Suicidal Ideation and Behavior During the COVID-19 Pandemic: A Retrospective, Single-Center Case Series

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BACKGROUND

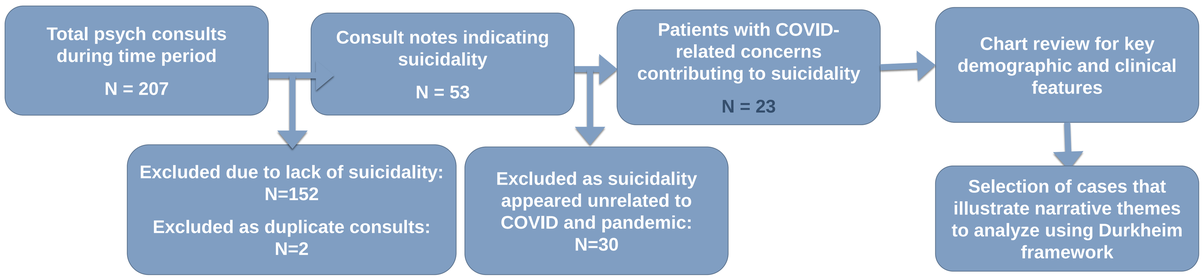
- Case reports from countries impacted early on during the COVID-19 pandemic raised concerns for potential worsening behavioral health outcomes--including suicidality.
- In his classic sociological work on suicidality, Emile Durkheim emphasized the importance of social connectedness as a critical factor for emotional health. Four clinical subtypes of suicidality are outlined, each with specific motivators that contribute to emergence of suicidality.

OBJECTIVES

- Our project offers an examination of the earliest impacts of the COVID-19 pandemic on suicidality in patients hospitalized at a tertiary hospital in a hard-hit urban area of the United States.
- We present a case series of 23 patients with suicidality and suicide attempts seen by our service following the emergence of COVID-19 in our community and highlight some of the overarching themes behind these attempts.
- In our subsequent analysis of selected cases below, we offer interpretation through Durkheim's framework to accentuate key social forces (societal integration versus moral regulation) contributing to suicidal behavior.

METHODS

- We performed a retrospective chart review of all hospitalized adult patients who required inpatient psychiatric consultation during the first month of the COVID-19 outbreak (March 15, 2020 - April 15, 2020).



RESULTS

Category	Demographics		N (# of patients) = 23
Patient Age	18-20 years		0
	21-40 years		15
	41-60 years		6
	61 years and above		2
Gender*	Female		7
	Male		16
Housing Status	Housed		11
	Undomiciled		11
	Institutionalized (e.g. skilled nursing facility)		1
Suicidality	Suicidal ideation only		16
	Status post suicide attempt		7
Prior Psychiatric and/or Neuropsychiatric Diagnoses	No		6
	Yes	Major Depressive Disorder	11
		Post-Traumatic Stress Disorder	5
		Bipolar Disorder	3
		Schizophrenia/Schizoaffective Disorder	3
		Anxiety Spectrum Illness	2
		Attention Deficit Hyperactivity Disorder	2
		Antisocial Personality Disorder	1
		Borderline Personality Disorder	1
		Frontal Lobe Injury	1
Substance Use Disorder**	No		10
	Yes	Alcohol	10
		Sedative/Hypnotic	2
		Cocaine	5
		Amphetamine	2
		Opioid	5
Prior Suicidality***	No		10
	Yes		13

Patient-related clinical and demographic features were collected, including SARS-CoV-2 infection status, age, gender, substance use, and premorbid psychiatric history (including prior suicide attempts and/or self-injurious behavior).

Other key variables– including ethnicity, active insurance and employment status – were omitted from analysis due to intermittent and inconsistent reporting.

All participants cisgender per information available in chart
****All diagnostic information taken directly from chart; formal disorder titles per DSM-5 not used, as unsure if symptoms fully met DSM-5 criteria***
*****Defined for these purposes as suicidal ideation or attempt(s)***

SELECTED CASES AND NARRATIVE THEMES

FATALISTIC suicidality is described in settings where an individual may feel excessively regulated or find their futures, interests and goals overwhelmingly obstructed by external forces. The pandemic, and particularly its attendant social restrictions and financial implications, may apply here. Fear of becoming ill, especially when driven by social demands (e.g., HCWs) or system inequities can likewise act as the overwhelming repressive force and lead to emergence of suicidality.

