

COVID-19 reveals need for suicide prevention counseling

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Suicidal behaviors constitute a major challenge to national and global public health.



In the last decade, suicide rates have continued to rise, becoming the second leading cause of death among 14 to 17-year-old youths, according to the CDC.

Adolescence is a developmental period characterized by rapid physical and psychosocial changes, including identity development and the importance of feeling accepted by one's peer group.

It is also a time for increased vulnerabilities to stressors leading to mental health disorders. Unfortunately, many youth experiencing mental health disorders do not seek professional help.

There are many reasons why young people do not access treatment; they might be unaware they have a mental health problem, youth may feel they will be stigmatized by their peers and own family, or simply they or their family may not know how and where to obtain mental or behavioral health.

Sadly, physical distancing during the COVID-19 pandemic has kept many of us apart and experiencing the loneliness and distress which often accompany social isolation.

Other factors such as absence of school structure, unemployment and financial struggles contribute to risk factors affecting youth and their families.

Research has shown that loneliness and isolation are major contributing factors to deteriorating mental health and suicidal behavior.

From April through June of 2020, symptoms of anxiety and depression increased considerably compared to the same period in 2019.

In a survey conducted nationally from June 24 to 30, 2020 to assess mental health, substance abuse and suicidal ideation during the COVID-19 pandemic, approximately 40.9 percent of respondents reported at least one adverse mental or behavioral health condition, including 30.9 percent who experienced anxiety and depressive disorders and 26.3 percent who reported symptoms of a trauma-and-stressor-related disorder associated with the pandemic.

Another 13.3 percent reported an increase in substance abuse to cope with COVID-19, according to the CDC.

More than a quarter of the adolescents who participated in the survey reported having seriously considered suicide in the last 30 days, a significantly higher percentage than other age groups. Furthermore, the percentage of those who had considered suicide was higher for minority groups, including Hispanics and blacks, than it was for white respondents.

Suicide, like other human behaviors, has no single cause; instead, it occurs in response to multiple levels, biological, psychological, interpersonal, environmental and societal influences that interact with each other over time.

For that reason, it is imperative to take a multi-level approach which considers the range of risk

and protective factors across the individual, relationship, community and societal levels.

At the core of suicide prevention is education, as an increase in mental health literacy will help reduce the stigma associated with mental health-related problems and encourage people to seek help more quickly.

Additional resources are needed to expand access to clinical diagnostics, telehealth and treatment. Like most public health problems, suicide is preventable, but prevention requires addressing multiple factors across the individual, relationship, family, community, and societal levels.

Strengthening the economic safety net, for example, can reduce the pressures of financial strain. Decreasing stressors related to racial discrimination can promote the social connectedness that is part of mental health.

Other key elements include commitment to policies supporting periodic assessment of mental health, identifying mental health disparities and preparing support systems to mitigate mental health consequences as the pandemic evolves, according to the CDC.

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