



## Psychiatry

## A STUDY OF PATIENTS PRESENTING WITH SUICIDAL ATTEMPT TO A TERTIARY CARE PSYCHIATRY DEPARTMENT DURING LOCKDOWN DUE TO COVID 19 PANDEMIC

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**ABSTRACT** **Aim:** To study cases presenting with suicidal attempt to Psychiatry set up of a tertiary care hospital to assess psychopathology and impact of the Covid pandemic, in precipitating suicidal attempts.

**Settings:** Patients admitted with suicidality during lockdown in 2021, in department of Psychiatry of our tertiary care hospital. This hospital in urban Pune has a 30 bedded Psychiatry ward and outpatient psychiatry services.

**Methods And Material:** Medical record-based study of the admitted patients in the stipulated period of time.

**Results:** 71%(5) cases were new onset psychiatric illness with suicidal attempt precipitated due to various psychosocial, financial or other unique factors secondary to pandemic situation or pre-morbid personality problems or interpersonal adjustment.

Most common mode of suicide was consumption of easily available poisonous substance or medicines, followed by hanging.

**Conclusions:** Vigilant suicidal ideation assessment, individual/family counselling would be important in management. Further larger studies are needed to assess harmful mental health effects of nationwide lockdown in the pandemic situation are necessary.

**KEYWORDS :** Covid 19, Mental Health, Suicide, Lockdown, Case Series

### INTRODUCTION:

Covid 19 presented in February 2020 in India and in efforts to contain and control virus spread, strict lockdown and public health measures were implemented in 2020 and 2021<sup>1</sup>; directly and indirect affecting employments/businesses, personal and social relationships and causing social isolation as well as uncertainty towards future. These consequences were found to be taking a toll on mental health in varying severity and disorders ranging from anxiety, depression to substance abuse, loneliness and suicides<sup>2,3,4</sup>. The recently published report by national crime records bureau of yearly suicides in India shows a marked increase in suicides in 2020 and 2021 as compared to previous years.<sup>4</sup>

Literature on suicide attempts in India during Covid pandemic being scarce, there are references about increase in suicide attempts and various psychosocial crises from other countries.

A study in South Korea, that aimed to find out the change in the rate and pattern of suicide attempts during the COVID-19 pandemic period reported increased suicide rate and suicide attempts at home with higher patient severity in the "COVID-19 period" than that in the "pre-COVID period". The means of suicide as overdose of drugs such as hypnotics, antipsychotics, and pesticides that were already possessed

by the patient, was seen to be significantly increased, compared to the "pre-COVID-19 period".<sup>5</sup>

In a study by Isabella Berardelli et al; of the impact of the COVID-19 pandemic on suicide ideation and suicide attempts in a sample of psychiatric inpatients, it was seen that suicide attempts, but not suicidal ideation, were more frequent during the COVID-19 pandemic than before.<sup>6</sup>

An observational cross sectional study in France reported substantially increased number of suicide attempts among children and profound changes in the dynamics of suicide attempts among children during the Covid 19 pandemic in comparison to the pre-covid period.<sup>7</sup>

### Subjects And Methods:

We present a series of following 7 cases which were admitted in inpatient department with suicidal attempt Between 15th April to 15th June 2021.

This is a medical record based study of psychopathology in these cases and impact of lockdown if any precipitating to the Suicidal attempts. Various predisposing, perpetuating and precipitating factors directly or indirectly related to Covid 19 in these patients are described.

**Table 1: Description Of Cases**

Case number	Age	Gender	Marital status	Psychiatric diagnosis	Mode of suicide	comment	Stress related to lockdown due to pandemic
1	30	M	Married	Moderate Depressive episode, Hypochondriasis	Hanging	High impulsivity Emotionally unstable personality	Present
2	40	F	Married	Major depressive disorder	Rat killing poison	Planned attempt	Present
3	34	F	Married	Major depressive disorder	Sleeping pills	Ongoing marital discord, history of past attempt	Present
4	46	F	Married	Emotionally unstable personality disorder	Multiple pills	Past history of multiple attempts	Absent
5	20	F	Single	Severe depressive episode	Toilet cleaner consumption and wrist slashing	ADS in father, his unemployment due to lockdown	Present
6	54	M	Married	Severe depressive episode	Pesticide consumption	Impulsive and lethal attempt	Present

