

Article

COVID-19 suicide among adolescents and youths during the lockdown: An exploratory study based on media reports

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Abstract: Background: The incidences of COVID-19 related suicide among adolescents and youths have been reported across the world. There is no cumulative study focusing on nature, patterns, and causative factors that lead to the present investigation. Methods: A purposive sampling of google news between 15 February to 6 July was performed. After excluding duplicate reports, the final list comprised a total of 37-suicide cases across 11 countries. Results: More male suicides were reported (21-cases, i.e., 56.76%), and the mean age of the total victims was 16.6±2.7 years (out of a total of 29-cases). About two-thirds of the suicides were from three countries named India (11-cases), United Kingdom (8-cases), and the USA (6-cases). Out of 23-student victims, 14 were school-going students. Hanging was the most common suicide method accounting in 51.4% of cases. The most common suicide causalities were related to mental sufferings such as depression, loneliness, psychological distress, etc., whereas either online schooling or overwhelming academic distress was placed as the second most risk factors followed by TikTok addiction-related psychological distress, and tested with COVID-19. Conclusion: The finding of the temporal distribution of suicides concerning lockdowns may help in exploring and evolving public measures to prevent/decrease pandemic-related suicides in young people.

Keywords: COVID-19; Lockdown; Psychological impacts; Self-harm; Suicide; COVID-19 suicide; Teenage suicide; Adolescent suicide; Youth suicide; Press reporting suicide.

1. Introduction

The COVID-19, since its start and following massive global transmission spread has shaped several challenges for the health care workers and the general people across the world [1,2]. The pandemic is expected to lead to a substantial degree of mental health crisis along with other aspects of the quality of life [3,4]. Hence, the World Health Organization [5] has issued brief messages related to psychological and mental health considerations and has emphasized the execution of psychological first aid. The public's mounting concern about the spread of infection from the alleged/suspected COVID-19 positive individuals has twisted a psychological panic mode in the society, although this may be advocated for suppressing the infection rate [5]. However, this has also led to a substantial increase in anxiety or fear of COVID-19, whereas extreme fear and worry aggravates psychological instabilities. As a consequence, suicide occurrences are being reported because of COVID-19 related fear [2,6–8].

Globally suicide death rate is increasing day-by-day; for instance, a 30% increment is observed in the US between 2000 to 2016 [9]. As reported by the World Health Organization [10], nearly 800,000

people commit suicide every year throughout the entire world, which was projected to be nearly 1.5 million by the year 2020; and of the total suicides, about 80% occur in the low- and middle-income countries (LMICs) [11]. The same report also claimed, suicide as the second most leading cause of mortality after the unintentional injury-related deaths among the age groups of 15-19 years [10]. The suicide incidence rates in the younger age group are higher than the kids' (i.e., 15.3 and 11.2 per 100,000 and 0.9 and 1.0 per 100,000 among males and females respectively for the 15-29 years and 5-14 years older, respectively [11]). In the US adolescents aged between 15 and 19 years, there were no significant suicide incidence changes within 2000 to 2007 (i.e., 8 per 100,000 people), although a 3.1% and 10.0% increment rate is observed in the years of 2014 and 2017, respectively [9]. There are a few possible factors that signify the suicide rate among adolescents and youths compared to other age groups, particularly an increase in relationship problems, educational distress, social media use, depression, anxiety, trauma, etc. [9,11-14].

Traumatic events like the current COVID-19 pandemic, undoubtedly affect all demographics including children and adolescents. The common behavioral and emotional changes such as - (i) sleep problems and nightmares, (ii) development of unfounded fears, (iii) increase drugs, alcohol, or tobacco use, (iv) become isolated from others, (v) lose interest in funny activities, (vi) be angry or resentful easily, (vii) be disruptive or disrespectful or behave destructively, etc., are prevalent [15-18]. These indicators manifest clearly that adolescents and young people are highly prone to suffer from mental health problems during the pandemic. The preventive strategies of lockdowns, social distancing, etc., decrease social interactions while aiming to suppress virus transmission. Additionally, mental distresses that are already common due to the pandemic, may be heavily exaggerated if less family support is available [6]. Besides, remote schooling, potential sickness, economic shutdown, etc., play a role in their mental sufferings, which frequently mediates the suicidality risk [15]. For instance, Mamun et al. [19] recently reported that online schooling related problems led to mother and son suicide-pact in a Bangladeshi youth during the pandemic.

