

2023

## How COVID-19 Impacted the Suicide Rates: A Qualitative Research Analysis

Midline Pierre

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How COVID-19 Impacted the Suicide Rates: A Qualitative Research Analysis

by

Midline Pierre

A Dissertation Presented to the  
Halmos College of Arts and Sciences of Nova Southeastern University  
in Partial Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy

April 2023

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**Dissertation Committee**  
**Nova Southeastern University**  
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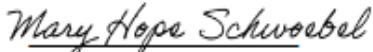
This dissertation was submitted by **Midline Pierre** under the direction of the chair of the dissertation committee listed below. It was submitted to the Halmos College of Arts and Sciences and approved in partial fulfillment for the degree of Doctor of Philosophy in Conflict Analysis and Resolution at Nova Southeastern University.

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## Dedication

My sincere condolences go out to all those who have lost loved ones to suicide and the COVID-19 pandemic. We must recognize the immense grief and loss of countless families, friends, and communities in those difficult time. We often focus on the physical health ramifications when evaluating global health crisis, yet we cannot ignore the mental health implications that have followed close behind.

I want to take a moment to acknowledge the individuals who have sadly taken their own lives during these unprecedented times and offer comfort to their families, friends, and all those impacted. My research is dedicated to all those touched by their losses. May they all find strength, solace, and peace.

## **Acknowledgments**

I thank my incredible professors for leaving an indelible impression on me. Without their guidance, I would not have been able to get through my Doctoral journey. I could not have reached the end of my Doctoral journey without Dr. Dustin Berna, Ph.D.'s countless dedicated hours in this research. I am forever grateful when I nervously called Dr. Berna on the verge of quitting numerous times, and his advice got me to the finish line today. Dr. Berna is the epitome of excellence I wish every student could access at least once throughout their educational career.

I express my profound gratitude to Dr. Mary Hope Schwoebel, Ph.D., for her invaluable participation in my dissertation. Her extensive knowledge of Peacebuilding, governance, development, and her deep understanding of the humanitarian sector, have greatly enriched the depth and quality of this research. Dr. Schwoebel's inspiring approach to humanitarian work and steadfast support have transformed my research journey into an enlightening and personal growth experience.

I am immensely grateful for the wisdom and guidance extended by Dr. Neil Katz, Ph.D. His instructive methods in conflict management have significantly contributed to the depth of my understanding and informed my approach to this study. Dr. Katz's prestigious involvement has added a level of gravitas to this dissertation, and his expertise in conflict analysis and resolution has provided unparalleled insights.

Tackling topics such as COVID-19 and suicide came with a share of its challenges. Reaching the end of only phase one of this research journey would not have been possible without fantastic individuals' love, understanding, and support. I am deeply thankful for the people who believed in me and helped me to accomplish this

meaningful endeavor, especially my friends, supporters, and beloved ones. Tammy Jonah and Dr. Michelle Thomas left a mark on my lifespan, and I am forever grateful.

Special thanks to my family; my sisters and brother, Dina, Sher, and Charlie, hold a special place in my heart for their positive impact on my growth. Lastly, I want to thank my parents, who allowed me to stand on their shoulders to elevate the importance of this research. My family's vulnerability and compassion are not taken for granted; with the hope the following lines will make them proud.

I further acknowledge the generations of researchers before me and the countless studies that have explored the patterns and consequences of suicide and the COVID-19 pandemic. I want to show my appreciation for those who helped advance the research and continuously contributing to the topic pertinent to suicide, including the unique circumstances surrounding the COVID-19 pandemic, recognizing the many factors necessary for a more profound and nuanced understanding of the issue.

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## Abstract

Every 40 seconds, a suicide occurs somewhere around the globe, resulting in over 800,000 deaths annually. The COVID-19 pandemic has triggered a cascade of crises extending beyond the health sector and intensifying this alarming global suicidal trend. The current dissertation aims to illuminate the intricate factors contributing to the surge in suicide rates amidst the pandemic. This dissertation delves into the complex and interwoven factors that escalated the rate of suicide during the COVID-19 pandemic. This exploration underscores the urgent necessity for multifaceted prevention strategies and emphasizes the critical role of multi-sectoral conflict management interventions. The pandemic posed a global health crisis and served as an exacerbating force on social and psychological fronts. Financial hardship emerged as a pressing issue, as millions across the globe found themselves either unemployed or underemployed due to widespread lockdowns and economic slowdown. This economic distress, compounded by the unpredictability of the virus, drove many individuals to the brink. Employing an extensive analytic process, this research systematically coded, sorted, and examined relevant data, revealing patterns, relationships, and themes tied to the increasing suicide rates. The study illuminates the profound impact of COVID-19-related stressors. The findings yield profound implications for mental health professionals, policymakers, conflict practitioners, and support agencies, spotlighting the necessity for well-rounded strategies to tackle the increased suicide rates. By discerning these pivotal factors, this research aims to inspire future conflict management strategies, ensuring more effective responses to the mental health repercussions of similar crises, thereby safeguarding lives and mental well-being globally.

## Chapter 1: What is the Problem?

Why are so many people calling suicide the silent killer?

Chapter 1 lays the groundwork for the entire dissertation research on the impact of COVID-19 on suicide rates. It establishes the context, provides the rationale, and sets the tone for the investigation. This chapter justifies why this research is necessary and valuable, presenting a clear and compelling narrative of "Why are so many people calling suicide the silent killer." The significance of the study illustrates the importance of addressing mental health issues during and after the pandemic and the potential benefits of the study's findings for policymakers, mental health professionals, and community organizations.

Chapter 1 sets the stage for this COVID-19 suicide research study by providing the investigation's background, purpose, objectives, and significance. The study aims to outline the relationship between the pandemic and suicide rates and the factors contributing to this connection. This research aims to understand why suicide rates have potentially risen during the COVID-19 pandemic. Following the introduction, we delve into the background, tracing the trajectory of suicide rates pre-COVID-19 to give readers a baseline understanding. Then, we delve into comparing suicide rates before and after the onset of the pandemic. This comparison allows for a clearer understanding of the scope and gravity of the problem that has emerged amid this global crisis.

The purpose of the study is then outlined, explaining what the research intends to accomplish and how it contributes to the broader field of knowledge. The research objectives and questions are introduced, setting a clear pathway for the subsequent investigation. Chapter 1 also presents the research approach, combining phenomenology



and grounded theory with a content analysis approach. These two approaches to understanding lived experiences and contributing factors to suicide during the pandemic form a robust framework for the study. Lastly, the chapter discusses the significance of the study, underscoring why this research is crucial and how it adds value to the existing body of literature.

In conclusion, Chapter 1 is the entry point into the study. It sets the scene, paves the way, and elucidates the necessity of the research. It plays a vital role in establishing a clear, understandable, and compelling foundation that will guide the reader through the journey of this dissertation. It sparks the readers' interest and provides a framework for understanding the subsequent chapters.

### **The Problem | COVID19 Suicide Rate**

Suicide is a complex and often preventable public health problem, which results in heartbreaking losses for individuals, families, and communities throughout the United States and the world (Centers for Disease Control and Prevention [CDC], 2023). As of 2022, there are an estimated 800,000 suicide deaths worldwide each year, making it a serious public health concern (Anjum et al., 2020). Despite efforts to prevent suicide, rates have increased in many countries in recent years. The COVID-19 pandemic has added another layer of concern as it has led to significant changes in daily life that may increase the risk of suicide.

Worldwide, among 15–29-year-olds, suicide ranks as the fourth leading cause of death (World Health Organization [WHO], 2021). For every suicide, numerous others attempt it, with a prior suicide attempt being the most critical risk factor for suicide in the general population (WHO, 2021). The United States has seen the suicide rate increase by

35% in less than 2 decades (CDC, 2021). According to the American Foundation for Suicide Prevention (AFSP; 2020), suicide accounted for 47,511 deaths in the United States in 2019. In the United States, suicide is the second leading cause of death for people ages 10–34 and the fourth leading cause of death for people ages 35–54.

The coronavirus pandemic has unprecedentedly impacted global health, both physically and mentally. As the world grapples with the implications of the pandemic, which include prolonged social isolation, increased unemployment, and financial insecurity, the mental health toll is becoming increasingly apparent. One of the most pressing issues facing society right now is the rise in suicide rates linked to the pandemic, and the question arises, how can we explain this rise? This research explored how the COVID-19 pandemic has impacted the suicide rate in the United States and around the globe. I understand this topic comes with challenges and many more limitations. In addition, suicide is a very thought-provoking subject that can bring a lot of emotions. I want to extend my condolences to anyone reading the following lines who may have been impacted by this issue.

As our world continues to evolve, we must look closer at the complexities of the COVID-19 pandemic related to suicide. My conviction to gain and share more significant insights about this research topic is based on personal experience with COVID-19 and suicide. Yet, I am devoted to putting biases aside to dissect this topic and share possible solutions through the lenses of conflict management experts to minimize the tragedy ravishing our world.

Although mental health practitioners focus on assessment and treatment, individuals can also do their part by promoting education, prevention, and awareness in

their families and communities (AFSP, 2020). It is essential to recognize when someone is struggling with mental health and to bring attention to the issue of suicide. Talking openly and honestly about suicide, mental health, and available resources can be instrumental in saving someone's life. As conflict practitioners, we must tackle essential issues that can highlight conflicts that our world does not fully comprehend. Many have expressed fears, questioned why, and shared grave concerns about the long-lasting impacts of COVID-19 on unemployment, homelessness, health, addictions, and coping mechanism. More researchers have been troubled about the wave of suicide many predict will follow due to the COVID-19 pandemic.

### **Background**

With its widespread disease, fatalities, and economic disruption, the COVID-19 pandemic has unprecedentedly affected the entire planet. These circumstances may cause helplessness and despair, eventually leading to suicide ideas. Moreover, delays in mental healthcare brought on by COVID-related restrictions worsened this problem. Prioritizing mental health is vital as individuals continue to manage this global catastrophe.

Worldwide, suicide is the 10th leading cause of death. Social isolation and economic stress have become prevalent during the pandemic, exacerbating existing mental health conditions, or leading to new ones. Disruptions in access to healthcare and mental health services due to lockdowns and overwhelmed medical systems have also made it difficult for individuals struggling with suicidal thoughts to receive help. Public health research and policy must address the effect of the COVID-19 epidemic on suicide rates. Developing successful methods to prevent suicide and advance mental health

during and after the pandemic depends on understanding the possible consequences of the epidemic on suicide rates.

Previous research has suggested that epidemics and pandemics can impact suicide rates. For example, a study of the 2003 SARS outbreak in Hong Kong found that suicide rates increased significantly during and in the months following the outbreak (Kahli et al., 2021). The study's authors hypothesized that the social isolation and financial strain brought on by the outbreak may have contributed to the rise in suicide rates. Similarly, an analysis of the West African Ebola outbreak indicated a major negative impact on mental health, including increased anxiety and sadness. Although there was little information available, the study's authors highlighted that there was a chance the outbreak would raise the risk of suicide. According to specific data, the COVID-19 pandemic might have a comparable effect on mental health. According to a poll of American adults performed in April 2020, rates of anxiety and sadness have dramatically risen since the pandemic's start. The study also revealed that many people had trouble accessing healthcare and were financially strained.

Since the COVID-19 outbreak began, rates of suicide appear to be worsening in the United States. A study conducted by the National Institute of Mental Health (n.d.) reported increases in both suicidal ideation and attempts since the beginning of the pandemic, with the most affected groups being adolescents and young adults. Such statistics have been corroborated by numbers reported by local services, such as the Lifeline crisis hotline, revealing a multiple-fold increase (Krueger & Perri, 2006). Additionally, the CDC found that between March and August 2020, the total number of suicide deaths increased by 40.7% compared to the same period in 2019 (CDC, 2023).

These findings highlight the still unknown importance of recognizing the virus's mental health effects and how services will adjust and implement effective prevention measures.

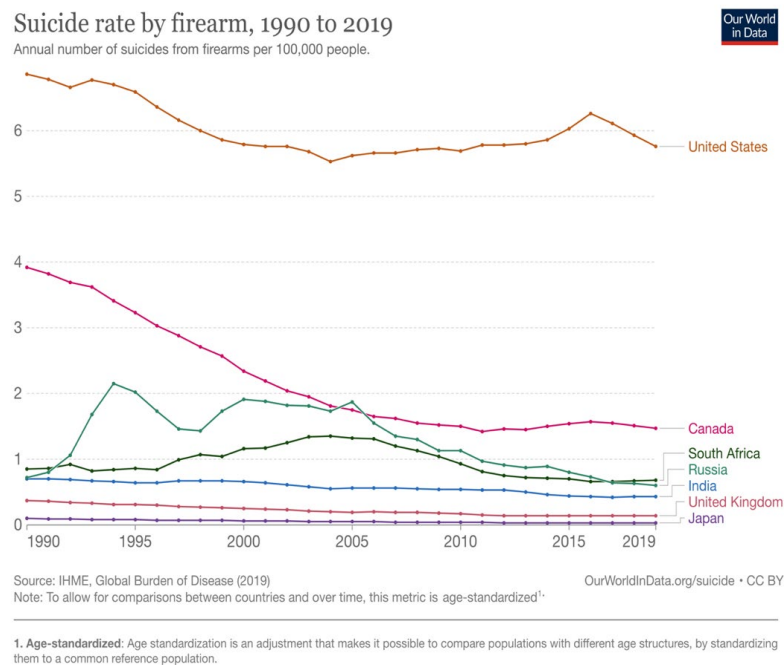
### Comparing Suicide Rates Before Versus After COVID-19

According to recent research by the WHO (2020), there was a 12% increase in the global suicide rate following the onset of the COVID-19 pandemic. This rate increase was seen in countries with and without lockdown restrictions in place, indicating that “collective psychological distress” was a more powerful driver of increased suicides, a trend like other global pandemics such as SARS, MERS, and H1N1 (WHO, 2020).

Figure 1 displays the suicide rate by firearm from 1990 to 2019.

#### Figure 1

##### *Suicide Rate by Firearm, 1990 to 2019*



Note. From “Global Burden of Disease,” by IHME, 2019, *Our World in Data*, [www.ourworldindata.org/suicide](http://www.ourworldindata.org/suicide).

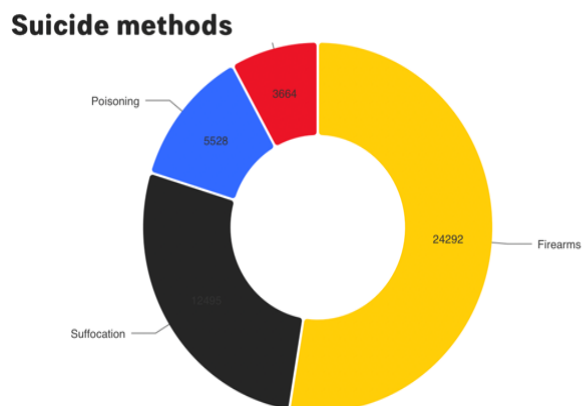
<https://ourworldindata.org/suicide>

The suicide rate has been a growing issue in recent years, and the COVID-19 pandemic has only exacerbated the situation. According to the Royal College of Psychiatrists, in 2020–2021, one in three adults reported feeling suicidal in the 12 months prior to April 2021. This figure was 40% higher than in the same period between 2019–2020. Furthermore, in May 2021, the WHO reported an approximate 30% increase in suicide rates worldwide since the start of the pandemic. Figure 2 shows the leading suicide methods.

## Figure 2

### *Suicide Methods*

In 2020, firearms were the most common method of death by suicide, accounting for a little more than half (52.83%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 27.19% and poisoning (including drug overdose) at 12.03%.



*Note.* From “Global Burden of Disease,” by IHME, 2019, *Our World in Data*.

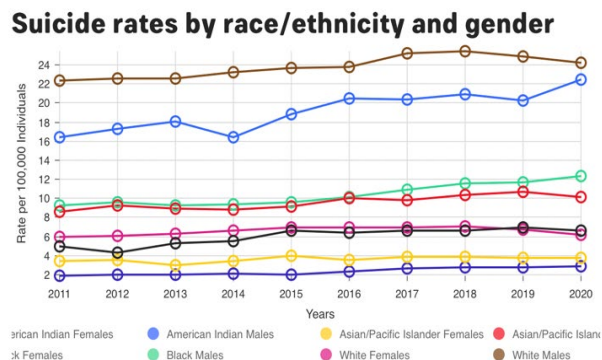
In the United States, there have been significant increases in suicide rates since the onset of the pandemic. According to the AFSP, the rate of suicide has risen by 19.1% from December 2019 to December 2020, with an estimated 12.3% increase in suicides county-wide. This was more than double the rate of 5.5% in the 12 months before December 2019. Furthermore, early estimates by the CDC suggest a 3.2% increase in suicide rates among adults between January 2020 to April 2020.

In Europe, the COVID-19 pandemic has also had an adverse effect on the suicide rate. The European School-Based Health survey reported an increase in the rate of suicidal ideation among adolescents in Italy. Specifically, the rate of suicide ideation jumped from 13.1% in 2017 to 20.9% in 2020, whereas the rate of self-harm rose from 5.3% to 8.3%. Similarly, the European Monitoring Centre for Drugs and Drug Addiction reported a 75.7% increase in mortality due to suicide among young people aged 15–24 in Spain from March 2020 to October 2020. Figure 3 displays the suicide rates by race/ethnicity and gender.

**Figure 3**

*Suicide Rates by Race/Ethnicity and Gender*

In 2020, the highest U.S. age-adjusted suicide rate was among Whites (15.05) and the second highest rate was among American Indians and Alaska Natives (14.53). Much lower rates were found among Black or African Americans (7.40) and Asians and Pacific Islanders (6.79). In 2020 the rates for Black males (12.35) and females (2.84) and Native American and Alaskan Native males (22.43) increased slightly from 2019 (11.73, 2.77, and 20.29 respectively) while rates decreased for all other race/ethnicity and gender groups. [Discover mental](#)



*Note.* From “Global Burden of Disease,” by IHME, 2019, *Our World in Data*.

To summarize, there is some evidence to suggest that the COVID-19 pandemic may be increasing suicide risk. There is also evidence to suggest that suicide rates may not be rising in all countries. For example, a study of suicide rates in Japan during the pandemic found that suicide rates had decreased in the early months. Ultimately, further research is required to comprehend the full extent of how the COVID-19 epidemic has

affected suicide trends and to target effective strategies to decrease the rate (Tanaka, et al., 2021).

### **Purpose of the Study**

The purpose of this study was to delve into the factors that have contributed to the escalation of suicide rates during and beyond the COVID-19 pandemic. Specifically, this research examined the influence of financial stress, unemployment, isolation, fear of infection, and preexisting mental health conditions on COVID-19-related suicides. By employing a qualitative content analysis of pertinent literature and data, this study aimed to offer a thorough understanding of the intricate interplay between these factors and their impact on mental health and suicide risk.

Several limitations have been identified in existing research, underscoring the urgent need for this study. First, many reports do not include the most recent statistics or trends in suicide rates and global prevention efforts. Second, the lack of in-depth analysis for specific regions or countries in existing research may hinder policymakers and practitioners from creating prevention strategies tailored to local contexts and cultural differences. Moreover, many studies have not assessed the effectiveness of current suicide prevention strategies and interventions, which a comprehensive evaluation could address by identifying best practices and guiding future program development.

Furthermore, much of the existing research has not incorporated insights from conflict practitioners, educators, community leaders, and individuals with lived experiences, which could enhance the understanding of challenges and opportunities in suicide trends. Addressing vulnerable populations often necessitates firsthand experience; however, many reports have inadequately considered specific vulnerable groups such as



LGBTQ+ individuals, indigenous populations, Black and brown communities, veterans, refugees, and immigrants, who may have unique risk factors and require targeted prevention strategies. Lastly, many reports have fallen short in providing recommendations for funding allocation for suicide prevention initiatives, which is crucial for the successful implementation of proposed strategies. This study aimed to address these gaps and contribute to a more comprehensive understanding of the factors influencing COVID-19 suicide rates.

### **Research Objectives and Questions**

Like many, the rise of suicides has triggered a lot of questions, such as: Why is suicide called the silent killer? Why are so many ashamed to discuss their mental health anguish when most of us have been impacted by mental health indirectly or directly at some point in our lifetime? Why do many think about suicide and never discuss it? What are the key ingredients to help someone change their mind about committing suicide? Is suicide truly preventable within our current climate? Are the tools currently enough to tackle suicide tendencies? Why are there various studies about suicide, yet the number of victims continues to grow? How does society, culture, and social media play a part in building suicidal tendencies? Why is talking about and discussing suicide a taboo? Why do we feel comfortable discussing mental health issues and avoid extending talking about suicide? Lastly, how can we spare future generations from this silent killer?

It is essential to understand the significant impact of suicide on individuals and communities and consider that suicide is often the result of underlying issues, including mental health conditions, addiction, and trauma (CDC, 2023). Studies have shown that most suicide attempts are impulsive and that 90% of those who die by suicide have an

underlying mental health condition (AFSP, 2020). Although suicide rates continue to drastically grow among certain groups, such as military veterans, LGBTQ youth, Native Americans, and African Americans, suicide does not discriminate and can impact any gender, race, religion, sexuality, age, or socioeconomic status (CDC, 2023). The main objectives of this study were as follows:

1. Investigate the relationship between financial stress and suicide during the COVID-19 pandemic.
2. Examine the impact of unemployment on mental health and suicide risk.
3. Explore the role of social isolation in contributing to increased suicide rates during the pandemic.
4. Assess the influence of fear of infection on psychological distress and suicide.
5. Analyze the exacerbation of preexisting mental health conditions during the pandemic and their relationship to suicide.

This dissertation's objectives included informing public health policy and suicide prevention initiatives during and after the COVID-19 pandemic, as well as adding to the body of knowledge on how pandemics affect suicide rates. The project offers useful insights into the potential impact of the pandemic on suicide rates and the factors that may be contributing to this impact. For policymakers and mental health practitioners, the study also helps identify new tactics for reducing suicide and advancing mental health both during and after the pandemic. The purpose of this research was to explore how the COVID-19 epidemic has affected suicide rates and identify plausible causes of any observed alterations. The investigation was guided by the following research questions:

1. How has the COVID-19 pandemic affected suicide rates internationally?

2. Do demographic variables like age, gender, and socioeconomic position have any bearing on how the epidemic has affected suicide rates?
3. What are the possible causes—such as social isolation, financial strain, and alterations in healthcare and mental health services—of any reported increases in suicide rates during the pandemic?
4. To lessen the potential impact on suicide rates during the pandemic, are there any proven suicide prevention techniques that can be used?
5. To address the effects of the pandemic on mental health and suicide risk, how can mental health policies and interventions be improved?

### **Defining the Research Question**

Creswell's 2007 edition of *Qualitative Inquiry and Research Design* offers researchers a thorough overview of five distinct qualitative research approaches. Each method has its own unique focus, data collection techniques, and analysis processes, making them suitable for different research questions and contexts. This research explored the factors contributing to the increase of suicides during the COVID-19 pandemic, and the experiences of those affected is crucial for developing effective interventions and policies. The following sections outline the methods I used for conducting qualitative research on the COVID-19 suicide rate (phenomenology and grounded theory), as described in John W. Creswell's 2007 book, *Qualitative Inquiry and Research Design*. The first step in conducting qualitative research is to define the primary research questions, which are as follows:

1. What are the lived experiences of individuals who have contemplated or attempted suicide during the COVID-19 pandemic?

2. What factors have contributed to the increased suicide rate during the pandemic?

### **Significance of the Study**

Millions of individuals have been infected by the COVID-19 pandemic, and there have been hundreds of thousands of deaths globally, which has had a severe impact on public health. Yet, the pandemic has had a profound influence on mental health in addition to its obvious health effects. Due to several variables, including social isolation, financial stress, and disruptions in healthcare and mental health services, there are worries that the pandemic may raise the risk of suicide. This dissertation on the effect of the COVID-19 pandemic on suicide rates is therefore extremely important for several reasons.

Firstly, the study helps us better understand how pandemics affect suicide rates. Although earlier studies have examined how epidemics and pandemics affect mental health, there has not been much research particularly looking at the connection between pandemics and suicide rates. Given that suicide is a leading cause of mortality worldwide and that pandemics can have a considerable negative influence on mental health, this information gap is alarming. By examining this connection, the study sheds important light on the reasons that may have contributed to any observed changes in suicide rates as well as the possible effects of the COVID-19 pandemic on suicide rates. These findings could guide public health responses to upcoming pandemics and aid in formulating plans to lessen their detrimental effects on mental health outcomes.

Secondly, the findings will be important for informing pandemic-related and post pandemic suicide prevention measures. The COVID-19 epidemic has presented

policymakers and mental health experts with difficulties never seen. Disruptions to healthcare and mental health services, social isolation, and economic stress are all variables that have raised concerns about how they can affect suicide risk. Understanding how these difficulties may make people more susceptible to suicide acts is crucial for finding solutions to this problem. The purpose of this study was to examine the association between stresses associated with COVID-19 and suicidal ideation in various groups and contexts. The results of this study can be useful in helping to design tactics that effectively prevent suicide both during and after the epidemic.

Thirdly, the study is important for locating potential holes in pandemic-related mental health policy and services. The COVID-19 epidemic has put pressure on mental health services globally, exposing gaps in these programs and regulations. Significant problems have been recognized as a lack of resources, including staff and finances, and restricted access to mental healthcare. For policymakers to address these gaps and difficulties, this study tried to pinpoint them in more depth. This can help guide long-term as well as short-term initiatives to promote mental health policy and services. In the end, this study helps ensure that people with mental disorders receive adequate treatment when they most need it, while also boosting public wellbeing by easing the burden that untreated mental illness places on healthcare systems.

Fourthly, the study helps spread knowledge about how the pandemic can affect mental health and suicide risk. The epidemic has brought attention to the significance of mental health, and it is necessary to raise awareness of this issue and pay more attention to its possible effects on both suicide risk and mental health. The results of this study can

be helpful for spreading awareness of these problems and promoting the need for more top-notch resources and care for mental health both during and after the pandemic.

The study also emphasized the value of using a multidisciplinary strategy to address mental health issues during the epidemic. A multidisciplinary strategy is necessary to address the pandemic's effects on mental health and suicide risk because mental health is a complicated issue. The project brought together perspectives from public health, mental health, and other relevant fields to provide a comprehensive understanding of the pandemic's impact on suicide rates.

### **Summary of Chapter 1**

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, emerged in late 2019 and has since led to a global crisis with far-reaching implications. The pandemic has had a profound impact on economies, healthcare systems, and societies worldwide. Governments have implemented various measures, such as lockdowns, social distancing, and travel restrictions, to curb the spread of the virus. These measures, although necessary, have resulted in significant disruptions to daily life and have had unintended consequences on mental health, including an increase in suicide rates.

Chapter 1 of this dissertation sets the foundation by clearly defining the problem: the impact of the COVID-19 pandemic on suicide rates. It began by providing an introduction and background, helping to understand the severity and urgency of the problem within the context of the ongoing global pandemic. A comparison of suicide rates before and after the outbreak of COVID-19 was presented, underlining the marked increase that the pandemic has induced. The purpose of the study was delineated,

followed by the establishment of research objectives and questions aimed at probing deeper into the pandemic's influence on mental health and suicide rates.

Chapter 1 examined the factors contributing to the observed changes in suicide rates during this period. The chapter also emphasized the significance of the study in informing effective intervention and prevention strategies to address the mental health crisis exacerbated by the pandemic. The research approach was explained, employing a combination of phenomenology to explore lived experiences and grounded theory to understand contributing factors. This exploration is critical in drawing out rich, nuanced data that reveal the human experiences behind the statistical increase in suicides. Furthermore, the significance of the study was emphasized, shedding light on the importance of the research in providing valuable insights that could help mitigate the surge in suicide rates and provide support for those adversely affected by the pandemic's fallout.

As we move into Chapter 2, we shift our focus to an in-depth review of the literature. This chapter is vital as it lays the groundwork for understanding the historical and theoretical contexts of the topics. It will include an analysis of pre-existing studies and theories regarding COVID-19, suicide, trauma, and suicide prevention strategies. Chapter 2 aims to draw upon the collective knowledge of various experts in the field, thereby allowing for a comprehensive understanding of the topic. Furthermore, it will assist in identifying gaps in the existing literature, setting a precedent for what this study hopes to achieve. Reviewing these elements, Chapter 2 ensures the research is grounded in established knowledge while opening avenues for new insights and contributions to the field.

## Chapter 2: Review of Literature

Chapter 2 serves as a foundation for the study by offering a comprehensive review of the relevant literature on the impact of the COVID-19 pandemic on suicide rates. It defines key terms, delves into the relationships, and impacts of various factors during the pandemic, and explores different theories that could help explain the observed trends in suicide rates. By presenting a thorough literature review, Chapter 2 ensures that the study is grounded in existing knowledge, identifies gaps in the literature, and provides context for the research questions, ultimately leading to a more robust and well-informed analysis. The literature review helps contextualize the research within the broader academic discourse, ensuring that the study's findings are well-informed and contribute to the existing understanding of the subject matter.

Chapter 2, titled “Review of Literature,” is an integral part of this dissertation that addresses the impact of COVID-19 on suicide rates. This chapter delves into existing knowledge and research on this topic, exploring relevant theories, previous findings, and established facts and identifying the gaps in current understanding. The importance of Chapter 2 rests in its function as the backbone of the entire research project. A comprehensive literature review not only provides an understanding of the context and background of the study but also helps to shape and refine the research questions and objectives. Additionally, it substantiates the need for the current research project, strengthening its validity and relevance.

In this chapter, the literature review commences by exploring insights into COVID-19 and its effects. Understanding the context of the pandemic, including its psychological and societal impacts, sets the groundwork for examining the particular



issue of suicide rates. Following this, the chapter takes a deep dive into specific areas, the nature of trauma, and the complexities of suicide. The review of these areas of literature will further inform the understanding of the factors contributing to suicide during the pandemic, grounding the research in a robust theoretical base.

Importantly, this chapter also focuses on existing support systems like the 988 Suicide Prevention Lifeline. Analyzing the role of such support systems offers insights into existing measures to mitigate the issue at hand and aids in identifying areas where these measures may be lacking or could be improved. The latter part of Chapter 2 assesses the impacts of suicide at individual, family, and community levels. A clear understanding of these impacts is crucial for comprehending the scope of the problem and for designing effective interventions.

In conclusion, Chapter 2 helps to establish a clear understanding of the issue, the context, and the theoretical underpinnings. The knowledge gained through this literature review will not only guide the research design in Chapter 3 but will also help to interpret the findings in Chapter 4, ultimately leading to more informed and effective conclusions and recommendations in Chapter 5. It thus plays a significant role in providing a detailed map for this critical exploration of the impact of COVID-19 on suicide rates.

## **Part 1 | Literature**

### **Literature | COVID-19 Insights**

The outbreak of the novel coronavirus, commonly known as COVID-19, has had a massive impact on people, businesses, and societies across the world. Government-mandated shutdowns and shutdowns of businesses have caused unprecedented levels of economic and social disruption. The social impact of COVID-19 has been wide and

varied. Businesses have been forced to shutter their doors, leading to unprecedented layoffs. This has led to dramatic increases in unemployment, as millions of people have struggled to make ends meet. Social distancing measures have also made it difficult for communities to gather in person, resulting in an overall decrease in social engagement and human connection.

The economic impact of COVID-19 has been equally concerning. Governments have enforced shutdowns and social distancing practices throughout the world. This has resulted in a dramatic decrease in consumer spending, leading to an economic recession in many countries. Moreover, businesses have been seriously impacted as millions of customers have been unable to purchase products and services. This has led to a decrease in profitability and a demotivation in entrepreneurs to invest. COVID-19 has also impacted the health and wellbeing of people worldwide. Since the start of the pandemic, individuals have spent more time indoors, minimizing their exposure to sunlight and fresh air. This has led to an increase in depression and anxiety symptoms. Furthermore, due to limited access to medical care and treatments, many individuals have experienced an overall decline in health.

COVID-19 has had a serious impact on education systems worldwide. Governments have had to shut down schools, leading to delays in learning, exacerbated teacher shortages, and a decrease in educational opportunities. Moreover, social distancing measures have strained the efficacy and safety of learning in traditional classrooms, forcing educational bodies to investigate virtual learning as an alternative.

### ***Fallout of COVID-19***

The COVID-19 pandemic, first identified in Wuhan, China in December 2019, is unprecedented in its global-wide reach and devastating impact on families and economies. In the United States, an estimated 22.8 million people have been infected, and 382,000 have died as of April 2021 because of the virus (CDC, n.d.). The effects of the pandemic are felt across all sectors, including the medical field, the business sphere, and most importantly, the lives of individuals and families who have lost loved ones and experienced health, economic, and emotional pain due to the virus.

The medical impact of the pandemic has been substantial. Healthcare facilities throughout the world have struggled to meet the demands of the pandemic, often running out of available beds and equipment to treat their patients. In the United States, the emergence of new variants has caused a third surge of infections, overwhelming healthcare systems in parts of the country that have exhausted their hospital capacity. This wave has led to longer wait times for those seeking care and treatments, as well as an increased risk of other serious medical conditions for those left waiting (CDC, n.d.).

The economic fallout of the pandemic has been devastating, with an estimated 10,000,000 people leaving the labor force and 7,000,000 fewer employed in February of 2021 than at pre-pandemic levels (U.S. Bureau of Labor Statistics, 2022). This difficult economic situation has affected small businesses and restaurants the most, with an estimated 110,000 of them closing in 2020 due to a lack of customers and revenue. For workers, the economic impact has been particularly hard, with many stuck in unemployment lines and forced to choose between putting food on the table and making rent payments.

The pandemic has also had a profound impact on people's emotional and mental health. The fear and uncertainty caused by the virus have taken a toll on people's mental health, with over one in five Americans saying that the virus has had a significant negative impact on their mental health. This has been especially true for those most impacted by the virus, such as healthcare workers and those struggling to stay afloat financially due to the economic impacts of the pandemic. The pandemic has also severely disrupted social and family life. Lockdowns and limited travel have forced families to stay apart, leaving many feelings disconnected and isolated. Additionally, the recruitment of medical personnel to the front lines of the pandemic has made physical and emotional caregiving of vulnerable family members more difficult.

In conclusion, the impact of the COVID-19 pandemic has been far-reaching and all-encompassing. It has affected individuals, families, businesses, and entire economies. From a medical standpoint, the virus has overwhelmed healthcare systems, whereas from an economic standpoint, it has left many without jobs and hope. The emotional and mental health impacts have been particularly severe, leaving many with feelings of fear and helplessness. Though vaccines are a cause for hope and optimism, the full costs and impacts of the pandemic have yet to be felt, and the future ahead is uncertain. Ultimately, the impact of COVID-19 has been profound across the world. Governments, businesses, and individuals alike have had to adapt to a new normal where social distancing and masks are the norms. Although there is light at the end of the tunnel, the long-term effects of this virus will adversely affect people and economies for years to come.

### ***How COVID Drastically and Positively Impacted Many***

The COVID-19 pandemic has had a profound impact on businesses around the world. For many, this has manifested in declining sales and limited opportunities for growth, particularly for those lacking the resources or access to digital tools to rapidly change their operations. Even for those with the ability to switch to work-from-home models, a lack of social connection has proven to be a major hindrance to productivity and enthusiasm.

The pandemic has also caused new financial challenges for businesses. With governments in many countries implementing unprecedented restrictions on industry operations and consumer behavior, many businesses have experienced a rapid disruption to their revenue stream. In addition, many have been forced to implement layoffs as a cost-saving measure, leaving less money to invest in research and development and a limited pool of employees with whom to scale operations.