7	28	F	Married	Adjustment disorder with low mood	Rat killing poison consumption	ADS in husband, unemployment due to lockdown	Present
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Brief account of the circumstances leading to suicide attempt and treatment given-

Case 1: A salesman in furniture shop referred from general medicine with attempt to hang himself. This attempt was impulsive and lethal to save his family; out of a hypochondriacal belief that he had corona. He also had ongoing financial stress due to debt, which was exacerbated by loss of income due to lockdown measures. He had good social support, no past and family history of psychiatric, medical or surgical illness /substance abuse and no history of past suicidal or self harm attempts. He had prominent worrying due consequences of having Corona infection.

He was treated with SSRI antidepressant Escitalopram and benzodiazepines along with psychotherapy, he showed improvement in 3 weeks.

Case 2: The patient was found to be having severe depressive episode since 3 months, which was untreated, lockdown being one of the reasons. Significant stressor was financial, following lockdown and loss of employment. There was no past history of psychiatric, medical or surgical illness or past suicidal or self harm attempts and had poor social support. Family history was suggestive of alcohol dependence syndrome in father and death of paternal uncle by suicide.

She was started on antidepressants and anxiolytics. She showed gradual improvement over 3 weeks. She also needed individual supportive and cognitive psychotherapy as well as family counseling.

Case 3: She was a known case of Depressive disorder and was on treatment.

Precipitating factor was quarrel with husband. She had history of ongoing marital discord, which worsened during lockdown due to being homebound.

Perpetuating factor was financial stressor and increased inter personal conflicts since lockdown. She was started on antidepressants and benzodiazepines along with psychotherapy; significant improvement was seen after 1 month of treatment.

Case 4: She was known case of EUPD with 3 past attempts of suicide in last one year. This was following accidental death of her son by drowning. She was started on treatment earlier but stopped on her own. Current attempt was precipitated by exacerbation of ongoing marital discord and aggressive behaviour by husband due to her behavioural problems and suicide threats.

She was started on antidepressants and mood stabilizers. She needed intensive inputs in terms of family counselling, supportive psychotherapy, mindfulness and cognitive therapy. She improved over period of 6 weeks.

Case 5- This attempt was her first one, impulsive, lethal and with an intention to die. Precipitating event was physical aggression by father towards her and mother under influence of alcohol. Predisposing factors were inter personal conflicts between parents and alcohol dependence in father which increased after father lost job and stayed home most time due to lockdown measures.

After starting her on pharmacological as well as psychosocial interventions, she gradually improved over 6 weeks.

Case 6- He had attempted suicide by consuming pesticide solution out of frustration due to ongoing stress of financial problems due to lockdown since last one year and precipitated by an altercation with wife. He did not have any past or family history of psychiatric or suicidal or self harm attempts in the past and had good social support. His severe depressive episode was treated with antidepressant, a mood stabilizer and psychotherapy.

Case 7- She had attempted self harm impulsively by consuming rat kill poison out of altercation with husband due to her growing frustration of husband's increased alcohol consumption and unemployment since lockdown.

Patient was started on antidepressant medication and provided supportive counselling.

## RESULTS & DISCUSSION:

We came across these 7 inpatient cases within 3 month duration (April-June 2021). They make 35% of total inpatient psychiatric cases during said duration. Normally, cases with suicide attempt are 10 – 20% of all our indoor patients. There was definite impact of lockdown and financial losses due to pandemic in these cases.

### Important Socio-demographic Factors

Majority of them were females (5) and 2 males in the age group of 20 – 60 years.

Marital status- . Marriage is considered as protective factor in depression<sup>8</sup>, but in our study 6 out of 7 patients were married and more than 50% of them reported increased marital discord after lockdown measures and its consequences.

Education and occupation of the patients- 4 out of 7 (57%) patients were educated upto secondary school or more. 6 out of 7 patients had financial problems that exacerbated due to lockdown leading to either predisposition or precipitation of suicidal attempts.