As the schools are employing virtual teaching methods, wherein, teachers are supposed to communicate with the adolescents online, so, becoming aware of any behavioral fluctuations is somewhat challenging [15]. Thus, parents may find themselves to play the additional role of a teacher or counselor especially for the adolescents who may be showing signs of depression. But they may not be well informed of such sudden changes in their adolescents' behaviors which frequently leads them to mental instabilities as well as suicide risk [15,16]. Besides, many social workers, school counselors, psychologists, psychiatric professionals offer accessibility through telehealth. However, access to such services is limited, and targeted delivery may be compromised because of paucity in the available information about adolescents' suicide-related risky behaviors. As there is a paradigm shift in suicide nature and risk factors due to the ongoing pandemic; hence, exploring specific cohorts to understand suicide nature is warranted in adolescents. In this circumstance, the present study attempted to understand the adolescents' suicide risk and pattern for the first time across the world.

2. Methods

As there is almost no updated information available on suicide in the national surveillance systems across the world (especially in the lower- and middle-income countries) because of governments' focus on combating the physical issues of the ongoing pandemic; hence, the present study utilizes the press media reports of suicide cases. Research-based on detailed and aggregated analysis of press reports of suicides is a well-established method for retrospective studies in those countries where no functional national suicide databases exist [12,13,20]. Moreover, in the context of the COVID-19 pandemic, the methods have been often used to perform suicide researches [6,7,21].

A purposive sampling method via google news search was used to collect the press media reporting of suicide cases. The news was searched using keywords combinations (in English and other languages) are as follows - (i) suicide, adolescent, covid-19; (ii) suicide, adolescent, covid-19,

lockdown; (iii) suicide, teen, covid-19, lockdown; (iv) suicide, teen, corona, lockdown; (v) suicide, adolescent, corona, lockdown; (vi) kill self, adolescent, corona, lockdown; (vii) self-killing, teen, corona, lockdown. Apart from English, reports were extracted from other 33 languages including Amharic, Arabic, Bengali, Chinese (Simplified), Danish, Dutch, English, Filipino, Finnish, French, German, Italian, Japanese, Nepali, Persian, Russian, Spanish, Swedish, Tajik, Tamil, Tatar, Telugu, Thai, Turkish, Turkmen, Ukrainian, Urdu, Uyghur, Uzbek, Vietnamese, Welsh, Xhosa, Yiddish, Yoruba, and Zulu.

3. Results

The suicide news reports between 15 February to 6 July were utilized and duplicated reports were screened and excluded. The final list comprised a total of 37 suicide cases across 11-countries (see Appendix for the press media reports links). About three-thirds of the suicides (73%) were reported in the months of April-May, 2020. More male suicides were reported (21-cases, i.e., 56.76%), and mean age of the total victims was 16.6 ± 2.7 (calculated for 29 cases for which exact age was available, ages were not reported in 8 cases). Almost two-thirds of the victims were from three countries namely India (11 cases), United Kingdom (8 cases), and the United States (6 cases). A total of 23 victims were students, of which 14 were school students. The most common method of suicide was reported to be hanging (19 out of a total of 26 reported cases, i.e., 73.07%). No exact reason for suicide was reported in a total of 10-cases although, most of the suicide causalities were almost the same, which is related to mental instabilities such as depression, loneliness, psychological distress, etc. Additionally, 5-victims were reported to have issues related to either online schooling or overwhelming academic distress, where two cases were reported for TikTok addiction-related psychological distress and were tested for COVID-19 (Table 1).