At the same time, the downturn has also presented some unique opportunities for businesses. Companies that have been able to successfully transition to a remote platform have been better able to respond quickly to the crisis, leveraging technology to make up for the lack of in-person contact. There has also been an uptick in the demand for various digital tools and services, including those designed for employee wellness and collaboration. Many businesses have, as a result, successfully pivoted their product or service offering to capitalize on the increased demand. Despite the disruption caused by the pandemic, there is evidence that companies have been able to remain solvent and even grow despite the crisis. Many have done so by tapping into online and digital

platforms, which have largely proven to be more cost-effective and resilient than traditional bricks-and-mortar models.

In conclusion, although businesses have been impacted by the pandemic in many ways, there is evidence that many have been able to successfully adjust to a rapidly changing market and capitalize on evolving trends. By tapping into online and digital platforms, seeking out specialized funding options, and taking advantage of government-sponsored support packages, businesses have been able to maintain a competitive edge, ensuring their sustainability and commercial viability.

### ***COVID's Impact on the Housing Market and Landlords***

The COVID-19 pandemic has had profound impacts on the economy, including the U.S. housing market and its landlords. COVID-19 has led to job losses and financial insecurity, which has, in turn, caused renters to miss or struggle with rent payments. To complicate matters, relief efforts by the federal government allowed swift and temporary protection for millions of tenants.

**Effects on Landlords.** One of the primary impacts of the COVID-19 pandemic on landlords is the decrease in rent payments. Due to job losses and income insecurity, many tenants have been unable to pay the rent on their homes, leaving landlords with a significant drop in expected income. As a response, some landlords have tried to offer reduced rent or delayed payment plans to their tenants. In addition, the federal government allowed a moratorium on evictions, providing additional financial strain on landlords.

The decrease in rent payments has had an additional impact on landlords in the form of limited access to funding and financing. Prior to the pandemic, landlords were

able to access funding for rental housing projects through various sources such as the Small Business Administration and other banks. However, since the start of the pandemic, many of these funding sources have been restricted, making it difficult for landlords to obtain adequate financing.

**Effects on the Housing Market.** The COVID-19 pandemic has also impacted the U.S. housing market. Although home sales have seen an uptick due to lower interest rates, this has been offset by the decrease in demand for rental housing. This has caused the prevalence of vacant rental units to increase in many areas of the country. As a result, landlords have encountered difficulty in finding new tenants for these vacant units. Furthermore, the pandemic has had an additional impact on the housing market in the form of price reductions. Due to the lack of rent payments and uncertainty in the market, landlords have been forced to reduce the prices of rental homes to entice new tenants. This has led to a decrease in rental prices throughout the country, making it difficult for landlords to maximize their profits.

In conclusion, the COVID-19 pandemic has had a profound effect on landlords, the U.S. housing market, and rental homes. Due to job losses and financial insecurity, tenants have been unable to make rent payments, causing landlords to suffer income losses. Additionally, the pandemic has also caused a decrease in demand for rental housing, leading to vacant units and further financial losses for landlords. Finally, the pandemic has caused prices of rental homes to decline, further reducing the potential profits of landlords. In conclusion, the COVID-19 pandemic has had a substantial impact on landlords and the U.S. housing market.

**Renters' Rights.** The rights of tenants and risks they may face while renting a residence are important issues in the United States. Renters in this country can face a variety of issues that can affect their safety, security, and financial stability. This research explored the legal rights of renters and common issues they experience and provides advice on how to protect against these potential risks.

Renters in the United States have several legal rights that protect them from landlord actions such as tampering with their security deposits, entering the premises without notice, and taking unreasonable retainers against the tenant. The most important legal rights of tenants are provided by the federal Fair Housing Act, which prohibits discrimination based on race, color, national origin, religion, sex, familial status, or disability. Additionally, numerous states and municipalities have established laws that further protect renters from a variety of issues including rent control, security deposit requirements, and eviction processes.

Despite the legal protections in place, renters in the United States may still be exposed to various risks while renting a residence. Common issues tenants face includes unprofessional landlords, substandard housing conditions, repairs not being made in a timely fashion, and illegal eviction procedures. With these issues come the potential risks of health and safety hazards, financial stability, and proper eviction proceedings if needed.

**COVID-19 And Its Impact on Renters.** The outbreak of the novel coronavirus (COVID-19) unfolding across the world has left no economic sector and no geographic region untouched. Humankind is facing the most severe health and economic crisis in our lifetimes, and the ramifications and long-term consequences remain to be seen. Renters



have been particularly hard hit as much of the economic harm associated with COVID-19 policies and effects comes down most harshly on those without substantial savings or security (i.e., the lower-paid members of the workforce and those living paycheck to paycheck, the primary renters in a system, where approximately 37% of households rent (Airgood-Obrycki, et al., 2021). This dissertation discusses the direct impacts of COVID-19 on renters, how policy has responded to the increasing difficulty that renters are facing, and how this crisis can be used as a moment of needed reform and opportunity in the rental market.

The outbreak has had vastly different impacts on renters in different situations. For those with stable and reliable incomes, the current situation has seen them struggle to handle the financial burden of rent while knowing that they are facing a month-to-month financial risk. This combines the anxiety of mortgage interest and rent difficulties with the potential of becoming unemployed and having their entire financial future jeopardized. For those leaving Paycheck Protection Program funds for rent relief, spending most of the cash on basics has hindered full rent deposits (Bianchi, 2020). Additionally, the wait for relief funding in many cases has depleted all of their reserves.

For those who have become unemployed due to the pandemic, the situation has descended from difficult to dire. Without income, those with no emergency funds or savings accounts have been unable to pay their rent and other payments, leading to rapidly escalating debt and eviction risks for many renters. To counter this trend, several emergency relief measures have been implemented, including the emergency moratorium on evictions put in place by the U.S. Department of Housing and Urban Development, which draws money from the \$2,000,000,000,000 dollar Coronavirus Aid, Relief and

Economic Security Act passed by congress in 2020. Additionally, this act also includes further relief in the form of rental assistance and emergency housing vouchers to help those who have been unable to pay rent due to COVID-19 and unemployment.

These relief measures, however, have been met with a limited response from property owners. With most Americans receiving rent relief due to the pandemic, property owners are in a difficult position with high expenses and no reliable income. This lack of rent income has led property owners to show reluctance in accepting relief payments and demand the full rent amounts due. Further consternation is generated with the lack of assurances that landlords will not attempt to recoup their losses in the future by raising rent (or other associated costs like late fees and deposits) in more stable months. Due to this, many renters are in a difficult situation as they scramble to come up with ways to pay off current rent bills and not face inevitable financial problems when the housing market stabilizes.

The crisis brought on by COVID-19 has highlighted the everyday realities of the rental market for millions of people. Without access to necessary funds, the risk of evictions and homelessness is always in place. This calls for a massive shift in policy from governments and landlords alike. There must be a concerted effort to ensure that the renters who have been keeping up with their payments, as well as those who have missed payments, are not facing catastrophic consequences due to the pandemic. This can be achieved through increased transparency and communication from landlords, increased availability of rental assistance and emergency housing vouchers, and more aggressive rent payment plans/relief that keep individuals safe from eviction and impoverishment.

Most importantly, COVID-19 has served as a reminder to consider and recognize the necessity of rental reforms and the vulnerability of the rental market. Ideas such as rent control, the right to counsel, landlord licensing, and tenants' rights to organize can help reduce the risks faced by many renters living paycheck to paycheck and with limited resources. These are necessary steps that must be taken to ensure the rental market is fair and just for all individuals, regardless of their income and situations.

In conclusion, the threat of the COVID-19 pandemic has exposed the ever-existent dangers of the rental market and fragility of the economic resources available to many. Despite the temporary relief of governmental policies and leasing agreements, many renters have and will continue to face immense financial struggles due to the pandemic and lack of access to finances or property. Implementing solutions to protect renters and reform the rental market is a necessary step for governments and landlords alike. Without such reforms, the situation faced by millions of renters who depend on these leased agreements or rental living will continue to remain precarious and uncertain.

### ***COVID-19's Massive Impact on Suicide***

Throughout the world, the COVID-19 pandemic has created unprecedented times for individuals, businesses, and healthcare systems. Although the primary focus of the virus is to reduce infections and minimize medical damage, the psychological and emotional components of this crisis are just as important. Mental health implications of the COVID-19 pandemic are widespread and must be addressed on a global scale due to the amount of financial and emotional strain imposed on individuals and their families.

Studies conducted on panic responses in the face of an infectious disease outbreak have demonstrated increased feelings of anxiety and fear. One analysis in China reported

that a significant proportion of the population experienced an increase in psychological distress and posttraumatic stress disorder (PTSD) symptoms due to the magnitude of media coverage surrounding the outbreak (Ford, 2019). In another study, 77% of New Yorkers reported increased stress or anxiety related to the pandemic (Groarke, et al., 2020).

Although the documented mental health implications vary based on the individual and their circumstances, notable trends have emerged across the world. These patterns highlight a population-wide struggle to establish a sense of normalcy and control, causing many to feel trapped and helpless. Symptoms of depression, anxiety, PTSD, obsessive-compulsive disorder, phobias, and psychosis have been reported due to the insecurity of the times (American National Suicide Prevention Hotline, 2020).

In addition to mental health, financial instability has been a major factor affecting individuals' physical and mental wellbeing during the pandemic. Due to unstable economic conditions such as job loss, responses to the pandemic have led to psychological distress and decreased access to healthcare services (Chirico, et al., 2020). Furthermore, individuals with preexisting mental health issues have noticeably had more difficulty fighting against this onslaught of changes due to their current fragility and weakened ability to cope.

Consequently, it is necessary to properly identify and address the mental health of individuals, as psychological disturbances can be equally damaging as physical ailments. Mental health counseling and support resources must be allotted and implemented on a regional and international scale, as many individuals have refrained from seeking help due to humiliation, a lack of access, or simply an unawareness of the presented

symptoms. Additionally, constructive dialogues must be created to reduce any stigma surrounding the difficulties of coping with psychological issues during a pandemic (Pennebaker, 1997).

To conclude, mental health implications of the COVID-19 pandemic demonstrate a need for global action to support individuals in crisis. Despite the barriers and struggles for individuals to access counseling, measures must be taken to ensure the psychological wellbeing of all. Therefore, mental health solutions should be implemented to properly decrease the number of individuals in need of counseling and increase the availability of premium services across the world.

**The Impact of COVID-19 on Adolescents' Mental Health.** The COVID-19 pandemic has drastically changed life for adolescents everywhere. As a result, teens around the globe have had to adjust to new living conditions that are often accompanied by intense stress, fear, and isolation from peers and teachers (Statista, 2021). This research sought to understand the impact of COVID-19 on adolescents' mental health, particularly in the areas of anxiety and depression.

Many studies have shown increased anxiety and depression symptoms in adolescents before and during the pandemic (Statista, 2021). Several factors have been attributed to this trend, including loss of free time, physical distancing, and distancing from family (Statista, 2021). In addition, the pandemic has created feelings of loneliness, as well as an uncertain outlook regarding the future, leading to anxious and depressed feelings.

It is important to note that many of the mental health impacts of COVID-19 on adolescents overlap with mental health issues commonly experienced among teenagers

prior to the pandemic (Peleg et al., 2020). Although the causes of anxiety and depression are multifactorial, the pandemic has been identified as a key contributor to the exacerbation of existing symptoms, as well as the development of new mental health issues (American National Suicide Prevention Hotline, 2020). This can be attributed to the unique circumstances posed by the pandemic, such as the sudden cancellation of school and the implementation of physical distancing rules (Bromfield, 2020).

To address the mental health impacts of COVID-19 on adolescents, it is essential to provide mental health support and coping strategies to deal with the stress associated with the pandemic (Pfefferbaum, et al., 2020). Mental health professionals can offer psychotherapeutic support to teenagers and schools can introduce preventative and proactive measures, such as organizing virtual activities and group projects (Peleg et al., 2020).

In conclusion, the COVID-19 pandemic has caused increased anxiety and depression in adolescents globally. Various factors have been attributed to this trend, including physical distancing and uncertain outlooks. To address the mental health needs of teenagers during the pandemic, it is essential to provide psychosocial support and coping strategies.

**Suicide Rate Since COVID-19.** In recent months, the COVID-19 pandemic has caused immense disruption to the world, upending the lives of millions of people. Global attention has focused heavily on the capacity of the virus to spread and its devastating health effects, but its wider implications for other aspects of life have only recently begun to come to the fore, including its potential influence on suicide rates. Advancements in understanding the impact of COVID-19 on suicide rates is particularly important as

suicides are estimated to count for 1,400 deaths in the United States alone every week (CDC, 2019). The psychological distress caused by the economic slump, social isolation, and anxiety revolving around the virus itself have made it necessary to consider the impact on vulnerable communities to ensure adequate resources are allocated to combat rising rates of suicide.

**Overview.** Rates of suicide have appeared to be worsening in the United States since the COVID-19 outbreak began. A study conducted by the National Institute of Mental Health (n.d.) reported increases in both suicidal ideation and attempts since the beginning of the pandemic, with the most affected groups being adolescents and young adults. Such statistics have been corroborated by numbers reported by local services, such as the Lifeline crisis hotline, revealing an increase by multiple folds (Krueger & Perri, 2006). Additionally, the CDC (2020) found that between March and August of 2020, the total number of suicide deaths increased by 40.7% compared with the same period in 2019. These findings highlight the still unknown importance of recognizing the mental health effects of the virus and how services are going to adjust and implement effective prevention measures.

Unemployment due to the economic decline caused by lockdowns and business debts are one of the prime causes for the rising suicide rates associated with COVID-19. Studies conducted in the United States, the United Kingdom, and Canada on the general public's attitudes towards the pandemic have revealed that the threat of debt and job losses are among the main sources of anxiety concerning the virus (Groarke, et al., 2020). Both financial insecurity and unemployment is strongly associated with psychological

distress, and it has been hypothesized that the drastic escalation of both in combination with the onset of the pandemic has triggered an acute decline in mental health.

In addition to employment struggles, social isolation due to the necessary distancing measures has led to many vulnerable groups feel increasing loneliness, alienation, and psychological decline. Research conducted by the WHO (2020) on the health effects of quarantine concluded that these measures could lead to adverse effects on personal mental states, particularly for those in already at-risk groups suffering from preexisting conditions such as depression and other mood disorders. This highlights the importance of implementing social supports to those in need to enable them to connect even when in isolation.

**Examining COVID-19's Impact on Suicide Rates.** An insightful addition to the field of mental health and suicide during the COVID-19 pandemic is made by Tanaka and Okamoto's (2021) article. The authors used data from the National Police Agency to undertake longitudinal research to look at how the pandemic has affected suicide rates in Japan. The study discovered that there was a subsequent rise in suicide rates in Japan after an initial reduction in suicide rates during the early months of the pandemic. The authors suggested that this increase may be related to economic and social factors resulting from the pandemic, including job loss and social isolation. The article presents a well-designed study utilizing national-level data to examine changes in suicide rates over time. The authors also provided a thoughtful discussion of the potential factors influencing the observed increase in suicide rates, highlighting the importance of addressing social and economic factors in suicide prevention efforts.



Sher (2020) offered a thorough examination of the COVID-19 pandemic's probable effects on suicide rates. The COVID-19 epidemic, as the author noted, was a serious global catastrophe that impacted people's mental health and general wellness. In addition to the social isolation and financial hardships brought on by lockdowns and other pandemic-related restrictions, the research evaluated the literature on the link between factors connected to the epidemic and suicide. The studies examining the connection between the pandemic and suicide rates in various nations, including the United States, Canada, and Italy, are summarized by the author. The article emphasized how some researchers have identified a rise in suicide rates during the pandemic, whereas other studies have found no appreciable changes.

The research addressed the potential causes of these disparities, such as various data sources and variances in the pandemic's timeline. The research also examined potential safeguards, such as improved access to telemedicine and mental healthcare, that might have lessened the pandemic's negative effects on suicide rates. The research also emphasized the significance of recognizing and addressing the risk factors for suicide during the pandemic, such as social isolation, financial distress, and infection fear.

Chirico et al. (2020) provided an insightful investigation of the psychological effects of the COVID-19 pandemic on healthcare professionals in another publication. The authors contended that the enormous expectations and stressors brought on by the pandemic put healthcare personnel at a greater risk of acquiring mental health conditions like anxiety, depression, and PTSD. The research examined some of the reasons that could lead to poor mental health outcomes for healthcare professionals during the pandemic, including infection fear, long workdays, a shortage of personal protective

equipment, and stigma related to COVID-19. The authors also offered doable suggestions for safeguarding healthcare workers' mental health, such as counseling, teaching them coping mechanisms, and implementing workplace interventions to reduce stress and burnout.

The research offers a thorough description of the difficulties faced by healthcare workers during the COVID-19 pandemic and emphasizes the significance of attending to the mental health requirements of this vital workforce. To offer insightful recommendations for healthcare organizations and policymakers to implement measures that can enhance healthcare professionals' psychological well-being, the authors drew on the body of literature and empirical data already in existence. The fact that the research primarily focused on healthcare professionals' experiences in Italy raises possible concerns about its applicability to other nations. Yet, the article's advice and insights may still be beneficial for medical institutions all over the world.

The probable effect of the COVID-19 pandemic on suicide rates in Japan is thoroughly examined by Yoshioka et al. (2022). The trend of suicide rates before and after the pandemic was examined by the authors using an interrupted time series analysis. They found elements that could have influenced shifts in suicide rates. According to the study, suicide rates in Japan fell in the early phases of the pandemic but gradually increased starting in June 2020. According to the authors, the government's initiatives to boost the economy and encourage social segregation policies may have contributed to the decline in suicide rates during the early stages of the pandemic (Tanaka, et al., 2021).

Yoshioka et al. (2022) issued a warning that the upward trend in suicide rates in Japan underscores the necessity of ongoing surveillance and measures to avert a potential

spike in suicide cases. The article also examined the possible risk factors for the pandemic that could lead to suicide, such as social isolation, financial distress, and mental health issues. The authors underlined the necessity of providing mental healthcare and therapies to vulnerable populations, particularly individuals who have lost jobs or experienced economic hardship owing to the pandemic.

**Suicide Rate Comparable Study.** The COVID-19 pandemic's effects on American teenagers' emergency room visits for possible suicide attempts were recently the subject of a study (Statista, 2021). According to the study, teenage girls between the ages of 12 and 17 were less likely to attend emergency rooms for suicide-related reasons during the initial phase of the pandemic (March 29 to April 25, 2020) than during the same period in 2019. This shows that the pandemic's initial impact on the suicide rates of teenage girls was minimal. But, from February 21 to March 20, 2021, a worrying trend started to appear. When compared to times before COVID-19, young girls between the ages of 12 and 17 were found to be 50% more likely to attend emergency rooms for possible suicide attempts during this time. This suggests that over time, the COVID-19 pandemic has had a considerably greater negative influence on the mental health of adolescent girls.

Also, a comparable study also looked at how COVID-19 affected young women between the ages of 18 and 25. According to the study, young women between the ages of 18 and 25 were about 21% less likely to attend the emergency department for suspected suicide attempts from March 29 to April 25, 2020, than they were over the same period in 2019 (Statista, 2021). This shows that the pandemic's early stages had no impact on young adult women's suicide rates. However, as prior studies have shown that social

isolation and economic pressures may exacerbate mental health difficulties in vulnerable people, this finding should be viewed with caution. Thus, it is essential to keep track of the suicide rates among young adult women throughout the pandemic's many phases and to carry out focused interventions to promote mental health and welfare.

The COVID-19 epidemic has had a serious negative influence on mental health, especially in young people. Teenagers are more susceptible to the pandemic's harmful impacts on their mental health, according to a recent study, underscoring the need of having strong support systems. Many researchers have highlighted the need for healthcare professionals and politicians to prioritize providing young people with appropriate mental health interventions during emergencies like a pandemic. Many more also emphasized how critical it is to keep a close eye on the rate of youth suicide during trying times. The study's findings also highlight the need for more research into any protective variables that might have prevented young women from visiting emergency rooms for suspected suicide attempts during the early stages of COVID-19. It is crucial to remember that these results are exclusive to American populations and might not apply to other nations or situations.

The COVID-19 pandemic has had a major impact on suicide rates in the United States, according to preliminary data from the CDC's National Center for Health Statistics. The newest research, "Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2021," indicates that there was a 4% increase in suicides between 2020 and 2021. This comes after a 2-year drop in 2019 and 2020. Suicides increased from 45,979 in 2020 to 47,646 in 2021, although they still fell short of the record high set in 2018.

Moreover, from 13.5 in 2020 to 14.0 in 2021, the suicide rate per 100,000 people increased. Despite being lower than previous modern maxima, this is a concerning trend. It implies that despite recent advancements in mental health treatment, much more effort must be done to stop the rate of suicide from increasing during crises like pandemics or any other stressful event that could have a negative impact on people's mental health.

These results unequivocally demonstrate the need for increased focus and funding on mental health during the epidemic. For many people, the COVID-19 pandemic has brought about enormous difficulties, particularly with relation to their mental health. As a result, it is crucial to keep a careful eye on the suicide rate and offer individuals who require it mental health support. The significance of ongoing research on how the pandemic has affected mental health and suicide rates in other nations has been underlined by many findings. This will enable decision-makers to spot patterns and trends that will help them better allocate resources and assist those in need. Given these difficulties, it is critical to maintain vigilance and offer support to people as they go through difficult times. We can prevent an increase in suicides or other negative outcomes linked to poor mental health during this historic time by drawing more attention to this issue.

Globally, the COVID-19 pandemic has had a terrible impact on people's mental health. With the start of the pandemic, the number of suicides in Japan, which already has a high rate of suicides, has significantly increased. The authorities reported 2,153 suicides in October 2020, a startling 39.9% increase from the same month the year before (Wang et al., 2020). The increase in suicide rates is thought to be caused by a variety of pandemic-related stressors, including job loss, financial instability, and social isolation.

By providing financial support for mental health services and launching awareness campaigns to lessen the stigma associated with getting help for mental health concerns, the Japanese government has been putting measures in place to address this epidemic. But in these challenging times, more must be done to reduce the frightening suicide rates in Japan and around the world (Tanaka, et al., 2021).

The Japanese government is paying attention to the pandemic's effect on mental health and suicide rates in the country. People's daily lives have been greatly disrupted by the pandemic, which has resulted in social exclusion, financial instability, and anxiety about the future. These elements have increased the prevalence of mental health conditions like depression and anxiety, which have been associated with higher suicide rates in Japan (Tanaka, et al., 2021). The Japanese government has recognized this issue and made many initiatives to remedy it. To support people who need expert assistance during these trying times, one such option entails increasing financing for mental health services. Furthermore, the government offers financial assistance to those who have lost their jobs because of the pandemic, which can lessen some of the stress related to financial insecurity.

**Summary of Suicide Rates Since COVID-19.** In conclusion, COVID-19 has had a devastating impact on the global population, and its influence on suicide rates is a concerning issue that still requires a practical solution. Despite a rise in suicidal ideation and attempts, there is much that can be done to improve mental health, such as providing financial assistance to those in need, increasing the availability of support services, and recognizing the dangers of social isolation. With these approaches and others, it is possible to not just mitigate the current situation but to build a collective society that is

better prepared for contagion and its associated mental health concerns. The COVID-19 pandemic has had an alarming effect on the suicide rate. To reduce the risk of suicide and prevent further negative psychological health outcomes, it is essential that governments and health professionals respond to the increased demand for mental health resources globally.

### **Literature | Trauma**

Trauma is inside most of us. It is also an emotional response to a distressing experience, such as a death, an accident, or a natural disaster. It can involve physical, emotional, and psychological harm and can cause physical, psychological, and behavioral symptoms. When an individual experiences trauma, they may feel overwhelmed, have difficulty sleeping, have difficulty concentrating, and experience altered moods. They may also feel helpless, angry, and hopeless. Trauma can lead to long-term physical and psychological consequences, such as depression, anxiety, substance abuse, and PTSD. It is important to seek help from a mental health professional to assist in healing from trauma.

Trauma is often defined as a response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causing feelings of helplessness, diminishing their sense of self and their ability to feel a full range of emotions and experiences (American Psychological Association, 2013). Trauma can stem from a single event or long-term stressful situation, and its effects can be experienced over a lifetime. Patterns of posttraumatic behavior can be seen in some cultures as a result of long-term exposure to events such as slavery and colonization. The nature of trauma can also manifest in individuals and families through intergenerational trauma, where certain

conditions or behaviors are passed down through generations, these influences profoundly shape the psychological operations of the ensuing generations (American Psychological Association, 2013).

### **History of Trauma**

The understanding of trauma has evolved through the decades both through research and the growing awareness of mental health issues. New theories have emerged that offer an increased understanding of trauma, such as the events and conditions that can contribute to trauma, its causes and effects, and its relation to physical and mental health. The American Psychiatric Association has developed the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to help health professionals diagnose and measure the extent of a person's trauma. This manual allows professionals to identify the negative impact that trauma can have on a person's functioning, as well as its prevalence in society. Thus, trauma has both a personal and societal history, as it is as much an individual psychological experience as it is an aggregate condition stemming from larger social forces.

According to a report issued by the American Psychological Association (APA; 2018), history trauma is defined as "the cumulative emotional and psychological injuries that result from the experience of collective and individual history events of oppression, discrimination, and violence over generations and lifetimes" (p. #). This type of trauma has been identified in various forms of trauma, including trauma caused by war, genocide, major disasters, injustices, poverty, and prejudice.

History trauma may occur when individuals in a community or group have been subjected to oppressive regimes or systems. These wounds remain hidden in the



collective unconscious and may be passed down through generations via culture and memory, leading to feelings of insecurity, anger, and mistrust amongst members of a community. Symptoms of history trauma may include depression, anxiety, PTSD, chronic pain, physical illness, learning difficulties, and difficulty forming meaningful connections with other people.

The incredible power of history trauma to undermine both individual and collective identities is profound and pervasive. This can produce a deep-seated feeling of hopelessness and helplessness that is highly detrimental to both personal and community wellbeing. Therefore, recognition of the existence and impact of history trauma is essential for appropriate intervention and prevention efforts to be successful.

### **Different Type of Trauma**

There are three main types of traumas: acute, chronic, and complex trauma. Acute trauma is usually the result of a single, isolated event, such as a car accident or natural disaster. It can cause symptoms such as shock, emotional dizziness, confusion, and disorientation. Acute trauma can cause both short- and long-term psychological, emotional, and physical symptoms, including nightmares, depression, anxiety, and cognitive impairments.

Cumulative or chronic trauma is a combination of multiple traumatic experiences that often occur repeatedly over an extended period. Examples include physical and emotional abuse in a relationship, enduring a lifetime of racism, or living in a war-torn area. It can cause intense feelings of fear and anxiety, as well as a sense of hopelessness. Chronic trauma can lead to lasting changes in brain chemistry, the way someone responds to stress, and even the development of PTSD.

Complex trauma is a type of trauma experienced by children and adolescents, usually caused by long-term exposure to extreme stress or traumatic events. It usually involves neglect or abuse that leads to long-term changes in the child's brain and emotional development, as well as difficulties in forming relationships. Examples include physical or sexual abuse, witnessing domestic violence, or growing up in an unstable environment. Complex trauma can cause difficulties with maintaining healthy relationships, experiencing guilt or shame, and a mistrust of others.

### **How Trauma Can Impact Health**

Depending on the severity and length of the traumatic experiences, individuals can experience negative physical, psychological, and social effects. These issues can arise due to changes in the body's systems, including the neurological and endocrine systems, as well as responses to the effects of trauma on mental health (Dozier & Muller, 2017). Regardless of type, trauma can have long-lasting effects on a person's physical and mental health. It is important to get help and support for both short- and long-term trauma, depending on the severity of the trauma and available resources.

Physical issues associated with trauma can range from chronic pain and fatigue to irritable bowel syndrome and eating disorders (Carr, 2016). In extreme cases, trauma can lead to changes in a person's neurological and physiological functioning, leading to serious health conditions such as heart disease or diabetes (Dozier & Muller, 2017). Trauma has also been linked to changes in the immune system, which can reduce the body's ability to heal from physical injuries (Gatchel et al., 2007).

Trauma can also have a significant impact on mental health. The most common mental health issues associated with trauma include PTSD, depression, and anxiety.

PTSD is characterized by intrusive thoughts, avoidance of certain situations, night terrors, and flashbacks (Kessler et al., 2005). People with PTSD can also experience social withdrawal, troubled sleep, and physical problems such as headaches and stomachaches (Carr, 2016).

In addition to the internal physical and psychological consequences, trauma is also associated with social difficulties. People who have experienced trauma may have difficulty forming and maintaining meaningful relationships. Further, some research has indicated that those who experience trauma may be at greater risk for developing substance abuse and other addictive behaviors (Kessler et al., 2005).

In conclusion, trauma can have a significant impact on a person's overall health. Depending on the severity of the trauma, physical health conditions, mental health issues, and social difficulties can all result. To address both the potential physical and psychological effects of trauma, it is important to seek professional help (Dozier & Muller, 2017).

### **Trauma as It Relates to Suicide**

Trauma is a significant risk factor for suicide, and there is evidence to indicate that those who experience traumatic events, including physical or sexual abuse, are more likely to attempt suicide (Stene et al., 2016). Addressing the psychological and social repercussions of trauma is an important way to help prevent suicide, both in terms of prevention and intervention. The impact of trauma can range from depression and anxiety to PTSD, creating a sense of hopelessness and despair (Rahe & Ryan, 2015). By providing support and treatment in the aftermath of a traumatic event, individuals may be

better able to cope and manage the effects of the trauma, which in turn may reduce the risk of suicide.

According to a recent review by Ramamoorthy et al. (2020), the psychological toll of the COVID-19 pandemic is immense and can lead to suicidal ideation in some individuals. The authors linked health-related and economic adversity to an increased risk of suicide, particularly among those who may have had prior experiences of psychological trauma. During the pandemic, risk factors such as social isolation, financial insecurity, uncertainty, and the loss of loved ones have been enough to make the currently uncertain situation unbearable, leading to suicidal ideation in individuals who may have had prior traumatic experiences.

Individuals with prior exposure to traumatic events (e.g., intimate partner violence and veteran experiences) might find it especially difficult to cope with the emotional toll of the pandemic (Ramamoorthy et al., 2020). This is because suffering through a traumatic event increases one's vulnerability to mental health issues and increases the likelihood of suicidal thoughts and behavior. Put simply, experiencing previous traumatic events leaves an individual more vulnerable to increased psychological distress and suicidal behavior, especially in an already stressful world.

COVID-19 has caused a range of trauma and hardship both physically and psychologically. For example, physical trauma can include an infection, causing fatigue, difficulty breathing, extreme fever, a total loss of sense of smell, and sometimes even death. These physical traumas can place a significant physical and emotional strain on individuals and their families. Psychological trauma can include depression, stress,

anxiety, fear, and feelings of isolation, because different government-mandated restrictions have been implemented to control the pandemic.

Further, there has been an extreme rise in financial hardship for many individuals, families, and businesses due to the economic fallout of the pandemic. This financial hardship can take the form of job losses, reduced hours, and businesses shutting down, resulting in dwindling incomes and worries about financial stability. Such uncertain economic times can cause stress, anxiety, and financial despair.

COVID-19 has also caused trauma in seniors, who have been hit especially hard by the pandemic. Many seniors have been told to isolate at home; they are unable to visit loved ones, attend social events, or spend time with grandchildren. This lack of social connections due to isolation can lead to feelings of loneliness, helplessness, and a reduced quality of life.

COVID-19 has been especially hard on frontline workers, such as healthcare workers, who have been working long hours and taking risks to help care for those infected with the virus. These individuals often experience heightened levels of stress and fear due to their constant exposure to the virus, as well as compassion fatigue and emotional exhaustion due to the emotional and physical strain of their jobs.

Finally, children and youth have also been severely impacted by the pandemic in a range of ways, such as the disruption to educational programs and activities, the underlying fear and anxiety caused by the pandemic, and the violence and other family stressors that can increase because of the economic hardships many are facing.

## **Summary of Trauma**

The COVID-19 pandemic has caused multiple types of traumas for individuals, families, and businesses, ranging from physical symptoms due to infection, to financial hardship, to heightened levels of stress and anxiety. Trauma is an emotional response to large, overwhelming events that can cause psychological, physical, and physiological harm. Trauma can be caused by a variety of experiences and events, such as natural disasters, violence or abuse, medical procedures and operations, or accidents. Trauma can also have long-lasting effects, such as developing PTSD or depression. As the pandemic continues to spread, the need for mental health resources to help those affected has become increasingly important.

### **Literature | A Closer Look at the “Silent Killer”: Suicide**

Suicide is a complex and multifaceted phenomenon studied across disciplines, including psychology, sociology, anthropology, and philosophy. Suicide can be defined as an intentional act of self-harm resulting in death. Although suicide has been present in human societies throughout history, the understanding and interpretations of suicide have varied across cultures and periods. In some cultures, suicide is seen as a heroic act or a way to preserve honor or dignity. In others, it is stigmatized and viewed as a sinful or cowardly act.

The factors that contribute to suicidal behavior are also varied and complex, including biological factors such as genetics and brain chemistry, psychological factors such as mental illness and trauma, social factors such as isolation and a lack of support networks, and cultural factors such as stigma around seeking help for mental health issues or expressing emotions openly. Understanding the complex interplay between these

various factors is crucial for developing effective prevention strategies for suicide at both individual and societal levels.

### **Historical Overview of Suicide**

Suicide's historical context can help highlight how societal views and beliefs about suicide have evolved. In ancient Greece and Rome, suicide was sometimes viewed as an act of heroism. This belief can be traced back to the works of prominent philosophers and writers. For instance, in Plato's *Phaedo*, Socrates is depicted as calmly drinking hemlock to avoid dishonor and to protest the tyranny of his accusers (Wysocki, 2022). Similarly, in Rome, the poet Lucretius wrote that suicide was a rational choice for those who wished to escape suffering and pain. However, not all suicides were viewed in a positive light. In Greece and Rome, suicide by enslaved people and women was often seen as a sign of weakness or cowardice rather than courage. Suicides committed during war or other crises were sometimes condemned as selfish acts that abandoned one's duties to society. Despite this ambivalence towards suicide, its depiction in the literature suggests it was necessary for ancient Greek and Roman culture as a complex issue worthy of discussion and reflection.

In Christianity, suicide was not only frowned upon, but it was also considered a sin. The idea of committing suicide goes against the belief that life is a gift from God and that it is not for us to decide when to end it. St. Augustine, one of the most influential Christian theologians, wrote extensively about suicide and argued that taking one's own life violated the sixth commandment, "You shall not kill." Many other Christian thinkers have shared this view throughout history. Suicide was also viewed as selfish because it demonstrated a lack of concern for the wellbeing of others affected by such an act. Those

who committed suicide were often denied a Christian burial, which further reinforced this belief and warned others about the consequences of taking one's own life in Christianity.

During the Middle Ages, suicide was viewed as a crime against the state, and those who committed it were punished severely (Kudratulloevich et al., 2020). The punishment included confiscation of property, mutilation, or posthumous condemnation. This was because suicide was seen as violating one's duty to their lord or king. Not only the person who committed suicide but also their family could be punished for their loved one's actions. Suicide was often linked to mental illness or demonic possession, and those who attempted to do so were subjected to exorcism or other forms of religious intervention. This negative perception of suicide led to stigmatization and social exclusion for individuals contemplating it. In conclusion, during the Middle Ages, society did not view suicide as an act of desperation but instead as an act that violated religious and societal norms leading to severe punishment for the individual and their family members.

It was not until the 19th century that suicide was viewed as a mental health issue rather than a moral or criminal one. This shift in perspective was partly due to the work of French psychiatrist Jean-Etienne Dominique Esquirol, who argued that suicide was a symptom of mental illness rather than a voluntary act (Myllykangas, 2019). Esquirol's views were further supported by the work of other early psychiatrists, such as Philippe Pinel and William James. Pinel, for instance, believed mental illness could be treated and prevented through humane treatment and environmental factors.