Attempt- 6 out of 7 suicidal attempts were lethal, 5 patients did it impulsively and 2 had it planned. Five of the patients have new onset of mental illness and did not have any past history of psychiatric illness.

### Help Seeking Related Problems Due To Lockdown

Psychiatric consultation was sought minimum 2 months after onset of symptoms in all 7 cases suggesting delay in treatment seeking due to lack of awareness about illness as well as difficult accessibility to mental health services due to lockdown.

### Psychiatric Morbidities

Only 1 of 7 the cases have any co-morbid medical/surgical illness. Five of them had personality vulnerabilities, mainly one of the cluster B personality disorder or traits. 4 of 7 patients had poor social support which might have role in onset and recovery from mental illness. 4 out of 7 cases have family history of psychiatric illness making it a major risk factor. 5 patients used household toilet cleaner/rat poison/pesticide and 2 patients used excess consumption of prescribed medicines as a means of self harm attempt mainly due to easy accessibility. One interesting finding was only 1 of 7 patients had fear of having contracted with corona infection. In all cases more than two factors discussed above were present.

Overall psychosocial distress was high among the patients as well as relatives. The patients had significant financial problems and their pre-existing interpersonal relations worsened due to lockdown. Treatment drop out due to lockdown was also a significant problem. Suicidal attempt was a desperate cry for help in most of the cases. This goes parallel with a study in Nepal that depicts that the issue of mental health during COVID-19 pandemic has come to the forefront with extremely concerning impact of increased suicidal deaths and suicidal ideation.<sup>9</sup>

Study by Varshney<sup>10</sup> suggests that, during the initial stages of COVID-19 in India, almost one-third respondents had a significant psychological impact. There has been evidence of mental health disorders in patients of Covid 19 infection.<sup>10,11,12</sup> Covid 19 pandemic and subsequent strict lockdown measures causing financial problems, unemployment, fear of infection, social isolation and increased inter personal conflicts acted as precipitating factors for development of new mental illness and exacerbation of pre existing mental illness which were in line with studies by Brooks Et al<sup>13</sup> and Holmes Et al<sup>14</sup>. Delay in seeking medical help due to movement restrictions, non availability of mental health services nearby, fear of contracting infection while visiting hospital and stigma associated with mental illness might be contributing to increasing severity of mental illness.<sup>15</sup>

Strict lockdown and public health measures were necessary for control and containment of COVID 19, but the other side of the coin was that, at same time they also have a contributory role in increased mental stress and disorders. Increasing number of cases each day, excessive negative coverage of Covid 19 related events in media, uncertainty about future and social isolation due to quarantine have led to increased mental stress to a significant extent. Although the pandemic

has decreased in severity, there are important lessons that we learnt from the first two waves of Covid 19. There was a significant deterioration of mental health observed in these cases that precipitated in self-injurious behavior with suicidal intent.

Individuals who are already at high risk such as female sex, pre-morbid Cluster B personality traits/ disorder, past history of psychiatric illness and family history of psychiatric illness are more likely to have depression and self harm or suicidal attempt. The recent report of suicidal deaths in India by national crime reports bureau emphasized on increased suicidal attempts<sup>4</sup> and therefore the need to study the same. Hence, this is an attempt to find out, different contributing factors and the pathways that lead these patients to attempt suicide.

#### CONCLUSION AND RECOMMENDATIONS:

There is a need for a study with bigger sample size to know direct and indirect impact of Covid 19 infection and the pandemic related public health measures, on various mental health disorders.

We recommend vigilance about worsening of mental health as well, during the pandemic. Early intervention can prevent these potentially lethal suicidal attempts. Awareness in this regard, on the part of physicians and general practitioners, as well as all other health care personnel and social agencies is warranted. Use of Tele-psychiatry should be encouraged for easy accessibility of mental health services in such difficult times.

Screening of at risk persons and implementing preventive measures such as meditation, relaxation techniques, breathing exercises, mind body medicine techniques, sleep hygiene, physical exercises, staying in touch with others via various social media and early psychiatric consultation would be very beneficial.

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