

The Fear of COVID-19 and Increasing Suicide Rate in India

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The recent pandemic of COVID-19 has affected the physical and mental health in many cities and regions in India. During this period, where the healthcare system of India is trying hard to deal with the pandemic, the country has undergone mass unemployment, increasing flexibility and non-standardized forms of employment, cuts in wages and other benefits, and growing poverty or social inequalities. In addition, lockdown due to the disease has resulted in a major global recession arising as an economic consequence of the pandemic [1]. As observed in previous pandemics [2-4], the unpredictable consequences and uncertain future, as well as misinformation and disinformation about the disease, is impacting the mental health of both infected and non-infected populations. Some of the major challenges for the Indian Government during the COVID-19 crisis are:

Huge and dense population

With 1.35 billion people, (USA 330 million, Brazil 210, Russia 150, Iran 83, Italy 60) India is the 2nd most populated country in the world. Furthermore, the density of India is very high (1066 pop. /mi²) compared to the USA's 87, Brazil's 64, Russia 23, Iran's 131, and Italy's 518. Therefore, complete lockdown, social distancing, and self-isolation are almost impossible where most people live on their daily wages.

Weak healthcare system

Due to the dense population, the healthcare system is severely suffering from a lack of infrastructure, shortage of medical and paramedical personnel, and lack of experience in facing the pandemic [5]. In India the cough and hand hygiene are largely absent where only 36% wash their hands with soap before a meal. The country has a high number of cardiovascular diseases, respiratory diseases, hypertension, tuberculosis, pneumonia, diabetes, and kidney disease cases. The burden of Covid-19 will result in an increase in out-of-pocket expenditure on the healthcare system [6]. [7] The situation gets worse when a famous Indian yoga guru made a misleading claim to cure COVID-19 following clinical trials on just 100 patients.

Unemployment

Due to the Nationwide lockdown, an increase in the unemployment rate (up to 27.1%) was observed in India mainly due to a decrease in the demand as well as the disruption of the workforce faced by companies. The lockdown of 21 days has aggravated the situation by putting more strain on the debilitating economy. Most of the 100 million migrant workers have lost their jobs due to the shutdown. The lockdown also affected the retail restaurant industry with an expected loss of 10 and 1.5 million jobs, respectively.

Corruption

India is on No. 80 of the ranking of corruption perception Index (CPI) for 2019. Lack of policies, procedures, and processes resulted in an inadequate function of the government causing an increase in the Covid-19 cases and death.

Poverty

Two-thirds of people in India live in poverty. Additionally, almost 70% of the population lives on less than \$2 a day with over 30%

even have less than \$1.25 per day available. For them affording the unemployment and cost of the treatment will be very difficult.

All these may result in an increase in the suicide rates during and after the pandemic. The first suicide in India was reported of a 50-year-old man on February 12th, 2020. [8] Since then, the suicide rate is constantly increasing. Some of the reasons for self-harm during this stressful time are financial distress, lack or denial of medical care, exhaustion police brutality, alcohol-withdrawal, fear of infection, and loneliness. The cases are being reported from all sorts of society including employed, students, housewives, migrants, and businessmen. Due to the Covid-19 pandemic India is becoming a breeding ground for depression, alcoholism, chronic stress, fear a tendency to self-harm. These problems can make India a center of mass unemployment that can result in higher suicide rates. A similar situation has also been observed in the year 2008 when an extra 10,000 suicidal cases have been reported in the USA and Europe due to the financial crisis. [9, 10] Unfortunately, in the year 2018, 134, 516 killed themselves were reported in India which accounts for 17.5 % of the 900,000 people who committed suicide around the world. Unfortunately, most of the Covid-19 related suicide cases in India are highlighted by the media and not by the medical journal. Which in turn humiliates the government authorities, but it does not come up with the solution to the problem.

Some of the reasons for the increased Covid-19 suicide cases are uncertain prognosis, shortages of resources for testing and treatment, lack of Covid-19 related knowledge among the health care providers. Additionally, pandemic-related issues such as isolation, social distancing, and quarantine, as well as the social and economic fallout can also trigger psychological mediators such as fear sadness, anger, frustration, annoyance, helplessness, worry, guilt, nervousness, and loneliness. [11] These are the common features of typical mental health suffering that many individuals will experience during and after the crisis. [12] In extreme cases, such mental health issues can dangerously lead to suicidal behaviors. It is well established that around 90 % of global suicides are due to individuals with mental health conditions such as depression. Consideration of these facts is very important for the well-being of both individuals and communities.

These effects may result in a variety of unhealthy behaviors (like excessive substance use), emotional reactions (like psychiatric conditions and distress), and non-compliance with public health directives (like vaccination and home confinement) in people who contract the disease and in the general population [13]. Unfortunately, in addition to the risk of infection, health care providers in India are equally vulnerable to emotional distress in the COVID-19 pandemic. This is due to their long work hours, severe shortages of personal protective equipment, intense communication with patients and their families, concern about infecting, and ethically fraught resource-allocation decisions. Education and training related to psychosocial issues should be given not only to the healthcare professionals but also to the general public. This can only be possible when emergency management and mental health communities act jointly to identify, develop, and disseminate evidence-based resources related to the disaster.

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