


Inequalities, COVID-19 pandemic, and possible impacts on suicide risk in Brazil

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Underdeveloped and developing countries are the most affected by suicide in the world, representing 79% of these deaths⁽¹⁾. Brazil is included in these statistics. Although the causes are multi-factorial and complex, several studies show that suicide rates are strongly associated with experiences of poverty, low socioeconomic status, unemployment, and other inequalities⁽²⁾. The existence of such associations establishes a critical scenario in view of the progress of the COVID-19 pandemic. Therefore, not only for physical health, the impact of the pandemic on mental health in population dimensions can be profound.

While measures of physical distance and quarantine reduce the spread of the virus, the adverse effects of such measures on the risk of suicide increase even more in contexts where inequalities are more pronounced. In other words, the previously existing risk factors may intensify in the presence of the changes caused by the pandemic. Some examples are briefly exposed here.

Economic impact

Economic simulation studies predict high chances of a worldwide recession resulting from several factors, including the closure of institutions (and the consequent increase in unemployment), and falls in consumption and in investment. Considering that economic stressors contribute to the increased suicide risk, it has been suggested that governmental provisions (e.g., income transfers, financial assistance to those who have had a suspended professional contract or reduced work and salary hours, unemployment assistance, etc.) can contribute to the reduction of suicide risks⁽³⁾.

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Physical distancing and loneliness

Quarantine measures have historically been recognized as effective in reducing the spread of diseases. At the same time, the evidence emphasizes emotional closeness and perception of belonging as vital in preventing suicides. A particularity of the context in which COVID-19 occurs when compared to previous pandemics is the possibility of remotely maintaining social contact. While this is a highly positive aspect in prevention, the risk is accentuated in the light of the inequalities: restricting access to the telephone or to the Internet, whether due to financial limitations or any other order can reduce emotional closeness, increasing perceptions of loneliness, abandonment and, in turn, suicide risk. Along with these factors, there is the temporary suspension of religious ceremonies. It is known that religion can operate (for heterosexuals) as a protective factor against suicide, given its elements that promote belonging, meaning, and social support. These factors also apply to other social groups (of a non-religious character) that provide such community elements, whose impeded access may increase the risk. Although this is a challenge, it becomes necessary to develop alternatives that supply emotional closeness, respecting the quarantine measures imposed by the pandemic.


Access to the mental health services

Physical distancing also poses challenges for the mental health services on at least two fronts: the provision of alternative remote access and the increase in the mental health demands as an effect of the pandemic. The first is related to digital inclusion (e.g., many patients do not have access to telephones or to the Internet, do not know how to operate electronic devices, or have some type of disability that makes it impossible for them to use such technologies). The second challenge stems from the increased demand for mental health services, since the population tends to experience more frequent episodes of anxiety and depression due to a series of factors resulting from the pandemic (e.g., fear of contracting the virus, loneliness, increased domestic violence, etc.). Furthermore, the increase in the number of bereaved people is notorious due to the death of close individuals due to COVID-19. The mourning experience becomes even more difficult with the restriction of funerals and the absence of other close ones due to the imposition of physical distancing. The combination of these experiences with the restriction of the mental health services in the absence of protective factors can increase the risk of suicide.

Although this is not an exclusive experience in Brazil, the situations triggered by the pandemic in the country are unique and require preventive interventions equivalent to the local realities. In a country where 31.1 million of its citizens do not have access to basic sanitation and 11.6 million live in crowded locations⁽⁴⁾, inequalities increase not only the risks of death due to COVID-19, but also due to suicide. These deaths, however, are not inevitable. Suicide prevention must be implemented through different methodological approaches and levels of intervention. One of the most important and urgent routes on a population scale is the reduction of the inequalities that produce structural vulnerability and increased risk.

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