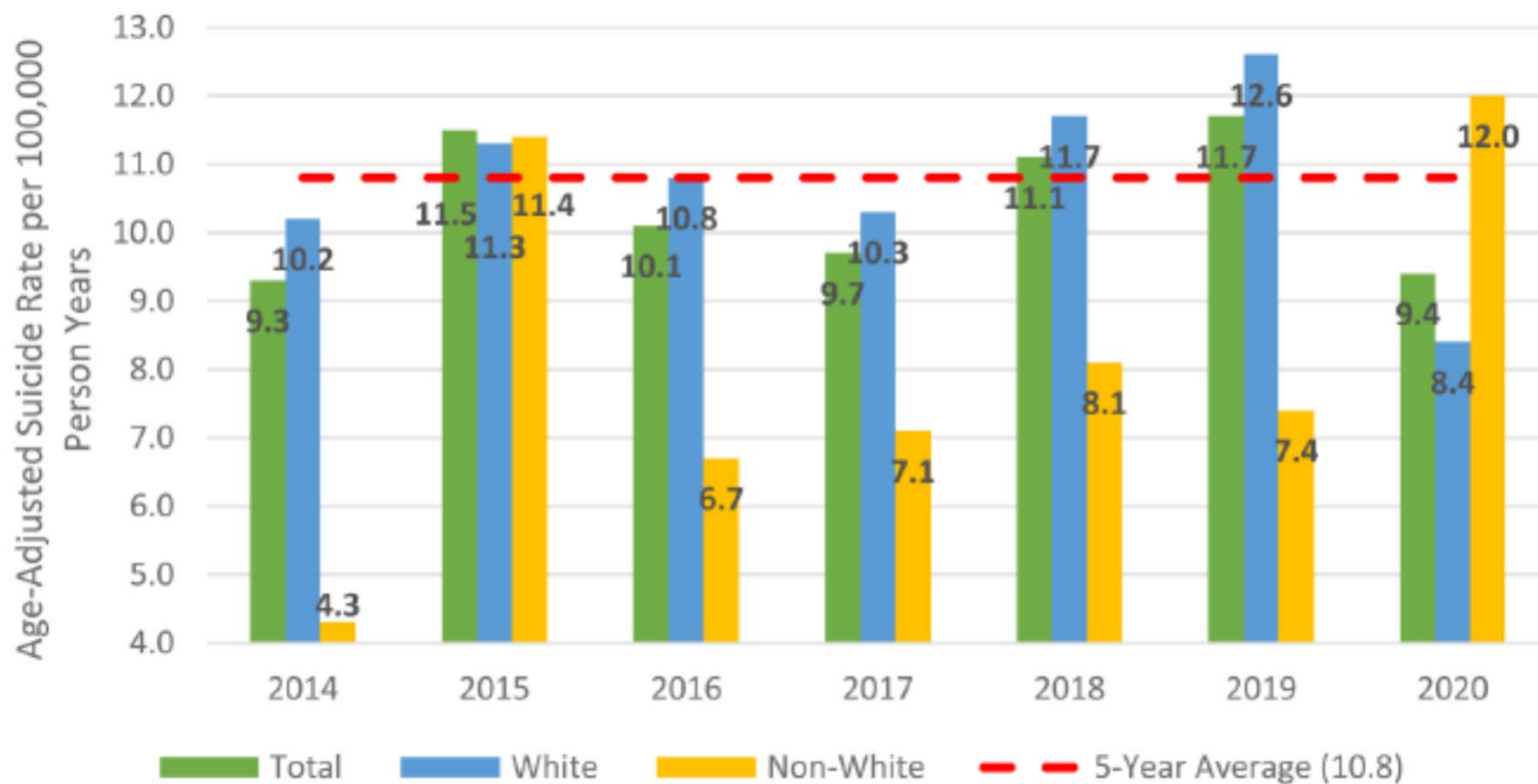
<https://www.suicideinfo.ca/resource/suicide-stats-canada-provinces/>

Still too early to tell...

- What will be the effects of prolonged lockdown?
- How will risk factors change when things go back to “normal”?
- How are racialized and marginalized groups differentially impacted?



