



**University of  
Zurich**<sup>UZH</sup>

**Zurich Open Repository and  
Archive**

University of Zurich  
University Library  
Strickhofstrasse 39  
CH-8057 Zurich  
[www.zora.uzh.ch](http://www.zora.uzh.ch)

---

Year: 2020

---

## **COVID-19, unemployment, and suicide**

Kawohl, Wolfram ; Nordt, Carlos

DOI: [https://doi.org/10.1016/S2215-0366\(20\)30141-3](https://doi.org/10.1016/S2215-0366(20)30141-3)

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-222310>

Journal Article

Published Version



The following work is licensed under a Creative Commons: Attribution 4.0 International (CC BY 4.0) License.

Originally published at:

Kawohl, Wolfram; Nordt, Carlos (2020). COVID-19, unemployment, and suicide. *The Lancet Psychiatry*, 7(5):389-390.

DOI: [https://doi.org/10.1016/S2215-0366\(20\)30141-3](https://doi.org/10.1016/S2215-0366(20)30141-3)

Give the patient your full empathic attention; do not take notes during sessions. The therapeutic alliance could have particular potency in a time of crisis.

Social support. Similarly, the patient's social interaction presents a dilemma. It is important to make the most of social engagement given the limitations of the moment, to maintain social bonds, and to seek interpersonal support even as one must maintain a safe physical distance. Social engagement—attachment—is a basic human need.<sup>5</sup> At a time when developing new relationships might be hard, taking a good interpersonal inventory<sup>1</sup> can identify existing relationships that the patient can use to minimise isolation. The phone, FaceTime, Skype, and the like can help to lessen social isolation and maintain social support. Failing that strategy, more isolated individuals might want to use social media to maintain a sense of connection with others.

Because most new therapies require in-person intake visits, a patient you terminate with is unlikely to be able to start new treatment elsewhere. Hence, even if you were planning to terminate a time-limited treatment with a patient, it might be appropriate—depending upon clinical status—to add continuation sessions to a treatment you would normally end, in order to ensure the patient's continuity of care.

Every cloud has a silver lining. Objectively, this situation is a terrible moment in world history, and not one to trivialise to patients. From a therapeutic stance, however, bad news can be good news. IPT therapists capitalise on environmental stressors and losses—the death of a significant other (complicated bereavement), a painful interpersonal situation (role dispute), or other major life event (role transition)—as helpful explanations for why patients are feeling the way they do, contextualising those feelings and symptoms in a current

personal crisis that the patient can work on and resolve in time-limited treatment.<sup>1</sup> A pandemic can helpfully be reframed as a role transition in which the patient needs to mourn the (hopefully temporary) loss of old roles and to adaptively restructure activities and relationships in the present. Forty years ago, another frightening and initially untreatable virus with very different course, stigma, and social reverberations struck. Because the news was so bad, IPT proved particularly efficacious in treating HIV-related major depression,<sup>6</sup> and might have similar potency today.

This setting is a painful but powerful moment for psychotherapy. Patients need therapy more than ever, yet are physically distanced from it. Psychotherapy might be harder in some respects to do at a distance, but teletherapy does work, and the basic principles remain the same. The interpersonal, environmental context can provide a useful frame for treating the problems patients now face.

JM reports personal fees from Oxford University Press, American Psychiatric Publication, and Basic Books; and support from a grant from the Bob Woodruff Foundation, outside the submitted work.

**John Markowitz**  
jcm42@cumc.columbia.edu

New York State Psychiatric Institute, Columbia University, New York, NY 10032, USA

- 1 Weisman MM, Markowitz JC, Klerman GL. The guide to interpersonal psychotherapy. New York: Basic Books, 2018.
- 2 Dennis CL, Grigoriadis S, Zupancic J, Kiss A, Ravitz P. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. *Br J Psychiatry* 2020; published online Feb 7. DOI:10.1192/bjp.2019.275.
- 3 Neugebauer R, Kline J, Markowitz JC, et al. Pilot randomized controlled trial of interpersonal counseling for subsyndromal depression following miscarriage. *J Clin Psychiatry* 2006; **67**: 1299–304.
- 4 Heckman TG, Heckman BD, Anderson TI, et al. Tele-interpersonal psychotherapy acutely reduces depressive symptoms in depressed HIV-infected rural persons: a randomized clinical trial. *Behav Med* 2017; **43**: 285–95.
- 5 Bowlby J. Attachment and loss, vol 1. Attachment. New York: Basic Books, 1969.
- 6 Markowitz JC, Kocsis JH, Fishman B, et al. Treatment of depressive symptoms in human immunodeficiency virus-positive patients. *Arch Gen Psychiatry* 1998; **55**: 452–57.

## COVID-19, unemployment, and suicide

The COVID-19 pandemic has led to the introduction of strong restrictive measures that are having a substantial effect on the global economy, including an increase in the unemployment rate worldwide.<sup>1</sup> In a previous study,<sup>2</sup> we modelled the effect of unemployment on suicide on the basis of global public data from 63 countries, and we observed that suicide risk was elevated by 20–30% when associated with unemployment during 2000–11 (including the 2008 economic crisis). We have now used this model to predict the effects of the currently expected rise in the unemployment rate on suicide rates.