ALTRUISTIC suicidality is described in settings where an individual may find themselves compelled toward suicide in accord with the (actual or perceived) values of their social group or subgroup. While Durkheim framed altruistic suicidality within permissive/encouraging societal norms, it is worth noting that examples of altruistic suicidality presented here all reflect patients' *misperceptions* of the societal value system (e.g. suicidality would be a noble act under the circumstances), rather than an actual change in social norms/expectations.

ANOMIC suicidality is described when an individual experiences significant moral confusion and a lack of social direction about where they fit in society. In such a case, the societal values that the individual previously felt bound with have presumably changed in a way with which they are no longer able to identify.

EGOISTIC suicidality occurs in the setting of a breach in one's strongly valued social group affiliation(s), giving rise to apathy, melancholy, depression and meaninglessness. Social distancing efforts may lead to an increased sense of entrapment, not-belonging, and denied access to key affiliations.

CASE 1

38-year-old male, employed, domiciled, immigrant from Latin America, with no prior psychiatric history apart from self-reported "fear of germs" who presented after a self-inflicted stab wound to the abdomen and ingestion of chemical. Patient reported overwhelming fear of COVID after being in close contact with a person who subsequently developed a URI. Despite not having symptoms, the patient felt compelled to end his life in the setting of profound hopelessness. Further discussion revealed limited awareness of the disease process, with primary sources of information being social media and word-of-mouth.

FATALISTIC

CASE 2

37-year-old male, employed (essential worker), married father of one, with a history of anxiety, who presented after an intentional overdose on a medication reported to have potential benefit against COVID-19. When asked, patient denied intent to end his life, despite purposefully taking supra-therapeutic amount leading to over-sedation and cardiac toxicity. Collateral from family and further discussion with the patient revealed acutely worsened anxiety and stress in the setting of first-responder position, with associated fear of infecting loved ones due to job-related exposure.

FATALISTIC; ALTRUISTIC

CASE 3

50-year-old male, employed (essential worker), single father of one (adult), immigrant from Latin America, limited English proficiency, with no prior psychiatric history, who was brought in by ambulance after being found down at workplace with a self-inflicted knife wound across neck. Required emergent intubation and surgical intervention. Noted to be COVID+ after developing fevers on HD#2. Patient later described the suicide attempt as an impulsive decision made in the setting of fear of job loss and shame about financial debt without any premorbid depression.

FATALISTIC; ANOMIC

CASE 4

33-year-old male, unemployed, undomiciled, with past psychiatric history of mood disorder, alcohol use disorder, PTSD, multiple self-reported suicide attempts who self-presented intoxicated (alcohol) with suicidal ideation and requesting further services. Following clinical stabilization, patient's suicidality was noted to be conditional on unstable housing and lack of access to services, and overall consistent with previously-noted chronic pattern of engagement with healthcare resources. His behavior and hopelessness was felt to be amplified by his inability to access substance use resources due to pandemic restrictions.

ANOMIC

CASE 5

46-year-old female, unemployed on disability, single mother of two, with fibromyalgia and cancer history as well as borderline personality disorder, alcohol use disorder, PTSD, and multiple prior suicide attempts, who presented following intentional overdose on multiple substances requiring intubation. Upon extubation, patient reported that suicide attempt was impulsive, done while acutely intoxicated (alcohol) due increased detachment from her social group, as well as anxiety about infecting her loved ones. These stressors resulted in an increase in daily alcohol use and worsening suicidality.

EGOISTIC; ALRUISTIC

DISCUSSION

- Understanding motivation for suicidality, including factors potentially unique to the pandemic, will help us form a better understanding of patients' behaviors, enhance alliances with patients and consultees, and assist in identification of appropriate treatment goals.
- We appreciate that suicide is a complex act and acknowledge that by using a single classification we run the risk of seeming one-dimensional. Nonetheless, we find that Durkheim's framework helps to emphasize the important sociological variables that may contribute to the emergence of suicidality and be missed by clinical interpretation using an allopathic, psychiatric lens alone.

CONCLUSION

- We present a retrospective chart review and limited case series on suicidal ideation and behavior coincident with the COVID-19 pandemic in a U.S. tertiary hospital setting, outlining potential demographic, psychiatric, psychosocial, and structural risk factors for suicidality. As applicable, we classify these cases within the Durkheim framework for suicidality.
- While the scope of this project is limited, real-time changes made by our institution and the local government in parallel to our case series likely helped address some of the needs and risk factors we identify here.

There are no financial disclosures to report.