Early Evidence of Disproportionate Impact on Racial Minorities in US



Disproportionate Impact on Marginalized Populations in Canada

- Certain subgroups may be more vulnerable to the impacts of COVID-19 on mental health

Indigenous
Racialized
2SLGBTQ+
People with disability

2-4x
AS LIKELY

to have had suicidal
thoughts or tried to harm
themselves since the
outbreak of COVID-19

Language of Suicide



“Committed suicide”

“Victim of mental illness”

“Unsuccessful suicide”



“Died by suicide”

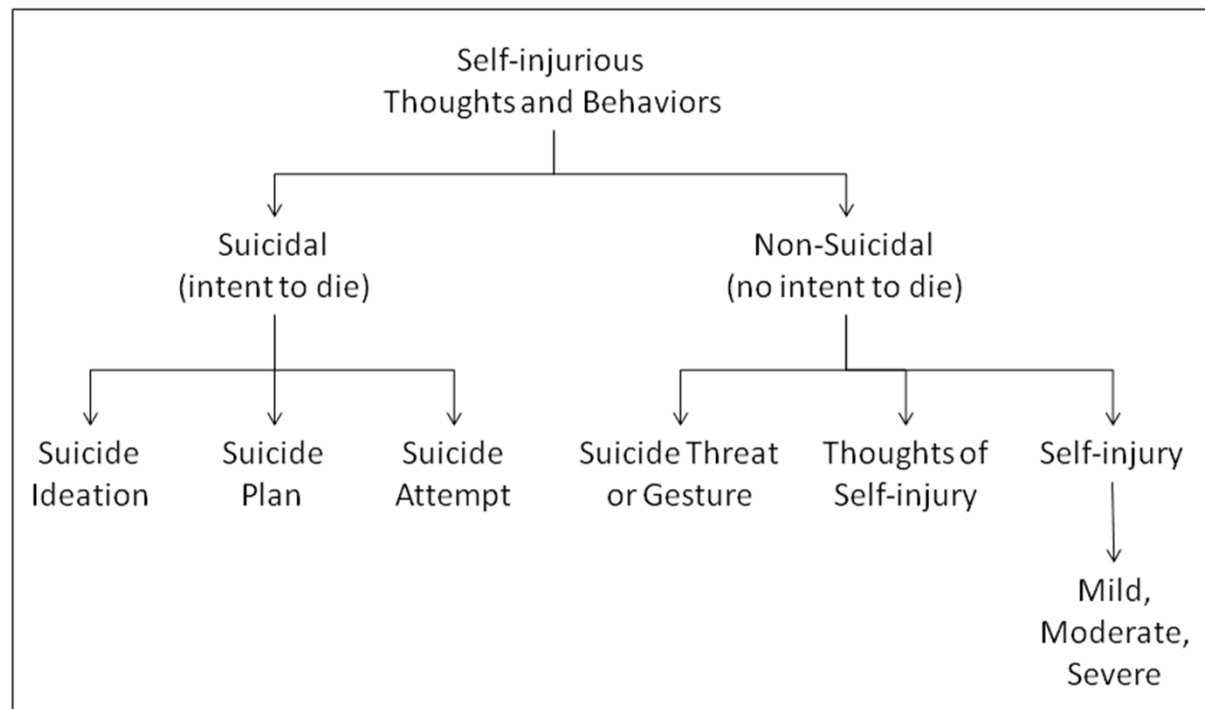
“Experiencing mental illness”

“Attempted suicide”

Attempt vs. Self-harm

Attempt: conscious intention to die

Self-harm (NSSI): without any conscious suicidal ideation



Failure to Predict at Risk Groups

Suicidal ideation in Depression: >50%



Suicide attempt among ideators: 20%

Who is at Risk for Suicide Attempt?



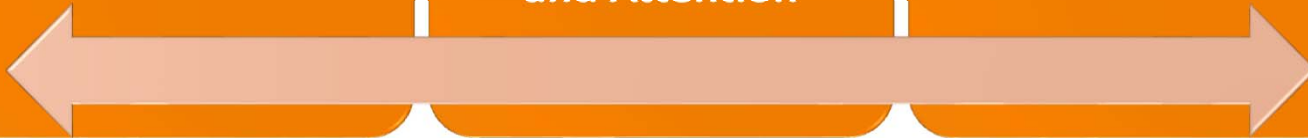
Young Age
Female Gender
Single Status
Low Income
Life Stressors
Social Isolation