Close to 800 000 people die by suicide every year.<sup>3</sup> We used our core model's estimates (intercept, sex, age group, and unemployment)<sup>2</sup> to describe the non-linear connection between unemployment and suicide. We applied the overall estimates to World Bank Open Data (ie, worldwide number in the labour force in 2019, unemployment rate [modelled estimate from the International Labour Organization] for 2019, and male and female populations in 2018 in the four age groups). Because the model predicted only 671 301 suicides with this data, instead of 800 000, we added a correction term of 0.17 to address differences in space (194 vs 63 countries) and time (2020 vs 2000). The expected number of job losses due to COVID-19 were taken from the International Labour Organization's press release from March 18, 2020,<sup>1</sup> reporting a decline of 24.7 million jobs as a high scenario and 5.3 million jobs lost as a low scenario. In the high scenario, the worldwide unemployment rate would increase from 4.936% to 5.644%, which would be associated with an increase in suicides of about 9570 per year. In the low scenario, the unemployment would increase to 5.088%, associated with an increase of about 2135 suicides.

For the World Bank Open Data see <https://data.worldbank.org>

According to WHO, each suicide in a population is accompanied by more than 20 suicide attempts.<sup>3</sup> Thus, the number of mentally distressed people who might seek help from mental health services can be expected to increase in the context of the COVID-19 pandemic. Data from the economic crisis of 2008 showed that the increase in suicides preceded the actual rise in the unemployment rate.<sup>2</sup> We therefore expect an extra burden for our mental health system, and the medical community should prepare for this challenge now. Mental health providers should also raise awareness in politics and society that rising unemployment is associated with an increased number of suicides. The downsizing of the economy and the focus of the medical system on the COVID-19 pandemic can lead to unintended long-term problems for a vulnerable group on the fringes of society. It is important that various services, such as hotlines and psychiatric services, remain able to respond appropriately.

We declare no competing interests.

\**Wolfram Kawohl, Carlos Nordt*  
wolfram.kawohl@pdag.ch

Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric Hospital, University of Zurich, Zurich 8032, Switzerland (WK, CN); and Psychiatric Services of Argovia, Brugg, Switzerland (WK)

- 1 International Labor Organization. Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO. March 18, 2020. [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_738742/lang-en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang-en/index.htm) (accessed March 24, 2020).
- 2 Nordt C, Warnke I, Seifritz E, Kawohl W. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *Lancet Psychiatry* 2015; **2**: 239–45.
- 3 WHO. Suicide prevention. [https://www.who.int/health-topics/suicide#tab=tab\\_1](https://www.who.int/health-topics/suicide#tab=tab_1) (accessed March 24, 2020).

## Suicide prevention during the COVID-19 outbreak

Publications on mental health and psychosocial considerations during the COVID-19 outbreak<sup>1,2</sup> and on the

psychological effects of quarantine<sup>3</sup> provide important information and recommendations. These are important publications that should be translated to the field for all three levels of suicide prevention: primary, secondary, and tertiary. These publications include sections on urgent mental health issues such as depression<sup>2</sup> and severe psychiatric conditions,<sup>1</sup> but directly addressing specific recommendations for suicide prevention is needed.

The COVID-19 outbreak is emotionally challenging for everyone, especially for individuals who are already at risk (eg, those suffering from depression). During and following the COVID-19 outbreak and the outcomes of isolation and quarantine, we might see an increase in suicide ideation and behaviour among at-risk populations.<sup>4</sup> Whether this increase will be in the short or long term (or both) remains unclear, but the mental health community should be prepared and can use this challenging period to advance suicide prevention. First, people are currently more able than in the past to talk about depression, anxiety, and suicide ideation. It appears that sharing experiences of negative emotions carries less stigma than it used to. Moreover, death has become a topic that all ages can more readily talk about, and it might be easier for people and mental health providers to ask directly about suicide risk. Second, people now understand the importance of social support in times of crises and tend to agree that it saves lives. Finally, people at risk for suicide can now get psychological help online, which might be more accessible for various reasons (eg, because of reduced stigma and removal of transportation or time barriers). The medical community needs to make sure that online providers can assess suicide risk and provide specific suicide prevention interventions.<sup>5</sup> Mental health providers should now directly convey to every patient that in any case of severe crises, they should not hurt themselves. It

has always been our priority as mental health providers to reinforce to our patients that there is always hope and that there are several solutions to any problem. The challenge of the COVID-19 outbreak might bring with it an opportunity to advance the field of suicide prevention and thus to save lives. These suicide prevention efforts should be integrated into the overall reaction programme for dealing with the COVID-19 crisis.

I declare no competing interests.

*Anat Brunstein Klomek*  
bkanat@idc.ac.il

Baruch Ivcher School of Psychology, Interdisciplinary Center Herzliya, Israel

- 1 Inter-Agency Standing Committee. Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak (developed by the IASC's reference group on mental health and psychosocial support). March 17, 2020. <https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak> (accessed March 24, 2020).
- 2 WHO. Mental health and psychosocial considerations during COVID-19 outbreak. March 12, 2020. <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf> (accessed March 24, 2020).
- 3 Brooks S, Webster R, Smith L, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; **395**: 912–20.
- 4 Chan S, Chiu F, Lam C, Leung P, Conwell Y. Elderly suicide and the 2003 SARS epidemic in Hong Kong. *Int J Geriatr Psychiatry* 2006; **21**: 113–18.
- 5 Stanley B, Brown G. Safety planning intervention: a brief intervention to mitigate suicide risk. *Cogn Behav Pract* 2012; **19**: 256–64.

## Public health messaging and harm reduction in the time of COVID-19

Coronavirus disease 2019 (COVID-19) was declared a pandemic on March 11, and the disease is now expected to spread to most countries, if not all.<sup>1</sup> The public health messaging mainly concerns personal hygiene, physical distancing, respiratory etiquette, stocking up on food supplies and essential medicines, contact tracing, and staying indoors as much as possible. We are concerned that the