James also contributed to this shift in perspective by arguing that suicidal behavior is often caused by psychological factors such as hopelessness and despair. With



the emergence of modern psychology and psychiatry in the 20th century, suicide prevention and treatment became a primary focus of mental health research and practice. Mental health professionals began to develop new treatments for suicidal behavior, such as cognitive behavioral therapy (CBT), which aims to change the negative thought patterns associated with suicidal ideation. Suicide prevention hotlines were also established to provide immediate help for individuals struggling with suicidal thoughts or feelings. Overall, this change in perspective has led to a better understanding of suicide as a complex public health issue that requires multidisciplinary approaches to prevention and treatment efforts.

### **Cultural and Societal Factors Related to Suicide**

Erminia Colucci and David Lester's work on suicide has focused on the idea that suicide is not a single behavior but something that must be further broken down into specific component behaviors. They have explored how different sociocultural and personal factors affect the likelihood of different suicidal behaviors. They have proposed three types of suicidal behavior: premeditated, impulsive, and enatic. Premeditated suicide is characterized by thought and planning, whereas impulsive suicide is characterized by sudden emotional distress. Enatic suicidal behavior is a combination of explicit planning, preparation, and emotional arousal. The scholars have also explored certain protective factors that may lessen the risk of suicide, such as social support and access to necessary mental healthcare.

Erminia Colucci and David Lester are leading figures in the academic and scholarly fields of suicide research and prevention. The two experts have worked together to create and promote innovative and evidence-based approaches to preventing suicide.

Erminia Colucci has extensive experience in the field of clinical psychology and has contributed extensively to research in this area. Specifically, she has focused on how individuals can better understand and manage suicidal ideation. Her research has led to the development of evidence-based interventions for suicide prevention, and she has developed protocols and tools to help clinicians assess and treat clients in danger of suicide.

David Lester is a psychologist and professor emeritus at Rutgers University. His career has spanned over 4 decades, during which he has written extensively about suicide and its causes. He has investigated the role of personality and psychological and environmental factors in the development of suicidal thoughts and behaviors. Additionally, Lester has organized conferences and workshops to continue his work in this area and has developed models and protocols to help mental health practitioners better assess and treat those in danger of suicide.

The duo has worked together to further their research and bring their discoveries to the public. Together they have worked to develop protocols and programs to advance the field of suicide prevention and equip mental health professionals with the skills and techniques to better address and treat those in need. This collaborative effort led to the creation of the Taking Charge of Change online suicide prevention program. Utilizing the evidence-based research of Colucci, the Taking Charge of Change program offers an array of strategies for professionals including assessment tools, motivational strategies, and prevention strategies.

Though tackling suicide is not easy, their passion, resilience, and determination to further the understanding and treatment of suicide has created a path for more

individuals, families, and communities to benefit from their knowledge. By doing so, they have helped create a dialogue and positive environment for those struggling with suicidal thoughts and behaviors. Their shared passion to see others reach a place of hope and peace is to be commended.

Suicide is an unfortunate yet widespread phenomenon that continues to affect numerous individuals and their families across the world. As a result, there has been a great deal of psychological research devoted to understanding the causes and how to prevent instances of it. Two influential theorists in the area of suicide are Erminia Colucci and David Lester.

Erminia Colucci hails from the University of Milan, where she is a professor in the Department of Psychology. She is also a well-known international figure in suicide prevention, as evidenced by her publication of the Italian version of the Beck Suicide Intent Scale. Colucci's main research has focused on the different etiological and sociocultural factors in suicide attempts. Specifically, she believes the approach of focusing on individuals' psychological distress is inaccurate and that the suicidal person's family, environmental, and even socioeconomic conditions of their background should be considered when deducing potential causes of suicide attempts. This has inspired a better understanding of the social nature of suicide risk and prevention, as well as a more holistic approach to treating those in suicidality.

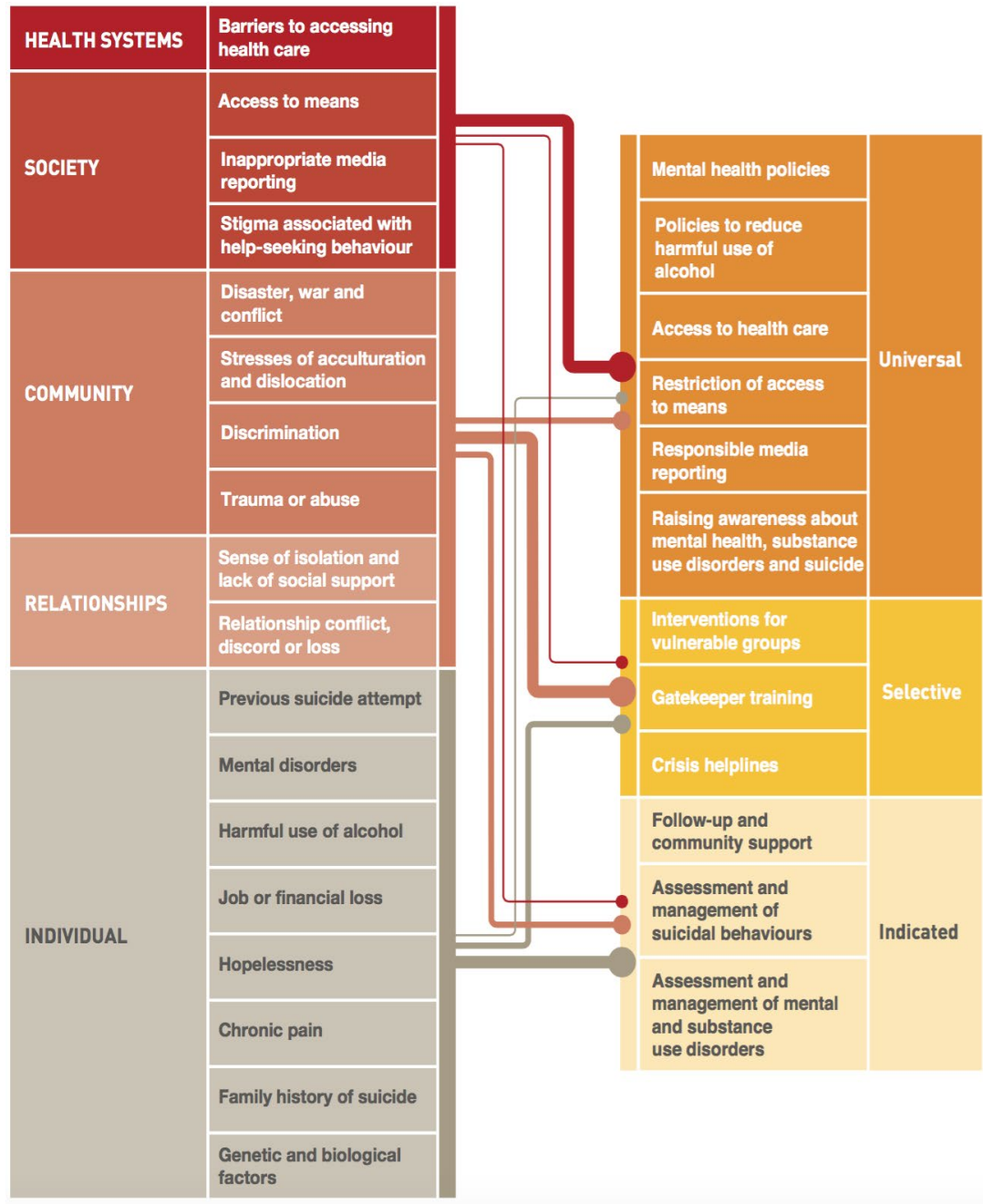
David Lester is a professor in the Department of Psychology at the Richard Stockton College of New Jersey and the president of the American Association of Suicidology. He is best known for his psychological research on suicide in which he seeks to understand the extent to which various psychological, biological, and

sociological factors contribute to suicidal behavior. His primary focus is on exploring the complex set of factors that often lead to suicide. His research has indicated that there is no one-size-fits-all answer when it comes to the causes of suicide and that each case must be studied individually to understand the unique set of factors that may have contributed to that person's particular suicide attempt.

***Impact of Culture on Suicidal Behavior.*** Erminia Colucci and David Lester's review focused on the influences of culture, religion, and family on suicidal behavior. They explored how certain suicide factors, such as creative expression and moralistic beliefs, can relate to other culture-specific issues, such as individualism and collectivism. They noted that culture has been found to increase, decrease, or even upend traditional suicide limits imposed by social mores. For instance, the authors pointed out that in Japan, suicide is met with greater understanding than in other cultures and is likely to be seen as an expression of personal honor.

The authors explored the impact of religion on suicidal behavior, noting that religion can provide a protective factor in societies where suicide is strongly condemned, or provide alternative paths for individuals prone to suicidal behavior. They discussed the power and influence of family as a strong factor in suicidal behavior, with relatives and family members even going so far as to enable it in some cases. In contrast, the authors cited research that negative and hostile family dynamics can increase one's risk of suicide. Figure 4 presents several suicide factors.

**Figure 4**  
*Suicide Factors*



Note. From <https://ourworldindata.org>, 2023

Colucci and Lester have collaborated on many projects, often exploring the relationship between depression and suicide, and objectively evaluating the effectiveness

of suicide prevention programming. They have also collaborated on research examining the psychological impact of suicide bereavement and its treatment. In addition, they have also been involved in studies researching the efficacy of school-based suicide prevention programs, emerging technologies used to detect suicide risk among adolescent populations, as well as identifying and evaluating interventions that can reduce suicide deaths.

Overall, Colucci and Lester's research has been instrumental in advancing our understanding of suicide and suicide prevention. Their work has helped improve our understanding of risk factors associated with suicide, as well as providing evidence for the effectiveness of interventions that can reduce suicide deaths. In addition, their research has provided insight into the psychological impact of suicide bereavement, which helps inform the development of specialized therapeutic support for people bereaved by suicide.

Finally, Colucci and Lester have analyzed how creative expressions such as art, music, and literature can influence suicide, creating a deeper understanding of it. The authors noted that creative expression offers an alternative means to cope with pain and can even contribute to suicidal behavior by providing a platform that can both normalize and glamorize the act. Additionally, they have uncovered how these expressions come in various forms, from intentional acts of self-expression to unintentional symbolism that can create empathetic ties to suicidal behavior.

In conclusion, Erminia Colucci and David Lester are two of the most influential researchers in the field of suicide prevention and intervention. In their research, they have shown that understanding the underlying etiologies behind suicide attempts is crucial to

provide effective interventions and ultimately reduce the prevalence of suicide in communities.

***Culture and Suicide.*** Culture plays a significant role in the prevalence and patterns of suicide. Suicide rates vary widely across cultures, and cultural attitudes toward suicide can influence the decision to attempt or complete suicide. For instance, Japan has been grappling with high suicide rates for decades (Rosario, 2019). Despite being one of the wealthiest countries in Asia, Japan ranks among the highest globally in suicides per capita. The country's high suicide rate can be attributed to various factors, including economic pressures, social isolation, and cultural attitudes toward mental health issues, and seeking help.

In Japan, committing suicide is sometimes deemed an honorable way to take responsibility for failure or avoid burdening others with one's problems. This cultural attitude may lead some people struggling with life challenges to take their own lives as they perceive it as a noble act rather than a tragedy that could have been prevented through seeking professional help or support from family and friends. Understanding how culture affects suicidal ideation is critical in developing effective prevention strategies targeting at-risk populations.

In contrast to many developed countries with high suicide rates, Latin American countries tend to have much lower rates. This trend may be attributed to strong social connections and family ties that serve as protective factors against suicide. In these countries, individuals often rely on their families and communities for support during times of crisis. However, there are exceptions to this trend, such as Guyana, which has one of the highest suicide rates in the world. The causes of Guyana's high suicide rate are

complex and multifaceted, including cultural norms around masculinity and mental health stigma, high levels of poverty and unemployment, and substance abuse issues. Despite these exceptions, the overall trend suggests that strong social connections can play a crucial role in reducing suicidal behavior in Latin American societies. Further research is needed to understand these protective factors and how they can be strengthened across different cultures and contexts.

Cultural attitudes toward suicide can also vary within a single country. For example, in the United States, suicide rates are generally higher in the Western states, where individualism is highly valued. In these states, suicide may be viewed to exercise autonomy and control over one's life. In contrast, suicide rates are generally lower in the Eastern states, where collectivism and family values are more highly prized. In these states, suicide may be viewed as a betrayal of one's obligations to family and community.

***Societal Factors and Suicide.*** In addition to cultural factors, societal factors such as socioeconomic status, unemployment, and social isolation are strongly associated with suicide risk. People experiencing financial or social difficulties may be more vulnerable to suicide. Studies have shown that individuals who are unemployed or experiencing financial hardship are at higher risk for suicide. These findings suggest that economic challenges can profoundly impact mental health outcomes. Social isolation is also a significant risk factor for suicide. People who lack social connections or feel disconnected from their communities may feel they have no one to turn to for support. This can increase feelings of hopelessness and helplessness, which are strong predictors of suicide risk.



Other societal factors contributing to suicide risk include access to lethal means, such as firearms, and exposure to violence or trauma. Suicide is a complex issue caused by various individual and societal factors. In some cases, individuals with a history of trauma or abuse may turn to suicide as a form of self-harm or a response to their experiences. Additionally, easy access to lethal means like firearms can increase the likelihood of impulsive acts of self-harm or suicide attempts. Although addressing these societal factors is crucial in reducing the incidence of suicide, it is equally essential for individuals struggling with suicidal thoughts to seek help from professionals trained in mental healthcare. Mental health providers can help individuals identify underlying causes and risk factors for suicide and provide effective treatment options tailored to their unique needs.

*Cognition and Suicide* Thomas E. Ellis is a renowned figure in the field of suicide research, best known for his long-standing focus on cognition and suicide. His extensive body of work takes an intricate view of the cognitive processes that may lead to, or result in, suicidal behavior. In particular, Ellis introduced the cognitive-behavioral theory of suicidal behavior as a framework that has since gained significant influence in understanding the psychological aspects and behaviors related to suicide.

Ellis's theory of suicidal behavior states that it is cognitive processes, such as maladaptive thinking and bereavement, which are core drivers of suicidal behavior. He broke suicidal behavior down into three main areas, each of which he assumed can create a domino effect that leads to suicide: maladaptive thinking, maladaptive behavior, and maladaptive affective states. Maladaptive thinking is held to be the primary driver of suicide due to its long-term negative effect on an individual's ability to effectively

process events or correctly interpret their surroundings; maladaptive behavior, an outflow of this maladaptive thinking, then provides coping strategies to the individual, which can lead them to the concept of suicide. Finally, maladaptive affective states are argued, by Ellis, to be the chief factor to directly induce suicidal ideation and/or action; these states, such as hopelessness and loneliness, create a negative outlook and reinforce the idea of suicide as a viable option.

This theory has become a key focus of suicide research and has led to several new treatments and therapies. Ellis was a pioneer in the use of CBT in the treatment of suicidal behavior, in particular the use of cognitive restructuring, problem solving, and coping strategies to both combat maladaptive thinking and address underlying causes of suicide. He also developed a set of preventative measures called the “Five-Point Suicide Prevention Plan,” which essentially boils down to an evidence-based identification and intervention system.

Ellis’s work has been instrumental in furthering the research into suicide and its related behavior, having laid the groundwork for much of the subsequent research into the suicidality of the mentally ill. His insights and perspectives on suicide are widely respected and still influential today. Suicide remains one of the most pressing public health challenges of our time, resulting in over 800,000 deaths worldwide each year. It has been identified as the second leading cause of death among youth ages 15–24 in North America and is among the top five causes of death among individuals of all ages in many countries. Despite the pervasiveness of suicide, there is still much that remains unknown about the causes and risk factors. In this essay, I draw upon the theories and findings of Thomas E. Ellis’s 2010 book titled, *Cognition and Suicide: Theory, Research,*

*and Therapy* to describe how cognitive processes impact suicide risk and to discuss potential therapeutic interventions.

Ellis (2010) argued that cognitive processes play an influential role in suicide risk. He identified four primary types of cognitive factors that may interact to increase suicide risk: overgeneralization, dissonance, hopelessness, and self-depreciation.

Overgeneralization refers to the tendency for individuals to make global evaluations of themselves or the world based on isolated incidents. Dissonance is a cognitive condition that describes a state of inner conflict. Hopelessness is defined as a negative expectation about the future that leads to feelings of helplessness and despair. Finally, self-depreciation is a negative attribution of worthlessness and low self-esteem.

Ellis (2010) stated that these four types of cognitive processes are often connected in a feedback loop, which intensifies suicidal thoughts. Overgeneralization can cause individuals to attribute negative experiences to broad, permanent problems. This feeling of dissonance and entrenched hopelessness then leads to low self-esteem and self-depreciation. Negative self-efficacy beliefs emerge, further fueling a sense of helplessness and despair. This, in turn, can lead to the development of suicidal behaviors and ideation. Therefore, by targeting the four elements of cognition and breaking this loop, interventions can significantly reduce suicide risk.

Drawing on Ellis's model, interventions for suicide prevention often attempt to change one, or multiple, of the four types of cognition. For instance, CBT is a type of therapy that attempts to modify patterns of overgeneralization and/or self-depreciation. Dialectical behavioral therapy focuses on reducing dissonance, fostering acceptance, and building hope. Through the use of CBT and dialectical behavioral therapy, clinicians are

able to reduce suicidal ideation and enhance client well-being. Other interventions, such as acceptance and commitment therapy, mindfulness-based cognitive therapy, problem-solving therapy, and interpersonal therapy are also used to target cognitive processes, each aiming to reduce suicidal thoughts and behaviors (Ellis, 2010).

***Cognitive Factors Related to Suicide.*** Suicide is a complex and multifaceted issue that various cognitive factors can influence. Cognition plays an important role in suicidal ideation. By understanding the mechanisms of how cognitive processes interact and exacerbate each other, therapeutic interventions have been developed to target and reduce suicide risk. These cognitive factors relate to how people think, process information, and respond to life stressors. Understanding these factors is crucial for developing effective prevention and intervention strategies. Although much progress has been made in better understanding cognitive factors of suicide risk, further research is needed to enhance intervention strategies for suicide prevention. This research explored some of the cognitive factors related to suicide.

***Hopelessness.*** One of the most well-established cognitive factors related to suicide is hopelessness. Hopelessness refers to the belief that one's situation is unlikely to improve and that there is no point in continuing to try. Research has consistently shown that hopelessness strongly predicts suicidal ideation and behavior. Individuals who experience feelings of hopelessness are at increased risk of attempting suicide, and hopelessness is often cited as a critical factor in completed suicides. The relationship between hopelessness and suicidal ideation has been found across cultures, age groups, and psychiatric diagnoses. Although other psychological factors have also been linked to suicide risks, such as depression and anxiety, hopelessness is a significant predictor. This

highlights the importance of assessing for feelings of hopelessness in individuals who may be at risk for suicide, as addressing these beliefs may be a critical component in preventing future suicidal behavior.

One reason hopelessness may be related to suicide is that it can lead individuals to view suicide as the only way to escape their pain and suffering. This is because hopelessness can reduce an individual's sense of agency and control over their life, leaving suicide as the only perceived option for relief. Research has shown that individuals who experience high levels of hopelessness are more likely to attempt or complete suicide than those with lower levels of hopelessness. Furthermore, hopelessness can also contribute to a negative outlook on life and a belief that things will never improve, further reinforcing the idea that suicide is the only way out. Mental health professionals and caregivers must address feelings of hopelessness in individuals at risk for suicide by providing them with support and resources to promote a sense of agency and control over their lives.

***Cognitive Rigidity.*** Another cognitive factor that has been linked to suicide is cognitive rigidity. Cognitive rigidity refers to the tendency to get stuck in one way of thinking and to have difficulty shifting perspectives or adapting to changing situations. This can result in rigid and inflexible thinking patterns that can harm mental health. Individuals who experience cognitive rigidity may have difficulty finding new solutions to problems or adjusting their expectations when faced with setbacks. Research has shown that cognitive rigidity is associated with an increased risk of suicidal behavior, possibly because it can lead to feeling trapped or hopeless. When individuals are unable to adapt to changing circumstances or find new solutions to problems, they may feel that

suicide is the only way out of their difficulties. Therefore, understanding the role of cognitive factors such as cognitive rigidity in suicidal behavior is crucial for developing effective interventions and prevention strategies for those at risk for suicide.

***Impulsivity.*** Impulsivity is a cognitive factor associated with suicide. Research has consistently demonstrated that individuals who exhibit higher impulsivity are at an increased risk of suicidal behavior. This is because impulsivity refers to acting without fully considering the risks or consequences. It can lead people to act on their suicidal thoughts without fully contemplating the outcome, which increases the likelihood of impulsive suicide attempts. These attempts are often more lethal than planned attempts, making impulsivity an essential factor in predicting suicide risk. In addition, studies have shown that impulsive individuals may also have difficulty seeking help or engaging in effective coping behaviors during distress, further increasing their vulnerability to suicidal ideation and behavior. Therefore, mental health professionals must consider impulsivity a critical component when assessing and managing individuals at risk for suicide.

***Cognitive Distortions.*** Cognitive distortions refer to ways of thinking that are inaccurate, unhelpful, or irrational. People who experience cognitive distortions may have a negative view of themselves, the world, and the future. This negative outlook often arises from overgeneralization, catastrophizing, or black-and-white thinking. Research has shown that cognitive distortions are associated with an increased risk of suicidal behavior. This is because individuals who engage in cognitive distortions may have a skewed perception of their problems and difficulties, which can lead to feelings of

hopelessness and helplessness. Cognitive distortions can also make it challenging to find practical solutions to problems, increasing the risk of suicidal ideation and behavior.

### **Cognitive Therapy for Suicide Prevention**

Given the critical role of cognitive factors in suicide, cognitive therapy has emerged as a promising approach to suicide prevention. The goal of cognitive therapy is to recognize and alter unhelpful or unreasonable thought habits. It is a type of psychotherapy. The goal of cognitive therapy is to assist patients in thinking and coping with stress in more appropriate ways. In at-risk populations, this therapy strategy has demonstrated tremendous potential in lowering suicide thinking and behavior. Recent studies have shown that cognitive therapy interventions, such as CBT, are effective in lowering suicidal thoughts in those who have tried suicide or have been diagnosed with depression. Cognitive therapy techniques aim to help individuals identify their negative thoughts, challenge them, and replace them with more balanced ones. By addressing maladaptive thinking patterns associated with suicidal behavior, cognitive therapy offers a promising avenue for preventing suicide among vulnerable populations.

Cognitive therapy has emerged as a promising treatment for suicide prevention. Research has shown that this approach effectively reduces suicidal ideation and behavior, both as a standalone treatment and in combination with other interventions. The primary focus of cognitive therapy for suicide prevention is identifying and challenging cognitive distortions, such as all-or-nothing thinking or overgeneralization. This process involves increasing awareness of negative automatic thoughts contributing to suicidal ideation and developing coping skills for managing distress. These skills may include relaxation techniques, problem-solving strategies, or social support networks. Cognitive therapy

also emphasizes developing a safety plan to prevent future suicidal behavior. In addition to cultural, societal, and cognitive factors, many other factors are related to suicide. Some of these factors are individual-level characteristics, whereas others are related to the individual's environment or circumstances to include psychiatric disorders.

### **Psychiatric Disorders**

Psychiatric disorders, particularly depression, are strongly associated with suicidal ideation and behavior. Studies have shown that individuals with depression are at a significantly increased risk of attempting suicide and that depression is one of the most common diagnoses in individuals who die by suicide. However, it is not just depression that poses a risk for suicidal behavior. Suicidal conduct has also been linked to other psychiatric conditions such as bipolar disorder, schizophrenia, and substance use disorders. According to research, comorbidity between various psychiatric diseases raise the likelihood of suicidal thoughts and attempts even more. Therefore, it is crucial for healthcare providers to thoroughly assess patients presenting symptoms of any psychiatric disorder for potential suicidal behavior or ideation. Additionally, early intervention and appropriate treatment can help reduce the incidence of suicide among those who suffer from psychiatric illnesses.

It is important to note that not all individuals with psychiatric disorders will experience suicidal ideation or behavior. However, it is crucial to acknowledge that a psychiatric disorder can increase an individual's risk of suicide. Various studies have shown that individuals with mental illnesses such as depression, bipolar disorder, and schizophrenia are at higher risk for suicide than those without these conditions. It is, therefore, essential for healthcare professionals to consider an individual's psychiatric



history when assessing their suicide risk. This assessment should involve a thorough evaluation of the patient's medical and psychiatric history, as well as their current symptoms and level of distress. Treatment options should also be considered to manage any underlying mental health conditions and reduce the individual's risk of suicidal thoughts or behaviors.

### **Trauma and Abuse**

Trauma and abuse pose serious risks for suicide, particularly for those who experienced these events as children. An elevated risk of suicide conduct might result from the long-term impact of trauma and abuse on mental health. Trauma and abuse's social and interpersonal consequences can further exacerbate this risk. For example, individuals who have experienced childhood abuse may struggle to form healthy relationships, leading to feelings of isolation and hopelessness. Trauma and abuse can also increase the likelihood of developing psychiatric disorders such as PTSD, increasing an individual's risk of suicidal behavior. Clinicians must assess for a history of trauma or abuse when evaluating suicide risk, as early intervention can help prevent suicidal ideation from progressing to attempts or completion. Providing support for survivors through therapy or counseling is crucial in reducing their vulnerability to suicide-related risks resulting from past experiences with trauma or abuse.

### **Conclusion**

Mental health issues and suicide have an immense impact on individuals, families, and communities. It is essential that individuals, families, and communities work together to create an environment of acceptance and support to help address these issues. Furthermore, governments must invest in mental health and suicide prevention

services to adequately support those affected. In conclusion, mental health and suicide have a profound impact on all aspects of society and it is important to ensure support for those affected by these issues. With increased investment, awareness, and education, it is possible to create communities and societies that are free from the harms of mental health and suicide.

Suicide prevention is key to protecting the well-being of individuals and communities. The CDC (2021) established several key strategies for promoting suicide prevention, including strengthening the ability of community members to intervene and connect individuals in crisis to appropriate supports, teaching coping and problem-solving skills to help individuals manage and reduce suicidal thoughts, identifying and addressing the influences of social and cultural factors, improving access to and coordination of care, reducing access to lethal means, promoting public awareness, and encouraging open conversations about suicide and mental health.

### **Literature | The 988 Suicide Prevention Lifeline: A Beacon of Hope**

The 988 Suicide Prevention Lifeline is a critical resource for individuals experiencing emotional distress or a suicidal crisis. This 24-hour, toll-free hotline connects callers with trained crisis counselors who provide emotional support, resources, and guidance to help them navigate their darkest moments. This comprehensive overview discusses the history, purpose, and operations of the 988 Hotline, as well as its significance as a life-saving tool.

### **Background and History of the 988 Suicide Prevention Lifeline**

The 988 Suicide Prevention Lifeline was created in response to the growing need for accessible mental health support and crisis intervention. Its establishment was

facilitated by the National Suicide Hotline Designation Act of 2020, which aimed to increase public awareness and access to mental health services. The Federal Communications Commission (FCC) approved the use of the three-digit number, 988, to simplify access to the existing National Suicide Prevention Lifeline (1-800-273-TALK).

### **Purpose of the 988 Suicide Prevention Lifeline**

The 988 hotline serves as a lifeline for individuals in crisis by providing immediate, confidential support during moments of emotional distress or suicidal ideation. The 988 Suicide Prevention Lifeline is a network of over 180 crisis centers across the United States. Each center is staffed by trained and certified crisis counselors who provide support and intervention to callers in need. The network operates as follows: When a caller dials 988, their call is routed to the nearest available crisis center. A trained crisis counselor answers the call and begins a conversation to assess the caller's emotional state, risk factors, and immediate needs. The counselor provides emotional support, empathetic listening, and resources to help the caller cope with their distressing thoughts and feelings. If necessary, the counselor may initiate active rescue procedures for callers in imminent danger or refer them to local mental health services for continued support. Its primary objectives include:

1. Offering emotional support and crisis intervention to individuals experiencing suicidal thoughts, self-harm, or emotional distress
2. Providing resources and referrals to mental health services for ongoing support and recovery
3. Raising public awareness about mental health and suicide prevention to help break the stigma surrounding these issues.

## **Training and Certification of Crisis Counselors**

Crisis counselors are the backbone of the 988 Suicide Prevention Lifeline, providing essential support and guidance to callers in distress. These counselors undergo extensive training and certification to ensure they are equipped to handle a wide range of mental health crises, including active listening and empathy skills to connect with callers and understand their emotions. Utilizing crisis intervention techniques is paramount in supporting individuals as they navigate through their overwhelming emotions and distressing thoughts. As part of this critical support process, it's vital to conduct risk assessments and create safety plans specifically tailored for those grappling with suicidal ideation or self-harm. Furthermore, it's equally important to have a deep understanding of both local and national mental health resources. Such knowledge enables the provision of suitable referrals and ensures the facilitation of ongoing support for those in need.

## **The Lifeline's Impact on Mental Health and Suicide Prevention**

The 988 Suicide Prevention Lifeline has had a profound impact on mental health awareness and suicide prevention in the United States. Its accessibility and visibility have significantly contributed to breaking the stigma surrounding mental health and encouraging open conversations about emotional well-being. The hotline has saved countless lives by providing immediate support to those in crisis, preventing suicides, and connecting individuals with mental health services for ongoing care.

## **The 988 Lifeline's Role in Reducing Suicide Rates**

The 988 Suicide Prevention Lifeline has played a significant role in reducing suicide rates by providing immediate assistance to individuals in crisis. Research has shown that callers who reach out to the hotline exhibit a decrease in suicidal ideation and

psychological distress during the call. This reduction in distress has been linked to a lower likelihood of engaging in suicidal behaviors, ultimately preventing potential suicides.

### **Collaboration with Other Mental Health Organizations**

The 988 Suicide Prevention Lifeline collaborates with numerous mental health organizations to ensure comprehensive support for callers. Partnerships with these organizations, such as the AFSP, National Alliance on Mental Illness (NAMI), and Substance Abuse and Mental Health Services Administration (SAMHSA), enable the hotline to offer a diverse range of resources and referrals tailored to each caller's unique needs.

### **Public Awareness Campaigns and Outreach Programs**

Public awareness campaigns and outreach programs have been critical in promoting the 988 Suicide Prevention Lifeline as a reliable resource for individuals in crisis. These initiatives help normalize discussions about mental health and encourage individuals to seek help when needed. Some campaigns, such as the "Be the 1 to" initiative, promote key strategies for suicide prevention, whereas others focus on reaching specific populations, such as veterans, LGBTQ+ individuals, and youth.

### **The Role of Telecommunications Providers**

Telecommunications providers play an essential role in facilitating access to the 988 Suicide Prevention Lifeline. The FCC requires these providers to ensure that calls to 988 are connected to the appropriate crisis center. Additionally, the FCC has mandated that telecommunications providers offer the 988 service without imposing any additional

charges on callers, ensuring that help remains accessible and free of cost for those in need.

### **The Government's Role in Supporting the 988 Lifeline**

Federal, state, and local governments have demonstrated their commitment to supporting the 988 Suicide Prevention Lifeline through legislation and funding. The National Suicide Hotline Designation Act of 2020, which designated the three-digit number, 988, for the hotline, has increased the hotline's visibility and accessibility. Meanwhile, government grants and funding initiatives have helped sustain and expand the lifeline's network of crisis centers, ensuring continued support for individuals in crisis.

### **The Lifeline's Adaptation to Evolving Needs**

As societal needs and preferences change, the 988 Suicide Prevention Lifeline has evolved to meet the demands of the communities it serves. Technological advancements have facilitated the development of additional support channels, such as text messaging and online chat services. These options cater to individuals who may not feel comfortable speaking on the phone or who prefer written communication, further expanding the lifeline's reach and impact.

### **The 988 Suicide Prevention Lifeline: An In-Depth Look at the Pros and Cons**

The 988 Suicide Prevention Lifeline is a valuable resource for individuals experiencing a mental health crisis. The hotline aims to provide immediate support and intervention for those in need, but its effectiveness is still a topic of debate. This section explores the pros and cons of the 988 Suicide Prevention Lifeline, examining its impact

on mental health, its potential limitations, and the continued need for comprehensive mental healthcare.

The National Suicide Prevention Lifeline (988) is a mental health crisis hotline in the United States designed to provide support, counseling, and resources to individuals contemplating suicide or experiencing emotional distress (FCC, 2022). Although the 988 Hotline has been praised for its accessibility and potential to save lives, it has also faced criticism in terms of its effectiveness and limitations. This paper seeks to critically analyze the pros and cons of the 988 Suicide Prevention Lifeline, drawing on research and expert opinion to facilitate a comprehensive understanding of its impact on mental healthcare.

### ***The Pros of the 988 Suicide Prevention Lifeline***

***Increased Accessibility and Awareness.*** The adoption of the 988 number as a national crisis hotline has led to increased accessibility and awareness of mental health resources (FCC, 2022). This three-digit number is easier to remember and more accessible than the previous 10-digit number (Gould et al., 2012). As a result, the hotline has the potential to reach a larger audience, particularly in times of crisis when individuals may struggle to remember a longer number.

***Immediate Support.*** The 988 hotline provides immediate support to individuals experiencing a mental health crisis (Gould et al., 2012). Trained crisis counselors are available 24/7 to provide emotional support, resources, and guidance for those in need. This immediate intervention can be lifesaving, particularly for individuals who may not have access to mental healthcare or support networks (Draper et al., 2007).

***Reducing Stigma Around Mental Health.*** The establishment of a national suicide prevention hotline helps reduce the stigma surrounding mental health issues (Corrigan, 2004). By providing a dedicated resource for individuals experiencing suicidal thoughts or emotional distress, the 988 hotline helps normalize conversations around mental health and encourages individuals to seek support.

### ***The Cons of the 988 Suicide Prevention Lifeline***

***Limited Effectiveness.*** Critics argue that the effectiveness of the 988 hotline is limited by various factors, such as a lack of specialized training for crisis counselors and inadequate follow-up care (Gould et al., 2012). These factors may reduce the hotline's overall impact on preventing suicide, particularly among high-risk populations.

***Reliance on Phone-Based Support.*** The 988 hotline's reliance on phone-based support may limit its accessibility for certain populations, such as those with hearing impairments, language barriers, or a preference for text-based communication (FCC, 2022). Additionally, phone-based support may not be suitable for all individuals, particularly those experiencing severe emotional distress or anxiety.

***Insufficient Funding and Resources.*** The 988 hotline faces challenges in terms of funding and resources, which can impact the quality and consistency of support provided (SAMHSA, 2021). Insufficient funding may lead to long wait times, limited staffing, and a lack of specialized training for crisis counselors, all of which can undermine the hotline's effectiveness.

### ***Summary of the 988 Suicide Hotline***

The 988 Suicide Prevention Lifeline is a vital resource in the fight against suicide and mental health crises. By providing immediate, confidential support to individuals in



need, the lifeline has saved countless lives and raised awareness of the importance of mental healthcare. As the hotline continues to adapt and expand, its impact on suicide prevention and mental health awareness will only continue to grow, offering hope and help to those who need it most.

The 988 Suicide Prevention Lifeline is a valuable resource for individuals in crisis, providing immediate support and intervention. However, the hotline is not without its limitations. Despite the 988 lifeline's successes, challenges remain in ensuring adequate funding and resources to support its growing demand. As awareness of the hotline increases, so too does the need for additional crisis centers, trained counselors, and robust mental health services. Additionally, the ongoing development and integration of new technologies, such as text messaging and chat services, will play a crucial role in expanding the hotline.

