COVID-19 and the 'Echo Pandemic' of Suicide and Mental Illness
Dr. Lorenzo Norris and Dr. McIntyre, podcast 2021 (43 minutes)

InterACTT
— INTERNATIONAL ALLIANCE —
FOR CARE AND THREAT TEAMS

Overview: This podcast addresses the potential for an echo pandemic, a new term being used by health professionals to describe the possibility of massive mental health concerns following COVID-19. The transcript provides some useful quotes and there is a link below to listen to the conversation (which we would recommend; for such a difficult topic, the hosts provide a relaxed and engaging presentation). Key take-a-ways focus on programming to address resiliency and a return to the basics of support, such as access to care, a consistent schedule, healthy eating and exercise.
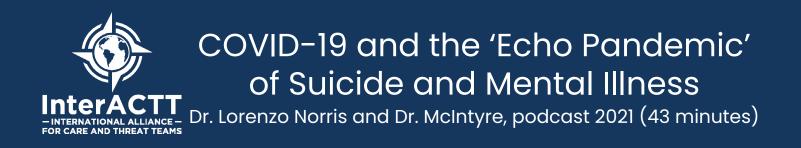
Key Points:
- With COVID comes challenges and uncertainties that can make problems worse for those already struggling with mental illness.

- While not shown empirically in research yet, there is a concern that suicide rates will again climb in the aftermath of the pandemic.

- To prevent this 'echo pandemic' basic needs, such as shelter, access to food, getting enough food and exercise, should be areas of focus for mental health providers.

From the Podcast:
- "We projected that if the unemployment rate hits between 14% and 20%, and that's unfortunately where it is now, we would have an additional 8000 to 10,000 suicides each year for the next 2 years. And that's on top of the already reported 50,000 suicides that occur already." (p. 2, McIntyre).

- "So, let me be aspirational. Everyone knows the whole world's gone virtual and about the increase in telehealth. I'm also aware that many, many patients don't have reasonably good access to Wi-Fi. But let's pretend that that's not the case. Using virtual methods is the only way I can realistically think about the creation of medical homes that are not brick and mortar but are also Health Insurance Portability and Accountability Act (HIPAA) compliant. For those who already have impairing distress, who have a declared mental illness, the brick and mortar is not going to do it, so we have to have it that way. That's why I think some of this government initiative to try and get more broadband connection couldn't be any more urgent than it is now. (p. 2, McIntyre).

- "The other thing that I would add is a fire starter, but I've got to say it: We need to look at guns. If we're talking suicide and not talking guns and alcohol, at some point we're going come back around to that." (p.3, Norris)

- "There's that great line from Ernest Hemmingway where someone is asked, "How did you go broke?" He responded, "Two ways. Gradually, then suddenly." That's exactly what happens in suicide. There's robust literature showing that at least 60% of suicides were actually decided about an hour before. It's a highly impulsive act for many people." (p. 2, McIntyre).

- "When it comes to preemption and prevention, two categories stand out for me: personal resiliency and social resiliency. We've talked about social resiliency, which can take the form of providing psychiatric first aid by public community centers, wage subsidies, programs for small businesses. I know these programs are not perfect. There are questions about how they've been implemented and executed, but that's a different conversation we can put aside for a moment." (p. 3, McIntyre).

- "Personal resiliency is going to sound pretty basic, but it works. First, because of what's happened, many of

us have become unstructured. But you've got to structure the day. A structured day becomes a structured brain. Second, you've got to get your sleep. That's part of the structure. And sleep is the elixir for everything." (p. 3, McIntyre).

- "Finally, make connections with people. And it's not just making connections with people that you know and loved ones and friends, which is of course very helpful. But many people don't have any friends. So, this is where spirituality, places of worship, virtual settings, the pursuit of the arts can come in. These are also very rewarding and enhance quality of life and connecting." (p. 3, McIntyre).

From the Secondary Research:
- "The greatest increase was in prescriptions for anti-anxiety medications, which rose 34.1% from mid-February to mid-March, including a week-over-week spike of nearly 18% during the week ending March 15. The number of prescriptions filled for antidepressants and sleep disorders increased 18.6% and 14.8%, respectively, from February 16 to March 15." (p.1, Express Scripts, 2020).

- "What is especially concerning about our projections is the genuine uncertainty with respect to the labour market post-COVID-19, as well as the tremendous financial uncertainty and decrease in consumer sentiment, all of which are independent and additional contributors to suicide. Moreover, social isolation and quarantine, which are critical viral transmission risk mitigation strategies, are recommended nationwide. Social isolation is well established as a significant risk factor for suicidality." (p.1, McIntyre and Lee, 2020).

Jones, R. (1986). Emile Durkheim: An Introduction to Four Major Works. Beverly Hills, CA: Sage Publications, pp. 82-114. Retrieved on May 5, 2021 from https://durkheim.uchicago.edu/Summaries/suicide.html

Express Scripts (2020). America's State of Mind Report. Retrieved on May 5, 2021 from https://www.express-scripts.com/corporate/americas-state-of-mind-report

https://www.dbsalliance.org

McIntyre, R and Lee, Y. (2020). Preventing suicide in the context of the COVID-19 pandemic. World Psychiatry. 19(2):250-251. doi: 10.1002/wps.20767. PMID: 32394579; PMCID: PMC7214950.

Norris, L. and McIntyre, R. (2021). COVID-19 and the 'Echo Pandemic' of Suicide and Mental Illness. Retrieved on May 5, 2020 from https://www.medscape.com/viewarticle/934830_print

Listen Here: https://www.mdedge.com/podcasts/psychcast/covid-19-and-echo-pandemic-suicide-and-mental-illness