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COVID-19 and Suicidal Rates in Nepal: An Urgent Need for Mental Health Interventions

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Abstract

COVID-19 has been declared pandemic and public health emergency of international concern. The Government of Nepal has implemented nationwide lockdown to control the transmission of the disease. The imposed lockdown has resulted in travel restrictions to and from Nepal. The lockdown has triggered individual emotions and made people anxious or stressed due to the fear associated with COVID-19 infection and self-isolation. Suicide and attempt to suicide has increased in Nepal during this period. The reasons for increased suicidal deaths during this period can be linked with loss of employment, financial hardship, restriction to social functions and gathering, pressure of exams, loneliness, lack of freedom, fear of infection, alcohol withdrawal, depleted social safety nets, and loan defaults. There is an urgent need of mental health interventions to tackle this public health problem. The principle of social distancing should be advocated as physical distancing in the community level. The tele-mental health programs should be expanded in the peripheral areas of the country to reach the vulnerable populations. The Government of Nepal should focus on implementation of comprehensive mental health program at community level.

Keywords: Mental Health; Suicide; Covid-19; Nepal

Abbreviations: APA: American Psychological Association; COVID-19: Coronavirus Disease 2019; GoN: Government of Nepal; MoHP: Ministry of Health and Population; SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2; WHO: World Health Organization; PSA: Public Service Announcement.

Introduction

Coronavirus disease 2019 (COVID-19) is a disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new coronavirus, that was first recognized in December 2019 in Wuhan, China [1].

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a public health emergency of International concern. While in March 2020, COVID-19 is characterized as a pandemic by WHO [2].

In line with the declaration made by WHO, many countries implemented nationwide lockdown to control disease transmission. The Government of Nepal (GoN) implemented nationwide lockdown on March 24, 2020 [3]. In Nepal, the imposed lockdown resulted in travel restrictions to and from Nepal to confirm rigorous adherence to home quarantine. Social distancing was practiced through the closing of

public places as well as educational institutions, cancelling public events and gatherings. During the lockdown, the fear of COVID-19 infection and self-isolation have triggered individual emotions and made people anxious or stressed. As a result, suicide cases have increased in Nepal during the period [4].

The American Psychological Association (APA) defines suicide as an act of a person to kill them because of depression or other mental illness [5]. Further, it defines suicidality as "the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan" [6]. The pilot report of the national mental health survey indicates that the suicidality is high in both adult and adolescent population in Nepal i.e. 8.7% in adolescents and 10.9% among adults [7]. Suicide was reported to be the leading cause for 1371 "non-coronavirus deaths" in Nepal during the nationwide lockdown. According to the Nepal Police, in the period between March 24, 2020, and June 13, 2020, a total of 710 males, 504 females and 157 children lost their lives [8].

In Nepal, suicide/suicidality is legally considered a crime.[9] The social stigma and discrimination related to suicidality are still rampant in Nepalese society. Most of the suicide cases are reported as accident due to the family's fear of social stigma [9]. Therefore, this situation analysis is an attempt to draw an attention of policymakers on the urgent need for mental health interventions to avoid preventable suicidal deaths.

Methodology

A rapid review was performed to analyze the mental health situation during the lockdown in Nepal imposed due to COVID-19 pandemic. The analysis was done between May-June 2021. We extracted the research and reports from different databases, search engines and official websites such as PubMed, google, scholar, WHO website, GoN official websites and news portal using the defined keywords. We included both published and unpublished literature from low and middle-income countries (LMICs) to make contextual recommendations. This analysis included 15 literatures including new articles and press briefs.

Results

Understanding the Major Causes/Factors

Social distancing induces a lot of anxiety and depression among many persons in Nepal. During the lockdown period, the restrictive measures had tremendous effects on socio-economic life such as; loss of employment, financial hardship, social functions and gathering. Similarly, the lockdown has placed enormous pressure among students awaiting exams and results. Their level of anxiety and stress towards study was raised due to the nation-wide lockdown. Further, persons with existing mental illness like depression and other illnesses, the person going through mental health treatments and older adults were affected most. Meanwhile, the older population with chronic diseases were mostly feared of their low immunity to fight against COVID-19. The vulnerable groups have suicidal ideation and thoughts as they are self-judgmental [10]. The GoN imposed isolation and quarantine which has imposed disrupts normal social lives of the individuals and created psychological fear and anxiety for a considerable period.

