Commentary

Suicidal Behavior in COVID-19 Patients

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COMMENTARY

Suicide is a primary cause of injury and death globally, and it is a serious public health concern. During COVID-19, the current study intends to analyse suicidal behaviours and suicide risk among Bangladeshi persons. Many older persons' mental health and emotional well-being may be severely harmed by the COVID-19 epidemic. Interventions by the government to stop the virus from spreading have had the unintended consequence of increasing social isolation, financial stress, and unemployment. Early research efforts evaluating the influence of these therapies on the mental health of older persons have yielded promising results. People of colour, the poor, inhabitants of nursing homes and other communal living conditions, and individuals living with dementia and their caregivers are more likely to suffer from COVID-related health problems, according to the available evidence. This article describes two older adults for whom COVID-19-related stress resulted in significant worsening of their psychiatric illnesses, including the emergence of suicidal ideation, summarises the literature on the impact of interactions between psychosocial stresses and biological factors on the mental health and well-being of older adults, and discusses interventions to help older adults whose mental health and well-being are deteriorating, and discusses interventions to help older adults whose mental health and wellbeing are deteriorating. Timely and accurate diagnosis, prompt provision of individualised care using both pharmacologic and psychotherapeutic interventions, adoption of new technologies that allow for safe remote care and virtual social interactions, as well as ongoing advocacy for policy changes that address significant health care disparities and provide older adults with continued access to health care. People's mental health is affected by the COVID-19 pandemic, thus concerned authorities should pay attention to people's mental health and focus on suicide prevention and awareness during and after the pandemic.

Everyone is affected by the COVID-19 outbreak, but those who are already at risk are most affected (e.g. those suffering from depression). We may notice an increase in suicide ideation and behaviour among at-risk people during and after the COVID-19 epidemic and the effects of isolation and quarantine.

Although it is unclear whether this increase will be short- or long-term (or both), the mental health community should be prepared and may use this difficult period to enhance suicide prevention. First, people can now discuss about sadness, anxiety, and suicidal ideation more openly than in the past. It appears that sharing negative emotions experiences carries less stigma than it used to.

Furthermore, death has become a topic that people of all ages are increasingly comfortable discussing, and it may be simpler for people and mental health clinicians to question directly about the risk of suicide. Second, people are increasingly aware of the value of social support during times of crisis and agree that it saves lives. Finally, those at risk of suicide can now seek psychological assistance via the internet, which may be more convenient. Online providers must be able to assess suicide risk and deliver particular suicide prevention measures, according to the medical community. Mental health professionals should now tell every patient that they should not harm themselves in the event of a severe crisis. As mental health providers, it has always been our first priority to reassure our patients that there is always hope.

The COVID-19 pandemic may present an opportunity to enhance the science of suicide prevention and, as a result, save lives. These attempts to prevent suicide should be incorporated into the broader response plan for the COVID-19 situation.

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