## **Part 2 | The Impacts**

Mental health issues and suicide significantly impact individuals, families, and communities globally, affecting various aspects of life, including physical health, emotional well-being, life functioning, and productivity. The consequences of mental health issues and suicide manifest in several ways.

### **Individual Impact**

Mental health issues and suicide have a significant impact on individuals, families, and communities worldwide. It can negatively affect physical health, emotional well-being, life functioning, and productivity. Moreover, mental health issues, such as depression and anxiety, and suicide are associated with a range of social and economic costs. Having mental health issues or experiencing the loss of a loved one to suicide can

have a profound emotional and physical impact on individuals. The emotional impact of mental health issues and suicide is immense. Mental health issues can be isolating and can lead to feeling overwhelmed, confused, helpless, hopeless, and/or anxious. Those who have lost a loved one to suicide often experience grief, guilt, and anger. With grief, individuals may struggle to accept the loss and feel stuck with the intensity of their emotions. Mental health issues and suicide can also lead to physical effects on individuals. Anxiety and depression can cause individuals to experience physical symptoms such as headaches, body pain, and insomnia, as well as an increase in risk-taking behaviors like substance abuse, which can further impair mental health.

### **Family Impact**

The emotional impact of mental health and suicide on families is often devastating, especially when the affected individual is a close relative. Family members may feel a strong sense of guilt, confusion, and helplessness. Those who have lost a loved one to suicide are also likely to experience grief and intense sadness. The impact of mental health issues and suicide is not limited to the affected individual but can also have an effect on their family. The financial impact of mental health and suicide on families can be substantial. Loss of income and/or incurring costs associated with psychotherapy, medication, and/or burial expenses can all weigh heavily on already strained family finances. The social impact of mental health and suicide on families can also be considerable. Families may experience social stigma and exclusion, and the issue can strain family relationships, causing divisions and discord.

## **Community Impact**

Mental health issues and suicide have a significant impact on communities. Mental health issues and suicide are often seen in communities as a source of sadness, mourning, and frustration. Communities affected by mental health and suicide are likely to experience a decrease in morale and quality of life. Furthermore, there may be an additional burden placed on resources such as counsellors, psychiatrists, and other healthcare professionals. The financial impact of mental health and suicide on communities can be substantial. Communities affected by mental health issues and suicide may experience an increase in the costs associated with providing mental health and suicide prevention services, as well as lost wages due to absenteeism and/or reduced productivity. The social impact of mental health and suicide on communities is also significant. Stigma can be a pervasive issue and communities may lack the resources or capacity to provide sufficient healthcare and support services. Furthermore, communities may experience a breakdown in trust or safety due to increased crime and violence.

## **Summary of Chapter 2**

Chapter 2, the literature review, has systematically explored a variety of sources and topics related to the impact of COVID-19 on suicide rates. It began by focusing on the insights provided by existing literature on COVID-19, Abraham Maslow's Hierarchy of Needs, trauma, and suicide. It also explored the role of the 988 Suicide Prevention Lifeline as a supportive measure during these challenging times. The review brought attention to the individual, family, and community impacts of suicide, which are critical to consider when assessing the overall societal effect. The chapter consolidated our understanding of suicide and its contributing factors, particularly within the unique

context of the COVID-19 pandemic, and it set the stage for the research design and methodology to be discussed in Chapter 3.

As we transition into Chapter 3, the focus will shift toward this study's research design and methods. It will provide an in-depth rationale behind selecting content analysis as the research design, followed by a detailed description of data collection procedures, including the selection of sources and the target population. This chapter will also address essential elements such as the trustworthiness of the study, ethical considerations, and the researcher's role. The second part of Chapter 3 will delve into data analysis techniques, emphasizing coding and thematic analysis, two fundamental components of content analysis. This section will thoroughly understand these methods and how they will be used to analyze the collected data.

Subsequently, the chapter will explore the five major factors identified in the literature review: financial stress, unemployment, isolation, fear of infection, and mental health conditions contributing to suicide rates during the COVID-19 pandemic. Discussing these factors will form the basis for identifying critical themes related to suicide during the pandemic. Lastly, Chapter 3 will explore conflict resolution methods. This discussion will set the foundation for exploring potential strategies to address and mitigate the increased suicide rates due to COVID-19. This next chapter is crucial for the study, as it will define the methods by which the research question is approached and addressed. Thus, it plays a pivotal role in ensuring the integrity and validity of the study's findings and conclusions.

### Chapter 3: Research Design & Methods

In Chapter 3, the focus is on the methodology employed in this study to explore the relationship between the COVID-19 pandemic and the increase in suicide rates. The chapter provides a detailed account of the research design, data collection, and data analysis processes, ensuring a thorough understanding of the steps taken to investigate the complex interplay of factors that have contributed to the rise in suicide rates during the pandemic.

Chapter 3 of this dissertation, titled "Research Design & Methods," serves as a key component in this academic investigation, being the foundation upon which the validity of the entire study rests. This chapter is dedicated to describing and justifying the research methods employed to study the impact of COVID-19 on suicide rates, as well as detailing the steps involved in data collection and analysis. The importance of Chapter 3 lies in its role in ensuring the reliability and validity of the research findings. By using a rigorous, carefully designed research methodology, this chapter sets the stage for a comprehensive exploration of the subject matter. It provides a transparent and systematic plan for collecting, analyzing, and interpreting the data, thereby ensuring that the study's results are trustworthy, credible, and can be replicated by other researchers.

The chapter begins with an explanation of why the content analysis was chosen as the primary research design. This part outlines the strengths of content analysis and how it suits the research objectives. Understanding the reason behind the chosen research design helps to justify the study's approach and sets expectations for the type of data and findings the study will generate. Next, it delves into data collection, discussing the selection of sources, the size and choice of the target population, and ethical

considerations. This section is vital as it determines the data's quality and ensures that the study adheres to ethical guidelines. Following this, the dissertation proceeds to the data analysis segment, offering an introduction to coding, the role it plays in content analysis, and the strategies used. This segment is pivotal as the method of data analysis plays a significant role in the outcomes of the study.

My role as the researcher is also addressed, highlighting the importance of reflexivity and transparency in the research process. This section offers insights into my positionality, biases, and potential influences on the study's findings. Following the discussion of the research design and data collection process, Chapter 3 delves into the data analysis techniques used. The chapter outlines the significance of coding in content analysis and explains the thematic analysis approach adopted to identify and analyze patterns within the collected data. This section also presents the coding strategies employed to ensure a rigorous and systematic analysis of the sources.

Subsequently, Chapter 3 explores five major factors - financial stress, unemployment, isolation, fear of infection, and mental health conditions - which were identified based on previous literature and are thought to influence suicide rates during the COVID-19 pandemic. By diving into these factors, this chapter lays the groundwork for understanding the context and implications of the data collected. Lastly, this chapter introduces conflict resolution methods, an important component that further enriches the analysis and provides insights into potential solutions to address the problem at hand. In essence, Chapter 3 provides the framework and tools necessary for the subsequent analysis and interpretation of data in Chapter 4, "Findings." Hence, it is critical to

establish the scientific merit and practical value of this study on the impact of COVID-19 on suicide rates.

### **Part 1 | Research Design | Why Qualitative Research?**

Qualitative research is a valuable approach for exploring complex social phenomena, as it allows researchers to delve deeply into the meanings, experiences, and perspectives of research participants. Content analysis is a widely used method in qualitative research for examining textual data and identifying patterns, themes, and relationships within the data. Coding, the process of assigning labels or categories to segments of data, is a fundamental aspect of content analysis. This qualitative research aimed to explore the importance of qualitative research, specifically will combining phenomenology, grounded theory, and context of content analysis.

John W. Creswell's 2007 book, *Qualitative Inquiry and Research Design*, is a valuable resource for researchers seeking to understand and apply qualitative research methods. Combining the use of phenomenology theory, grounded theory, and content analysis in conducting my study on the impact of COVID-19 on suicide rates was instrumental in achieving a holistic understanding. Each methodology shed light on a different aspect of the problem. Phenomenology added depth by highlighting individual experiences, grounded theory provided the theoretical framework for understanding the processes, and content analysis gave a bird's-eye view of the societal discourse.

This study employed a qualitative research design, utilizing content analysis to explore the factors contributing to increased suicide rates during the COVID-19 pandemic. Content analysis is a systematic method for analyzing textual data and identifying patterns, themes, and categories within the data (Hsieh & Shannon, 2005).

This method allowed for an in-depth examination of the various factors associated with COVID-19-related suicides, providing valuable insights into the complex interplay between these factors and their impact on mental health and suicide risk.

I would have preferred to tackle this research topic by conducting interviews of those impacted by both suicide and COVID 19. However, I fully understand the vulnerability around the research topic at hand. Given COVID-19- and suicide-vulnerable populations and risks, a content analysis research technique was the safest qualitative research approach to gathering research findings systematically. My objective was to collect as many documents as possible, graphics, releases, shared stories, and more to make valid inferences and interpretations in qualitative coding data and then convert them into quantitative data.

I take analyzing the COVID-19 conflict correlation to the rate of suicide very seriously. I believe we are at a crossroads that has managed to creep into our lives unexpectedly and impact the suicidal rate of individuals in the United States and around the globe. I hope to expose new ways of managing conflicts to be carried into individuals' households, workplace settings, social media platforms, and on a global scale. I am honored to have had access to tools, support, and resources to conduct this research. Nevertheless, I have been passionate about achieving this research while being an optimist about the possibility.

### **Data Collection | Introduction**

*Choosing the Right Data Collection Method for My Study.* When I conduct research on a specific issue, it is crucial for me to establish appropriate selection criteria. These criteria should be based on my research question and help narrow down the scope



of my study, ensuring that it remains manageable and focused. The following paragraphs detail the several selection criteria I considered when researching the increased suicide rate due to COVID-19.

First, I considered geographical location as a key selection criterion. The pandemic's impact varies depending on the location, so I needed to decide which countries or regions to focus on. For instance, if my study had concentrated on the increased suicide rate solely in the United States, I would have included the states or cities most affected by the pandemic.

Second, I found it essential to consider age when researching the increased suicide rate due to the pandemic. Different age groups have likely been affected differently by the pandemic. Studies suggest that older adults may have been more vulnerable, whereas younger adults may have been more resilient. So, it was useful for me to consider age groups when selecting participants. Third, I considered socioeconomic status as a selection criterion. Research indicates that individuals with lower socioeconomic status may be more prone to psychological distress due to the pandemic. Therefore, I found it beneficial to consider the different socioeconomic backgrounds of the study participants. I also considered other factors such as race, gender, or sexual orientation.

Lastly, when researching the increased suicide rate due to the pandemic, I needed to examine the types of resources available to those at risk. The availability of mental health resources before the pandemic may have contributed to the increased suicide rate. Hence, I conducted research on the availability of resources and access to mental health services before and during the pandemic. It was crucial for me as a researcher to establish

selection criteria when investigating the increased suicide rate due to COVID-19. When selecting participants for my study, I considered geographical location, age, socioeconomic status, and mental health resources. By employing appropriate selection criteria, I could ensure my study remained manageable and focused.

### **Selection of Sources**

A comprehensive literature search was conducted to identify relevant articles, reports, and documents for the content analysis. Databases such as PubMed, PsycINFO, Web of Science, and Scopus were searched using keywords and phrases related to the research objectives, such as "COVID-19," "suicide," "financial stress," "unemployment," "isolation," "fear of infection," and "mental health conditions." Additional sources were identified through reference list searches and expert recommendations. Inclusion criteria for the study consisted of articles and reports published in English, focusing on the factors contributing to increased suicide rates during the COVID-19 pandemic. Studies that did not address the research objectives or were published before the pandemic were excluded from the analysis.

### **Research Size and Choosing the Target Population**

It is important that the sample and size of a study are correctly selected to ensure the best possible outcome is achieved. The sample of the research should be representative of the population of the area being studied. It is important to consider not only the geographic areas that are being studied but also the social, economic, and cultural characteristics of the population. For the purpose of this research, suicide rates from 2020 to 2023 were compared. When considering the size of a sample, it is important to consider the objectives of the research. If the research is intended to answer a specific

question, then the sample size should be adjusted to ensure that the answer is found. In this case, the sample size was large enough to generate meaningful results. In terms of suicide, it was beneficial to use a larger sample size when recording the differences. Additionally, the sample include people from different age groups, genders, and socioeconomic statuses, which should be multiplex.

### **Trustworthiness and Ethical Considerations**

To ensure the trustworthiness of the study, several strategies were employed, such as data triangulation, peer debriefing, and reflexivity. Data triangulation involved gathering information from multiple sources to corroborate the findings and increase the validity of the results. Peer debriefing involved discussing the coding process and findings with colleagues and experts to ensure accuracy and consistency. Reflexivity involved the researchers critically reflecting on their own biases, assumptions, and preconceptions to reduce potential influences on the data analysis process. Regarding ethical considerations, the study adhered to principles such as confidentiality, informed consent, and respect for the rights and welfare of research participants. All data sources were anonymized, and any identifying information was removed to protect the privacy of individuals and organizations involved in the studies.

### **Phenomenology: Exploring Lived Experiences**

In phenomenological research, it is essential to select participants who have directly experienced the phenomenon under investigation. In this case, I explored individuals who have experienced suicidal thoughts or attempts during the COVID-19 pandemic or family members who have lost someone to suicide, focusing on their experiences and emotions related to the COVID-19 suicide rate. Phenomenological

research requires analyzing the data using phenomenological analysis techniques by identify significant statements and organizing them into themes, capturing the essence of the participants' experiences. I then synthesized the themes into a rich, descriptive account of the phenomenon, providing insights into the lived experiences of those affected by the COVID-19 suicide rate.

### **Grounded Theory: Understanding Contributing Factors**

Grounded theory research requires a diverse group of participants. I explored testimonies from mental health professionals, policymakers, community leaders, and individuals directly affected by the COVID-19 suicide rate to gain a comprehensive understanding of the contributing factors. Multiple data collection methods, including observations and document analysis, were employed. I collected data iteratively, refining the research questions and sampling strategy based on emerging insights. I analyzed the data using grounded theory techniques, such as open coding, axial coding, and selective coding, to identify categories, relationships, and concepts within the data. I continuously compared data and concepts to identify patterns and develop a theoretical framework that explains the phenomenon under study. Based on the analysis, I developed a theory grounded in the data that explains the factors contributing to the COVID-19 suicide rate. This theory provided a comprehensive understanding of the complex interplay of individual, social, and structural factors that have influenced the suicide rate during the pandemic.

By employing both phenomenological and grounded theory approaches, I was able to gain a deeper understanding of the COVID-19 suicide rate from both individual and systemic perspectives. Phenomenology allows researchers to explore the lived

experiences of those affected, whereas grounded theory helps identify contributing factors and develop a comprehensive theoretical framework. The findings of this research can inform interventions, policies, and practices to address the mental health crisis resulting from the COVID-19 pandemic and prevent further increases in the suicide rate.

### **Contents Analysis: Breaking Down the Process**

Content analysis, when used in qualitative research, involves a detailed and systematic examination of various forms of content, whether it's written, visual, or spoken. The aim is to identify specific characteristics or properties of that content, typically by categorizing the content into themes or patterns. For my study on the impact of COVID-19 on suicide rates, I employed content analysis as part of my research methodology, and the process unfolded as follows:

I first determined the material for my examination. This included social media posts, blog entries, discussions in online forums, newspaper articles, and other text-based resources that had discussions revolving around suicide during the COVID-19 pandemic. Second, I created a set of categories or a coding system to classify my content. These categories were built based on recurring themes, expressions, sentiments, or any significant elements I identified. Categories like "financial stress," "fear of contagion," "social isolation," etc., were designed, which were exhaustive and mutually exclusive.

Once my categories were established, I began the process of 'coding' my content. This involved sorting the content into the relevant categories by meticulously reading through each text and marking each instance where a particular category was represented. After the coding of the content, I started analyzing my results. This involved looking at the categories that appeared most frequently, identifying patterns across different texts,

and exploring the relationship between different categories. The process provided valuable insights into public sentiment, discourse, and experiences related to suicide during the pandemic. Lastly, validation, to ensure reliability, I validated my findings. This was done by engaging multiple coders to independently analyze a subset of the content, and subsequently, the results were compared. The consistency among coders increased the confidence in the reliability of my coding scheme.

Despite content analysis being a time-consuming process, especially when dealing with large amounts of content, it was invaluable for uncovering prominent themes, expressions, or sentiments in the public discourse around suicide in the context of the COVID-19 pandemic. This greatly enriched the qualitative aspects of my study.

### **Combining Phenomenology, Grounded Theory, and Contents Analysis**

By triangulating the results from these three methodologies, I was able to validate and enrich my findings, leading to a robust and comprehensive understanding of the factors contributing to increased suicide rates during the COVID-19 pandemic. This integrative approach was instrumental in capturing the complexity and multifaceted nature of the phenomenon at hand. Throughout each phase of the research, it was essential to cross-validate findings from each method to ensure consistency and enhance the depth of understanding. Certain themes emerging from content analysis echoed the insights gained from the phenomenological exploration, thereby reinforcing the findings. Similarly, the grounded theory developed provided a framework to better understand and interpret the themes identified through content analysis.

## **Phenomenology Theory**

Phenomenology allowed me to delve into the subjective experiences of individuals impacted by suicide during the pandemic. Through an analysis of autobiographical accounts, blogs, or vlogs, I was able to glean a nuanced understanding of their emotions, thoughts, and perceptions. This approach humanized the data, reminding all stakeholders that behind each data point, there was a human being with a unique story.

Traditionally, this approach would have involved in-depth interviews, but due to the lack of approval for interviews, alternative methods were sought to capture the lived experiences of individuals. Published autobiographical accounts, blogs, or vlogs by individuals who contemplated suicide, survived a suicide attempt, or lost someone to suicide during the pandemic served as invaluable sources of information. Through the analysis of these texts, the subjective experiences, emotions, and meanings ascribed to these experiences by the individuals were sought to be understood.

## **Grounded Theory**

Utilizing the data collected from the aforementioned sources, attempts were made to identify the processes leading to these experiences. This involved tracing the events that led to suicidal ideation or an attempt, exploring how different factors interacted, and their outcomes. The aim was to develop a theoretical model that elucidated the process and identified crucial factors that influenced suicide contemplation or attempts during the pandemic. The theory's development was driven by data, allowing for adaptations based on new findings from the data.

The use of grounded theory offered a systematic way to understand the processes and interactions that led to these experiences. By developing a theory based on the data collected, I was able to identify key factors that influenced suicide contemplation or attempts during the pandemic. This approach bridged the gap between the individual experiences and broader patterns, enabling me to provide a comprehensive explanation of why and how the pandemic may have increased suicide rates.

### **Content Analysis**

To complement the data gathered from autobiographical accounts, blogs, or vlogs, a textual analysis of additional relevant content was carried out. Public posts on social media, blog entries, newspaper articles, and forum discussions relating to suicide during the COVID-19 pandemic were considered. In analyzing these texts, common themes, expressions, or sentiments were identified to gain insights into the broader public sentiment, discourse, and experiences linked to suicide during the pandemic.

Content analysis complemented the above methodologies by enabling me to gauge the broader social discourse around suicide during the pandemic. By analyzing various forms of textual content, I identified common themes, expressions, and sentiments, providing an understanding of the wider social context and public sentiment. This approach helped me to extrapolate the insights from individual experiences to the larger population.

By integrating these three methodologies, a comprehensive exploration and understanding of the complex phenomenon of suicide in the context of the COVID-19 pandemic was achieved. Despite the challenges, the combined use of phenomenology, grounded theory, and content analysis enabled a nuanced understanding of personal



experiences, underlying processes, and broader themes related to suicide during this period.

### **My Role as a Researcher**

*Obtaining Ethical Approval from Relevant Authorities.* Research on suicide is highly sensitive and serious, so my role as a researcher in such a project required me to be responsible and impartial. When researching suicide rates due to the COVID-19 pandemic, I had to exercise extra caution in obtaining consent and approval for my research. Specifically, I needed to clearly explain the aim and objectives of my study, secure ethical approval for conducting the research, and present the risks and benefits of participation to prospective participants.

To conduct a study on suicide, I needed to receive approval from an ethics committee, ensuring that my research respects everyone involved. During the approval process, I had to provide details of my study design, potential risks associated with the research, and potential benefits of participation. I also had to demonstrate clear ethical considerations, including participant protection, informed consent, and the right to withdraw. Furthermore, I needed to account for the trauma experienced by participants, especially if the conversation brought up suicidal ideation. I provided all this information to the ethics committee and obtained approval before starting my research.

Additionally, when researching the increase in suicide rates due to COVID-19, it was crucial that I employed interventions that minimized the risk of harm. For example, I had to ensure that participants were informed about their rights, options, and benefits associated with participating in my research. I also needed to guarantee proper data protection and privacy-focused data collection. Moreover, I used appropriate interviewing

techniques and obtained approval from a mental health professional as my study involved participants who might have been at risk of harm from the research process.

### **Summary**

My role as a researcher had to embody impartiality and excellence. When researching suicide, it was particularly important for me to explain my research aims clearly, protect data and participants, adhere to ethical approval processes, and use methods that minimized the risk of harm to participants. By adhering to such rigorous research practices, I ensured that my research results contribute significantly to society's understanding of suicide rates in today's world. In my qualitative study, I aimed to explore the factors contributing to the increased suicide rate during the COVID-19 pandemic, identify patterns in the affected populations, and understand the potential shortcomings in mental health support systems during this period. Through in-depth research analysis with a content analysis approach, I was able to gather rich data providing valuable insights into the lived experiences of those affected by the pandemic and its influence on their mental well-being.

The findings of my study can help inform mental health professionals, policymakers, and support organizations in designing targeted interventions and strategies to address the increased suicide rates during and after the pandemic. By understanding the complex interplay of factors contributing to the rise in suicide rates, such as socioeconomic status, age, access to mental health resources, and the unique challenges posed by the pandemic, we can work towards developing more effective approaches to mitigate the mental health impact of such crises in the future.

## **Part 2 | Data Analysis**

### **Introduction | Coding**

This section explores the significance of coding in qualitative research, specifically focusing on content analysis as a method of data analysis. Through a comprehensive review of literature and real-world examples, the research highlights the vital role that coding plays in the identification of themes, patterns, and relationships within textual data. I also discuss various coding strategies and their implications for the quality and validity of research findings.

### **The Importance of Coding in Content Analysis**

Coding allowed me to systematically organize and structure the data, making it more manageable and easier to analyze. By categorizing data into meaningful codes, I could systematically work through large amounts of textual data and break it down into smaller, more focused units of analysis. The coding process helped me identify patterns, themes, and relationships within the data. By assigning codes to segments of data, I could group similar data segments together, making it easier to see patterns and trends. This, in turn, facilitated the discovery of themes and relationships that may not have been evident without the coding process.

A well-executed coding process enhanced the trustworthiness of my qualitative research findings. By using a systematic and transparent coding process, I demonstrated the rigor of my analysis, making my findings more credible and reliable. Coding allowed me to compare and contrast different segments of data, both within and across data sources. This led to a richer understanding of the research phenomenon, as well as the identification of similarities, differences, and contradictions within the data. Through the

identification of patterns, themes, and relationships, coding contributed to the development of theories and models. This was particularly valuable in my qualitative research, as it enabled me to generate new insights, hypotheses, and explanations for the phenomena under study.

### **Thematic Analysis and Coding**

It is important to remember that qualitative content analysis is an iterative process. I maintained a reflexive approach by continually questioning my interpretations and considering alternative explanations for the patterns I observed. Coding played a crucial role in my qualitative research, particularly in content analysis. It was instrumental in organizing and structuring data; identifying patterns, themes, and relationships; enhancing the trustworthiness of findings; facilitating comparisons and contrasts; and supporting the development of theories and models.

A thematic analysis approach was employed to analyze the data. This process involves identifying and coding recurring patterns, themes, and categories within the data (Braun & Clarke, 2006). The coding process was conducted in several stages, including initial coding, focused coding, and the development of a final coding framework. An initial coding scheme was developed based on the research objectives and literature review. This coding scheme was then refined through an iterative process of coding and recoding the data, allowing for the identification of new themes and categories. A final coding framework was developed, reflecting the major themes and categories related to the factors contributing to increased suicide rates during the COVID-19 pandemic.

To conduct qualitative research content analysis, it is important to adhere to a systematic approach to ensure the reliability and validity of the findings. In this study, I

developed a final coding framework that reflected the major themes and categories related to the factors contributing to increased suicide rates during the COVID-19 pandemic. The first step in content analysis is to familiarize oneself with the data by reading and rereading the text to gain a deeper understanding of the content and context. The second step involves developing a coding framework, which includes creating a set of codes to represent the different concepts, themes, or patterns identified in the data. This is guided by existing theories and frameworks and developed based on the research questions and objectives.

I then preprocessed the data by organizing them into a consistent format, such as a text document, spreadsheet, or qualitative data analysis software. Personal information was anonymized, and irrelevant content removed. The fourth step involved assigning codes to the data, analyzing the data, and assigning the appropriate codes to relevant sections of the text. As the coding process progressed, I found that the initial coding framework needed to be adjusted. I added, merged, or removed codes as necessary to accurately represent the patterns and themes in the data. I then analyzed the coded data by examining the codes and their relationships to identify key themes, patterns, and trends. Similarities and differences were noted, as well as any unexpected findings that emerged.

To interpret the findings, I linked the themes and patterns to the research questions or objectives. I considered how the findings related to existing literature and theories and discussed the implications of the findings for future research and practice. Finally, the results were reported in a clear and coherent manner, including a description of the coding process, the codes and themes identified, and the relationships between them. Quotes and excerpts from the data were used to illustrate points and support

conclusions. By following this systematic approach, I was able to provide reliable and valid insights into the factors contributing to increased suicide rates during the COVID-19 pandemic.

### **Coding Strategies in Content Analysis**

To use In Vivo coding in qualitative research content analysis, researchers should start by reading and rereading the data to identify participants' unique language and expressions. They should then extract these phrases and use them as codes in the coding process. Researchers can also use the context surrounding these phrases to help further understand the participants' experiences, which I had to do in this research. Once the codes have been generated, researchers can analyze and interpret the data. When studying COVID-19-related suicide, in vivo coding was particularly important as it allowed me to capture the lived experiences and perspectives of those directly affected by the pandemic and its impacts on mental health. To use in vivo coding effectively, researchers should first carefully read and immerse themselves in the data, paying close attention to the language and expressions used by the participants. Next, the researcher should identify phrases, keywords, or concepts that capture the essence of the participants' experiences and perspectives.

It is important to maintain the authenticity of the participants' language, so it is essential to avoid imposing preexisting categories or frameworks on the data. Instead, the researcher should aim to let the data guide the development of codes, keeping them grounded in the participants' words and expressions. Once the researcher has identified in vivo codes, they can be used alongside other coding strategies to develop a comprehensive coding framework. This framework was used to identify key themes and

patterns in the data, providing insights into the factors contributing to increased suicide rates during the COVID-19 pandemic.

In summary, in vivo coding is an essential technique in qualitative research content analysis, particularly when studying sensitive and complex issues such as COVID-19-related suicide. By using participants' own words and expressions as codes, I gained a deeper understanding of their experiences and perspectives, allowing for more accurate and authentic analysis of the data.

### **Part 3 | Exploring the Five Major Factors**

COVID-19 has taken an immense mental and emotional toll on numerous populations worldwide, resulting in an increase in suicide that is both tragic and preventable. It is our duty to remember the stories of those who have suffered and to encourage support for individuals on the brink of taking this devastating step. We must remain vigilant and strive to create a supportive environment for those affected by the pandemic.

The impact of the novel coronavirus pandemic has been far-reaching and devastating, with governments, societies, and individuals around the world facing unprecedented challenges. One of the direst effects of the pandemic has been an observed increase in rates of suicide. In the following sections, I discuss five major factors while analyzing the common themes from the findings. I also go on to review gaps in our current knowledge and provide potential solutions for addressing this public health crisis. When analyzing the common themes, five major themes arose from the findings.

### **Financial Stress**

According to the article, "The Impact of COVID-19 on Mental Health and Mental Health Services" (Thome et al., 2020), financial stress has increased dramatically since the start of the pandemic, leading to a rise in suicide rates. One case detail the story of a 58-year-old female who experienced extreme financial hardship due to the COVID19 pandemic, leading her to take her own life. The case provides valuable insight into how much of an impact economic disruption caused by the pandemic can have on individuals. It is also a reminder of the need to ensure basic financial security during times of crisis (Khor et al., 2020). Another case involved a 23-year-old female in the United States who died by suicide after experiencing severe depression from struggling to cope with the personal and financial hardships due to the pandemic (Sachdeva & Sharma, 2020).

### **Unemployment**

The APA (2020) article stated that the high unemployment rate associated with COVID-19 is a major factor leading to an increase in suicide. Unemployment and the associated financial strains are believed to be significantly contributing to the potential for suicidal thoughts and actions among individuals. For example, a 57-year-old male in Canada who suffered from underemployment due to the economic impacts of the pandemic was found dead after reportedly committing suicide (Ulrich, 2021).

### **Isolation**

The article, "The Mental Health Impact of the COVID-19 Crisis" (WHO, 2020), points out that due to forced isolation and limited contact with friends and family members, people may become more susceptible to depression and suicidal thoughts. One case study looked at two reported cases of suicide due to pandemic-related quarantine



policies. Both individuals in the case studies had underlying mental health conditions. The authors concluded that quarantine-related restrictions can lead to feelings of isolation, ambiguity, and confusion, which can worsen mental health issues and lead to suicide attempts (Pollock et al., 2020).

Another case study examined the suicide of a 35-year-old female in Pakistan due to factors related to quarantine during the pandemic. The woman had recently married and had been unable to travel to her husband due to travel restrictions. This caused her to become increasingly isolated, leading her to attempt suicide. The authors concluded that quarantine caused by the pandemic could have immediate and long-term negative psychological effects, leading to suicidal ideation (Ahmed et al., 2020).

### **Fear of Infection**

The WHO (2020) article additionally stated that fear of infection and the uncertainty surrounding the virus may also increase an individual's risk of suicide. One case detailed the story of a 47-year-old female medical staff working at a Chinese hospital who experienced increased psychological stress due to the outbreak of COVID-19, leading her to take her own life by jumping off a building. This case provides valuable insight into the psychological and emotional stress individuals felt due to prolonged quarantine measures put in place in response to the pandemic (Fang et al., 2020).

Another case related to the fear of infection detailed the story of a 57-year-old male who took his own life due to fear of the pandemic. His suicide was likely caused by a combination of factors, including fear of the virus, fear of catching the virus, and fear of sharing it with his family members. This case provides insight into how fear of the

pandemic and associated restrictions can lead to extreme mental health issues among some individuals.

### **Mental Health Conditions**

According to the article, "The Impact of COVID-19 on People with Mental Health Conditions" (NAMI, n.d.), the pandemic impacted many individuals. The following case detailed that mental health conditions had an enormous impact, especially in the case of six Chinese soldiers, aged 19 to 31, who were reported to have taken their own lives within a single 6-day period in February 2020. Following this spike in reported suicides, a statistical analysis revealed an 87% increase in the overall rate of soldier suicides during February and March 2020 compared to the previous year (Qi, 2020). These six devastating deaths highlight the immense psychological strain many service members and veterans may experience during and after a crisis outbreak, such as the one brought on by COVID-19. The pressure to respond rapidly and effectively to an unprecedented threat can be difficult to handle and can profoundly impact an individual's mental health.

In response to the sudden increase in reported suicides, Chinese authorities have created resources to support service personnel within the military and among veterans. Major General Yang Junchao of the Chinese Academy of Military Science remarked that mental healthcare has been "closely monitored to prevent potential mental health-related incidents" (Qiu, 2020, p. #). Additionally, the government has taken steps to expand mental health education and improve counseling services to meet service members' physical and mental health needs.

Chinese government policies and programs for soldier suicide prevention are not limited to the military. In addition to educational courses and support programs for service members, the government has taken steps to address societal attitudes regarding suicide, working to create a supportive environment for people in distress. This includes initiatives to create public awareness around the stigma of mental health issues, encouraging people to seek help, and reducing discrimination against those with mental health concerns. Other measures include the establishment of a suicide prevention system designed to identify and assist individuals who are at risk of suicide.

Chinese authorities have collaborated with mental health professionals and developed initiatives to strengthen support and guidance networks to better equip service members and veterans with the skills to manage their mental health during and after a crisis. This includes using technology to boost crisis response capabilities and increasing access to online mental health resources and counseling services. For example, the Chinese People's Liberation Army recently launched a mental health platform specifically designed to assist members needing emotional support (Qiu, 2020). The Soldier Mental Health Online Assistance Platform program provides various resources and activities, including self-assessment tests, consultation and treatment services, and instructional videos.

Service members' and veterans' mental health needs extend beyond the Chinese military. The recent string of suicides and the overall increase in reported suicides among Chinese soldiers in 2020 illustrate the potential impacts of a crisis, such as the pandemic, and highlight the importance of creating support networks for those who are at risk of a mental health crisis. Additional measures, such as public awareness campaigns to reduce

stigma, online mental health resources, and increased access to counseling services, are essential to helping service men and women cope with the psychological strain of a crisis.

### **Summary of Chapter 3**

Chapter 3 of this dissertation provides a comprehensive overview of the research design and methods employed to explore the impact of COVID-19 on suicide rates. It begins by justifying the use of content analysis as a research design. This method is chosen for its suitability in systematically interpreting textual data, allowing for a deep exploration of various documents, articles, reports, and individual narratives relating to the research topic. Data collection procedures were outlined, introducing the sources of data, the criteria for selecting these sources, and the target population for the study. Ethical considerations were also given significant weight to ensure the integrity and reliability of the research findings. The role of the researcher in this process was also scrutinized, acknowledging potential biases, and taking measures to minimize their impact on the research.

In Part 2, we delved into the intricate process of data analysis. Coding was identified as a vital tool in content analysis, allowing for the organization, categorization, and interpretation of large volumes of data. Various coding strategies were discussed, leading up to the process of thematic analysis, which enabled the identification of patterns and themes in the data. Part 3 and 4 involved exploring the five major factors affecting suicide rates during COVID-19—financial stress, unemployment, isolation, fear of infection, and mental health conditions—and developing themes around these factors. This exploration lays the groundwork for a nuanced understanding of how these factors interplay and contribute to the observed increase in suicide rates.

As we segue into Chapter 4, we shift our attention from the methods employed in the research to the actual findings and results. The rigorous and meticulous research design and methods delineated in Chapter 3 have paved the way for a data-driven, comprehensive examination of the impact of COVID-19 on suicide rates. Chapter 4 will reveal the data's patterns, trends, and insights, providing empirical evidence to support the discussions and hypotheses presented thus far. This next chapter will give us a clearer understanding of the issues, making the subsequent recommendations and conclusions more targeted and effective.

## Chapter 4 | Findings

Chapter 4, titled "Findings," is an essential chapter in this dissertation as it represents the core of the research's empirical component and the outcomes of the methods employed in Chapter 3. Here, the data collected through the researcher's meticulous methodologies are analyzed and presented, providing key insights into the impact of COVID-19 on suicide rates. This chapter holds great significance as it offers a deep, meaningful exploration of the collected data, unveiling patterns and drawing connections between different variables. It brings to light the nuances and complexities of the impact of the pandemic on mental health and suicide rates, thereby serving as a crucial component in the development of this body of research.

Chapter 4 begins with an introduction, followed by a detailed examination of statistics related to suicide rates during the COVID-19 pandemic. This numerical data underscores the magnitude of the problem and is critical for understanding the scope and severity of the impact on different demographics and regions. The chapter then dives into a comprehensive discussion of the various factors contributing to the rise in suicide rates during the pandemic, such as financial stress, social isolation, fear of infection, and preexisting mental health conditions. This deep dive into these factors is significant as it unravels the intricate dynamics of these factors and their relationship with the rise in suicides.

