

Psychosocial impact of COVID-19-related quarantine: reflections after the first case of suicide in Colombia

Impacto psicosocial de la cuarentena debido a la COVID-19: reflexiones tras el primer caso de suicidio en Colombia

Impacto psicossocial da quarentena pela COVID-19: reflexões sobre o primeiro caso de suicídio na Colômbia

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Two months after the World Health Organization (WHO) declared COVID-19 a pandemic, Colombia has reported over 10,000 confirmed cases of the disease and 400 deaths. On March 25, 2020, a stay-at-home (SAH) order was issued country-wide to prevent the spread of the virus. After that, media channels reported the suicide of a middle-aged man in Santa Marta, a city located on the Caribbean coast. At least three times, authorities had scold him for violating the SAH order, and he claimed at court that, for working as a street vendor, he would not be able to feed his family if forced to stay at home. According to the media, his arrest might play a role in his suicide ¹.

However, this is not an isolated case. Similar events have been reported worldwide: Bangladesh ² and India ³ have likewise reported cases of suicide related to COVID-19 in which xenophobia, stigma, and fear of contagion may have contributed.

Nunes recently stated that individuals' vulnerabilities imposed by their social context determine how they experience this global pandemic ⁴. This is particularly important considering that socio-economic determinants pose risk factors for suicide, reaching beyond person-centered preventive efforts. In fact, economic difficulties and unemployment are major "suicidal drivers" among the Colombian population ^{5,6}, and economic inequality is intrinsically associated with the country's suicide rates ⁷. Considering the impact of this pandemic in the global economy and that economic downturns and infectious outbreaks seem to increase suicide rates ^{8,9}, we could be facing a potential "perfect storm" ¹⁰.

Crisis situations, as COVID-19 outbreak, highlight the longstanding social inequalities in our continent. Thus, when implementing strategies to minimize SAH adverse effects, governments should consider self-isolation impact on populations' mental health ¹¹. Yet more concerning is the fact that 79% of Colombian households depending on informal jobs are considered ineligible for the wage subsidies provided by the government's relief measures during the current COVID-19 lockdown ¹².

Government's priority during the current pandemic must be to implement an integrative approach for mitigating adverse mental health outcomes and providing accessible mental health services. Suicide prevention should be at the forefront of these preventive efforts. In this regard, we suggest strengthening public health surveillance for mental health focusing on vulnerable groups, educating our communities in psychological first aid, limiting mental health professionals redeployment, creating and maintaining hotlines for suicidal crisis, and resorting the roles that primary healthcare and social lead-

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ers play in our communities^{13,14}. Besides, media-outlets must keep combating fake news and misinformation, following good practice in suicide reporting, and providing information on mental health, well-being and suicide prevention¹⁵. Finally, during and after COVID-19 pandemic, mental health professionals should look for and apply evidence-based and culturally-adapted interventions to assist their patients and communities, providing a real-time response using the available digital means^{16,17}.

Contributors

J. M. Gonzalez-Diaz conceived the main idea. All authors contributed to the writing consecutive drafts and final manuscript.

Additional informations

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