The overwhelming number of suicides during lockdown may be attributed to loneliness, lack of freedom, fear of infection, alcohol withdrawal, depleted social safety nets, loan defaults and deprivation of work/job opportunities. However, the complex socio-cultural, political, economic dimensions and their interactions need to be analyzed to be able to understand the various factors that triggered the high risk of suicides in Nepal during the lockdown. Additionally, various other factors such as; gender-based violence, domestic abuses, inequalities, family issues in rigid patriarchal family structure, poverty and deprivation from basic needs, limited access to health care services might have increased the risk of suicides during the period. Currently, the health system is entirely engaged in the prevention and control of COVID-19. As a result, the mental health services delivery system has been hampered and overlooked which ultimately created a barrier to access mental health services throughout the country [11,12].

Preventing Suicides: Promoting Health

Mental health is still a neglected public health concern in Nepal. In Nepalese society, people with mental health disorders are considered as threats which ultimately lead to refutation for seeking treatment [7]. Social discrimination and stigma associated with it also act as barriers to seek help and treatment. Furthermore, there are cultural dogmas, myths, and religious beliefs around causes and consequences of mental disorders that further discourage people to seek service from the health facilities. In Nepal, most of the time people with mental disorders and their families seek help from traditional healers that does further deteriorate the mental health status.

Mass unemployment is another predictor of suicide. The GoN should immediately make a response plan for those who have recently become jobless. Young people face enormous psychological effects and are anxious about their career prospect because of uncertainties and unable to complete their academic curricula. In such circumstances, educational

institutions must plan the best alternative solutions to deliver their curricula. The appropriate interventions should be adopted at local levels to minimize domestic and gender-based violence. The easy access to lethal means has been observed as another risk factor for suicide. During this pandemic, the restriction in the use and sale of highly toxic pesticides and illicit drugs may help reduce suicidal cases.

Since the suicides are preventable, the government efforts to reduce its burden in Nepal are not sufficient. There is a need for comprehensive mental health program at the community level. The government must put effort in creating awareness on mental health and suicide in the community. The suicide prevention and awareness related public service announcement (PSA) message can be aired from radio, telecom. Similarly, looking at the current context the helpline number should be distributed widely to promote health-seeking behaviour for mental health. Every individuals and family should start talking about mental disorders and their consequences. The sense of we-feeling should be promoted in the community so that people get in touch with each other. The principle of social distancing should be advocated as physical distancing in the community level so that there remain social harmony and solidarity among people [13].

The individuals suspected with a history of suicidal thoughts, panic and stress disorder, and low self-esteem should be addressed with appropriate psycho-social interventions. The tele-mental health programs have been initiated in the capital city of Nepal through the support of the Ministry of Health and Population (MoHP) and other relevant stakeholders. However, these initiatives have not reached to the targeted vulnerable population in the rural and remote Nepal. There is an urgent need of 24x7 suicide prevention and response services for emotional, mental and behavioral support in all provinces and local levels of Nepal. The studies from other countries emphasize on health system strengthening for mental health promotion [14]. The adequately and appropriately trained health human resources may need to be deployed to the peripheral areas, and the capacity of healthcare human resources to provide mental health and psychosocial support should be enhanced [2].

Conclusion

Various news and report suggest an elevated number of suicidal deaths during the lockdown period in Nepal. Since there are no scientific evidences claiming the increase in suicidality in Nepal during the lockdown period, however analyzing these reports, it can be claimed that the reported suicide cases are just the tip of the iceberg which warn an increased risk of suicidality further in Nepal if an urgent step is not considered. These deaths can be prevented by taking necessary cautionary measures. There is a need for the promotion of social harmony. The physical distancing between individuals should be promoted instead of social distancing. The resilient health services system should be placed to tackle the problem of mental health during this type of pandemic. The tele-mental health programs should be expanded in the peripheral areas of the country to reach the vulnerable populations. Mental health awareness should be emphasized so that individual can be able to pick the clear indications of their suicidal tendencies ultimately saving another life. Also, research is needed to analyze the cause-effect relation of lockdown and mental health to combat with suicidality.

Limitations

The findings and recommendations are ground on the rapid literature review. Similarly, the analysis was performed in a short period of time, at the time very few researches were available in Nepal to generate strong evidence. Therefore, should be comprehended and interpreted considering this limitation of the analysis. We therefore, strongly recommend further research in the subject matter in Nepal. However, the quality of analysis has been ensured by reviewing all peer-reviewed articles, national-level survey reports and evidences published in official governmental and organizational websites.

Conflict of Interest and Source Of Support

The authors declare no conflict of interest. No fund was available for this review.

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