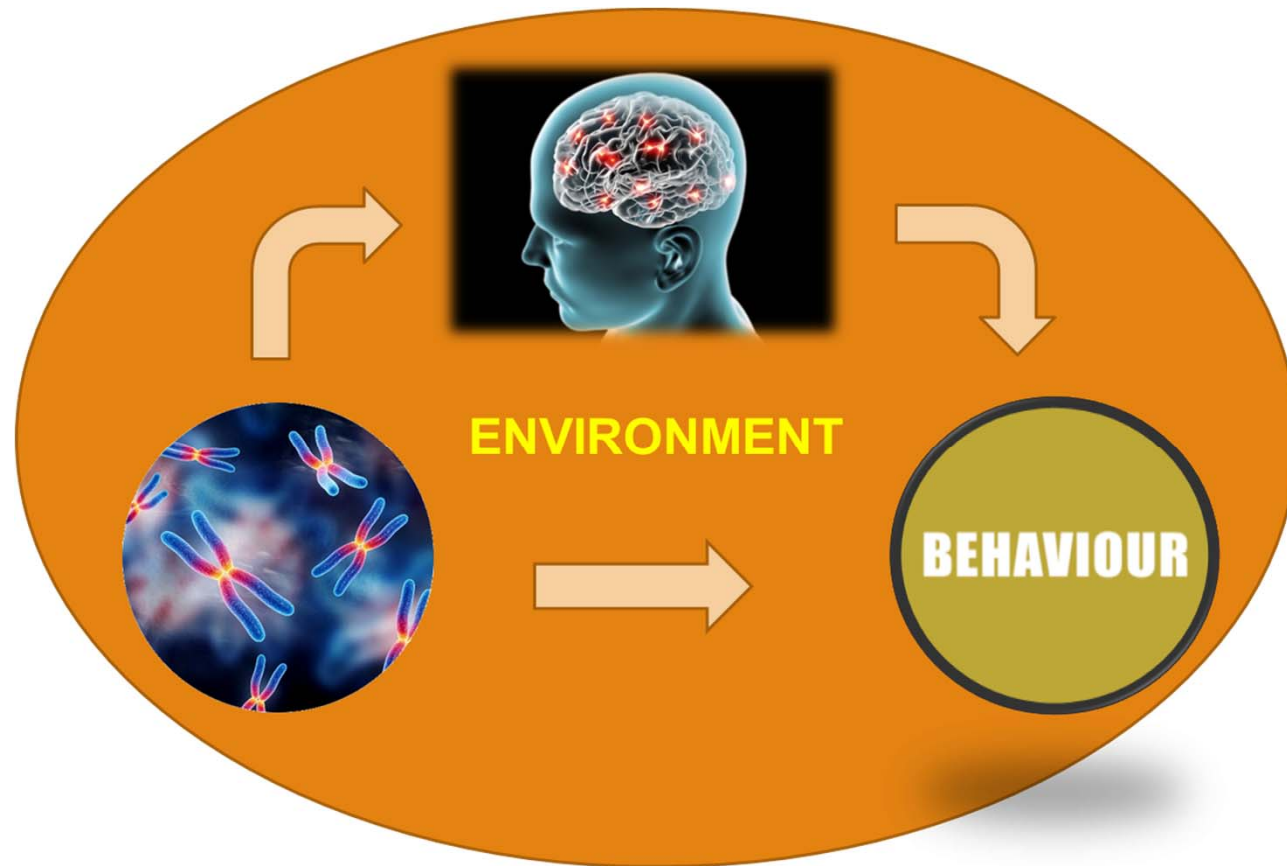
Mood Disorder
Substance Abuse
Trauma History
Hopelessness
Psychache
**Impaired Memory
and Attention**