It further investigates the interconnectedness of these factors, highlighting how they interact with each other to create a compounded effect on mental health and suicide risk. Understanding these intricate interconnections can help stakeholders develop more effective, holistic interventions. Towards the end, the chapter presents a summary of the

findings, encapsulating the crucial insights derived from the study. The conclusion provides an accessible snapshot of the data, making it easier for readers to grasp the critical points.

In essence, Chapter 4 serves as a stepping-stone to Chapter 5, where these findings will be interpreted, and implications will be drawn. As such, the "Findings" chapter is vital as it lays the groundwork for the conclusions, recommendations, and theoretical development that will be presented in the final chapter of the dissertation.

### **Statistics**

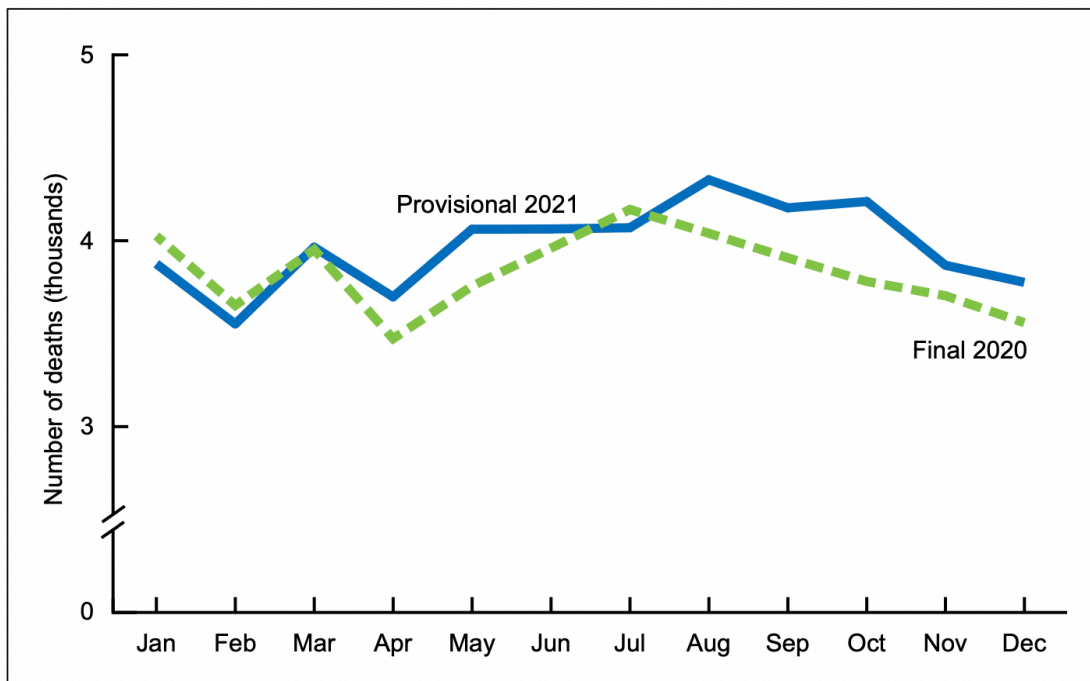
Early data from the CDC's National Center for Health Statistics reveal a 4% escalation in the quantity and rate of suicides in America from 2020 to 2021. This marks a reversal of the previously noted decreases in 2019 and 2020 (National Center for Health Statistics, 2023). These figures are underscored in the recently published report, "Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2021." According to the report, the count of suicides rose from 45,979 in 2020 to 47,646 in 2021, a figure that is nonetheless lower than the peak count of 48,344 reached in 2018 (National Center for Health Statistics, 2023).

The report further notes that the suicide rate for every 100,000 individuals increased from 13.5 in 2020 to 14.0 in 2021, but it's still lower than the recent peak of 14.2 in 2018 (National Center for Health Statistics, 2023). This study provides preliminary figures for suicide-related deaths based on month and demographic features (age and sex) for 2021, contrasting them with the finalized numbers from 2020. The study includes age-adjusted and age-specific suicide rates by sex and compares them with the final rates from 2020 (National Center for Health Statistics, 2023).

From the research approach, the data comprises 99% of all 2021 death records that the National Center for Health Statistics had received and processed as of May 15, 2022. These figures are contrasted with the finalized 2020 data. Suicide-related deaths were recognized using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0 (National Center for Health Statistics, 2023).

Consequently, the findings were a tentative number of suicides in 2021 (47,646) was 4% higher than in 2020 (45,979). The initial age-adjusted suicide rate in 2021 (14.0 per 100,000 standard population) was also 4% higher than in 2020 (13.5). The monthly count of suicides was lower in 2021 than in 2020 for January, February, and July, while more elevated for the rest of the months. October 2021 showed the highest percentage discrepancy between the monthly figures for 2020 and 2021, with the tentative number in 2021 (4,211) marking an 11% increase over the 2020 figure (3,781). The age-adjusted suicide rate for males in 2021 was 3% higher than in 2020 (22.7 compared to 22.0). The 2% rise in the age-adjusted suicide rate for females in 2021 (5.6) compared to 2020 (5.5) was not statistically significant. Suicide rates rose for males aged 15–24, 25–34, 35–44, and 65–74. For females, age-specific rates remained statistically consistent between 2020 and 2021 (National Center for Health Statistics, 2023).



**Figure 5***Monthly Suicide in 2020 Compared to 2021*

NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

**Monthly Suicides** The preliminary count of suicides for 2021 was 47,646, marking a 4% increase compared to 2020, which recorded 45,979 suicides (Figure 5). When analyzed month-to-month, the preliminary number of suicides in January, February, and July of 2021 was less than that of 2020, with all other months showing higher numbers. The most significant percentage discrepancy in monthly figures was seen in October, wherein 2021 (4,211) count was 11% higher than the 2020s (3,781). August recorded the highest number of suicides in 2021 (4,328), whereas February reported the least (3,552). Looking at quarterly data, the fourth quarter of 2021 recorded 11,855 suicides, a 7% surge from the same period in 2020 (11,044)—the most significant

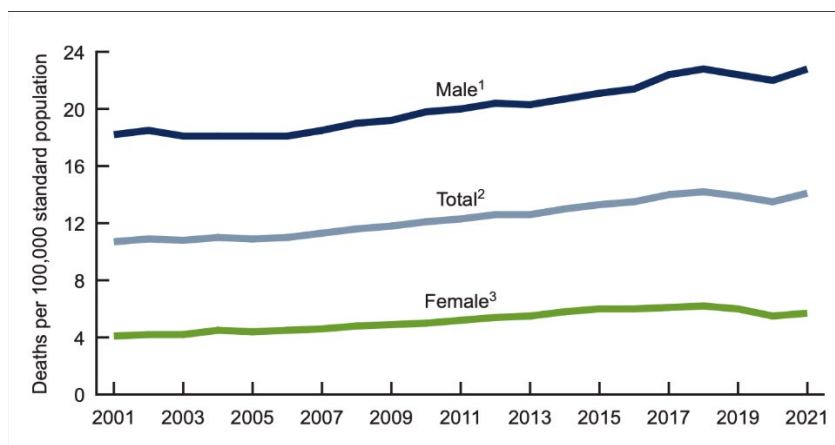
percentage difference between the two years every quarter (*National Center for Health Statistics, 2023*).

In 2021, suicide ranked as the 11th primary cause of death in the United States, a shift from the 10th in 2019 to the 12th in 2020. Given that it stands as the second-leading cause of death for individuals between the ages of 10–34 and the fifth-leading reason for those aged 35–54, suicide considerably impacts early mortality. After reaching its peak in 2018, suicide rates dipped through 2020, only to ascend again in 2021, as suggested by preliminary figures. This study expands upon prior data by showcasing finalized suicide rates from 2001 through 2021, categorized by sex and age, along with rates delineated by race and Hispanic origin for 2020 and 2021 (CDC, 2023).

In 2021, a higher count of suicides was registered in nine months compared to their 2020 counterparts, with October showing the largest increase (+11%). The number and rate of suicides saw a more significant increase among males (4% and 3%, respectively) compared to females (2% each). The most notable upsurge in suicide rates was witnessed among males aged 15-24, with an increase of 8% (Figure 6). Additionally, there were increases in suicide rates among males in the age brackets of 25-34, 35-44, and 65-74 (National Center for Health Statistics, 2023).

**Figure 6**

*Age adjusted suicide rates, by sex: United States, 2001-2021*



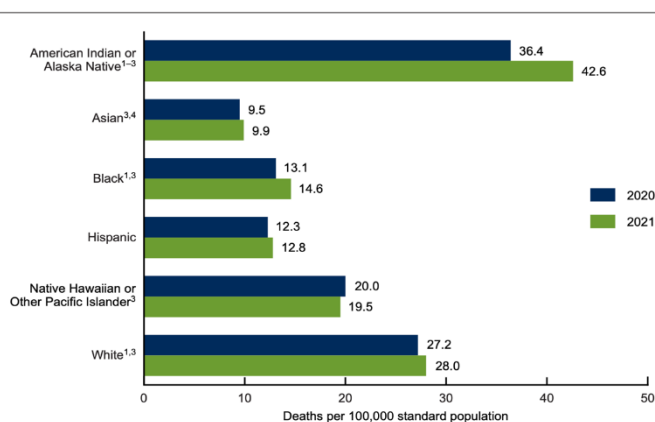
*From National Center for Health Statistics, 2023.*

<https://www.cdc.gov/nchs/data/databriefs/db464.pdf>

Matthew F. Garnett, affiliated with the National Center for Health Statistics (NCHS), Division of Analysis and Epidemiology, and Sally C. Curtin, associated with NCHS, Division of Vital Statistics, found that suicide rates for American Indian or Alaska Native, Black, and White males witnessed an increase from 2020 to 2021. (Figure 7) In the period from 2020 to 2021, the suicide rates for American Indian or Alaska Native males rose by 17% (from 36.4 deaths per 100,000 standard population to 42.6), for Black males by 11% (from 13.1 to 14.6), and for White males by 3% (from 27.2 to 28.0). The increase in suicide rates for Hispanic (from 12.3 to 12.8) and Asian males (from 9.5 to 9.9) in the same timeframe was not statistically significant. A slight decrease was observed for non-Hispanic Native Hawaiian or Other Pacific Islander males (from 20.0 to 19.5), but this, too, was not significant. (NCHS, 2023)

**Figure 7**

*Age adjusted suicide rates for males, by race and Hispanic origin 2020 and 2021*

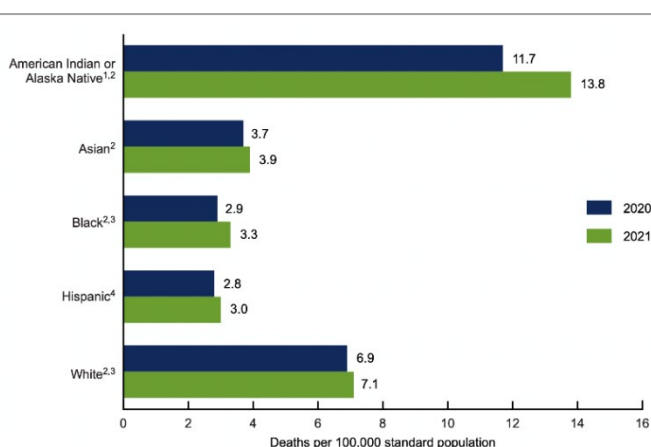


*From National Center for Health Statistics, 2023. (CDC, 2023)*

In 2021, American Indian or Alaska Native males presented the highest rates of suicide, while Asian males exhibited the lowest. Suicide rates for non-Hispanic Black and non-Hispanic White females significantly increased from 2020 to 2021 (Figure 8). From 2020 to 2021, suicide rates for non-Hispanic Black females rose by 14% (from 2.9 deaths per 100,000 standard population to 3.3) and for non-Hispanic White females by 3% (from 6.9 to 7.1). The suicide rates for Hispanic females (from 2.8 to 3.0), non-Hispanic American Indian or Alaska Native females (from 11.7 to 13.8), and non-Hispanic Asian females (from 3.7 to 3.9) also increased from 2020 to 2021. Still, these changes were not statistically significant (National Center for Health Statistics, 2023).

**Figure 8**

*Age adjusted suicide rates for females, by race and Hispanic origin 2020 and 2021*



*From National Center for Health Statistics, 2023. (CDC, 2023).*

### **Data Methods**

The analysis utilized data from the National Vital Statistics System's multiple cause-of-death mortality files from 2001 to 2021, according to according article from CDC “*Suicide increases in 2021 after two years of decline*” (CDC, 2021). Suicide deaths were classified using the International Classification of Diseases. The direct method was employed to calculate age-adjusted death rates, using the 2000 U.S. standard population as a reference. Although the data includes suicide deaths for children aged 5–9 years in total numbers and age-adjusted rates, these are not reflected in age-specific numbers or rates due to the limited annual suicide deaths within this age group.

Trends in death rates were assessed using the Joinpoint Regression Program (4.9.0.0) (7). This software fitted weighted least-squares regression models to the approximated proportions on a logarithmic scale. By default, a maximum of three Joinpoint were searched for, even with as few as two observed time points, in the

beginning, ending, and middle line segments, excluding the Joinpoint (8). The rates were compared pairwise using the z-test with an alpha level of 0.05.

Race and Hispanic origin categorization followed the 1997 Office of Management and Budget federal statistical and administrative reporting standards, differing from the bridged-race categories used for data years before 2018. All race categories, except for the multiple-race category, are single-race, implying that only one race was reported on the death certificate. Data for the Hispanic population includes individuals of any race. However, death rates for Asian, American Indian, Alaska Native, and Hispanic individuals could be influenced by the misclassification of race and Hispanic origin on death certificates. Such misclassification might lead to an underreporting of deaths for these groups by about 3% for Asian and Hispanic individuals and by an estimated 34% for American Indian or Alaska Native individuals. The extent of this misclassification has not been assessed for all causes of death, including suicide. Consequently, suicide death rates in this report are not adjusted for race and Hispanic-origin misclassification on death certificates. Race and Hispanic-origin groups are presented based on a sample size large enough to offer statistically reliable rates.

## **Part 1 | The Five Themes**

### **Theme 1 | The Relationship Between Financial Stress and Suicide During COVID-19**

Financial stress has been identified as one major theme related to suicide during the COVID-19 pandemic. The COVID-19 pandemic has resulted in widespread economic instability, with numerous businesses closing, reduced work hours, and job losses. Consequently, many individuals have experienced financial strain, which has been linked

to increased suicide rates during the pandemic (Rajkumar, 2020). Studies have shown that economic recessions often lead to higher suicide rates due to factors such as financial insecurity and reduced access to mental health services (Reeves et al., 2014).

Another case of suicide related to the pandemic is that of a homeless German man in Munich, Bavarian. It was early April 2020 when the man sadly took his own life. Reports indicate that the man was living in one of the few shelters still open amid the pandemic. He was the only resident at the time and was suffering from depression and feeling helpless in the wake of the pandemic. Despite attempts to calm the man, he eventually took his own life. His death sparked a wave of sorrow among his community.

The tragic and widely publicized story of John, a homeless German man living on the streets of Munich and Bavaria, made headlines during the COVID-19 pandemic due to his suicide in early April 2020. The severity and impact of John's death has been attributed to the social, psychological, and financial pressures faced by homeless individuals during this uncertain and rapidly changing period. This paper explores the experiences of John and other homeless Germans in Munich and Bavaria, and how the current crisis has affected their lives and livelihoods.

The number of homeless people in Germany, and Munich in particular, was already high at the beginning of 2020. According to a 2019 study conducted by ImmobilienScout24, a German online market for real estate, 66% of Germany's residents deemed the country's housing market "severe," exhibiting the pressure and strain on individuals to secure and afford a place to live. This pressure was only compounded further at the beginning of the pandemic, when an abrupt shutdown of the country's economy caused an increase in unemployment and other financial difficulties (Gensler &

Schaal, 2020). In fact, Eurostat's 2020 Earnings and Working Conditions Survey indicated that among the unemployed in Germany, 38% were from lower socioeconomic backgrounds (Statista, 2021).

For many homeless Germans who, prior to the pandemic, were already struggling to make ends meet, this rise in unemployment, poverty, and homelessness had an especially life-altering effect. This was evident in the case of one homeless German man, John, who lived on the streets of Munich and had experienced first-hand the hardships of being homeless in Bavaria. Prior to the beginning of the pandemic, John's suffering was deep-rooted. John had been a homeless man on the streets of Munich since 2006, living in shelters, parks, and alleyways. He did not have a formal place of residence, and his only source of income was occasional odd jobs and the generous donations of local residents.

The pandemic wrought havoc on John's already low financial state, as initiatives to lock down the city and prevent the spread of the virus closed businesses and stripped away his opportunities for income. Furthermore, with shelters being particularly vulnerable to the spread of the virus, many of them had to be closed indefinitely or drastically reduced in size, further increasing John's risk of exposure to the virus. As such, his daily struggles and challenges intensified, leading him to ultimately sink deeper into despair and eventually take his own life on April 8, 2020.

John's story is one of many among Germany's homeless population affected by this crisis, and the tragedy of his death stands as a testament to the increasing challenges that accompany homelessness in times of danger and uncertainty. For many homeless



individuals, the physical dangers and financial insecurity exacerbated by the pandemic have brought a new set of difficulties to their already present struggles.

For homeless people living in Munich and Bavaria more generally, the fear of COVID-19, and the ongoing financial pressures, have been immense. This is especially true for individuals who are unable to rely on government benefits, as they are more likely to rely on seasonal employment, jobs that pay in cash, donations, or day labor at very low wages. As such, they have become especially vulnerable to the economic hardship caused by the pandemic, making it even more difficult to secure food, shelter, and other essentials.

These heartbreaking realities present an urgent call for action from members of the local and national communities. Ensuring the safety and well-being of individuals, such as John, who have been left vulnerable to the tragedy and hardship caused by the pandemic, is an urgent priority. Initiatives should be taken to support the homeless population with grants, aid, employment, and better access to social services. This can be accomplished through providing temporary housing solutions, creating emergency shelters, establishing economic support initiatives, and eliminating burdensome requirements to access resources.

John's untimely death and the hardships endured by other homeless Germans in Munich and Bavaria serve as yet another reminder that the effects of the COVID-19 pandemic are affecting all members of our society, differing only in degree and severity. As such, it is essential to continue to strive for solutions to protect and care for some of the most vulnerable among us in these difficult times.

## **Theme 2 | Unemployment and Its Impact on Mental Health and Suicide**

Unemployment, which has long been associated with poor mental health outcomes and increased suicide risk, was the second major theme found in this study (Milner et al., 2014). The COVID-19 pandemic has led to unprecedented job losses, leaving millions of people unemployed. Research suggests that unemployment during the pandemic has significantly contributed to the rise in suicide rates (Sher, 2020). Job loss can result in a loss of purpose, identity, and social support, which may increase vulnerability to suicidal ideation and behavior (Milner et al., 2013).

One case study looked at the suicide of a 48-year-old man in Brazil due to the effects of the pandemic. The man had lost his job due to the pandemic and was unable to find new employment. In addition, he was struggling with feelings of social isolation and lack of support from family and friends. The authors concluded that the man's suicide was likely due to a combination of economic and social stressors caused by the pandemic (Chaves et al., 2020).

## **Theme 3 | Social Isolation and Its Effect on Mental Health and Suicide Risk**

The social distancing measures implemented during the COVID-19 pandemic have resulted in increased social isolation for many individuals. Loneliness and social isolation, which have been consistently linked to poor mental health outcomes, including depression and suicidal thoughts, was the third major theme (Holt-Lunstad et al., 2015). Studies conducted during the pandemic have reported increased feelings of loneliness and a higher prevalence of suicide ideation (Killgore et al., 2020). Furthermore, the disruption of social networks and support systems may have exacerbated preexisting mental health conditions and increased vulnerability to suicide (Santini et al., 2020).

One case example is the case study of the attempted suicide of a 77-year-old woman in Japan during the COVID-19 pandemic. The woman was admitted to the hospital after attempted suicide due to loneliness caused by the pandemic and state of emergency. Through psychological interviews with the woman and her family, along with physical examinations and other assessments, the authors determined that she had been struggling with isolation, showing symptoms of depression and anxiety (Shimikuni et al., 2020).

#### **Theme 4 | Fear of Infection and the Psychological Distress it Causes**

Fear of infection has been a pervasive aspect of the COVID-19 pandemic and was the fourth leading theme in this qualitative research. The constant threat of contracting the virus, coupled with the uncertainty surrounding the disease, has contributed to heightened anxiety and psychological distress among the general population (Salari et al., 2020). This fear of infection can lead to health anxiety, hypervigilance, and avoidance behaviors, which may increase suicide risk in vulnerable individuals (Taylor, 2019). Additionally, stigma and discrimination related to COVID-19 can further exacerbate mental health issues and increase the likelihood of suicidal behavior (Ransing et al., 2020).

One case study examined a suicide attempt from a patient in Lebanon who had been diagnosed with or was suspected of having COVID-19. In this study, a 39-year-old man was admitted to a hospital after a suicide attempt caused by feelings of loneliness, depression, and isolation due to the effects of the pandemic. The man self-reported thoughts of suicide prior to his attempt and stated that the fear of being infected by COVID-19 had made him more depressed (Murad et al., 2020).

## **Theme 5 | Preexisting Mental Health Conditions and Their Exacerbation**

The fifth repeated theme was individuals with preexisting mental health conditions, who have been particularly vulnerable to the adverse effects of the COVID-19 pandemic. Studies have reported increased symptoms of depression, anxiety, and PTSD among those with preexisting psychiatric disorders (Galea et al., 2020). Moreover, the pandemic has created barriers to accessing mental health services, which may be contributing to the exacerbation of symptoms and increased suicide risk (Moreno et al., 2020). Understanding the interplay between preexisting mental health conditions and pandemic-related stressors is crucial in addressing the increased suicide rates observed during the COVID-19 crisis. More details were illustrated from Dr. Gordon Watson, a United States medical doctor who sadly succumbed to the virus in March 2020. Dr. Watson, a retired physician and one of the first fatalities of the virus in the United States, had dedicated his life to helping others. His death was mourned by family, friends, and colleagues, who noted the devastating impact of the pandemic on his life. His 22-year-old son, who also worked at the hospital where Dr. Watson died, wrote his thoughts about the tragedy on social media:

I know he will always be remembered for his generosity, kindness, and true undying love. This isn't an easy pill to swallow, but it's just further proof of the invisible terror of this virus and the way it has taken so many people from us all over the world.

In November 2020, Dr. Gordon Watson, a highly respected pediatrician at the Children's Hospital of Eastern Ontario, who had spent his life providing compassionate care to his patients, died by suicide. The psychological and emotional toll of the COVID-

19 pandemic caused his death. The tragedy of his passing has brought to light the intense stress physicians have faced during the pandemic and has highlighted the ongoing discussions surrounding physician suicide and wellness.

The unprecedented impact of the COVID-19 pandemic has taken its toll on the global medical profession, and it is no different in Canada. In a survey of over 6,500 physicians conducted in May 2020, the Canadian Medical Association (CMA) found that six out of 10 physicians reported feelings of burnout related to the pandemic, along with feelings of exhaustion, depression, and anxiety. This was an increase from the 38% of physicians who reported feelings of burnout in an unrelated survey conducted in October 2019. Furthermore, it was found that one in three physicians reported signs of depression, with one in five having considered seeking professional counseling to help cope with the crisis.

Additional factors, such as the lack of support from relevant departments and organizations, can also compound the pressures of the pandemic. As Dr. Samir Sinha, a geriatrician and director of Mount Sinai Hospital in Toronto, noted:

What we're tackling right now is a global pandemic and we're all learners in that, right? We're trying to figure out how to treat it optimally and yet, for certain groups of patients, physicians don't feel like there's enough supports in terms of staffing, in terms of funding and resources to be able to give them truly the best care that they could. (CMA, 2020, p. #).

These added pressures can push some doctors to the brink, causing extreme stress, exhaustion, and despair. This can lead to thoughts of suicide, like it did in the case of Dr. Gordon Watson. Although it is not yet known if Dr. Watson wrote a suicide note, friends

and colleagues pointed to his mental health deteriorating due to exhaustion from the pandemic.

The story of Dr. Gordon Watson brings attention to the struggles of physicians enduring the COVID-19 pandemic, and how the pressures associated with it may lead to suicide. The CMA has taken a proactive approach, launching a multimedia campaign to spread awareness about the COVID-19-related pressures on physicians, to provide them with coping tips and information on where to find resources for mental health support. The CMA has also created a series of videos featuring physicians of varying ages, ethnicities, and backgrounds, who share their personal stories and experiences to raise awareness and reduce stigma.

In conclusion, Dr. Gordon Watson's death has tragically brought to light the struggles that physicians across Canada and around the world have been facing amid the COVID-19 pandemic. The pressures of the pandemic, the lack of support from relevant organizations and departments, and the isolation brought on by the physical distancing measures have brought many physicians to the brink of despair. The CMA has taken steps to spread awareness and help physicians find mental health resources. However, more must still be done to ensure physicians are supported during the pandemic and in the future.

### **Evidence for Increased Risk**

The importance of In Vivo coding lies in the fact that it helps maintain the participants' perspective and ensures the data analysis accurately reflects their experiences. There is ample evidence regarding an observed increase in the risk of suicide since the start of the pandemic. In the United States, a recent CDC study found

that individuals who had tested positive for COVID-19 reported significantly higher levels of suicidal ideation and depression than individuals who tested negative for COVID-19. Additionally, in a survey of over 1,000 people conducted in the United Kingdom, evidence suggests that individuals were twice as likely to report feeling suicidal during the pandemic than before it began. Further research indicates that the increase in risk of suicide is not isolated to the general population but may have an even more drastic effect on certain high-risk groups. This includes individuals who are medically vulnerable to the consequences of COVID-19, such as the elderly and those with preexisting health conditions, as well as individuals in marginalized populations who are disproportionately affected.

## **Part 2 | Pressure and Stress: Pathways to Suicide**

Pressure and stress are significant factors contributing to the development of suicidal thoughts and behaviors. This research delved into the complex relationship between pressure, stress, and suicide, examining various sources of stress and their potential effects on mental health. This section discusses the impact of pressure and stress on mental health, and how these factors can ultimately lead to suicide. It explores various sources of stress, including societal, familial, and workplace pressures, as well as the role of individual resilience and coping mechanisms, the need for early identification of warning signs, and intervention strategies to prevent suicidal behavior.

### **Financial Stress and Its Impact on Suicide**

Financial stress is a significant contributor to mental health issues and suicidal behavior. The loss of income and financial security due to job loss, reduced hours, or unexpected expenses can lead to feelings of hopelessness and helplessness, increasing the

risk of suicidal behavior. This loss of financial stability can also impact an individual's sense of identity, further exacerbating stress and anxiety. In addition to loss of income, unmanageable debt and financial strain can also contribute to stress-related mental health issues and suicidal behavior. The pressure to meet financial obligations can lead to feelings of overwhelm and despair, as individuals may feel trapped in a cycle of debt, unable to see a way out. This stress can also impact personal relationships and contribute to social isolation, further increasing the risk of suicidal behavior.

The pressure associated with financial stress can also have physical health consequences, such as increased blood pressure, heart disease, and decreased immune function. This can further exacerbate mental health issues and increase the risk of suicidal behavior. It is essential to address financial stress as a component of comprehensive suicide prevention efforts. Interventions that focus on financial literacy, debt management, and financial planning can help individuals manage financial stress and reduce the risk of suicidal behavior. Additionally, policies and resources that support economic stability and access to affordable healthcare can also play a critical role in preventing stress-related mental health issues and suicidal behavior.

The analysis revealed that loss of income and financial security played a significant role in increasing suicide rates during the COVID-19 pandemic. Participants in various studies reported feelings of hopelessness and despair due to job loss or reduced income, leading to an increased risk of suicidal thoughts and behaviors. The uncertainty surrounding the duration and severity of the pandemic further exacerbated these feelings, as individuals struggled to cope with the long-term consequences of financial insecurity. Financial strain due to unmanageable debt was another factor contributing to increased



suicide risk during the pandemic. Participants in the studies reported feelings of being overwhelmed by mounting debts, such as rent or mortgage payments, utility bills, and loans. The inability to repay these debts, coupled with limited financial assistance and support, led to increased psychological distress and suicidal ideation among some individuals.

One aspect to financial stress is unemployment and its effect on mental health and suicide, especially leaving many feeling the loss of purpose and identity and lack of social support. Unemployment emerged as a prominent factor contributing to increased suicide risk during the pandemic. The loss of employment was associated with a loss of purpose and identity for many participants, leading to feelings of worthlessness and despair. The inability to find new employment opportunities due to the economic downturn and pandemic-related restrictions further exacerbated these feelings, increasing vulnerability to suicidal thoughts and behaviors. Unemployment also resulted in a lack of social support for some individuals, as job loss often led to the loss of work-related social networks. Participants in the studies reported feelings of isolation and loneliness due to the loss of colleagues and friends, increasing their vulnerability to mental health issues and suicidal ideation.

### **The Role of Healthcare Professionals in Stress Management and Suicide Prevention**

Stress-related mental health issues and suicidal behavior are major public health concerns worldwide. Healthcare professionals play a crucial role in identifying, treating, and preventing these issues. Routine screening and assessment for stress, mental health issues, and suicide risk is an essential part of the healthcare professional's role. Early identification of at-risk individuals can help ensure timely intervention and support.

Healthcare professionals can provide appropriate treatment for stress-related mental health issues, such as medication or therapy. Referral to specialized services when necessary is also an important aspect of the healthcare professional's role. Collaborative care models, which involve the coordination of primary care and mental health services, can be particularly effective in managing stress and preventing suicidal behavior.

In addition to providing treatment and referral, healthcare professionals can also educate patients and their families about stress management, mental health, and suicide prevention. Providing information and resources to help individuals manage stress and maintain their mental health can empower them to take control of their well-being. Advocacy for policies and resources that promote mental health and well-being within their communities and professional organizations is another important role for healthcare professionals. The importance of healthcare professionals in stress management and suicide prevention cannot be overstated. Their involvement in identifying, treating, and preventing stress-related mental health issues and suicidal behavior can make a significant impact in reducing the burden of these public health issues.

Healthcare professionals can provide crisis intervention services for individuals experiencing suicidal ideation or behaviors. Crisis intervention may involve providing immediate support and connecting the individual with appropriate resources, such as emergency services or mental health treatment. Healthcare professionals can also provide follow-up care for individuals who have experienced suicidal behavior or have been identified as at-risk for suicide. This may involve regular check-ins, monitoring for relapse or new stressors, and adjusting treatment plans as necessary. Overall, the role of healthcare professionals in stress management and suicide prevention is critical. By

implementing routine screening, providing appropriate treatment and referrals, educating, and advocating for mental health resources, providing crisis intervention services, and offering follow-up care, healthcare professionals can help reduce the impact of stress on mental health and prevent suicidal behavior.

### **Reducing Stigma and Promoting Help-Seeking**

Stress, mental health issues, and suicidal behavior can be stigmatized in society, leading to a reluctance among individuals to seek help. Reducing this stigma and promoting help-seeking is crucial for preventing suicide. Public awareness campaigns can be an effective means of reducing stigma and raising awareness about stress, mental health issues, and suicide. Such campaigns can include educational materials, media campaigns, and community events. For example, campaigns can aim to educate the public about the warning signs of suicide and where to access mental health services.

Improving mental health literacy is another means of reducing stigma and promoting help-seeking. Mental health literacy refers to the knowledge and understanding of mental health issues and their treatment. Promoting mental health literacy can help individuals recognize the signs of stress and suicidal behavior and seek appropriate help. Mental health literacy can be promoted through educational programs in schools, workplaces, and community settings. For example, mental health literacy can be integrated into school curriculums or incorporated into employee training programs.

Language and communication are also important factors in reducing stigma and promoting help-seeking. Using nonstigmatizing language when discussing stress, mental health, and suicide can help reduce stigma and encourage open communication. Avoiding terms that perpetuate stereotypes or place blame on individuals experiencing mental

health issues can foster a more supportive and understanding environment. This can include language that emphasizes the individual's strengths and resilience, rather than their weaknesses or limitations.

In conclusion, reducing the stigma associated with stress, mental health issues, and suicidal behavior is crucial for promoting help-seeking and preventing suicide. Public awareness campaigns, mental health literacy, and non stigmatizing language and communication can all contribute to this effort. By reducing stigma and encouraging help-seeking, individuals experiencing stress and mental health issues can access the support they need to prevent suicide.

### **Addressing Stress and Suicide in the Workplace**

Workplace stress can be a significant contributing factor to the development of mental health issues and suicidal behavior. Employers play a crucial role in creating a supportive work environment that promotes mental health and addresses work-related stress. Workplace policies that promote mental health and well-being, such as flexible work arrangements, employee assistance programs, and access to mental health resources, can help reduce work-related stress and prevent suicidal behavior. By creating policies that address work-related stress, employers can help their employees feel supported and valued, which can promote a sense of belonging and reduce feelings of isolation.

Providing training and education for employees and managers on stress management, mental health, and suicide prevention can also be effective in addressing work-related stress. This training can help raise awareness, reduce stigma, and promote help-seeking within the workplace. Managers can be trained to recognize warning signs

of stress and suicidal behavior among their employees, and to respond appropriately by offering support and connecting employees to appropriate resources.

Organizational culture also plays an important role in addressing work-related stress and preventing suicidal behavior. Fostering a supportive organizational culture that encourages open communication, values work-life balance, and recognizes the importance of mental health can help mitigate the effects of work-related stress and prevent suicidal behavior. Employers can prioritize employee well-being by offering mental health days, encouraging breaks and self-care, and creating a work environment that promotes a healthy work-life balance.

Overall, addressing work-related stress and preventing suicidal behavior in the workplace requires a multifaceted approach that involves employers, employees, and mental health professionals. Employers can create a supportive work environment through workplace policies, training and education, and organizational culture, whereas employees can prioritize their own mental health and seek help when needed. Mental health professionals can provide resources and support to both employers and employees to promote mental health and prevent suicidal behavior in the workplace.

### **Addressing Stress and Suicide in Educational Settings**

Academic stress can contribute to mental health issues and suicidal behavior among students. Schools and universities play an essential role in creating a supportive learning environment and addressing academic stress. Providing access to mental health services, such as counseling centers, support groups, and crisis hotlines, can help students manage stress and prevent suicidal behavior. Mental health professionals can help students identify and address the sources of their stress, develop coping skills, and build

resilience to prevent future crises. By providing mental health support, schools and universities can create a culture of mental well-being that prioritizes student mental health.

Implementing stress management programs and workshops for students can help them develop coping skills, build resilience, and maintain mental well-being. These programs can teach stress management techniques, mindfulness practices, and time-management skills to help students manage their academic workload and reduce stress. By providing students with the tools, they need to manage stress, schools and universities can help prevent the development of mental health issues and reduce the risk of suicidal behavior.

Developing academic policies that promote mental health and well-being, such as reasonable workload expectations, flexible deadlines, and accommodations for mental health issues, can help reduce academic stress and prevent suicidal behavior. By acknowledging the impact of academic stress on mental health, schools and universities can create policies that prioritize student well-being while still maintaining academic standards. These policies can help reduce the pressure students feel to excel academically, promoting a healthier and more supportive learning environment.

In conclusion, addressing stress and suicide in educational settings requires a multifaceted approach that includes providing access to mental health services, implementing stress management programs, and developing academic policies that prioritize mental health and well-being. By creating a supportive learning environment that prioritizes student mental health, schools and universities can help prevent the

development of mental health issues and reduce the risk of suicidal behavior among students.