Table 1. Distribution of COVID-19 related adolescent suicides

Case	Reported date	Place	Profession	Gender	Age	Case description and suicide reason	Suicide through
1.	30 March	Alice Holt Forest, Surrey, UK	Student	Male	17	He was reported missing 11 days ago. He was upset with the cancellation of exams. Moreover, he was bothered that his exam results may depend on his mocks, in which his performance was not good.	Not reported
2	7 May	Tunbridge Wells, Kent, UK	Business student	Male	17	History of suicidal thoughts, he was concerned about his grades, struggled to adjust with lockdowns. He left home for a walk at 9 PM after leaving an emotional message for family on a mobile screensaver.	Hanging
3	31 March	Rhondda, South Wales, UK	School student	Male	15	He was feeling isolated because of the lockdown. He had no prior mental issues.	Not reported
4	End of March	Greater Manchester, UK	Student and singer	Female	17	She had no prior mental health issues. She was frustrated and sad because of lockdown and felt restrictions that may never end.	Not reported
5	27 April	Gloucester, UK	Engineering student	Male	22	He was mentally overwhelmed by the impact of the lockdown as noted in the suicide note.	Not reported

6	7 April	Douai, North-East France	School student	Male	13	He was overwhelmed by the amount of homework given during the lockdown period, which led to committing suicide.	Hanging in room
7	26 May	Mumbai, India	School student	Male	12	He killed himself after not being allowed to go outside of the home because of lockdown which made him depressed.	Hanging from ceiling fan
8	17 April	Texas, USA	School student	Male	12	His father believes that lockdown and being forced to stay at home led to depression and the desire to end his kid's life.	Not reported
9	12 April	California, USA	School student and athlete	Female	15	She was under stress because of 'stay at home orders' as a result of the ongoing lockdown.	Hanging
10	30 March	Andhra Pradesh, India	Informal sector worker	Male	17	He was distressed after police arrested him for violating lockdown restrictions, who then released him. Later on, he shared a video message with friends and accused police of abetting his suicide.	Hanging from tree
11	11 April	Oakdale, California, USA	School student	Female	15	Nothing was reported about the sequence of events leading to suicide, but the school was closed because of the lockdown. The school is offering grief counseling to students.	Gunshot injuries
12	11 April	Oakdale, California, USA	School student	Female	17	Nothing was reported about the sequence of events leading to suicide, but the school was closed because of the lockdown. The school is offering grief counseling to students.	Gunshot injuries
13	7 April	Sacramento, California, USA	School student	Male	Not reported	Nothing specific was reported about the sequence of events leading to suicide, but lockdown, its distressing effect and need to connect and communicate was highlighted by the police.	Not reported
14	7 April	Sacramento, California, USA	School student	Female	Not reported	Nothing specific was reported about the sequence of events leading to suicide, but lockdown, its distressing effect and need to connect and communicate was highlighted by the police.	Not reported
15	18 March	King's Lynn, London, UK	Waitress	Female	19	She was unable to cope 'with her world closing in, being stuck inside', was also concerned about coronavirus and mental health issues related to isolation.	Not reported
16	17 April	Noida, UP, India	Student	Male	18	He was addicted to TikTok and was depressed at not getting likes on his video posts on the platform.	Hanging from ceiling fan