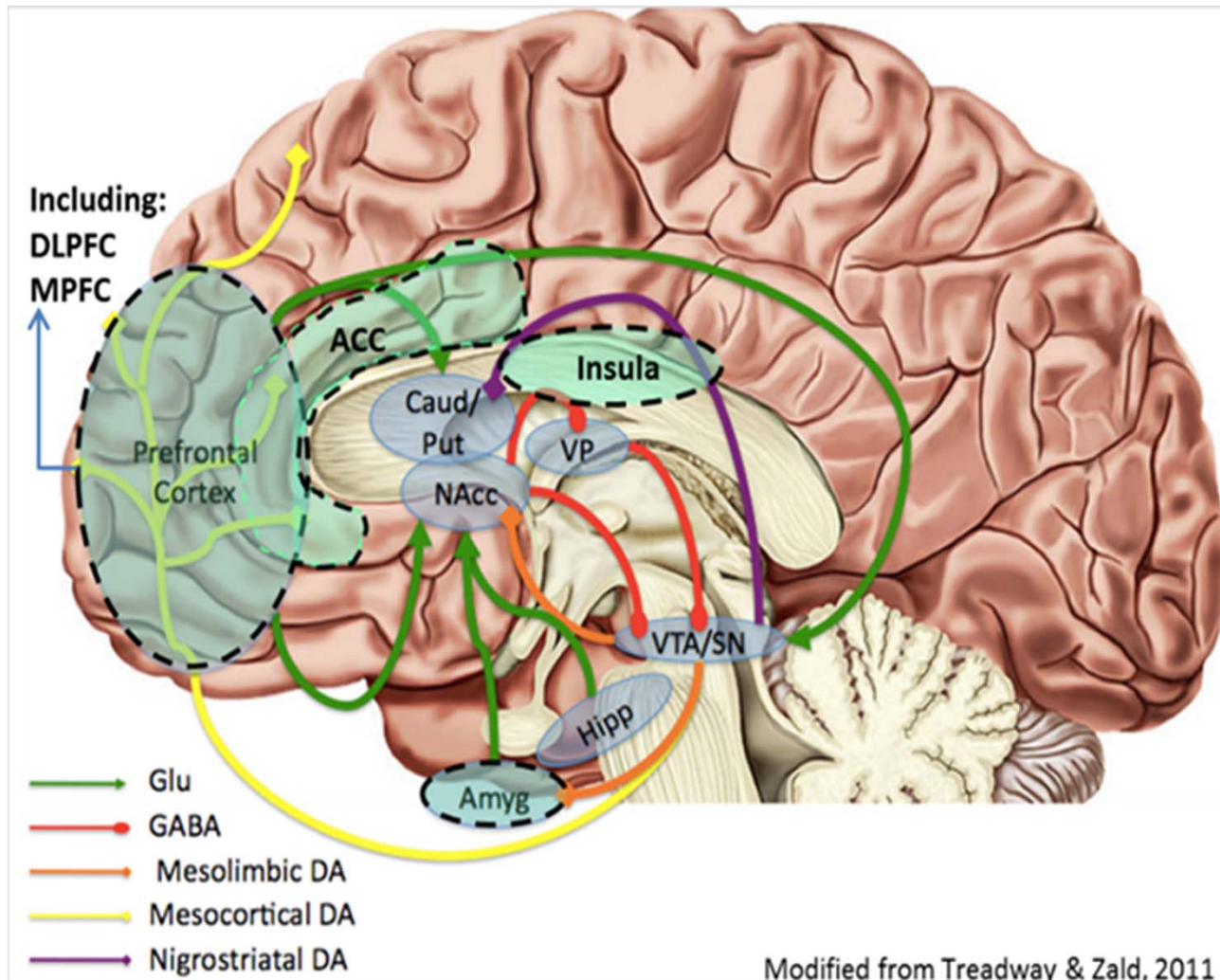
Brain Volume
Brain Activity
Impaired Brain
Chemistry
Inflammation
Genetics



Role of Brain Biology in Suicide Risk?