### **Addressing Stress and Suicide in the Military and Veteran Populations**

Military service members and veterans are often exposed to unique stressors that can have a profound impact on their mental health. The experience of combat, multiple deployments, and the challenge of reintegrating into civilian life can contribute to increased rates of mental health issues and suicidal behavior within this population. As such, it is important to address stress and suicide in the military and veteran populations.

One important strategy is to provide access to mental health services. This includes resources such as therapy, support groups, and crisis hotlines. These services can help service members and veterans manage stress and prevent suicidal behavior. Many organizations have recognized the importance of mental health services for military and veteran populations and have implemented programs to address this need.

Another strategy is to implement transition support programs for service members returning to civilian life. These programs can help individuals navigate the challenges of reintegration, manage stress, and prevent suicidal behavior. Such programs may include assistance with finding employment, housing, and healthcare services, as well as support for families and caregivers. Peer support is another important strategy for addressing stress and suicide in military and veteran populations. Peer support programs bring together service members and veterans to provide emotional support and guidance to one another. These programs have been shown to be effective in helping individuals cope with stress and reduce the risk of suicidal behavior.

Overall, addressing stress and suicide in military and veteran populations requires a comprehensive approach that includes mental health services, transition support programs, and peer support. By providing these resources, we can help ensure that service members and veterans receive the support they need to maintain their mental health and well-being.

### **The Future of Stress Management and Suicide Prevention**

As our understanding of the complex relationship between stress, mental health, and suicidal behavior continues to evolve, so too will our approaches to stress management and suicide prevention. Emerging research, technologies, and strategies hold promise for reducing the impact of stress on mental health and preventing suicidal behavior. Advances in neuroscience and mental health research can help further our understanding of the biological, psychological, and social factors that contribute to stress and suicidal behavior. This research can inform the development of new interventions, refine existing approaches, and help identify at-risk populations. It may also lead to the development of more targeted and effective interventions for stress management and suicide prevention.

Digital mental health interventions, such as online therapy, mobile apps, and virtual support groups, can help increase access to mental health services and support for individuals experiencing stress and mental health issues. These interventions can be particularly valuable in reaching underserved populations and providing immediate support for individuals at risk of suicide. Artificial intelligence (AI) and machine learning have the potential to revolutionize stress management and suicide prevention efforts. These technologies can be used to analyze large data sets, identify patterns and trends,



and develop predictive models for stress-related mental health issues and suicidal behavior. This information can help inform targeted interventions, allocate resources more effectively, and monitor the impact of suicide prevention efforts.

Personalized medicine, which tailors' treatment and interventions to the unique needs and characteristics of each individual, holds promise for improving stress management and suicide prevention. By considering factors such as genetics, lifestyle, and environmental influences, personalized medicine can help develop more targeted and effective interventions for managing stress and preventing suicidal behavior.

Focusing on building resilience and promoting mental health from an early age can help individuals develop the skills and resources needed to navigate stress and challenging situations throughout their lives. Integrating mental health education and stress management techniques into school curriculums and community programs can help create a foundation for lifelong mental well-being and reduce the risk of suicidal behavior.

In conclusion, the future of stress management and suicide prevention is bright, with emerging research, technologies, and strategies offering promise for reducing the impact of stress on mental health and preventing suicidal behavior. By continuing to invest in research and innovation, promoting mental health from an early age, and leveraging emerging technologies, we can work toward creating a society that prioritizes mental well-being and reduces the incidence of suicide.

### **Societal Pressures**

Societal pressures often create stressors that can negatively impact an individual's mental health. These pressures may include expectations related to academic

achievement, career success, relationships, and physical appearance. The constant need to conform to societal norms and expectations can lead to feelings of inadequacy and stress, which, if left unaddressed, may contribute to suicidal ideation. One of the most common societal pressures is related to academic achievement. High expectations for academic success can place immense stress on students, leading to mental health issues such as anxiety and depression. The pressure to excel academically may stem from parental expectations, peer comparison, or self-imposed goals. This stress can lead to maladaptive coping strategies such as cheating or using drugs to enhance performance. Over time, chronic academic stress can contribute to suicidal thoughts and behaviors.

Career-related stressors are also common, with individuals often feeling pressure to succeed and maintain job security. A highly competitive job market, long working hours, and the need to balance work and personal life can exacerbate feelings of anxiety and depression. If left unmanaged, chronic work-related stress can contribute to suicidal ideation. Relationships, whether romantic or platonic, can also be a significant source of stress for individuals. The pressure to maintain a successful relationship can lead to feelings of inadequacy, fear of rejection, and abandonment. These emotions, if left unresolved, can contribute to the development of mental health issues, increasing the risk of suicidal behavior. Society often places immense importance on physical appearance, resulting in individuals feeling the need to conform to unrealistic beauty standards. This pressure can lead to negative self-image, body dissatisfaction, and eating disorders, which can increase the risk of suicidal ideation and behavior.

In conclusion, societal pressures can create significant stressors that negatively impact an individual's mental health. These pressures may include expectations related to

academic achievement, career success, relationships, and physical appearance. It is important to recognize these stressors and seek out support when needed. This may involve accessing mental health services, seeking out peer support groups, or engaging in self-care practices. By addressing these societal pressures, we can work toward creating a more supportive and inclusive society that promotes positive mental health and well-being.

### **Family Pressures**

Families can often be a significant source of stress for individuals. Whether it is due to parental expectations, sibling rivalry, or family conflict, these stressors can create an environment that exacerbates stress and contributes to the development of mental health issues. One significant source of familial pressure comes from parental expectations. Parents may have specific expectations regarding academic achievement, career success, or personal choices that can place immense stress on their children and adolescents. This pressure may lead to feelings of inadequacy, anxiety, and depression, which, if left unaddressed, can increase the risk of suicidal ideation. It is important for parents to be aware of their expectations and communicate them in a healthy and supportive way that does not add unnecessary pressure on their children.

Sibling rivalry is another common source of familial pressure. Although some level of competition is normal between siblings, it can create an environment of constant competition, leading to increased stress and anxiety. The need to prove oneself or meet expectations can contribute to mental health issues and, in some cases, suicidal thoughts and behaviors. Parents can help alleviate some of this pressure by encouraging

cooperation and mutual support among siblings and acknowledging and celebrating each child's individual strengths.

Family conflict can also be a significant source of stress for individuals. Whether related to divorce, financial issues, or other disagreements, this emotional turmoil can lead to feelings of isolation, depression, and anxiety, increasing the risk of suicidal behavior. It is important for families to find healthy ways to manage conflict and seek out support when needed. This may include family therapy, individual counseling, or support groups.

In conclusion, familial pressures can be a significant source of stress for individuals and can contribute to the development of mental health issues and suicidal behavior. It is important for families to be aware of these stressors and to seek out support when needed. This may involve accessing mental health services, seeking out family therapy, or participating in peer support groups. By working together, families can help create a supportive environment that promotes positive mental health and well-being.

### **Individual Resilience and Coping Mechanisms**

Individual resilience is a crucial factor in managing stress and preventing suicidal behavior. Resilience refers to the ability to withstand and recover from adversity, and it can be fostered through various strategies and coping mechanisms. One key strategy for building resilience is the development of effective coping mechanisms. Coping mechanisms are strategies individuals use to manage stress and emotional turmoil. These mechanisms can be either adaptive or maladaptive. Adaptive coping mechanisms, such as seeking social support, engaging in physical activity, or practicing mindfulness, can help mitigate the effects of stress and reduce the risk of suicidal ideation. On the other hand,

maladaptive coping mechanisms, such as substance abuse or self-harm, can exacerbate mental health issues and contribute to the development of suicidal thoughts and behaviors.

Another important factor in building resilience is emotional intelligence. Emotional intelligence refers to the ability to recognize, understand, and manage one's emotions effectively. Individuals with higher emotional intelligence are better equipped to identify and express their emotions, seek support, and navigate stressful situations. They may be more resilient to stressors because they can recognize their emotions and address them in a healthy and productive way. It is important to note that building resilience is an ongoing process that requires effort and intentionality. This may involve seeking out support from mental health professionals, practicing self-care, and engaging in activities that promote emotional well-being.

In conclusion, individual resilience is a crucial factor in managing stress and preventing suicidal behavior. Coping mechanisms, both adaptive and maladaptive, play a significant role in resilience, as do emotional intelligence and self-care practices. By recognizing the importance of resilience and actively working to build it, individuals can better manage stress and promote positive mental health and well-being.

### **The Role of Communities and Institutions**

Communities and institutions such as schools, workplaces, and religious organizations can play a crucial role in mitigating the effects of stress and preventing suicide. By implementing policies and programs that promote mental health and well-being, providing support for individuals in crisis, and reducing the stigma associated with seeking help, these entities can make a significant impact on suicide prevention.

Schools can play a vital role in suicide prevention by implementing programs that educate students about stress management, promote healthy coping strategies, and provide access to mental health support. Additionally, schools can encourage open communication between students, parents, and educators, creating a supportive environment that reduces stress and prevents suicidal behavior. By addressing the stressors that impact students, such as academic pressure and social relationships, schools can help prevent the development of suicidal thoughts and behaviors.

Employers can also promote mental health and well-being in the workplace by providing resources for stress management, encouraging work-life balance, and offering access to mental health support. By fostering a supportive work environment and addressing work-related stress, employers can help prevent suicidal behavior among their employees. Additionally, employers can promote awareness of mental health issues and encourage employees to seek help when needed, reducing the stigma associated with mental health concerns.

Religious organizations can also play a role in suicide prevention by providing a sense of community and support for individuals experiencing stress or mental health issues. By offering spiritual guidance, emotional support, and access to mental health resources, religious organizations can help prevent suicidal behavior among their members. Religious organizations can also help reduce stigma by promoting awareness of mental health issues and encouraging individuals to seek help when needed.

In conclusion, communities and institutions can play a significant role in suicide prevention. Schools, workplaces, and religious organizations can implement policies and programs that promote mental health and well-being, provide support for individuals in

crisis, and reduce the stigma associated with seeking help. By working together, these entities can help create a more supportive and inclusive society that prioritizes mental health and well-being, reducing the incidence of suicide.

### **Societal And Governmental Efforts**

Reducing stress and preventing suicide requires both societal and governmental efforts. Such efforts can include public awareness campaigns, mental health policy reform, and funding for mental health services. Public awareness campaigns can help raise awareness about the impact of stress on mental health, the warning signs of suicidal behavior, and the importance of seeking help. These campaigns can reduce the stigma associated with mental health issues and encourage individuals to access support. They can also provide information about available mental health resources, such as hotlines and support groups, and promote healthy coping strategies.

Governments can implement policies that promote mental health and well-being, such as mandating mental health education in schools, providing funding for mental health services, and ensuring access to affordable mental healthcare for all citizens. These policies can help create a supportive environment that addresses the impact of stress on mental health and reduces the risk of suicidal behavior. They can also help reduce barriers to mental healthcare, such as cost and availability, and increase access to evidence-based treatment options.

Increased funding for mental health services can help ensure that individuals experiencing stress and mental health issues have access to the support they need. This funding can be allocated to various programs, such as therapy and counseling services, crisis intervention hotlines, and mental health education initiatives. It can also help

improve the quality and availability of mental health services and support research into effective treatment options.

In conclusion, reducing stress and preventing suicide requires a collaborative effort from both society and the government. Public awareness campaigns can help reduce stigma and promote access to mental health resources, whereas mental health policy reform and increased funding can help create a supportive environment and improve access to evidence-based treatment options.

### **The Role of Spirituality and Religion in Stress Management and Suicide Prevention**

The role of spirituality and religion in stress management and suicide prevention has gained significant attention in recent years. Spirituality and religion can provide individuals with a sense of meaning, purpose, and connection, helping them cope with stress and navigate challenging situations.

Spiritual practices, such as prayer, meditation, or mindfulness, can help individuals manage stress, build resilience, and maintain mental well-being. These practices can be incorporated into daily routines to promote overall health and reduce the risk of suicidal behavior. Spiritual practices can also promote a sense of connection with a higher power, which can provide individuals with comfort and support during difficult times (Benjamin, 2012).

Religious communities can also play a significant role in promoting mental health and suicide prevention. Religious communities can provide a source of support, connection, and resources for individuals experiencing stress or mental health issues. By offering spiritual guidance, emotional support, and access to mental health resources, religious communities can help prevent suicidal behavior among their members. These



communities can also provide a sense of belonging and purpose, which can be particularly beneficial for individuals experiencing social isolation or loneliness.

However, it is important to note that religious communities may not be suitable for everyone, and spiritual practices may not always be effective in managing stress and preventing suicide. It is essential to consider individual differences and preferences when promoting spirituality and religion as a tool for stress management and suicide prevention. Nonetheless, spirituality and religion can provide a valuable source of support and resources for individuals experiencing stress and mental health issues, and they should be considered as part of a comprehensive approach to suicide prevention.

### **The Role of Culture in Stress and Suicide**

Culture can have a significant impact on how individuals experience stress and their risk of engaging in suicidal behavior. Societal norms, beliefs about mental health, and coping strategies are all cultural factors that can influence an individual's vulnerability to stress and their likelihood of suicidal behavior.

One important cultural factor is societal norms, which can vary across cultures and contribute to stress and suicidal behavior. For example, in some cultures, there may be high expectations for academic achievement or career success, which can place immense pressure on individuals. Understanding the impact of these norms on mental health is crucial for developing culturally sensitive intervention strategies. Beliefs about mental health are another important cultural factor that can influence an individual's risk of experiencing stress and suicidal behavior. In some cultures, there may be a stigma associated with seeking help for mental health issues, which can discourage individuals

from seeking support. It is crucial to acknowledge and address these beliefs within intervention strategies to ensure effective suicide prevention.

Coping strategies are also influenced by cultural factors. Some cultures may emphasize collectivism and social support, whereas others may prioritize individual problem solving and self-reliance. Identifying and incorporating culturally specific coping strategies within intervention efforts can enhance their effectiveness and relevance for diverse populations. By recognizing the impact of culture on stress and suicide, intervention strategies can be developed to address the specific needs of different cultural groups. This approach can improve the effectiveness of suicide prevention efforts and help ensure that individuals from all cultural backgrounds receive the support and resources they need to maintain mental well-being.

### **Vulnerable Populations and Stress-Related Suicide Risk**

Stress-related suicide risk can be particularly pronounced among certain populations who may face unique stressors related to marginalization, discrimination, and trauma. These groups may require tailored interventions and additional support to mitigate their risk of suicide. One vulnerable population is the LGBTQ+ community, who often face discrimination, social isolation, and internalized stigma. These stressors can contribute to elevated rates of mental health issues and suicidal behavior within this population. LGBTQ+-affirming therapy and support groups can be effective in addressing these stressors and reducing the risk of suicide.

Another vulnerable population is refugees and immigrants, who often face numerous stressors related to language barriers, cultural adjustment, discrimination, and trauma related to displacement. These factors can contribute to an increased risk of

mental health issues and suicidal behavior. Culturally sensitive interventions, such as language-appropriate mental health services and community-based support programs, can help mitigate this risk.

Indigenous populations also face unique stressors related to historical trauma, marginalization, and cultural disruption. These factors can contribute to elevated rates of mental health issues and suicidal behavior. Interventions that acknowledge and address these stressors, such as culturally grounded mental health services and trauma-informed care, can help reduce the risk of suicide among Indigenous populations. Tailored interventions and additional support for these vulnerable populations can help address stress-related suicide risk and promote mental health and well-being. It is essential to recognize the unique stressors these populations face and provide culturally sensitive and appropriate support.

### **The Impact of Media on Stress and Suicide**

The impact of media on stress and suicide is a complex and multifaceted issue that requires careful consideration. Media portrayals of stress and suicide can influence public perceptions, attitudes, and individual behaviors, making responsible media reporting and representation critical for promoting mental health awareness and reducing the risk of suicide. News reporting is one area where responsible reporting guidelines are essential. News reporting on suicide can either help or hinder suicide prevention efforts. Sensationalized or graphic reporting can contribute to contagion effects and increase the risk of suicide among vulnerable individuals. Adhering to responsible reporting guidelines, such as avoiding explicit details and providing resources for help-seeking, can minimize these risks.

Entertainment media is another area that can shape public perceptions of stress and suicide and influence individual behaviors. Portrayals that romanticize, trivialize, or stigmatize mental health issues and suicidal behavior can perpetuate harmful attitudes and beliefs. Accurate and sensitive portrayals that promote mental health awareness and encourage help-seeking can help counter these negative effects. Research suggests that the media's impact on suicide rates can be significant, highlighting the importance of responsible media reporting and representation.

One study found that after a celebrity suicide, suicide rates among the general population increased by 10%, with the highest increase occurring among the age group most likely to be influenced by media portrayals. Therefore, it is essential that media organizations, reporters, and content creators adhere to responsible reporting and representation guidelines. These guidelines should include accurate and sensitive portrayals of mental health issues and suicidal behavior, including providing resources for help-seeking and avoiding explicit details that can increase the risk of contagion effects.

In conclusion, the impact of media on stress and suicide is an important area of concern. Responsible media reporting and representation are essential for promoting mental health awareness, reducing stigma, and preventing suicide. By adhering to responsible reporting guidelines and promoting accurate and sensitive portrayals of mental health issues and suicidal behavior, the media can play a crucial role in promoting mental well-being and preventing suicide.

### **Social Isolation and Its Impact on Suicide Risk**

Social isolation resulting from pandemic-related restrictions emerged as a key factor contributing to increased suicide rates. Many reported increased feelings of loneliness, which was linked to the development or exacerbation of depressive symptoms. Prolonged periods of social isolation led to a decline in mental health for many individuals, increasing their vulnerability to suicidal thoughts and behaviors. The disruption of social networks due to social distancing measures also contributed to increased suicide risk during the pandemic. Participants reported a decline in social support, as they were unable to maintain connections with friends, family members, and community organizations. This loss of social support served as a risk factor for the development of mental health issues and suicidal ideation, particularly among individuals with preexisting mental health conditions.

### **The Role of Social Support in Stress Management and Suicide Prevention**

Social support can play a crucial role in stress management and suicide prevention. Strong social connections, emotional support, and access to resources can help individuals build resilience and navigate challenging situations. Social support can take various forms, including emotional support, instrumental support, informational support, and appraisal support. Each type of support can help individuals manage stress and reduce the risk of suicidal behavior.

Emotional support refers to the provision of empathy, caring, and reassurance during times of stress or crisis. It can be provided by friends, family members, or mental health professionals, and can help individuals feel heard, valued, and supported.

Instrumental support involves tangible assistance, such as financial aid, transportation, or

childcare, that can help individuals manage practical stressors in their lives. Informational support involves the provision of advice, guidance, or information that can help individuals make informed decisions or access resources. Appraisal support involves feedback or evaluation of an individual's situation, such as providing encouragement or constructive feedback.

Fostering social connections, such as friendships, family relationships, and community involvement, can help individuals access support and build resilience. Encouraging open communication, offering empathy, and being available to listen can help strengthen these connections and provide a safety net for those at risk of suicidal behavior. Social support can be provided through various channels, including in-person interactions, phone calls, text messages, and online forums. The provision of social support can be formal or informal, with mental health professionals, community organizations, or support groups providing structured support.

In conclusion, social support is a critical component of stress management and suicide prevention. The provision of emotional, instrumental, informational, and appraisal support can help individuals build resilience and reduce the risk of suicidal behavior. Fostering social connections, promoting open communication, and providing access to resources can help individuals gain the support they need to manage stress and navigate challenging situations.

### **The Impact of Stress on Physical Health and the Link to Suicide Risk**

Stress is a common experience that can affect individuals' physical and mental health. Chronic stress, in particular, can have significant negative effects on physical health, contributing to the development of various health conditions such as

cardiovascular disease, diabetes, and autoimmune disorders. These conditions can negatively impact an individual's quality of life, exacerbating mental health issues and increasing the risk of suicidal behavior.

The link between stress, physical health, and suicidal behavior highlights the importance of addressing both mental and physical health concerns in suicide prevention efforts. The mind-body connection plays a crucial role in understanding this relationship. Stress activates the body's stress response, triggering the release of stress hormones such as cortisol and adrenaline, which can affect various bodily functions, including the immune and cardiovascular systems. Over time, chronic stress can lead to inflammation, immune system dysregulation, and oxidative stress, contributing to the development of various physical health conditions. Furthermore, research has shown that individuals with physical health conditions are at an increased risk of experiencing mental health issues, such as depression and anxiety, which can also increase the risk of suicidal behavior. Addressing both mental and physical health concerns through integrated care models and multidisciplinary approaches can help prevent suicidal behavior.

In conclusion, stress-related physical health conditions can have significant negative effects on individuals' well-being and increase the risk of suicidal behavior. Understanding the mind-body connection and addressing both mental and physical health concerns are crucial for comprehensive suicide prevention efforts. Healthcare professionals and suicide prevention organizations can work together to develop integrated care models that prioritize both mental and physical health, reduce the impact of stress on physical health, and prevent suicidal behavior.

## **The Importance of Self-Care in Stress Management and Suicide Prevention**

Self-care is a crucial component of stress management and suicide prevention. Engaging in self-care activities can help individuals manage stress, build resilience, and promote mental well-being. Physical self-care is essential in stress management, involving regular exercise, adequate sleep, and proper nutrition (Bernert, & Joiner, 2007). These activities can reduce the negative effects of stress on physical health and promote overall well-being, reducing the risk of suicidal behavior.

Emotional self-care involves recognizing, understanding, and managing one's emotions. Strategies such as journaling, mindfulness, and seeking professional help when needed can help individuals build emotional resilience and cope with stress. By acknowledging and addressing emotional stressors, individuals can develop healthy coping strategies and reduce the risk of suicidal behavior. Social self-care involves nurturing and maintaining positive relationships with others. Engaging in activities that foster connection and support, such as spending time with friends and family, participating in social events, or joining clubs and organizations, can help individuals manage stress and reduce the risk of suicidal behavior. Social support can provide individuals with a sense of belonging and purpose, promoting overall well-being and resilience.

Incorporating self-care activities into daily routines is essential for maintaining mental and physical well-being and reducing the risk of suicidal behavior. Individuals should prioritize self-care as part of their stress management and suicide prevention strategies. Healthcare professionals and mental health advocates should also promote the



importance of self-care and provide resources and support for individuals to engage in self-care activities.

### **Summary of Pressure and Stress**

The relationship between stress and suicide is complex and multifaceted, involving biological, psychological, and social factors. Understanding the ways in which stress contributes to suicidal behavior is essential for developing effective strategies for stress management and suicide prevention. By addressing the various factors that contribute to stress and suicidal behavior, providing support and resources for individuals experiencing stress, and promoting mental health and well-being at the individual, community, and societal levels, it is possible to reduce the devastating impact of suicide and improve the lives of countless individuals.

Acknowledging the complexity of stress and suicide allows for a more comprehensive approach to prevention and intervention efforts. It is essential to continue building on current research and knowledge, expanding access to mental healthcare, and fostering supportive environments for those experiencing stress and mental health issues. By working together, individuals, families, communities, and organizations can make significant strides toward reducing the prevalence of stress-related suicide and promoting a more mentally healthy society for all.

### **Part 3 | Fear of Infection and Psychological Distress**

Fear of infection emerged as a significant source of psychological distress for participants in the studies, contributing to an increased risk of suicide. Health anxiety and hypervigilance related to COVID-19 led to constant worry and rumination, increasing feelings of helplessness and despair. For some individuals, this fear of infection and the

associated psychological distress became overwhelming, leading to suicidal thoughts and behaviors. Stigma and discrimination related to COVID-19 also contributed to increased suicide risk among some individuals. Participants reported experiences of social rejection, ostracism, and discrimination due to real or perceived infection with the virus. This stigma further exacerbated mental health issues and increased feelings of isolation and despair, heightening the risk of suicidal ideation and behavior.

### **Early Identification and Intervention**

Early identification and intervention are crucial components of suicide prevention. Recognizing the warning signs of suicidal behavior and implementing appropriate intervention strategies can help prevent suicide. The early identification of at-risk individuals, provision of mental health support, and development of coping skills are key components of suicide prevention. One of the most important steps in preventing suicide is recognizing the warning signs of suicidal behavior. These warning signs can include social withdrawal, increased substance use, feelings of hopelessness, changes in sleep and appetite, and engaging in risky or self-destructive behaviors. Identifying these warning signs in oneself or others is a critical step in preventing suicide (Bernert, & Joiner, 2007).

The provision of mental health support is another crucial component of suicide prevention. This may include ensuring access to therapy or counseling services, which can help individuals manage stress, develop coping skills, and reduce the risk of suicidal behavior. Mental health professionals can help individuals identify the sources of their stress, develop strategies to mitigate its effects, and build resilience to prevent future crises. In addition to providing mental health support, developing coping skills is an important component of suicide prevention. Coping skills, such as problem solving,

communication, and stress management, can help build resilience and prevent suicidal behavior. These skills can be taught through various means, including therapy, support groups, or educational programs.

In conclusion, early identification and intervention are critical components of suicide prevention. Recognizing the warning signs of suicidal behavior, providing mental health support, and developing coping skills are key strategies for preventing suicide. By implementing these strategies and promoting mental health and resilience, we can work toward creating a society that prioritizes the well-being of its members and prevents suicide.

### **Preexisting Mental Health Conditions**

Individuals with preexisting mental health conditions were found to be particularly vulnerable to the adverse effects of the COVID-19 pandemic. The analysis revealed that many participants with preexisting psychiatric disorders experienced an exacerbation of their symptoms due to pandemic-related stressors, such as financial stress, social isolation, and fear of infection. The worsening of mental health symptoms, in turn, increased the risk of suicidal thoughts and behaviors among these individuals. Barriers to accessing mental health services during the pandemic emerged as another factor contributing to increased suicide risk among individuals with preexisting mental health conditions. Participants reported difficulties accessing mental healthcare due to limited availability of in-person appointments, overwhelmed healthcare systems, and reduced access to community-based support services. The inability to access timely and appropriate mental healthcare further exacerbated mental health issues and increased the likelihood of suicidal behavior.

## **Part 4 | Interconnectedness of Factors**

The analysis demonstrated that the factors contributing to increased suicide rates during the COVID-19 pandemic were often interconnected, with many individuals experiencing multiple stressors simultaneously. This research further evaluated the role of inner dialogues, self-hatred, and the lack of mental, emotional, and physical fitness, which in turn could exacerbate preexisting mental health conditions and increase the risk of suicidal behavior. This complex interplay between factors highlights the importance of adopting a comprehensive approach to addressing the mental health challenges associated with the pandemic.

### **Inner Dialogues That Could Lead to Mental Anguish**

Innate within all of us exists a part of our being known as the inner child. The inner child reflects our innermost thoughts and emotions. As we progress in age, our inner child remains the same, yet the way we internalize, and handle thought processes and past experiences changes. Although the inner child may bring forth inner strength and resilience, it may also invite the presence of unresolved inner turmoil in the form of internal dialogue, which can become riddled with guilt, anger, and mental anguish. When unrecognized and unresolved, this internal dialogue can lead to social isolation, which, in its extreme form, can ultimately lead to suicidal ideation and behavior.

The inner child is typically considered a part of unconscious personality and is highly linked to our sense of identity. Central to this concept is the idea that our early childhood experiences shape personal behavior and development, particularly those that occurred within our primary support network or early family relationships. As such, the inner child is thought to be responsible for our most basic reactions, including those that

can lead to adverse psychological reactions or psychological distress when triggered. For example, when confronted with a traumatic life event or overwhelming emotion, the inner child may respond with fear, anger, or avoidance, rather than with strength and resilience.

Internal dialogue refers to conversations in our minds, most often in response to an external stimulus or event. This form of dialogue is often experienced through thoughts or inner monologues, which may lead to a mental battle of the opposing positives and negatives. Although these mental conversations can be useful to problem-solve or seek clarity, they can also become damaging when they are critical and lacking in compassion. Overly harsh, self-deprecating internal dialogue in the face of difficult emotions can become a cycle of despair, causing depression, anxiety, and suicide.

When combined, these two concepts, inner child and internal dialogue, can exacerbate mental anguish and ultimately lead to suicidal ideation and behavior. When an individual's inner child has been negatively affected by a traumatic life event, or their internal dialogue has established an overly critical approach to life, they may struggle to cope and develop a sense of security. In such circumstances, the individual may become overwhelmed with feelings of intense despair and hopelessness, as well as guilt, shame, and loneliness, which can all be linked to anxiety or depression and can ultimately lead to suicidal behavior. For example, suppose an individual has a history of emotional abuse and neglect during childhood. In that case, this can manifest as a hurt inner child with a negative internal dialogue, leading the individual to experience ongoing difficulty with self-care and emotional regulation. Over time, the individual can engage in suicidal thoughts to escape emotional pain.

Further, internal dialogue and the inner child can lead to heightened social isolation, as the individual cannot engage in meaningful relationships due to the painful inner turmoil experienced. In such circumstances, the individual may develop further feelings of despair and hopelessness, leading them to seek solace through suicide.

Overall, the presence of an inner child and internal dialogue can serve as a strength and weakness to our overall wellbeing and mental health. When unresolved, their presence can become a catalyst for mental anguish, social isolation, and suicide. It is therefore necessary that we recognize our inner dialogue and inner child to effectively understand and mitigate our distress. Mental health professionals can offer support and guidance for individuals seeking to foster a healthier, more sustaining inner dialogue, thus helping the individual become more resilient to stressful life circumstances.

### **The Anatomy of Self-Hatred: An In-Depth Exploration**

Self-hatred, also known as self-loathing or self-disgust, is a complex and multifaceted emotional state characterized by negative feelings toward oneself. It can manifest as feelings of inadequacy, inferiority, failure, or unworthiness, often leading to a vicious cycle of self-destructive behavior. Understanding the causes and consequences of self-hatred, as well as potential strategies for overcoming it, is crucial for promoting psychological well-being and mental health.

Self-hatred is a deeply rooted and pervasive negative self-evaluation that can manifest as harsh self-criticism, self-blame, and feelings of shame, guilt, or worthlessness. This emotional state can be expressed in various ways, including self-deprecating humor, self-punishment, and self-sabotaging behaviors. Self-hatred is an intense negative emotion focused on oneself and one's ability to cope in life. It is

commonly experienced by individuals who feel helpless and inadequate in managing their own emotions and/or behaviors. People who experience self-hatred often suffer chronic feelings of worthlessness, shame, guilt, and inadequacy. They tend to hold themselves to unrealistic standards and are often consumed with ideas of how they are “not good enough” or “not doing enough.”

Signs and symptoms of self-hatred may include frequent self-criticism, extreme perfectionism, addiction to self-defeating behavior, feelings of guilt, shame, and powerlessness, and an intense fear of failure. People with self-hatred may also be predisposed to negative emotions and thoughts, mental health issues such as depression and anxiety, and even suicidal thoughts. At its core, self-hatred is often rooted in one's childhood experiences and beliefs. Early neglect or mistreatment, feelings of low self-worth, and a history of traumatic or stressful experiences can all contribute to the development of self-hatred. Individuals who have been teased or bullied throughout their childhood may be more prone to developing self-hatred, as these experiences only further contribute to their negative self-perception.

It is important to recognize one's patterns of self-hatred, as this is essential to begin to challenge and change them. Counseling and psychotherapy may help individuals work through their negative experiences and beliefs, thereby allowing them to become more self-compassionate and accepting of themselves. It is important to remember that self-hatred is a common experience, and that with the right tools and resources, individuals can learn how to replace their self-criticism with self-love and self-acceptance.

## **The Role of Self-Hatred in Suicide: A Multidimensional Perspective**

The COVID-19 pandemic has had a severe impact on mental health, with many people suffering from self-destructive thoughts and a heightened sense of self-hate. This has caused a marked increase in suicide rates due to individuals feeling unable to cope with the emotional and mental distress caused by this global crisis. Although research is still ongoing to determine the full extent of this effect, it is clear that self-hate has been an integral component of the growing suicide epidemic during this pandemic.

Self-hate is a dangerous form of emotional harm that can have a profound effect on mental health. It is typically defined as an intense hostility and dislike of oneself, often leading to self-destructive behavior, low self-esteem, and feelings of worthlessness. These feelings can manifest in a variety of ways, such as depression, social isolation, and substance abuse. Some of the most common factors contributing to self-hate include the fear of rejection, negative body image, and thoughts of inadequacy, to name a few. Despite how common these thoughts may be, they can have profoundly destructive consequences, such as increased thoughts of suicide.

Suicide is a complex and multifaceted phenomenon with numerous contributing factors. One such factor is self-hatred, which can manifest as a result of psychological, social, and cultural influences. Understanding the role of self-hatred in suicide is crucial for effective prevention and intervention strategies. This research presents a multidimensional analysis of the relationship between self-hatred and suicide, discussing various aspects that contribute to this phenomenon. This section delves into the complex relationship between self-hatred and suicide from a multidimensional perspective. I examine the psychological, social, and cultural factors contributing to self-hatred and



how they ultimately lead to suicidal behavior. Furthermore, I discuss the role of mental health professionals in addressing self-hatred and provide suggestions for future research.

### **Self-Hate Importance**

Self-hate is a serious issue that can have detrimental effects for individuals and for society overall. At its heart, self-hate is a product of low self-esteem and the perception of oneself as inadequate in some way. Individually, self-hate can manifest in a range of negative behaviors, such as self-sabotage, blaming oneself, and feelings of worthlessness. At its worst, self-hate can lead to self-harm, depression, and suicidal ideation. Many mental health issues are strongly linked to self-hate, and it is important to address this issue to ensure it does not lead to further psychological harm.

Addressing self-hate is not only important for individual health, but for communities and society overall. When individuals feel powerless, inadequate, or inferior, it can lead to feelings of anger and resentment, which can easily be directed outwards, resulting in hostility to others or an increase in societal tension. The importance of addressing self-hate cannot be underestimated. To do this, it is important to develop self-compassion, self-understanding, and self-awareness. This is a slow process that can take time, and the support of friends, family, and counsellors can be vital in achieving self-acceptance. This can be done through a variety of means, such as mindfulness practice, journaling, self-reflection, positive affirmations, and building coping skills. Such practices can help reframe limiting beliefs and build a healthier relationship with oneself.

## **Background of Self-Hate**

Self-hate is a form of cognitive dissonance that can lead to feelings of extreme negativity and low self-esteem. It is a mental health disorder in which an individual has unrealistic feelings of worthlessness and negative beliefs about themselves, their abilities, their body, and/or their identity. These negative feelings and beliefs are often internalized, making it difficult for a person to find contentment and peace.

Self-hate can manifest in a variety of ways and can have both physical and psychological consequences. Common signs of self-hate include excessive self-criticism, negative thought patterns, and difficulty connecting to others. Physically, a person may have difficulty sleeping, experience low energy and fatigue, have difficulty concentrating, or exhibit physical signs of higher stress levels, such as a racing heartbeat and tight muscles. Negative self-talk is one of the most common symptoms of self-hate and often comes in the form of believing one is not good enough or constantly putting oneself down. Self-hate can also lead to a variety of behaviors such as self-sabotage, avoidance, self-harm, and substance abuse to cope with uncomfortable emotions.

It is possible to overcome self-hate, but it often requires professional help. Working with a mental health practitioner can help an individual better understand the roots of their self-hatred and work through the cause. In many cases, the individual can learn how to replace negative and harmful thought patterns with more positive and supportive ones, and ultimately address the underlying issues such as traumatic experiences and negative beliefs that can contribute to self-hate.

## **Self-Hate During COVID**

During the COVID-19 pandemic, many individuals are particularly vulnerable to self-hate and suicidal ideation due to the significant restrictions on everyday life. For example, social isolation, economic insecurity, and the absence of a clear end to these restrictions can all contribute to feelings of helplessness and worthlessness. Additionally, the ongoing media coverage of the virus can be incredibly damaging, particularly to those struggling with preexisting mental health conditions. Many people may also be worried about the potential consequences of being infected, further perpetuating feelings of insecurity and fear.

