



COVID-19 and Suicide

As of Jan 26, 2021, over 755,000 cases have been recorded in Canada, with nearly 20,000 deaths.¹

How are we doing?

The COVID-19 pandemic has significantly impacted people in Canada.

What they are saying



self-reported mental health and well-being

- Over 38% say their mental health has declined due to COVID-19.^{2,3,4}
- 1 in 5 are reporting moderate-to-severe anxiety.^{5,6}



loneliness and worry

- 1 in 5 say they have been feeling lonely.⁷
- People are most worried about the financial impact of COVID-19 and either becoming ill or experiencing the death of a loved one from COVID-19.^{8,9}



substance use

- Almost 1 in 5 report they are drinking more alcohol.¹⁰⁻¹²
- 14% of those between 18 and 34 have increased their consumption of cannabis.¹³



intentional self-harm and suicidal thoughts

- 4% have tried to harm themselves.¹⁴
- 10% have had suicidal thoughts.¹⁵



The impacts of the pandemic are more pronounced among marginalized groups (i.e., Indigenous people, people with disabilities, racialized groups, people who identify as 2SLGBTQ+), those with a pre-existing mental health condition, younger people, women, parents with children under 18, and those with high levels of exposure to COVID-19 (i.e., front-line and health-care workers).¹⁶⁻¹⁹



It is too early to tell whether there have been or will be changes in suicide rates in Canada. **We need to continue monitoring the situation, implement best practices in suicide prevention, and be careful about oversimplifying complicated circumstances.**



Research on past pandemics and epidemics, natural disasters, and economic recessions provide important information on what we should be monitoring and the strategies **governments and policy makers, communities, health-care professionals, and the media** should be implementing to help prevent an increase in suicide rates.

WHAT COULD INCREASE THE RISK OF SUICIDE?

Economic recession, financial insecurity, and unemployment may worsen existing stressors²⁰⁻²² like housing, food insecurity, substance use, and distress.²³⁻²⁶

People may be **less likely to seek out care or help** due to fears of getting sick with COVID-19, and they **may be unable to access health and mental health care** because of logistical or technological barriers; for example, having no privacy, being unable to find child care or transportation, or lacking phone or internet access.^{32,33}

Significant changes in routines and normal day-to-day life from COVID-19 restrictions and physical distancing measures may lead to feelings of **disconnection, social isolation, and loneliness**.³⁶⁻³⁷

Exposure to **widespread negative media coverage** over the long term and to **unsafe media reporting of suicide** may lead to increases in suicidal behaviour.³⁹⁻⁴¹

Concerns over potential medication shortages and fear of increased crime due to the pandemic may lead to **increased access to suicidal means** through stockpiling of medications and increases in firearm purchases.⁴⁵⁻⁴⁹



WHAT CAN BE DONE TO PREVENT AN INCREASE IN SUICIDE RATES?

Governments can address economic concerns (including unemployment) by increasing social spending, investing in active labour market programs, and implementing policies to reduce the harmful use of substances.²⁷⁻³¹

Health-care providers should consider using alternative treatment settings, distributing cellphones, or providing access to phones, computers, and/or the internet in a clean, accessible space – and ensure that the public is aware of the available supports.^{34,35}

Public campaigns can encourage people to maintain important relationships and improve social connectedness (by phone, video, social media, and other online platforms) or find creative ways to spend time outdoors. Maintaining strong connections with people who live alone, have limited support, or may be experiencing domestic violence is critical.³⁸

Journalists and reporters should continue engaging in safe and responsible media reporting: using person-first language, avoiding speculation on the reasons for suicidal acts, sensationalizing pandemic-related suicides, and attributing a suicide to any one cause (like the pandemic).⁴²⁻⁴⁴

Public awareness campaigns should be undertaken to promote the safe storage of firearms and medications in the home. Public health policies should be adopted that aim to reduce access to lethal means of suicide, such as restricting and monitoring firearm sales and limiting the amount of certain medications a person can purchase.⁵⁰⁻⁵²

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