17	6 May	Bangalore, India	Student	Female	19	She was distressed to be stranded under the lockdown.	Hanging from ceiling fan
18	22 April	Sitapur, India	Not reported	Female	13	The girl secretly married and fled with her boyfriend in February and later on, she was moved to shelter-home. Finally, she was refused to get back from there by parents (pre-existing family conflict).	Hanging from ceiling fan
19	1 May	Udaypur, Nepal	Informal sector worker, jobless after pandemic	Male	18	No specific details were reported, but implementations of lockdown made him jobless.	Hanging from ceiling fan
20-21	7 April	Malawian area, UP, India	Not reported	Male	18 (M) & 17 (F)	The boy and girl were in a relationship (so, this case is a suicide pact), stressing for not being able to move out and meet his partner because of lockdown.	Hanging from tree
22	7 May	Trinidad and Tobago	Student	Female	Not reported (teenage)	No specific details were reported but the implications of lockdown related home confinement and its effect on mental health were noted.	Not reported
23	1 June	Kerala, India	Student	Female	14	She was stressed for not being able to join online classes because of a lack of laptop and/or smartphone or functional television.	Self-immolation.
24	28 May	Mpumudde, Jinja town, Uganda	School student	Male	Not reported	He wrote a suicide note mentioning that one of the reasons was prolonged lockdown that led to the indefinite closure of schools.	Hanging from ceiling fan
25	15 May	Invercargill, New Zealand	Student	Male	18	No specific details were reported but the implications of lockdown related home confinement and its effect on mental health would have affected.	Not reported
26	20 May	Nuevo Tampico, Mexico	Not reported	Male	17	No specific details were reported, but conflict with parents is noted as a potential reason.	Hanging from ceiling fan
27-30	2 May to 8 May	Kauai, Island in Hawaii	Not reported	Male	20-30	No specific details were reported for each case, but stress and fear of COVID-19 infection and economic crisis were alleged.	Hanging
31	29 April	Thailand	Not reported	Female	20	Lockdown related financial problems led her to suicide. She tried to raise money for raising children.	Hanging from ceiling fan
32	22 June	Rajkot, India	School student	Female	12	She was frustrated with online classes and homework during the lockdown. When asked by the mother to finish homework, she made an	Hanging from the ceiling

						excuse and went inside her room and was later found hanging.	
33	16 June	Kerala, India	School student	Female	15	She was frustrated with online classes and difficulties in attending it because of a lack of resources.	Hanging from ceiling fan
34	3 July	Khaptad, Nepal	Not reported	Male	18	He was tested with COVID-19 positive and committed suicide in the quarantine facility because of possible distress.	Hanging from tree
35	9 June	Ambedkar Nagar, India	School student	Female	16	She was depressed about being prevented from going out by parents because of lockdown.	Hanging from ceiling fan
36	29 April	UK	School student	Male	17	No specific detail was reported but the implications of lockdown related home confinement and its effect on mental health were noted.	Not reported
37	23 April	London, UK	Not reported	Female	23	She complained that life is getting miserable with each passing day in the pandemic, a day before the suicide, particularly feeling of loneliness was also reported.	Jumping into the river

4. Discussion

This finding that most cases of suicides in the young people happened after a month of the implementation of lockdown and its various forms across countries of the world do indicate that public health policy needs to evolve to prevent such deaths in future pandemics. Previous epidemics have also shown that people are distressed by preventive measures of lockdown and quarantines. For instance, the quarantine time was reported to be enormously troublesome to some individuals, as stated in 15% of the SARS quarantined persons in Toronto, who did not feel the necessity of quarantine [22]. The experience from previous epidemics and the COVID-19 related suicides in young people do necessitate exploration and implementation of strategies and methods to reduce lockdown-related distress, especially in vulnerable groups. If such measures are not implemented then this may lead to double-faced public health concerns during pandemics. One in which affected individuals may put their own life at risk (suicides are one expression). Second, folks escaping from these preventive measures can create a conflict because quarantine is essential to slow down the chances of virus transmission [6]. Besides, quarantine time without expressive and determined resolve may cause life-threatening conditions in these cases [22].

As aforementioned, for suppressing the virus transmission rate, preventive approaches like lockdown and social distancing for the general people, and isolation and quarantine for the suspected and confirmed cases are being applied throughout the entire world [6]. But the implementation of lockdowns in the absence of a consensus and proper guidelines may cause unexpected problems that have been highlighted by many researchers (see Manzar et al. [23] for details). However, these measures led to restricted movements and decreased social interactions with others, which may be extremely burdensome in some of the people. Such isolation and lack of social interaction influence people psychologically and emotionally, leading to a higher level of loneliness, anxiety, fear, stress, depression, tediousness, etc. [24]. As a result of unstable mental health, circumstances may easily lead the individual to suicidality increases, especially among teenagers. This is because teenagers are more emotional, impulsive, and therefore, unable to cope with stressful situations. Therefore, they are more prone to take extreme steps. A recent review suggested that several suicide cofounders are common