The COVID-19 pandemic has highlighted the fact that many people struggle with self-hatred. Although the psychological damage of self-hatred was present before the pandemic, these feelings have become more pronounced as people grapple with the new normal imposed by the coronavirus. The negative effects of self-hate can be far-reaching and severe. People who are suffering from self-hatred often find it difficult to reach out for help and can become increasingly isolated, leading to further psychological distress. This isolation and difficulty in reaching out to friends and family can be especially damaging during a pandemic, where physical distancing has become integral to our lives.

Self-hatred can also lead to risky behaviors, such as substance abuse and unsafe behaviors. During the pandemic, many people have been feeling extra stress and need outlets to cope. However, it is important to turn to healthy and safe coping mechanisms rather than ones that can endanger an individual's physical or psychological health.

Overall, the global COVID-19 pandemic has exacerbated the impacts of self-hatred and has made it even more difficult for people to access support and seek help. It is vitally

important that people are aware of the effects of self-hatred and that mental health support is available to those who need it.

### **Relationship Between Self-Hatred and Suicide**

When evaluating the relationship between self-hatred and suicide, several factors must be considered to include escapism, hopelessness, and self-punishment. Self-hatred can create an unbearable emotional burden, leading individuals to view suicide as an escape from their self-directed hostility and intense negative emotions. Individuals experiencing self-hatred may develop a pervasive sense of hopelessness, believing they are beyond help or redemption. This hopelessness can contribute to suicidal thoughts and behaviors, as the individual may feel there is no other way to alleviate their suffering. Self-hatred can undermine an individual's self-preservation instincts, making them more susceptible to engaging in risky or self-destructive behaviors, including suicide. In some cases, individuals experiencing self-hatred may view suicide as a form of self-punishment, believing they deserve to suffer or die due to their perceived worthlessness.

It is clear that self-hate is one of the primary contributing factors to the rise in suicides due to COVID-19. However, it is also important to note that self-hate does not have to be pervasive in someone's life to manifest in suicidal thoughts and behavior. Even mild cases of self-hate can have significant repercussions on mental health; thus, it is essential to promote healthy self-care routines to combat such negative emotions. Some helpful tips include engaging in positive self-dialogue, practicing mindfulness, and engaging in regular physical activity. Additionally, it can be beneficial to seek professional help, if necessary, as this can provide invaluable support when facing difficulties.

Self-hate is a complex psychological phenomenon that can manifest in a variety of ways. Unfortunately, this powerful emotion has been linked to a drastic increase in the rates of suicide and can significantly damage an individual's mental and physical health. Studies have found that individuals who are struggling with self-hate are three times more likely to attempt suicide than those without such feelings of worthlessness and despair.

Research shows that self-hate can develop in response to numerous factors, such as abuse, childhood trauma, and mental illnesses. It can cause sufferers to become overwhelmed by intense negative emotions and develop a lack of confidence in their own ability to cope. This can lead to a heightened risk of self-harm and suicidal ideation, as the individual may think that the only way to cope with their distress is to end their life. Furthermore, self-hate has a damaging impact on social relationships. When people do not love or accept themselves, they are often unable to accept love and support from others. This can make them vulnerable to social isolation and mental health problems, and thus even more at risk of attempting suicide.

### **Self-Hatred: Conceptualization and Prevalence**

Self-hatred, also referred to as self-loathing or self-contempt, is a negative and destructive attitude toward oneself. It is characterized by intense feelings of worthlessness, inadequacy, and a persistent belief that one is fundamentally flawed or unlovable. This self-directed hostility can lead to self-destructive behaviors, such as substance abuse, self-harm, and ultimately, suicide. The prevalence of self-hatred is difficult to determine due to the lack of standardized measures and subjectivity of the construct. However, research has indicated that self-hatred is common among individuals

with various mental health conditions, such as depression, anxiety disorders, and personality disorders, as well as among individuals who have experienced trauma, abuse, or neglect.

Several psychological factors can help dissect the multidimensional and complex relationship between self-hatred and suicide. One, cognitive distortions are irrational thought patterns that can contribute to self-hatred. Some common cognitive distortions include all-or-nothing thinking, overgeneralization, and personalization. These distortions can lead individuals to internalize negative beliefs about themselves, perpetuating self-hatred. Second, low self-esteem is often closely linked with self-hatred. Individuals with low self-esteem tend to view themselves as unworthy and undeserving, which can fuel self-directed hostility. Lastly, mental health conditions can play a vital part. As previously mentioned, self-hatred is frequently present among individuals with various mental health conditions. Depression, in particular, is strongly associated with self-hatred, as feelings of worthlessness and self-blame are common symptoms of the disorder.

Family dynamics, peer relationships, and social comparison are few social factors that can help highlight the role of self-hatred in suicide. Family relationships play a significant role in the development of self-hatred. Dysfunctional family dynamics, such as parental neglect or abuse, can lead to feelings of worthlessness and self-contempt in children, which may persist into adulthood. Second, peer victimization, such as bullying, can contribute to self-hatred. Victims of bullying may internalize the negative messages they receive, fostering a sense of self-loathing. Lastly, social comparison, comparing oneself to others, can lead to feelings of inadequacy and self-hatred, especially if the individual perceives that they do not measure up to societal expectations or standards.

There are several cultural factors that can contribute to self-hatred to include societal expectations and norms, stigma and discrimination, and media influences. Societal expectations and norms can contribute to self-hatred, especially if an individual perceives that they do not conform to these standards. This can include expectations related to appearance, gender roles, and career success. Second, experiencing stigma and discrimination can lead to feelings of worthlessness and self-hatred, as the individual may internalize the negative messages they receive from society. Lastly, the media can perpetuate harmful stereotypes and unrealistic expectations, which can contribute to self-hatred. For instance, the constant exposure to images of "perfect" bodies or lives can lead individuals to feel inadequate and inferior, intensifying self-loathing.

### **Combat Self-Hate**

Addressing self-hatred and reducing the risk of suicide requires a comprehensive approach, including professional help, social support, self-care, and crisis prevention. Self-compassion is one way to help overcome self-hate. Cultivating self-compassion involves recognizing and accepting one's own suffering and treating oneself with kindness and understanding. This can help counteract the harsh self-criticism and negative self-evaluation that characterize self-hatred. Second, CBT is an evidence-based therapeutic approach that focuses on identifying and challenging negative thought patterns and beliefs. By examining and restructuring these thoughts, individuals can develop a more balanced and positive self-perception, helping to alleviate self-hatred. Other strategies include mindfulness, meditation, psychotherapy, building a support network, setting realistic goals, physical activity, and self-care ((Benjamin, 2012).

Addressing self-hate is critical to ensure individuals can lead healthy, fulfilling lives and ensure greater social harmony and well-being. By developing self-compassion, self-awareness, and self-acceptance, individuals can learn to be kinder to themselves and build healthier relationships with themselves and others. Self-hate can be damaging if not addressed in a healthy, constructive way. However, there are a few steps one can take to help combat feelings of self-loathing. Another important step to conquering self-hate is to practice self-care. Make time to do the things that are meaningful to you, and make sure you get enough rest and have a balanced diet. Having activities, you look forward to, whether it is yoga, walking in nature, cooking, or anything else you enjoy, can help elevate your mood as well. It is also important to reach out when needed and having a supportive network of friends and family can help lift you up when you are struggling. Ask for help if you need it and talk to people you trust about your feelings.

Finally, shift your focus onto your strengths and successes. Writing down things you are proud of or things you did well can help set the tone for the rest of the day. Remind yourself that everyone makes mistakes, but you have a chance to learn from them and make yourself a better version of yourself. By practicing self-awareness, self-care, having a supportive network, and focusing on your strengths and successes, you can begin to build yourself up instead of tearing yourself down. It is important to become aware of your self-talk. It can be easy to fall into a negative thought pattern, but it is essential to be mindful of what we are saying about ourselves in our heads. Once you are aware of your self-talk, you can start to challenge those negative thoughts or reframe them to something more constructive.



## Summary of Self-Hatred

Self-hatred is a complex and destructive emotional state that can have significant consequences for individuals, their relationships, and their overall mental health. By understanding the nature and origins of self-hatred, as well as the strategies for overcoming it, we can promote psychological well-being and healing for those affected. Through education, prevention, and intervention, we can work toward a future where self-hatred is no longer a pervasive force in people's lives, and instead, self-compassion, acceptance, and love become the guiding principles for personal growth and happiness.

Addressing underlying mental health conditions, such as depression or anxiety, is crucial in reducing self-hatred and suicidal behavior. This may involve therapy, medication, or a combination of both. Cognitive restructuring, a technique used in CBT, aims to identify and challenge cognitive distortions, helping individuals develop healthier thought patterns and reduce self-hatred. Encouraging individuals to engage in activities that promote self-esteem, such as pursuing hobbies, setting achievable goals, and fostering supportive relationships, can help counteract self-hatred. In addition, strengthening social support networks can be critical in combating self-hatred and preventing suicide. Encouraging individuals to seek help from friends, family members, or mental health professionals can be lifesaving. Raising awareness about the warning signs of suicide and promoting open conversations about mental health can help reduce the stigma surrounding suicide and self-hatred, making it easier for individuals to seek help when needed.

The role of self-hatred in suicide is complex and multifaceted, encompassing psychological, social, and cultural factors. Understanding these factors is crucial for

developing effective prevention and intervention strategies. Future research should continue to investigate the relationship between self-hatred and suicide, with a particular focus on identifying risk factors, protective factors, and the most effective interventions. Additionally, greater emphasis should be placed on addressing the societal and cultural factors that contribute to self-hatred, such as stigma and discrimination, to promote a more compassionate and inclusive society.

Self-hatred, also known as self-loathing, is a deep and pervasive negative view of oneself. It can manifest in various ways, such as feelings of worthlessness, guilt, shame, and a general sense of being undeserving of love or happiness. This kind of self-perception can lead to a range of emotional, psychological, and behavioral problems, including suicidal ideation. Self-hatred can arise from various factors, including childhood trauma or abuse, negative life experiences, mental health disorders (e.g., depression, anxiety, personality disorders), social or cultural pressures, and internalization of criticism from others. Often, self-hatred develops over time and can become ingrained in a person's thought patterns and beliefs about themselves.

Overall, self-hate has been a major factor contributing to the rise in suicides due to the COVID-19 pandemic, and it is essential to identify the possible causes and develop strategies for self-care. By fostering healthy coping mechanisms and being aware of the warning signs, we can begin to address this crisis. With proper care and support, individuals can combat self-destructive thoughts and be better prepared to cope with the depths of this pandemic.

In conclusion, self-hate has a destructive impact on psychological and physical health, as well as social relationships, and can increase the likelihood of individuals

attempting suicide. It is essential that mental health practitioners, educators, and those closest to individuals struggling with self-hate be aware of the signs and take steps to provide a safe and supportive network to those who need it.

### **What Love Got to Do with Suicide?**

Love and suicide are two concepts that might seem unrelated at first, but there are multiple ways in which they can be connected. Love, as a complex emotion, can be both a protective factor against suicide and a potential risk factor under certain circumstances. Here, I discuss three primary aspects of the connection between love and suicide: romantic love, social support, and attachment.

Romantic love, especially when unrequited or ended suddenly, can lead to intense emotional pain and feelings of hopelessness, which are risk factors for suicidal thoughts and behaviors (Arango et al., 2016). A study by Joiner et al. (2005) found that romantic breakups were associated with an increased risk of suicide attempts. In addition, cyberbullying, online harassment, and public shaming resulting from romantic relationships can also contribute to suicidal ideation and behaviors (Hinduja & Patchin, 2010).

Love, in the form of social support from family, friends, and significant others, can act as a protective factor against suicide. Research has indicated that individuals who experience strong social support and feelings of love from others are less likely to engage in suicidal behaviors (Hirsch, 2006). Social support can provide emotional resources and foster resilience, buffering the impact of stressors that might otherwise contribute to suicide risk (Kleiman & Liu, 2013). Attachment theory suggests that the quality of early relationships with caregivers can influence an individual's ability to form secure bonds

and experience love later in life. Insecure attachment styles have been associated with an increased risk of suicidal ideation and behaviors (Adam, 1994). In contrast, secure attachment, and the ability to form loving relationships, can act as protective factors against suicide risk (Gallo, 2015).

The loss of a loved one, either through death or the end of a relationship, can lead to overwhelming grief, which can be a risk factor for suicidal ideation and behavior. Research has suggested that bereavement, particularly in the case of losing a spouse or partner, is associated with increased suicide risk (Erlangsen et al., 2017). Grieving individuals may experience intense emotional pain, loneliness, and despair, which can contribute to thoughts of ending their lives (Zisook et al., 1994). Love, in the context of therapeutic relationships, can play a role in suicide prevention. Empathy, compassion, and the therapeutic alliance have been found to be essential components in effective suicide prevention strategies (Jordan et al., 2017). Mental health professionals who convey a genuine sense of care, concern, and understanding can foster an environment in which individuals feel safe to share their struggles and seek help (Mishara & Tousignant, 2004).

Love and suicide have a complex relationship that requires further exploration. Although certain aspects of love, such as the loss of a loved one or love-related stressors, can increase the risk of suicidal ideation and behavior, other factors, such as social support and therapeutic intervention, can serve as protective factors. Understanding the role of love in suicide prevention is crucial for developing more effective interventions and support systems for individuals at risk. One way in which love can be related to suicide is through the loss of love. Whether it is the death of a loved one or a break-up,

the loss of a loved one can trigger feelings of grief, sadness, and despair. These emotions can be overwhelming and contribute to suicidal ideation or behavior, particularly in individuals with preexisting mental health conditions such as depression or anxiety.

Love-related stressors, such as problems in romantic relationships, can also contribute to emotional turmoil and distress. These stressors can exacerbate existing mental health issues or create new ones, potentially increasing the risk of suicidal ideation. Unrequited love is another factor that can lead to suicidal thoughts or actions. The feelings of rejection, humiliation, and disappointment that come with loving someone who does not reciprocate those feelings can be devastating, particularly if the individual perceives their situation as hopeless.

In codependent relationships, where one or both partners rely heavily on the other for emotional support and validation, a break-up, or the threat of one lead to intense feelings of abandonment and fear. These emotions could contribute to suicidal thoughts or actions. According to the interpersonal-psychological theory of suicide developed by Thomas Joiner, suicide is more likely to occur when an individual experiences feeling of thwarted belongingness, or a lack of connection or love from others, and perceived burdensomeness, or feeling like a burden to loved ones. If a person's love life contributes to these feelings, it may increase the risk of suicidal ideation or behavior. Furthermore, love can have both positive and negative effects on mental health and suicide risk. Understanding the complexities of this relationship can aid in developing more effective prevention strategies and support systems for those at risk.

## **Love Relationships to Suicide**

Love-related difficulties and suicidal behavior are not necessarily correlated, as many factors influence an individual's resilience and coping strategies. However, certain aspects of love and relationships could be related to suicide in specific situations.

Isolation is one such aspect, as difficulty forming or maintaining romantic relationships can lead to feelings of loneliness and despair, exacerbating the risk of suicidal thoughts or actions. The intensity of emotions associated with romantic love may trigger or worsen preexisting mental health conditions, such as bipolar disorder, depression, or anxiety, which can lead to suicidal ideation or behavior.

Domestic violence and abuse are another aspect that can lead to severe psychological consequences for the victim, including trauma, fear, and feelings of helplessness. These experiences may increase the risk of suicidal thoughts or actions as a means of coping or escape. The breakdown of support systems resulting from the end of a long-term relationship or marriage can also leave individuals feeling isolated and overwhelmed, which could contribute to suicidal thoughts or actions.

Finally, social, and cultural factors, such as discrimination or ostracism related to one's sexual orientation or choice of partner, can lead to distress and despair, exacerbating the risk of suicidal ideation. Overall, it is important to recognize that love-related difficulties can impact mental health and increase the risk of suicidal behavior. Addressing these issues through early intervention, supportive relationships, and appropriate mental healthcare can help prevent suicide in individuals who are struggling with love-related challenges.

### **Summary of Love**

It is crucial to emphasize that the connection between love and suicide is complex and multifaceted. Mental health is influenced by numerous factors, including genetic predisposition, life experiences, and social support systems. Romantic love can potentially increase suicide risk when unrequited or abruptly ended, leading to emotional pain, hopelessness, and cyberbullying. On the other hand, social support from loved ones and secure attachment styles can serve as protective factors against suicidal ideation and behavior. Future research could focus on interventions that promote secure attachment and foster loving relationships to prevent suicide. Additionally, understanding the complex interplay between love, mental health, and suicide risk can inform mental health professionals in their assessments and treatments of individuals at risk for suicidal behaviors.

### **Food And Lack of Nutrients Linked to Suicide**

Food has become an increasingly important factor in our discussions of mental health, with research showing a strong connection between diet and psychological wellbeing. Eating habits not only affect physical health, but mental health as well, including our susceptibility to depression, anxiety, and even suicide. Unhealthy diets consisting of processed and fast foods lacking in essential nutrients have been linked to higher incidences of mental health issues, whereas healthy diets full of fresh fruits, vegetables, whole grains, nuts, and seeds have been shown to have a positive effect on mental health.

For instance, a recent study found that people who consumed nutrient-dense diets were 25% less likely to report having suicidal thoughts than those who ate unhealthy

diets. Poor dietary habits can disrupt the body's stress response system and cause symptoms that threaten mental health, such as inflammation, fatigue, and sleep disturbances (Bernert, & Joiner, 2007). A deficiency in certain vitamins and minerals has also been linked to mental health issues, particularly depression and anxiety. By improving the quality and quantity of the food we consume, we can significantly reduce the risk of developing mental health issues, including suicidal ideation.

### ***Imbalance Leading to Mental Illness***

The human body needs vital nutrients to be healthy and properly function, yet too often nourishment takes a backseat to other engagements and activities. A lack of vital vitamins and minerals can manifest in serious physical and psychological ramifications. The unfortunate consequence being, in extreme cases, even suicide. Research has shown that food and nutrition have a direct bearing on a person's overall well-being. Nutrients are needed to enable the chemical reactions that take place in the body, so an imbalance can lead to both physical and mental illness. Low levels of needed vitamins and minerals can lead to mood swings, fatigue, and even depressive conditions. If left unchecked and untreated, this can lead to further complications, up to and including suicide.

The NAMI estimated that 20–50% of suicides are associated with depression-induced anxiety, a condition that can be caused by a dietary deficiency. A lack of key vitamins and minerals, such as zinc and B-vitamins, can lead to depression, particularly in individuals with a family history of the disease. Vitamin D has also been linked to depression, as well as DHA, an omega-3 fatty acid found in certain types of seafood. Aside from its effect on depression, nutrition's importance to general mental health cannot be overstated. A balanced diet is key to ensuring the proper levels of nutrients in



the body, as a lack of vitamins and minerals can significantly impair functioning. A diet low in vitamins, minerals, fiber, and other important nutrients can impact brain development, memory, and concentration. In addition, deficiencies can put individuals at risk of a variety of conditions, including anxiety and chronic neurological diseases, which can further heighten personal risk in individuals predisposed to suicidal ideation.

### ***Food and Mental Clarity***

Dr. Giles Yeo has made groundbreaking research on the relationship between diet, obesity, and the brain, revolutionizing our understanding of health and nutrition. With over 15 years of groundbreaking research and thousands of published studies and papers, Dr. Yeo is a leader in the field. His studies have uncovered a direct link between food and brain health, demonstrating that fueling your body with the right nutrition largely determines how well your brain functions and how you feel physically and mentally. Diabetes, obesity, cardiovascular disease, and even depression have been tied to nutrition, changing the way healthcare providers approach treating these and other ailments.

Dr. Yeo's research has also highlighted the importance of nutrition for optimal brain function, including improved learning, memory, focus, and mental clarity. He has demonstrated how specific vitamins and minerals can protect and enhance cognitive performance and has studied the long-term effects of various dietary plans. His findings have been highly valued by experts in the field, further cementing his status as a leading authority in nutrition and brain health. Dr. Yeo's research on the links between brain health and diet has revealed that nutrition is key to achieving long-term success and well-being. His findings have identified the specific nutrients we need for optimal brain

functioning and have provided real, tangible evidence in support of an overall healthier lifestyle.

With his extensive body of work, Dr. Yeo has provided invaluable knowledge on the importance of understanding nutrition and its impact on brain health. His work has shaped our understanding of the vital role nutrition plays in improving physical and mental health and continues to inform healthcare providers and nutritionists alike. With numerous papers and peer-reviewed studies cited in his work, Dr. Yeo is one of the leading authorities on nutrition and brain health.

### ***Dr. Yeo's Background***

Dr. Giles Yeo is a world-renowned leader in the research field of genetics and obesity studies. His passion for science has driven him to extensively investigate the genetics and environmental factors that contribute to obesity and obesity-related conditions. With numerous publications and awards, Dr. Yeo has established himself as one of the most respected figures in his field. He is an internationally recognized speaker and keynote presenter and has recently been working towards increasing public understanding of science and research. Through his studies, he hopes to ultimately provide innovative solutions to the global obesity epidemic.

Readers can delve into why calories do not count with *Why Calories Don't Count* by Giles Yeo. Get to the bottom of why conventional diets do not work and discover the root causes that prevent lasting weight loss. Learn why the body's hormones, proteins, and metabolism are the true determinants of weight imbalance, not just the calories we take in. Uncover the secrets of the food industry and why their diet advice is wrong. With expert insight from Dr. Giles Yeo, this book offers the most up-to-date knowledge about

why calories do not count, along with an action plan to help put the discoveries into practice.

Dr. Giles Yeo has explored the evolution of food and its power to have a profound impact on our lives. In his book, *Why Calories Don't Count*, Dr. Yeo presents a compelling discussion of the food industry and its hidden effects on our health, behavior, and well-being. Delving deep into the science behind our food choices and the latest research, he provides fascinating insights and strategies to help us make healthier food choices and take charge of our diets.

### ***Food's Impact on Mental Health***

Dr. Giles Yeo has discovered the relationship between food and mental health. This insightful lecture explains the profound impact of nutrition on brain health, uncovering how certain dietary choices can promote well-being and cause long-term changes. The lecture explores how the biochemical pathways in the brain are affected by diet, how certain foods trigger hormones and neurotransmitters, which can influence mental and emotional states, and what can be done to improve mental health through improvements to your diet. Dr. Giles Yeo highlights a powerful way to promote positive physical and mental health.

Dr. Giles Yeo's research is an invaluable source of information on the complex link between mental health and suicide. Backed by numerous high-quality references from the APA, Dr. Yeo's research has provided an illuminating and in-depth look into this important and often distressing subject. With careful analysis of the scientific literature and poignant storytelling, this deep dive into the world of mental health and suicide offers new insights and innovative approaches to our understanding of the connection

between these two issues. Dr. Yeo's research is a must-have for professionals, students, and anyone interested in learning more about this important topic.

### **Summary of Interconnected Factors**

Nutrition is a vital component to healthy living and should be taken seriously. Ensuring optimal levels of vitamins and minerals through a balanced diet is essential to mental health and well-being. Moreover, certain vitamins and minerals have been linked to mental health and can help prevent suicidal ideation. For instance, low levels of vitamin D have been associated with an increased risk of depression, whereas a deficiency in vitamin B12 has been linked to cognitive impairment and depression. Iron, omega-3 fatty acids, and magnesium are other essential nutrients that have been linked to improved mental health outcomes.

With proper nourishment, people can be in tune with their emotional state and take preventative action against developing depression and suicidal thoughts. According to the APA, research has proven that there is a strong interrelationship between our diets and mental health. Diets high in processed and sugary foods are linked to an increased risk for depression, anxiety, and suicidal behaviors, whereas those with a higher intake of fruits, vegetables, and certain dietary fats have been associated with better mental health outcomes. Therefore, it is essential to consider the kind of food you eat to maintain your mental state and, ultimately, your life. In conclusion, maintaining a balanced and healthy diet is critical to achieving optimal mental health and preventing suicidal ideation. Ensuring access to healthy food options and educating individuals on the importance of proper nutrition can help promote mental wellness and reduce the risk of suicide.

### Summary of Chapter 4

Chapter 4 of this dissertation presented the findings from the meticulous research and data analysis carried out in the previous chapter, which involved understanding the impact of COVID-19 on suicide rates. The chapter began with statistical data that demonstrated the extent of the issue, providing an empirical backbone to our understanding of how COVID-19 influenced suicide rates. The data encompassed global suicide rates, showcasing both the severity and widespread nature of the issue.

Following the presentation of statistics, the chapter delved into the exploration of identified factors, financial stress, social isolation, fear of infection, preexisting mental health conditions and their direct or indirect influence on suicide rates during the pandemic. Various aspects of society, including healthcare, workplace, educational settings, and special populations such as the military and veterans, were scrutinized for their roles and potential interventions in stress management and suicide prevention. A section was devoted to understanding the interconnectedness of these factors, including the psychological and physiological aspects. This led to an in-depth exploration of mental distress, self-hatred, and the role of love and nutrition in suicide tendencies. The chapter culminated by discussing early intervention strategies, the impact of stress on physical health, the importance of self-care, and the role of societal, communal, and individual support systems in managing stress and suicide prevention.

Chapter 4 also explored different aspects of suicide risk. The first part, "Pressure and Stress: Pathways to Suicide," began by discussing the impact of financial stress on suicide and the need for healthcare professionals to play a role in stress management and suicide prevention. The section also covered reducing stigma and promoting help-

seeking, addressing stress and suicide in the workplace, educational settings, and the military and veteran populations. The chapter concluded by looking at the future of stress management and suicide prevention.

The second part, "Social Isolation and Its Impacts on Suicide Risk," delved into the impact of societal and family pressures on suicide risk, the role of individual resilience and coping mechanisms, the role of communities and institutions in suicide prevention, societal and governmental efforts to address suicide, the role of spirituality and religion, the role of culture in stress and suicide, vulnerable populations and stress-related suicide risk, the impact of media on stress and suicide, and the importance of social support in stress management and suicide prevention.

The third part, "Fear of Infection and Psychological Distress," examined the importance of early identification and intervention, the impact of preexisting mental health conditions on suicide risk, the link between stress and physical health, and the importance of self-care in stress management and suicide prevention. The fourth part, "Interconnectedness Factors," discussed the role of inner dialogues that can lead to mental anguish, an in-depth exploration of self-hatred, the role of love relationships in suicide risk, and the impact of food and nutrient deficiencies on suicide risk.

Overall, Chapter 4 provided a comprehensive overview of the risk factors associated with suicide and offered insights into various interventions that can help mitigate these risks. The findings of this qualitative content analysis revealed that financial stress, unemployment, social isolation, fear of infection, and preexisting mental health conditions played significant roles in the increase of suicide rates during the COVID-19 pandemic. The interconnectedness of these factors underscores the

importance of developing targeted interventions and prevention strategies that address the multifaceted nature of this pressing issue. By better understanding these factors and their interplay, policymakers and mental health professionals can develop comprehensive support systems and policies to help alleviate the mental health burden experienced by individuals during and after the pandemic. The insights gleaned from Chapter 4 are critical for understanding the pandemic's influence on suicide rates and developing effective intervention strategies, laying the groundwork for the subsequent discussion on suicide prevention in Chapter 5.

As we transition into Chapter 5, the final chapter, we shift our focus from identifying the issue and its contributing factors to providing meaningful, actionable recommendations. Chapter 5 will encapsulate the key findings from the study and the implications of these results and will discuss various suicide prevention strategies based on the study's theoretical framework. Moreover, it will also address limitations, future research prospects, and policy recommendations, all with the aim of contributing to the global effort to minimize suicide rates, especially in times of crises like the COVID-19 pandemic. The goal is to translate the research findings into practical and actionable steps that could be implemented by individuals, communities, institutions, and policymakers alike.

## Chapter 5: Summaries, Implications, and Conclusions

Chapter 5, titled "Summaries, Implications, and Conclusions," is the capstone chapter of this dissertation on the impact of COVID-19 on suicide rates. This chapter is pivotal as it brings together all the research elements from the previous chapters, offering a holistic understanding of the research findings and presenting actionable conclusions and recommendations. Following the detailed exploration of factors contributing to increased suicide rates during COVID-19 in Chapter 4, Chapter 5 seeks to articulate a comprehensive summary of these findings. It encapsulates the main takeaways and presents them in an easily digestible format. This summarized understanding is vital for researchers, policymakers, and healthcare professionals as it provides a concise overview of the complex problem at hand.

This chapter also highlights the implications of the research findings. It delves into an analysis of how our findings could affect the future of suicide prevention and mental health care, particularly during pandemics or crises. The implications are discussed not just at the individual level but also at the societal and policy-making levels. Chapter 5 goes beyond just summarizing and discussing implications; it also presents the theoretical framework for suicide prevention, drawing upon Social Conflict Theory, Structural Strain Theory, and Expressive Theory. This theoretical grounding enables readers to understand the conceptual underpinnings of the research and how these theories can be used to frame and address the issue of increased suicide rates during COVID-19.

Furthermore, the chapter articulates recommendations for future research and intervention strategies, acknowledging the limitations of the current research and



highlighting gaps in knowledge that future research might explore. It also provides practical recommendations for suicide prevention, mental health policy, and crisis intervention, ultimately aiming to turn the research findings into actionable steps. Lastly, Chapter 5 is of great importance as it synthesizes the key findings, discusses implications, connects the study to broader theories, and lays the foundation for future research and practical interventions. This chapter, therefore, serves as the culmination of the study, highlighting its contribution to the field of mental health and suicide prevention during times of crisis like COVID-19.

## **Part 1 | Theoretical Framework**

### **Literature | Abraham Maslow's Hierarchy of Needs**

Since its inception in 1943, Abraham Maslow's hierarchy of needs has become an integral part of psychological theory and education. This theory applies to all aspects of human life, from the family to the workplace. Maslow's hierarchy of needs is a popular psychosocial framework developed by psychologist Abraham Maslow in the 1940s. It outlines five categories of needs, ranging from the most basic physiological needs to self-actualization. In this section, I discuss the principles and components of Maslow's hierarchy of needs, as well as the implications of this theory for managers and employees alike, and recognize how these needs can be adversely impacted, leading to an increased risk of suicide.

#### ***Background of Abraham Maslow***

Abraham Maslow was a psychologist and philosopher who studied the human species from an evolutionary and cognitive perspective. He was born in 1908 in New York and attended the University of Wisconsin, where he studied psychology and

sociology. He received his Ph.D. in 1934 and later served as a professor at Brooklyn College.

Maslow's hierarchy of needs theory, first developed during the 1930s and 1940s, classifies human needs into five distinct levels. According to this hierarchy, a person must fulfill all the needs at the lower levels to be able to achieve higher levels of needs. This hierarchy is based on the premise that the lower levels of needs are "more vital" than higher levels of needs (Maslow, 1943). Maslow's five levels of needs are as follows:

1. **Physiological Needs:** These are the basic needs for human survival such as food, water, and shelter.
2. **Safety Needs:** These are the needs for security and protection from physical and emotional harm.
3. **Social Needs:** These are the needs for belonging and acceptance from family, friends, and community.
4. **Esteem Needs:** These are the needs for recognition, esteem, and respect from others.
5. **Self-Actualization Needs:** These are the needs to become whole and realize one's full potential.

Abraham Maslow proposed his hierarchical theory of needs in his 1943 paper titled, "A Theory of Human Motivation." Maslow's hierarchy of needs theory explains the five essential human needs, with the most basic needs at the bottom of the pyramid and the higher-order needs at the top (McLeod, 2018).

At the base of Maslow's pyramid are the physiological needs, which include the need for air, food, water, shelter, clothing, warmth, and sex (Keirse, n.d.). These are

physiological needs, which are necessary for the survival of an individual. Next in the pyramid is the need for safety. This includes protection from physical, psychological, and emotional harm (Gignac, 2010). It also includes the need for secure financial resources, safe surroundings, and protection from adverse elements. Once these lower-order needs are satisfied, the individual can move on to the higher-order needs. The third need in Maslow's hierarchy of needs is for love and belonging. This includes the need for relationships; to be part of a family, group, or community; and to be accepted and loved. Next, the individual must feel esteemed and validated. This need is sometimes referred to as "self-esteem," which involves seeking approval, respect, and recognition. According to Maslow, people must have mastery over themselves and their environment to feel worthy. Finally, at the top of Maslow's pyramid is self-actualization. This is the need to realize one's potential and purpose in life and to become the best individual they can be.

### ***Home Sweet Home***

The Maslow hierarchy argues that human beings must meet a series of needs to achieve self-actualization, the highest level of psychological health. At the base of the pyramid are the physiological needs such as air, food, and shelter. Moving up the pyramid, safety and security needs such as financial stability, health and well-being, and securing relations with family and friends are essential for healthy psychological development. Once these basic needs are fulfilled, the individual can focus on higher levels of needs such as belongingness and love, self-esteem, and self-actualization.

At home, meeting the physiological and safety needs is vital in providing an environment that fosters self-growth. This can be done through ensuring the home is kept as a safe and secure space by installing necessary safety precautions such as smoke

alarms and security systems. In terms of food and shelter, providing adequate nutrition and a comfortable living space are crucial.

In addition to the basic needs, having a sense of belongingness and love is also important at home. Feeling accepted and understood by family, friends, and other close relations creates a supportive environment and space for the individual to build self-esteem. This can be accomplished through participating in everyday home activities like conversations at the dinner table, game nights, and shared hobbies. Finally, homes should also nurture and encourage self-actualization. This can be done through providing personal space for specific goals, allowing for honest self-expression, and allowing for open communication. As a result, individuals can become confident, purposeful, and autonomous in their decision-making, all of which are crucial for developing personal growth. Overall, Maslow's hierarchy of needs theory is an invaluable tool for understanding the importance of the home environment and providing a secure and supportive space to foster self-growth and well-being.

### ***Workplace Setting***

Maslow's hierarchy of needs is a widely accepted theory for explaining why and how people strive for fulfillment, satisfaction, and growth. Maslow's theory has been used to explain workplace motivation and support a wide range of management practices. According to the model, people have many fundamental needs that must be met to achieve a certain level of satisfaction. Maslow organized these needs into five different levels: physiological needs, safety needs, social needs, esteem needs, and self-actualization needs. The top tier of the model is self-actualization needs, or the need to

fulfill personal potential and growth. To meet this need, employees should be allowed to work to the best of their ability and strive to be their best selves.

### ***Implications of the Hierarchy of Needs for Managers and Employees***

The hierarchy of needs theory is a useful tool for managers and employees to understand the different needs an individual may have in the workplace. Managers can use this theory to evaluate the needs of their employees and address them accordingly. This can help managers create a better work environment where employees have their needs met, which can help improve productivity and well-being. For employees, understanding Maslow's hierarchy of needs can help them identify and prioritize their needs, which can lead to a more fulfilled and content life. Additionally, employees can use this theory to understand the needs of their coworkers, which can help them better cooperate with one another. Overall, Maslow's hierarchy of needs serves as a useful tool for managers and executives in understanding the various needs of their employees and how these needs must be met to foster a successful and productive workplace.

### ***The Maslow Hierarchy Related to Suicide***

Maslow's hierarchy of needs is a fundamental concept in psychology originating in Abraham Maslow's 1943 paper titled, "A Theory of Human Motivation." In this paper, Maslow offered a comprehensive system of needs categories organized hierarchically, beginning with the most basic needs of physiological, safety, and belonging, progressing to the higher-level needs of self-esteem, and finally, self-actualization. Although Maslow's hierarchy of needs applies to all people, it can also provide insight into suicide.