Areas of Overlap Among Suicide and Depression



Neurotransmitters

Serotonin

Mood

Dopamine

Pleasure

Norepinephrine

Attention

Glutamate

ON Switch

GABA

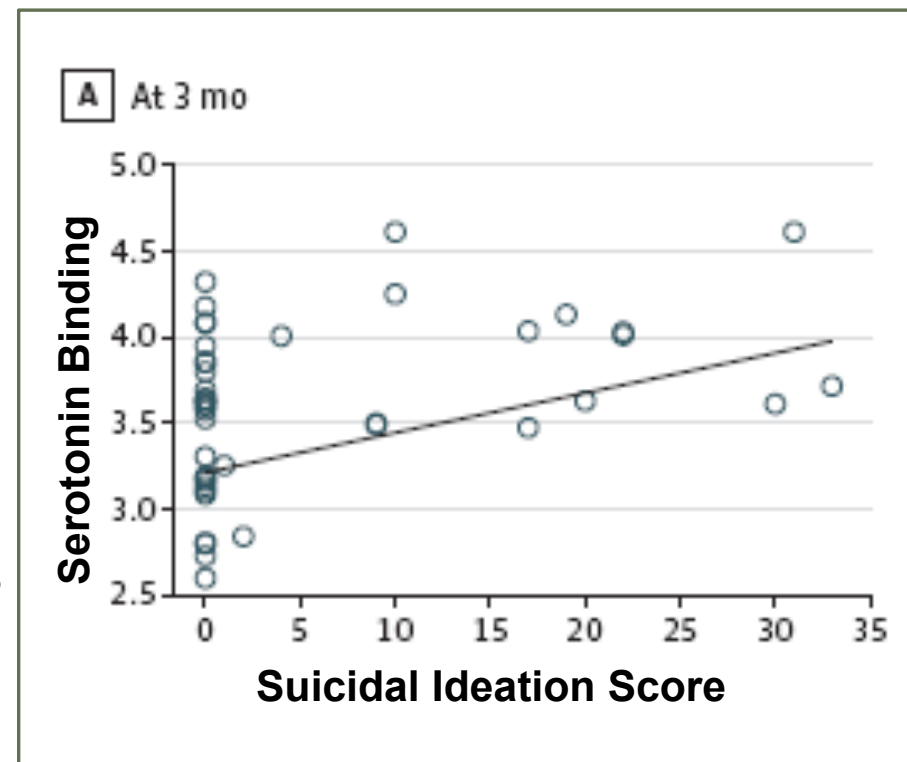
OFF Switch



Suicide and Serotonin

Mood and aggression

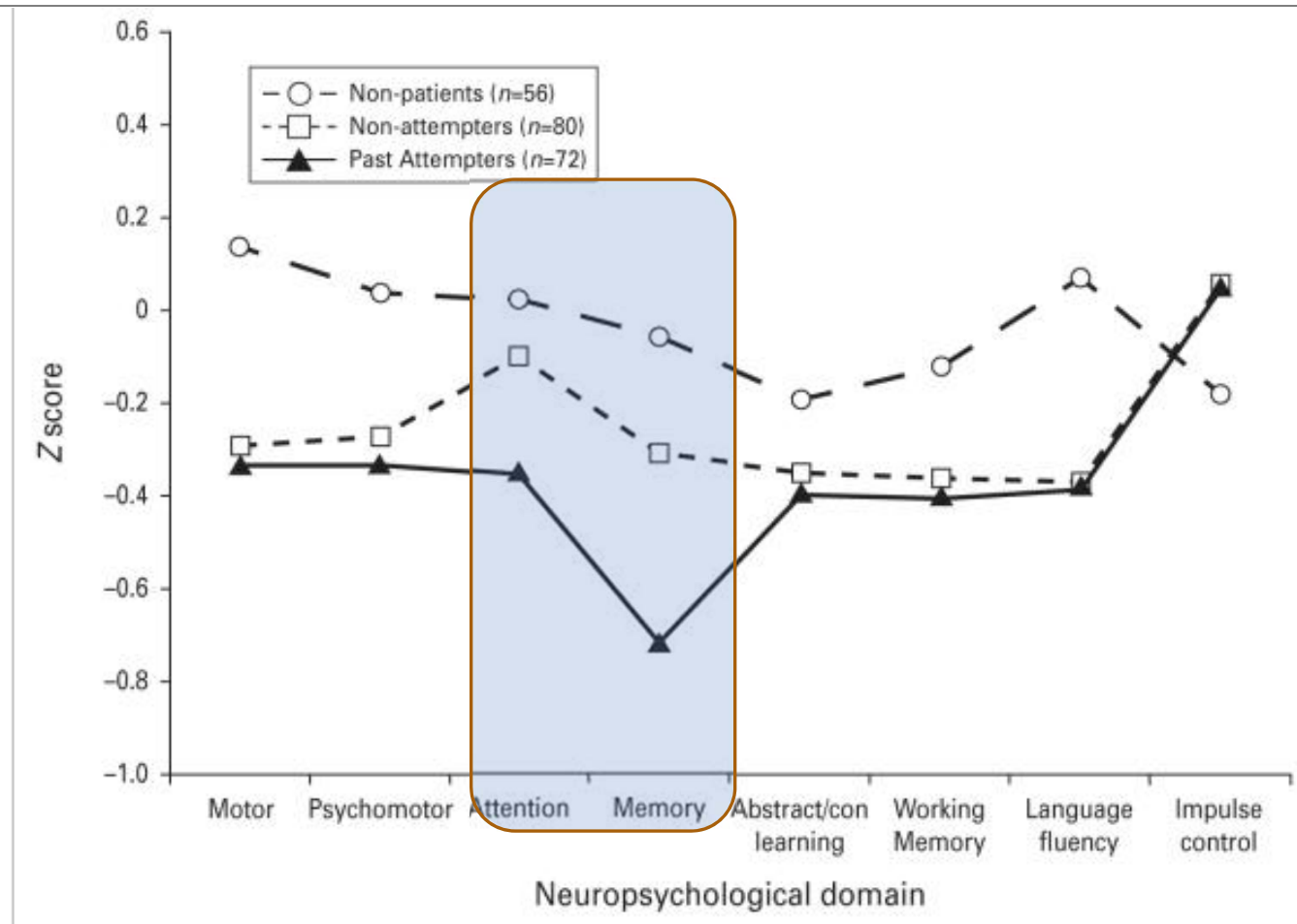
Less serotonin predictive of more lethal suicide behaviour and severity of suicidal ideation over 2 years