in youths, therefore, it is likely that suicide incidences can surge among the youths [11]. For instance, these factors include – (i) mental disorders, (ii) previous suicide attempts, (iii) specific personality characteristics, (iv) genetic loading and family processes in combination with triggering psychosocial stressors, (vi) exposure to inspiring models, and (vii) availability of means of committing suicide [11,20,25]. Therefore, it is not very surprising that this study identified suicide occurrences related to the lockdown-related distress, movement restriction, not being able to socialize with friends, colleagues, and lovers, which makes them psychologically vulnerable. Although the present findings cannot verify all factors rather than stressful lockdown related mental instabilities, such information that is presented here may carry the appeal of the initial information for early detection of children and youths who may be vulnerable to suicide.

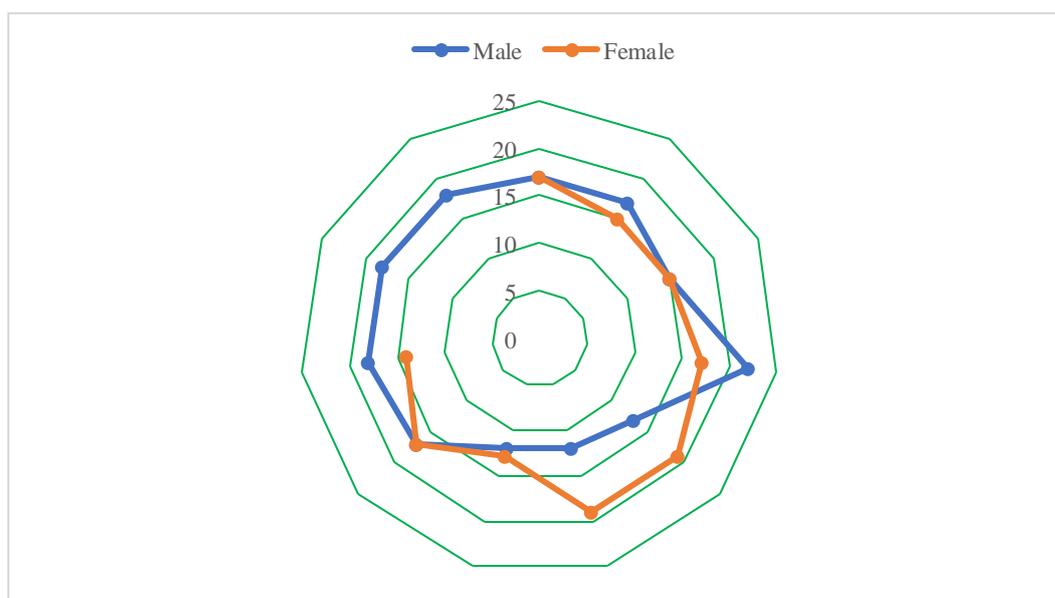


Figure 1. Distribution of victims' age across gender (excluding four cases)

In children and adolescents, life events before suicidal behavior are usually academic stressors (including exam stress or bullying), family conflicts, disturbance, and other stressful life events [15]. In this study, we found that the second most common reason attributed to suicides in these young people was stress related to studies, exams, grades, and difficulties in attending online classes because of resource constraints. Consistent with the present findings, some studies have also reported that academic issues are related to suicide during the pandemics (see Lathabhavan and Griffiths [26] and Mamun et al. [19] for details). The National Center for Suicide Research and Prevention (NASP) is trying to increase alertness about the potential increase in self-harm and suicidal behavior as a consequence of the societal influence of the ongoing pandemic [27]. Possible risk factors such as extended periods of social isolation, economic loss due to lockdown, fear of unemployment, death of family members and significant others, etc., have been projected to precipitate self-harm activities during this pandemic crisis. However, it is an important highlight that these efforts by the NASP and other bodies need to include demographic-specific indicators/signs of self-harm and suicides in their information sheets. For instance, in this suicide report of 37 young people, few cases were attributed to fear of COVID-19 infection, financial crisis, and previous history of suicidal thoughts/actions. This pattern is very different from COVID-19-related suicides in the general population, where fear of infection, financial crisis, and social boycott are major factors [6].

One of the disturbing trends was that 1/3rd of suicides was in school going teens. The subject of suicides in teens during a pandemic is less understood and continuously developing. This may be a multifaceted topic, and public policymakers, psychiatrists, mental health services need to work in a concerted and tandem manner to prevent such deaths. Apart from the problems of age at which

children cannot fully recognize the outcome of their actions, there are frequently familial issues involved in suicides in this age group. These familial issues may often go unnoticed and underreported. Suicides in the very young are often termed accidents on death inquiries, apparently due to these issues [28]. Finally, it is important to note that the COVID-19-related suicides in young people were distributed across both developing and developed parts of the world. This implies that resources and strategies are either not available or are not effective in preventing epidemic related suicides among young people. This finding is contrary to that of suicide cases in the general population which is usually higher in LMICs [10]. This is perhaps the most concerning findings that strongly indicate the need for a rigorous and comprehensive strategy to manage and reduce incidences of suicides among young people during epidemics. Nevertheless, to respond to this mounting public health issue effectively, we must first try to understand the factors and causes leading to the rise in suicide rates.

5. Conclusions

The study can be partially limited because of extracting suicide causalities from press media, although the method has been applied extensively by previous research on pandemic related suicides [6,13,14,20]. Such methods have also been used in many of the COVID-19 suicide studies. Despite the limitation, this is the first study to investigate suicide-related trends in adolescent and youth people during the COVID-19 pandemic. Some of the important trends from the study were (i) most of these suicides happened in the months of April-May, i.e., after a month of lockdowns, (ii) suicides were reported from both developing and developed parts of the world, (iii) about 1/3rd of suicides were in school going teens- an alarming trend, (iv) hanging was the most common mode, and (v) lockdown-related distress and stress of exams, studies, grades, etc., were two most common reasons attributed to these suicides. The present findings may help in suicide prevention actions, increasing awareness of suicidal behavior, and familiarization of warning signs.

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Conflicts of Interest: The authors declare no conflict of interest.

Appendix

Case 1: <https://bit.ly/2YM63gG>; Case 2: <https://bit.ly/2YHo3ZR>; Case 3: <https://bit.ly/3jolgg3>; Case 4: <https://bit.ly/2Dc7xtb>; Case 5: <http://dailym.ai/3b9XmIF>; Case 6: <https://bit.ly/2EDMaBP>; Case 7: <https://bit.ly/32AC3Wt>; Case 8: <https://bit.ly/34K58kX>; Case 9: <https://bit.ly/3gKJYp4>; Case 10: <https://bit.ly/3gEvtmQ>; Case 11 & 12: <https://bit.ly/3b9f4FA>; Case 13 & 14: <https://bit.ly/3lyeFSb>; Case 15: <http://dailym.ai/31H5l6q>; Case 16: <https://bit.ly/3b8wXo9>; Case 17: <https://bit.ly/2QCAT77>; Case 18: <https://bit.ly/2ENbWU1>; Case 20 & 21: <https://bit.ly/34Pikoz>; Case 22: <https://bit.ly/2YK7Umw>; Case 23: <https://bit.ly/2QEhNh6>; Case 24: <https://bit.ly/3hGGeq7>; Case 25: <https://bit.ly/3hFtK1W>; Case 26: <https://bit.ly/3hIaoJk>; Case 27-30: <https://bit.ly/2QFL0YI>; Case 31: <https://bit.ly/2EOHPva>; Case 32: <https://bit.ly/3ltd80t>; Case 33: <https://bit.ly/2QDQfYY>; Case 34: <https://bit.ly/2EKuLXO>; Case 35: <https://bit.ly/3hNhDju>; Case 36: <https://bit.ly/3hHPHgM>; Case 37: <https://bit.ly/3jvDyMv>.

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