Psychology of Suicide

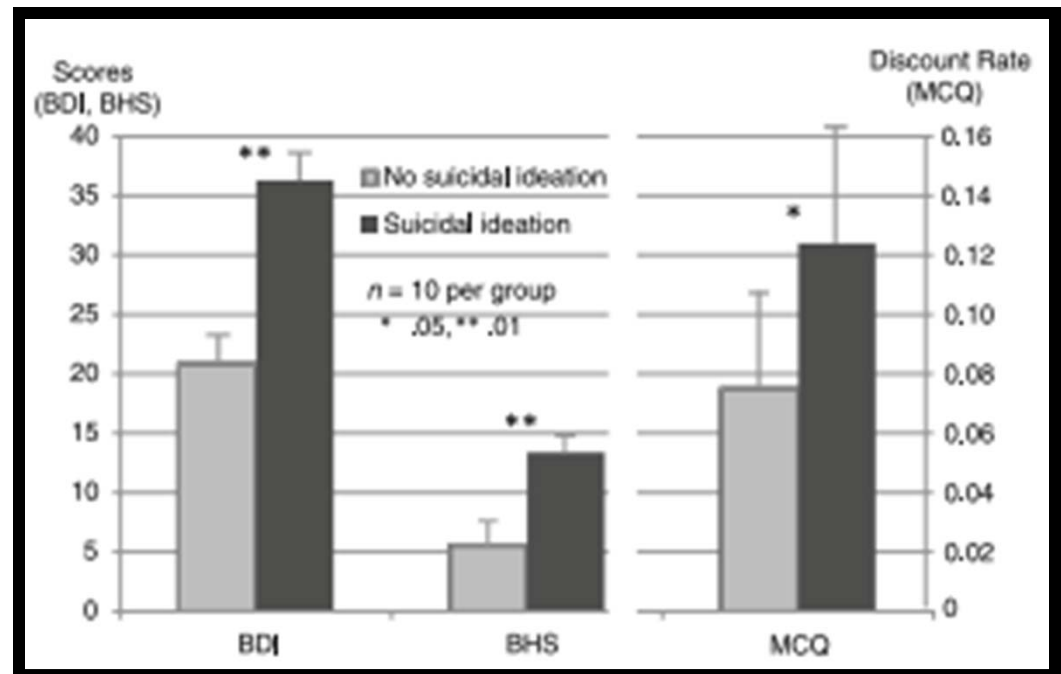


Specific Cognitive Impairment in Suicide Attempters

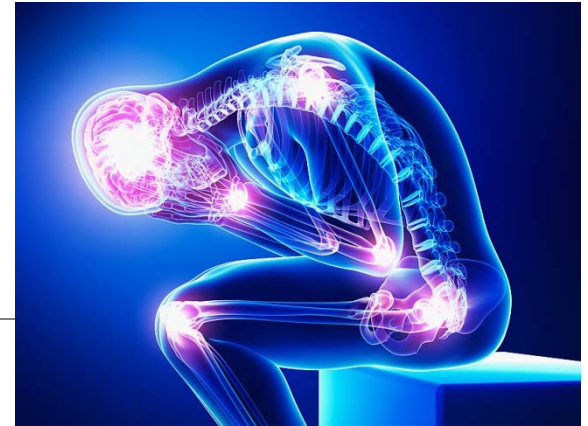


Immediate Reward and Suicide

- Preference for immediate smaller reward higher in suicide ideation group
- Associated with intense psychological pain in those with recent suicide attempt



Psychological Pain, Physical Pain and Suicide Risk



Concept of “Psychache”

- Psychological pain
- Increased levels of psychological pain in suicide attempters, ideators and self-injurers (Rizvi et al, 2017)
- Strongest statistical predictor of suicide compared to depression and hopelessness (Troister & Holden, 2010)

Physical Pain

- High suicide risk patients show ↑ psychological pain AND an ↑ physical pain tolerance

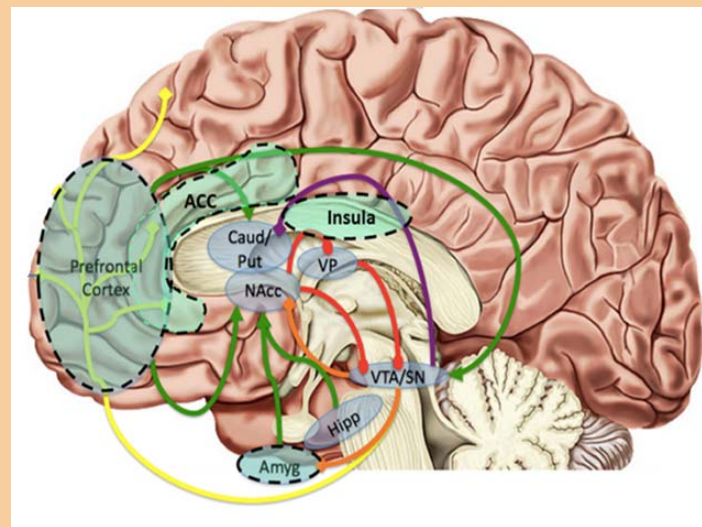
Who is at Risk for Suicide?

A Focus on Pain, Reward, Attention

Predictors

- Gender
- Younger age
- Hopelessness
- Social isolation
- Belongingness
- Depression
- **Impaired response to reward**
- **Deficit in attention**
- **“Psychache”**
- **Increased physical pain tolerance**

Shared Brain Networks among Depression, Pain and Suicide



Social Aspects of Suicide



Social Inequality

- LOWER income & education → HIGHER rates of suicide

- Death by suicide is...

2.7x
HIGHER

for people who experience
high social isolation and
material deprivation*



Age Related Social Factors

- Youth

- Life stressors (bullying, mental illness with substance abuse, conflict with parents, intimate partner, school, and legal problems)

- Adult

- Divorce
- Unemployment
- Rural living
- Alcohol use
- Fertility

- Elderly

- Use of health services
- High population density
- Higher unemployment
- Lower education

Social aspects of suicide...

Preference for solitude and social isolation had highest risk for suicidal ideation and self-harm

Over 17,000 adolescents screened

Model	Adjusted for	SI			SH		
		OR	95% CI	<i>p</i> value	OR	95% CI	<i>p</i> value
1	PfS	3.7	3.4–4.1	<.001	2.2	1.9–2.6	<.001
2	PfS + demographic factors ^a	3.6	3.3–4.0	<.001	2.2	1.9–2.5	<.001
3	PfS + demographic factors ^a + social isolation	3.1	2.8–3.4	<.001	1.9	1.6–2.3	<.001

Interventions for Suicide Risk

Medication

Esketamine*

Antidepressants

Brain Stimulation

ECT

rTMS

Psychosocial

CBT

DBT

Brief Skills for Safer Living (Brief-SfSL)



Overview of Brief-SfSL Intervention

- Single 1-hour individual therapy session
- Adapted from SfSL (a 1.5h weekly, 20 session group therapy)
- Based on the theory supporting SfSL:
 - Once a person accepts the possibility of choosing to live, or not to die right now, they are better able to engage in specific interventions to reduce their suicide risk (Bergmans et al., 2014)
- Is aligned with SfSL goal:
 - To increase a person's understanding and capacity to engage in what would enable them to keep safe, even if thoughts of suicide are present

Overview of Brief-SfSL Intervention

- 4 main tasks:

1. Understanding the individual's suicidal experience
2. Skills building
3. Developing a safety plan
4. Identifying obstacles to enacting the safety plan

Overview of Brief-SfSL Intervention

- Skills and concepts:

1. Keeping Safe

2. Emotional Literacy

3. Problem Solving

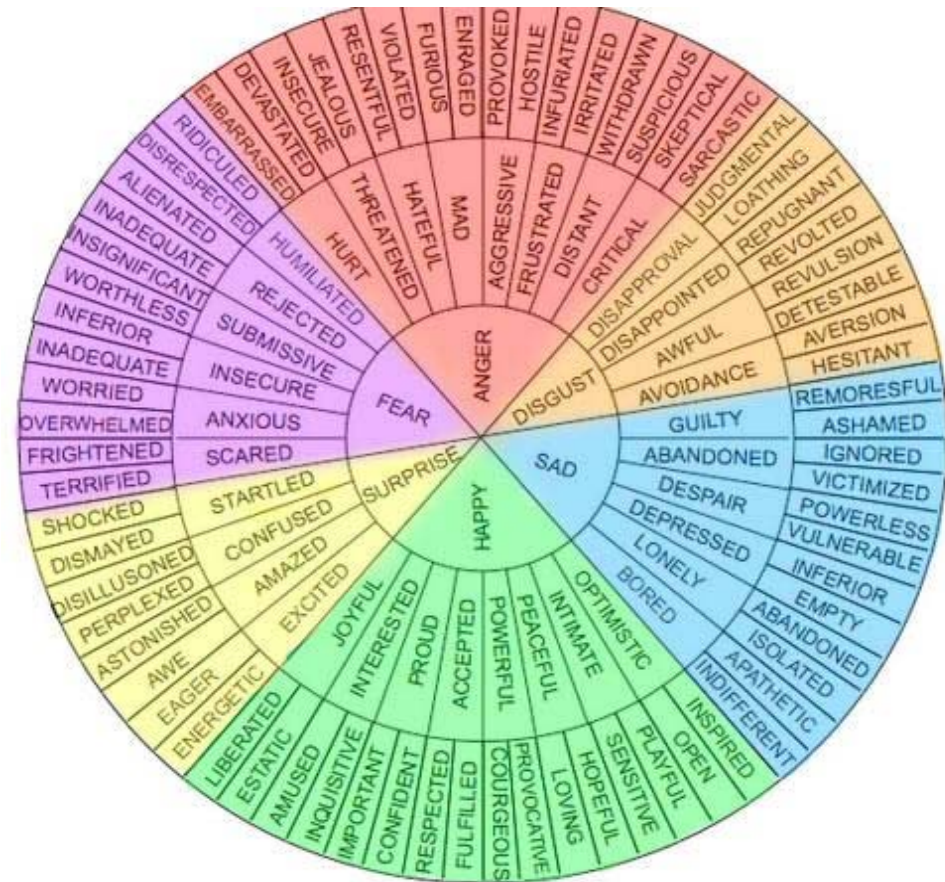
4. Relationship Management

SCALE	FEELINGS	EARLY WARNING SIGNS	STRATEGIES	NETWORKS
1-2	I'm okay	Relaxed, can laugh, want to see people	Go out, enjoy,	My friends
3-4	I'm a little rough	I'm pacing, not sleeping so well, not eating too well	Go for walks, cycle, try to eat small meals frequently	Go to my therapist this week, call Joan and tell her we need to go to a comedy club
5-6	I'm not good, lonely, scared, overwhelmed	Thinking it's not worth it again. No sleep in 3 days, isolating, didn't feed the cat, the house is a	Don't be alone...Ask my friend Amy to come over and help me organize myself and the house. Call the crisis line and ask	Amy John Dr. Glahh DO NOT CALL MOM!

Overview of Brief-SfSL Intervention

- Skills and concepts:

1. Keeping Safe
2. Emotional Literacy
3. Problem Solving
4. Relationship Management



What Else Can You Do?

DO

Speak up

"Are you having thoughts of suicide?"

Assess warning signs

No hope, means, withdrawal

Listen

Offer Hope

DON'T

Argue

"You have so much to live for"

"Your suicide will hurt your family"

Lecture on value of life

Problem fixing

Blame yourself

Promise confidentiality

Key Takeaways for Navigating Suicidality

- ❖ Suicide is not about wanting to die
- ❖ Factors related to suicide risk are complex
- ❖ Often gap in understanding “story” of suicide risk
- ❖ Focus on safety and person’s early warning signs essential
- ❖ Risk factors heightened during COVID-19, especially in marginalized populations

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