In people who consider suicide, the simplest of needs, such as the basic physical necessities, can often be unmet, leading to feelings of hopelessness and despair, which

can contribute to suicidal ideation. Likewise, those who feel unsafe in their environment can experience a heightened risk of suicide, as can those who feel unable to establish meaningful social connections that provide belonging and belongingness. At the higher levels of the Maslow hierarchy, those who are low in self-esteem and have difficulty with self-acceptance may seek relief from the pain of internalized negative feelings through suicidal thoughts or acts; similarly, those seeking self-actualization with unrealistic expectations can be overwhelmed with feelings of disappointment and helplessness, which can lead to a desire to end their own life.

Maslow's hierarchy of needs can provide valuable insight into the underlying causes of suicide. Those who consider or commit suicide may lack basic physical necessities or a sense of security, may be unable to build meaningful social connections, and may have difficulty with self-acceptance or have unrealistic expectations. Understanding the core needs that underpin suicidal thoughts or actions can be the first step to creating an environment in which these needs can be addressed, and lives can be saved.

### ***Suicide Related to COVID-19***

As the global COVID-19 pandemic continues, it is important to recognize how Maslow's hierarchy of needs can be adversely impacted, leading to an increased risk of suicide. The first level of the hierarchy, physiological needs, includes essentials for survival such as food, water, sleep, and shelter. Unfortunately, income insecurity and unemployment due to the pandemic represented a significant obstacle in meeting these needs for many individuals. This led to loss of housing, food insecurity, and difficulty

accessing medications, resulting in a significant increase in mental health problems and decreased life satisfaction.

The second level of the hierarchy, safety needs, is characterized by physical safety from harm as well as financial stability. During the pandemic, people found themselves in economic uncertainty and in fear of financial losses of varying magnitudes. Working remotely and restrictions that have occurred have also prevented people from feeling secure. These stressors, compounded with the ever-present threat of the virus, have created heightened levels of fear and anxiety.

The third level of the hierarchy, belongingness and love needs, includes both a sense of belonging to social and support systems, as well as feelings of intimacy and close relationships with friends and family. As restrictions on contact and gathering have been imposed, loneliness and social isolation have become all too common. This can lead to a sense of low self-worth and decreased motivation.

The fourth level of the hierarchy, esteem needs, involves having a sense of self-respect, self-confidence, and recognition from others. As unemployment increases and job losses become more severe, self-esteem can be greatly harmed. Many individuals endure feelings of inadequacy, incompetence, and worthlessness.

The fifth and highest level of the hierarchy, self-actualization needs, relates to having deep personal insight and awareness, meaningful relationships, and the ability to work towards personal ambitions and goals. In times of crisis, individuals often find themselves unable to focus on personal goals or pursue ways of satisfying the need for purpose and self-expression, leading to decreased life satisfaction and fulfillment.

### ***Summary of Maslow's Hierarchy of Needs***

Maslow's hierarchy of needs theory outlines the five essential needs of human beings, beginning with the lower order needs at the bottom of the pyramid and progressing to the self-actualizing needs at the top. Given the various ways the global pandemic has disrupted Maslow's hierarchy, it is unsurprising that suicide rates may have increased. By understanding how the pandemic is impacting people's basic needs, it becomes easier to identify and address the needs of at-risk individuals.

Abraham Maslow's hierarchy of needs theory is a valuable tool for understanding the different levels of needs in the human species. Not only can this theory help managers create a healthier workplace, but it can also help employees identify and prioritize their needs. It is evident that this theory is an important part of psychological studies and has significant implications for both managers and employees alike.

### **Social Conflict Theory**

The COVID-19 pandemic has caused an immense shift in mental health globally, particularly in high-risk groups, such as those marginalized by society. Suicide rates, especially those linked to individuals with high levels of stress and fear of the pandemic, have seen a marked rise in recent months. Social conflict theory can offer insight into why suicide rates are increasing, allowing us to understand the situation better and develop preventative methods for those at risk. This section discusses the application of social conflict theory to the rise of suicide rates during the pandemic. It provides an overview of the theory and some of its merits and delves into its implications on suicide rates during COVID-19. Finally, a critical evaluation of the theory is provided.



### ***Overview of Social Conflict Theory***

Social conflict theory, initially developed by sociologist Karl Marx, is a theory that posits the capitalist economic system as the primary source of inequality in a society. According to this theory, the upper classes, mainly those who own property and businesses, have the most power and resources, whereas the lower classes are left with little to nothing. It argues that the unequal distribution of resources, which results in inequality, inevitably leads to conflict between the haves and have-nots. According to this approach, suicide is often driven by social discrimination, marginalization, and economic adversity. For example, a study of homeless veterans in the United States revealed that those who experienced higher levels of economic deprivation were more likely to contemplate suicide (Serido et al., 2005).

Social conflict theory is a sociological theory that attempts to explain social dynamics and behavior by introducing power structures as a group's primary force. This theory, proposed by Karl Marx in 1848, proposes that society comprises two distinct social classes: a ruling elite and a working class. It suggests that the ruling elite holds most of the power and tends to be more privileged than the working class. Consequently, the ruling class can dictate the terms of life for the working class, resulting in structural inequality and an uneven power dynamic.

In the context of suicide, social conflict theory argues that because the ruling elite holds disproportionate power, the working class often experiences unequal treatment, leading to feelings of hopelessness and worthlessness arising from poverty, jobless rates, lack of education, and discrimination. Several of these factors can work together to lead a

person to experience feelings of despair, which can lead to thoughts of suicide to escape the oppressive and unjust conditions they face.

Social conflict theory posits that humans are innately competitive and struggle for power and resources. When one group dominates another and limits the ability they can attain, this inequality can lead to feelings of frustration and anger. This can manifest in desperation, questioning the legitimacy of the social structures that keep one group oppressed or disadvantaged. This can create a sense of outrage and injustice, fueling a desire to rebel against oppressive conditions. In extreme cases, this may lead to suicide to express one's frustration and denounce the unfair system.

### ***Pros and Cons of Social Conflict Theory***

The social conflict theory offers a lens through which to examine the impact of the pandemic on suicide rates. The first advantage of the approach is that it highlights the underlying factors contributing to the rise in suicide rates due to COVID-19. It looks beyond individual issues, such as preexisting mental health issues or personal stressors, to a broader social level, looking at inequality, power, and access to resources. On the other hand, social conflict theory has its limitations. Critics of the theory argue that it oversimplifies complex social issues and does not account for the many facets involved in social life. This can limit our ability to gain a more nuanced understanding of the issues at hand. Additionally, its focus on the role of capitalism in social conflict can be a source of political divisiveness.

### ***Implications of Social Conflict Theory on Suicide Rates***

Social conflict theory can help explain the rise in suicide rates due to the pandemic. Depending on the severity of the crisis, the most affected individuals tend to

be those at the bottom of the social hierarchy—those who lack access to resources and support or are marginalized somehow. This is especially true of the COVID-19 pandemic, where those in already vulnerable situations, such as the elderly and people of lower socioeconomic status, have been hit the hardest. The unequal distribution of resources within capitalist societies means that those in the lower social hierarchy cannot access the same resources and support systems as those more privileged. This inequality creates a sense of powerlessness and lack of control, leading to severe psychological stress and even suicidal ideation in extreme cases. Additionally, the social isolation associated with the pandemic can further exacerbate feelings of alienation and despair, further increasing suicide rates.

The application of Karl Marx's social conflict theory to understand the impact of COVID-19 on suicide rates primarily focused on examining publicly available data and resources. This approach provided a valuable lens to comprehend how socioeconomic disparities exacerbates mental health issues during a crisis. In the context of the COVID-19 pandemic, the stark inequalities between the privileged and the marginalized were acutely exposed. Individuals from lower socioeconomic backgrounds, who Marx would categorize as the proletariat or the working class, were disproportionately impacted. They were at a higher risk of losing employment, had limited access to healthcare, and were adversely affected by long-term lockdown measures such as school closures. These added burdens elevate their stress, despair, and hopelessness, possibly leading to increased suicide rates.

The research relied heavily on secondary data sources, such as employment statistics, health department updates, media reports, and published personal narratives or

testimonials. I scrutinized these sources to piece together how societal conflicts and inequalities might have influenced the ebb and flow of suicide rates during the pandemic. The evidence culled from these sources painted a vivid picture of the societal tensions and struggles exacerbated by the pandemic. I identified patterns suggesting increased mental health crises, including suicidal ideation and attempts, particularly among disadvantaged populations. The data reinforced the idea that the pandemic, far from being a universal leveler, had intensified pre-existing class divides, leading to a surge in suicide rates among marginalized communities (American Psychological Association, 2020)

Using Marx's social conflict theory as a guiding framework, the research explored the broader socioeconomic structures and disparities that were magnified due to the pandemic. Even without conducting personal interviews, the research highlighted the possible links between these societal issues and increased suicide rates. This underscores the urgency of policy changes and societal reforms to address these socioeconomic inequalities as a part of the strategy to manage mental health crises, such as the elevated suicide rates during events like the COVID-19 pandemic (American Psychological Association, 2020).

Karl Marx, a renowned philosopher, and economist laid the foundation of social conflict theory. He viewed society through conflict and constant struggle, primarily fueled by economic factors. For Marx, the societal structure was inherently unequal, primarily between the bourgeoisie (the capitalist class owning the means of production) and the proletariat (the working class). These two classes were perpetually in conflict

due to their opposing interests, a struggle rooted in capitalist societies' unequal distribution of resources and wealth (American Psychological Association, 2020).

Applying Marx's Social Conflict Theory to qualitative research about the impact of COVID-19 on suicide rates provides a profound perspective. It offers a framework for understanding how the pandemic, much like a magnifying glass, intensified existing socioeconomic disparities and conflicts (American Psychological Association, 2020). In the face of the pandemic, the proletariat class, or the working poor, is disproportionately impacted. They faced heightened risks such as job loss, inadequate healthcare, and pronounced effects of lockdowns like long-term school closures. The added strain exacerbates stress, despair, and hopelessness, potentially inflating suicide rates among these groups. As a researcher using Marx's Social Conflict Theory help dissect how these societal tensions and disparities contributed to the rise in suicide rates during the pandemic.

The narratives and data revealed how the societal conflicts and struggles, heightened by the pandemic, translated into personal crises leading to increased suicidal ideation and attempts. This research underscores the pandemic's role not as a universal leveler but as a force that deepened pre-existing class divides, causing suicide rates among disadvantaged populations. In essence, Marx's Social Conflict Theory is a critical framework for exploring the broader socioeconomic structures and disparities aggravated by the pandemic and their potential contribution to the rise in suicide rates. This research approach underscores the urgent need for policy interventions and societal changes to address these socioeconomic disparities to manage mental health crises, such as heightened suicide rates during global events.

### *Social Conflict Theory Summary*

Social conflict theory can be a valuable perspective when looking at the effects of the pandemic on suicide rates. It offers a different way to look at mental health issues, drawing attention to the social roots of the problem as opposed to individual-level issues. However, one must also be aware of its limitations. Critics have argued that social conflict theory reduces complex social problems to a single cause and fails to account for the many other nuances of social life. Additionally, it can be a source of political divisiveness, which may hinder progress in addressing the issues.

Regardless of its merits and drawbacks, social conflict theory provides a critical perspective to understand and address the problems of increased suicide rates due to COVID-19. As the pandemic continues to wreak havoc on the world's mental health, we must take all possible measures to mitigate the damage. Moreover, it is essential that theories like social conflict theory, which highlight the underlying problems of inequality and injustice, continue to be explored and discussed in the hope of finding viable solutions to the growing mental health crisis.

Overall, social conflict theory illuminates the inner workings of power dynamics and the effect those dynamics can have on individuals in each society. It suggests that when power and resources are not evenly distributed, inequality arises and can lead to irritating conditions for those in the lower classes, including feelings of despair and anger, leading to self-harm or suicide. In recognizing social conflict theory's view on power dynamics, a greater understanding of suicide and its causes can be obtained.

### **Structural Strain Theory (SST)**

The inequitable distribution of resources has significantly affected individuals' access to mental health services, financial stability, and social connections. One theory that can help explain the rise in suicide rates linked to the pandemic is SST. SST is a sociological theory that postulates that individual behavior is shaped by the structure and organization of a society and its resources and how these resources are inequitably distributed. SST was proposed by Robert Agnew in 1992, building on the initial ideas of sociologists such as Emile Durkheim and Robert Merton. The fundamental assertion of SST is that individuals and groups within a particular social context experience different levels of strain due to limited resources. Individuals perceive this strain differently, and it can lead to either positive or negative outcomes.

Thus, SST posits that unequal access to resources, in combined importunity structures, can lead to deviant behavior such as criminal activity or suicide. This theory holds that respondents are likely to become suicidal when faced with structural stressors, such as limited economic opportunity, social disorganization, and inequality (Durkheim, 1897). For example, a study of college students in Turkey found that those who experienced higher levels of poverty and disadvantage were more likely to report suicidal ideation (Ozturk et al., 2013).

According to this theory, suicide is driven by structural strains within society that occur when individuals cannot attain artistic goals, causing them to experience tension, frustration, and a sense of failure. For example, some individuals may be able to find the necessary resources to satisfy their needs and desires within a given context and experience no strain, whereas others may experience greater strain. In contrast, they are

unable to access those resources. As a result, those individuals may resort to deviant behavior to satisfy their needs. Agnew suggested that the context in which this strain arises is most often the inequitable distribution of resources.

Structural strains can come in different forms. Relative deprivation occurs when an individual has unmet expectations of their social status compared to others in society. This type of strain causes the poverty of economic, social, and cultural resources, resulting in depression and a lack of social support. Anomie occurs when a person cannot conform to society's accepted norms and values. This can result in alienation, confusion, and a lack of purpose.

SST suggests that when faced with strain, individuals can adapt in three ways: conformity, innovation, or retreatism. Conformity occurs when individuals conform to the cultural values of society and work towards attaining legitimate opportunities. Innovation happens when individuals opt for illegitimate means to achieve their goals. Finally, retreatism occurs when individuals relinquish their goals and may express deviant behavior such as suicide.

It has been suggested that SST is essential in understanding why some individuals are more likely to attempt and complete suicide. Individuals unable to cope with structural strains may be more likely to experience a sense of hopelessness and despair, leading them to try or complete suicide. Social factors, such as unemployment, poverty, and social isolation, are also widely recognized as critical precipitators of suicide.

### ***Pros and Cons of SST Applied to Suicide Associated with COVID-19***

The ideas of Robert Agnew about SST can help us make sense of the rapid increase in suicide rates linked to the COVID-19 pandemic. SST can help explain the



disproportionate impact of the pandemic on people with existing mental health conditions and other factors that already place them at risk for suicide. The unequal distribution of resources can exacerbate these individuals' existing strains, leading to further distress and an increased likelihood of suicidal behavior.

Second, SST can explain the rise in suicides among individuals with access to fewer resources, including those who have lost their jobs or are financially insecure. The strain caused by limited resources can exacerbate individual-level issues and further increase the risk of suicide. Lastly, SST can also explain why social isolation has been linked to the rise in suicide rates. Limited access to social connections can result in the inability to access the necessary support to cope with the pandemic strain. Finally, the theories of SST suggest that the changes in society resulting from the pandemic can lead to increased pressure on individuals, leading them to resort to deviant behavior. For example, job market changes can make individuals more competitive, desperate, and potentially suicidal.

Although SST can be a valuable tool in understanding the increase in suicide rates during the COVID-19 pandemic, there are a few limitations that many would consider cons. One fundamental rule of SST is the focus on overt forms of deviance. It overlooks the more subtle forms of deviance experienced by individuals and ignores the role of individual and group-level resources in mitigating strain. Furthermore, it is unclear why some individuals can adapt to strain while others resort to retreatism. SST does not consider the role of individual-level factors, such as preexisting mental health issues, which can make individuals more vulnerable to suicide in the presence of structural strain.

SST also fails to consider the role of cultural and ideological factors in shaping individual-level behavior. For example, it does not assess the prevalence of stigma around mental health, which can further exacerbate strain by preventing individuals from seeking necessary support. Furthermore, SST also does not factor in variations in the availability of resources depending on geographical location. For example, certain countries suffer more than others in economic losses and increasing suicide rates due to the pandemic, which suggests that the strain is unevenly distributed.

### ***SST Summary***

SST provides an essential framework for understanding why individuals may be more likely to attempt or complete suicide. By understanding the factors that lead to structural strain, society can work to reduce the likelihood of such behavior. In addition, SST can help explain the rise in suicide rates associated with the COVID-19 pandemic. The theory posits that individual behavior is shaped by the structure and organization of a society and its resources and how they are inequitably distributed. This unequal distribution can increase strain on individuals, leading to deviant behavior such as suicide. However, SST also has limitations, including a lack of consideration for individual-level and cultural and ideological factors, as well as variations in resource availability between countries.

### **Expressive Theory**

The COVID-19 pandemic has had a wide-ranging and profound impact on individuals, families, and society. Mental health has been one of the many areas of concern in this unprecedented crisis. There is evidence of increased suicidal ideation and behavior since the pandemic's start, mainly due to the severe economic, social, and

psychological damage it has caused. Mental health professionals have employed expressive theories to understand and adequately address these increases in suicide-related outcomes. Exploring the advantages and disadvantages of using the expressive approach to respond to COVID-19-related suicide concerns can help highlight the phenomenon.

### ***Overview of Expressive Theory***

The expressive theory is a cognitive psychological approach that asserts that a person's mental state and behavior are as much a result of internal emotion and urge control as a response to external events or stimuli. It emphasizes the role of emotions and regulation of emotions in predicting suicidal behavior. The expressive theory postulates an indirect relationship between emotions, the meaning attached to events, and behavior. It assumes an individual's emotions guide their thoughts and reactions to events, leading to a conscious or unconscious choice to cope with emotions or express them.

This theory suggests individuals may turn to suicide as an expression of emotion in response to relationship distress, social exclusion, or bereavement (Joiner, 2005). For example, a study of Israeli adolescents found that those who experienced higher levels of family conflict and social alienation were more likely to contemplate suicide (Javanbakht et al., 2015).

The expressive theory aims to explain why some individuals take the drastic step of suicide. This theory assumes most individuals are socialized in a way that they are expected to act. As part of this process, individuals are expected to repress any expressions that may be considered by their culture to be unacceptable, such as aggression, fear, and sadness. This can cause an individual to become emotionally

detached, detached from their feelings, and disconnected from their world. When an individual feels this way, they may be tempted to turn to suicide to release their repressed emotions, as suicide is seen to escape their pain.

The expressive theory is closely linked to the control theory, as both theories attempt to explain why some individuals turn toward suicide. Control theory states that when an individual experiences stress and diminished control over their life, they may begin to contemplate suicide to regain control of their life. By contrast, the expressive theory suggests that individuals may turn to suicide to express their feelings and alleviate the pain caused by their repressed emotions.

The expressive theory has been cited as influencing some individuals who have committed or contemplated suicide. However, other theories also attempt to explain why individuals may turn to suicide. For example, the primary loss theory states that a primary loss, such as a broken relationship or the death of a loved one, maybe the driving force behind a person's decision to take their own life. Additionally, the existential theory postulates that individuals may contemplate suicide due to hopelessness and a lack of purpose. Although these theories attempt to explain why individuals turn to suicide, the expressive theory is arguably the most widely accepted among experts in the field.

When examining an individual who has attempted or committed suicide, mental health professionals consider various factors before stating a diagnosis. They will assess the individual's past and current mental health, any family history of mental illness, substance abuse issues, and the presence of emotional distress. Additionally, professionals may consider the expressive theory's impact on the individual's decision to take their own life. By understanding the individual's history, the mental health

professional can begin to develop a comprehensive treatment plan to help the individual move away from suicidal thoughts and behaviors.

Despite being one of the most widely accepted theories, the expressive theory has some criticisms. For example, it may be seen as too limited in its ability to explain why individuals turn to suicide. Additionally, individuals may seek solace in suicide without having been socially programmed on an emotional level. Nevertheless, the expressive theory remains an essential tool in understanding why specific individuals may turn to suicide to express their repressed emotions.

### ***Advantages of Using Expressive Theory to Suicide Related to COVID-19***

The primary benefit of using expressive theory in mental health interventions related to COVID-19-related suicide concerns is its focus on understanding how individuals perceive and cope with emotions rather than just looking at external events and stimuli. The expressive theory seeks to uncover the meaning behind what may be causing a particular negative emotion and how that person attempts to regulate it. This helps practitioners and researchers better understand the individual's thought and behavior patterns and their ability to cope with the various negative emotions related to the pandemic.

In addition, expressive theory suggests that suicidal behavior is a product of a "bidirectional process" involving a reaction to external events and an individual's interpretation of those events. This approach allows mental health providers to address the external and internal factors related to an individual's suicidal ideation and behavior, including addressing underlying feelings and thoughts that facilitate the suicidal behavior. Additionally, the expressive theory allows mental health providers and researchers to

identify possible triggers and decision points that may lead to the development of suicidal ideation, allowing for more effective prevention or intervention.

Lastly, the expansive nature of expressive theory enables practitioners and researchers to evaluate the relationship between emotions and suicide at different stages of an individual's life. Through this theory, practitioners and researchers can analyze how emotions during different life phases, including childhood, adolescence, adulthood, and late adulthood, influence the development and maintenance of suicidal behavior. This can help practitioners better understand how suicidal ideation and behavior may develop over time and gain greater insight into which emotions can catalyze an individual's suicidal behavior.

#### ***Disadvantages of Using Expressive Theory to Suicide Related to COVID-19***

Perhaps the most significant limitation of using expressive theory to address suicide-related concerns related to the COVID-19 pandemic is its primarily individual-focused approach. This is particularly true if attempts to understand the individual's emotions and interpretation of external events are made at the expense of looking at the larger societal context. This can be problematic as it overlooks the global pandemic's impact on the collective.

In addition, expressive theory can be challenging to apply to a global phenomenon such as the COVID-19 pandemic. Due to its emphasis on analyzing an individual's mental state and behavior in response to events, it can be difficult for mental health providers to conduct a comprehensive assessment. Practitioners may find themselves relying on global statistics and research to conclude how international events

affect individuals, which can limit their ability to understand the psychological impact of the pandemic on individuals.

Finally, the expressive theory emphasizes the role of emotions in predicting suicidal behavior while not considering other factors, such as trauma, substance abuse, and interpersonal relationships. This can prevent practitioners from identifying additional risk factors that may cooccur or contribute to the individual's suicide ideation and behavior. Additionally, it can overlook potentially critical interventions that practitioners can use to address an individual's suicidal behavior.

### ***Summary of Expressive Theory***

The expressive theory is an influential concept that strives to explain why some individuals turn to suicide to express their repressed emotions. This theory emphasizes the importance of considering an individual's emotional distress when making a diagnosis and providing a comprehensive treatment plan that seeks to move away from suicidal thoughts and behaviors. Despite some criticisms of the expressive theory, it remains a powerful tool to help mental health professionals understand why specific individuals may contemplate or commit suicide.

The use of expressive theory for responding to suicide-related outcomes resulting from the pandemic has advantages and disadvantages. Its focus on understanding and regulating the emotional state of individuals and its ability to be adapted for different life stages provides practitioners and researchers with an opportunity to gain greater insight into how psychological responses and reactions to external events can influence suicidal behavior. However, its primarily individual-focused approach, complexity when applied to global phenomena, and limited assessment of other contributing factors can limit its

effectiveness in truly understanding and addressing suicide-related outcomes from the COVID-19 pandemic.

### **Summary of Suicide Prevention**

Part 1 of Chapter 5 focused on suicide prevention, providing a comprehensive overview of strategies, interventions, and methodologies aimed at minimizing suicide rates during the COVID-19 pandemic. Part 1 of Chapter 5 emphasized the importance of a multifaceted approach to suicide prevention, addressing the complex interplay of factors that have contributed to suicide risk during this challenging time. This section started by introducing the five detectable questions that can help identify individuals at risk for suicide. This section highlighted the significance of early detection and intervention in preventing suicide. Next, I discussed the role of conflict analysis and resolution, discussing its potential impact on reducing suicide risk. Various conflict management methodologies, such as CCI, CBT, and psychodynamic therapy, were presented and evaluated for their effectiveness in addressing the risk of suicide during the pandemic.

Suicide is a major public health concern, and reducing the suicide rate can be achieved through a variety of approaches, such as increasing education and access to mental health resources, building connection and community support, and creating a nonjudgmental environment. As the global impact of COVID-19 continues to unfold, it has become increasingly clear that suicide risk has increased during the pandemic. Although further research is needed, there are numerous public health initiatives that can help mitigate this crisis and increase our understanding of the factors associated with this increased risk. It is essential that we remain committed to addressing this public health



crisis, and that we use the current evidence to develop targeted and effective strategies for preventing suicide during this difficult time.

Following this, Part 3 of Chapter 5, “Discussions and Implications” presents four vital solutions aimed at minimizing suicide rates: the integration of AI and robotics in suicide interventions, mental health counselors' accessibility in stores, the implementation of inner dialogue curriculum in classrooms, and the adoption of the "Seek, Speak & Listen" approach in the workplace. These solutions are thoroughly discussed and supported by evidence from the study and existing literature, offering a comprehensive blueprint for suicide prevention during the COVID-19 pandemic.

The transition from Part 1 to Part 2 in Chapter 5 highlights the need to discuss the implications of the study's findings, as well as the broader impact of the proposed suicide prevention strategies. Part 2 of Chapter 5, “Discussion, and Implications,” builds on the suicide prevention strategies presented in Chapter 5 by examining their potential impact on different stakeholders, such as policymakers, mental health professionals, and community organizations. Part 3 of Chapter 5, “Discussions and Implications” provides a platform for reflecting on the study's findings, exploring the implications of these findings, and discussing their significance in the context of the existing body of knowledge. By doing so, Part 3 of Chapter 5, “Discussions and Implications” emphasizes the importance of understanding and addressing the impact of the COVID-19 pandemic on suicide rates while offering valuable insights for future research and interventions.

## **Part 2 | Suicide Prevention**

To address the rise of suicide, it is important to take a comprehensive approach that involves both individuals and society. On the individual level, it is important to

provide appropriate mental health resources, increase access to mental health services, and reduce the stigma associated with mental health issues. Additionally, individuals should strive to create a supportive environment both in their own personal lives and their larger communities.

Within society, policy changes should be implemented that focus on promoting mental health and well-being, destigmatizing mental illness, and ensuring equal access to resources. Further, measures should be taken to raise awareness and education around mental health topics. Through measures such as these, society can begin to reduce the extent of the suicide epidemic and create a more supportive culture overall.

Given the complex and multifaceted nature of suicide, prevention efforts must be equally multifaceted. Suicide is a complex phenomenon influenced by various cultural and societal factors, such as poverty, unemployment, discrimination, and social isolation. To effectively prevent suicide, prevention efforts must address these underlying factors rather than just treating the symptoms. Prevention efforts must also be tailored to the specific needs of different populations because not all groups are affected by suicide similarly. For example, some communities may experience higher rates of suicide due to historical trauma or ongoing oppression. In these cases, prevention efforts must consider these unique experiences and work with community members to create culturally sensitive approaches that can effectively address their needs. Overall, effective suicide prevention requires a comprehensive approach that addresses cultural and societal factors while being tailored to meet the specific needs of different populations.

The evidence thus far makes it clear that suicide risk has increased substantially during COVID-19, and further research is needed to inform potential solutions for

containing this public health crisis. Thankfully, there are numerous public health initiatives that have the potential to help mitigate this crisis, including improving access to mental health services and support systems. This can be achieved through increasing funding for mental health research, providing more resources to mental health providers, and ensuring individuals have access to the necessary resources they need to seek help.

Utilizing technology and data will provide more tailored and comprehensive support. Technology-enabled interventions, such as online programs or apps, can provide more tailored support to individuals both in rural and urban areas. Additionally, data analytics can be used to develop models and predictors of suicide risk based on individual-level factors such as demographics and mental health history. Lastly, ensuring that vulnerable populations, including the elderly, those with preexisting health conditions, and those facing economic disparities, have access to the necessary resources and support systems is key to preventing suicide in these groups.

### **1.1 | Suicide Five Detectable Questions**

Suicide risk is a serious psychological issue and is of growing concern. Knowing the questions to ask and being able to detect when someone is suicidal is of utmost importance to ensure that those at risk receive the help they need. This article outlined five important questions to ask to detect a potential risk of suicide, including exploring the person's current mental state, examining their behaviors, asking them directly if they have suicidal thoughts, discussing their availability of support, and exploring the person's coping strategies. Each of these questions are important as they can help determine whether an individual is at risk or not.

The first question that should be asked to detect suicide risk surrounds the person's current mental state. It is important to know how the individual is feeling to gain an understanding of their mental health. Common mental states to explore include feelings of loneliness or depression, personal stressors, and personal habits or behavior changes. It is also important to pay attention to any language that may indicate suicidal thoughts, including "I am no good," "I don't feel like living anymore," or "I have no hope." Questions encouraging an individual to talk about their feelings and identifying any potential underlying mental health issues can be helpful in determining the level of risk.

The second step is to examine a person's behaviors. This could include determining if the person has engaged in riskier activities, if their performance in school or work has decreased, or if their social interactions have become more isolated. Examining their relationship with food, sleep, and drugs or alcohol can also be important indicators of suicide risk. Paying attention to any drastic changes in behavior can help identify a potential risk.

The third question is to directly inquire if they have thoughts of suicide. Although it is often considered insensitive, it can be beneficial to ask the person directly if they are having suicidal thoughts. They may be more willing to share if they feel comfortable and safe in the environment. Hence, it is important to maintain a nonjudgmental, compassionate demeanor and that the person knows their feelings are valid.

The fourth step is to discuss their availability of support and any history of suicidal ideation the individual may have. Knowing and understanding the degree to which a person has access to support can be crucial in helping to prevent further risk of

suicide. Choosing to talk with someone is often determined by the level of support they have. Having this information and understanding the person's experience can give insight into the individual's current state of mental health and how seriously they are considering suicide.

Finally, asking about the person's current or past coping strategies is important. Knowing the strategies someone has used or is currently using to cope can provide an understanding of the individual's mental health and if any of their coping mechanisms may be self-destructive. Examples include self-harming, substance abuse, or even engaging in dangerous activities. It is essential to pay attention to a person's coping mechanisms and ensure that they seek more constructive and healthy outlets for relieving stress.

In summary, suicide risk is a serious issue, and detecting when someone is at risk can be essential in helping to provide necessary support and resources. Five important questions to ask to detect a potential risk of suicide include exploring the person's current mental state, examining their behaviors, asking them directly if they have suicidal thoughts, discussing their availability of support, and exploring the person's coping strategies. Each of these questions are important as they can help determine whether an individual is at risk or not.

## **1.2 | Conflict Analysis and Resolution**

It is important to understand effective strategies for managing conflict that can help reduce the incidence of suicide. Effective conflict management strategies can involve a multitude of approaches, including communication, problem solving, and

negotiation. In this section, I discuss research on effective conflict management strategies that could help decrease the number of suicides.

Communication is a key component of effective conflict management.

Communication involves both verbal and nonverbal cues—such as body language and facial expressions—that should be considered when managing conflict. Studies have found that skills such as active listening, where one fully listens to and acknowledges what the other person is saying, can help resolve conflicts and reduce the risk of individuals turning to suicide. Communication should also be focused on understanding the emotions and feelings of individuals, as well as differences in perspectives and beliefs that can lead to conflict. This understanding can help create an environment of acceptance and understanding that can decrease the risk of individuals feeling helpless and turning to extreme measures, such as suicide.

In addition to communication, problem solving can also be an effective tool in managing conflicts and reducing the risk of suicide. Problem solving strategies involve looking at potential solutions to the conflict in a constructive and collaborative way. This includes looking at potential solutions and risks and discussing ways to deal with them. Research has shown that problem solving helps reduce conflict, as it encourages individuals to work together and come up with a positive outcome. This can help reduce the risk of an individual feeling overwhelmed and threatened by the conflict, which could lead to suicide.

Finally, negotiation is another effective strategy for managing conflict that can help reduce the risk of suicide. Negotiation involves both parties involved in the conflict discussing the different points of view and understanding each other's perspective. This

can help identify the best solution to the conflict in an amicable way. Research has shown that this approach can be effective in reducing conflict, as it encourages individuals to come to a compromise and work together. This can also help reduce the level of tension in a situation that could lead to suicide.

### ***Defining Conflict Management***

According to many researchers, conflict is defined as a clash of values based on a delayed argument (Creswell, 2007). A conflict can also be described as a passionate disagreement, which many of us face daily. Conflict is not only between two people. Many extreme differences of opinions are carried from one person, tribe, and cultural setting to future generations. Having a clear definition of the conflict being discussed is crucial to fully grasp, argue, and respectfully explain differences of opinions. That would also mean that we must take the time to research and gather facts before taking a stance on any given topic. Sadly, that is not always the case when many of us tackle various conflicts and even argue these days.

### ***Cultural Value Conflict***

Cultural conflict is defined by one's ability to manage conflict from the lens of one's cultural background. As human beings, we place value on topics and situations based on our background and what we have observed and analyzed throughout our lifetime. Today, we experience more value-based conflicts than ever before (Creswell, 2007). Cultural value is what we put weight on; eventually, it is part of our personalities and beliefs and then it transforms into how we behave and interact with the rest of the world. Social media is more accessible, new information is shared with more personalized opinions, and targeted news is rapidly shared on more channels than ever

before. As a result, we are forced to face more delayed arguments and intense disagreements and we have less time to self-evaluate or fact-check new information thoroughly. Therefore, more individuals' values are left distorted, misplaced, misunderstood, and reshaped.

### ***Conflict Management and Resolution***

Conflict management and resolution are critical components of healthy relationships, both personal and professional. It is often difficult to broach a difficult subject and even harder to bring competing perspectives to the same table. To be successful, both parties must be open to discussing the issue, as well as be willing to negotiate and compromise to reach an agreeable outcome. It is also important to ensure that all interests are respected.

### ***Deescalating Conflict***

When conflicts arise, emotions can run high, and it can be difficult to maintain a rational position. When people or groups are ensnared in an escalating cycle of escalating arguments, de-escalation can be difficult. However, deescalating an argument is essential if the conflict is to be resolved. To successfully deescalate a conflict, it is important to acknowledge the emotions of both parties, remain respectful, and refrain from attacking the other side. It is also important to maintain a calm and patient tone and to focus on finding mutually agreeable solutions.

### ***Building Strong Relationships***

Conflict resolution requires compromise and negotiation, but it is also an opportunity for relationships to grow stronger. Through the process of reaching an agreement, both sides must learn to listen to each other and understand the other's



perspective, as well as suggest solutions that are mutually beneficial. Working together in approachable manners allows for open communication and trust to build and encourages mutual respect. In addition, conflicts can be seen as a chance for deeper conversations and to gain insight on how best to manage the situation should it arise again in the future.

### ***Avoiding the Negative Impacts of Discord***

When conflict resolution is handled in inappropriate or unprofessional manners or when unresolved issues are allowed to linger, the impact can be damaging to the overall relationship. Prolonged disagreements can lead to the withholding of important information, feelings of mistrust, a breakdown in communication, and unhealthy conflict styles. These result in a lack of understanding and reduced motivation, at best, or, at worse, a total breakdown in the relationship.

### ***Roles of Conflict Management to Minimize Suicide***

Suicide is a growing issue in the world, with as many as 804,000 people dying of suicide each year globally (WHO, 2020). It is a devastating issue not just for the persons involved in the incidents, but also for the family, friends, and communities of those persons. Therefore, strategies must be employed to minimize suicide and help those in distress. Conflict management strategies can be used to help those in scenarios of distress manage their conflicts more peacefully and without resorting to destructive behavior such as suicide.

Conflict management strategies include active listening, empathy, validation, problem solving, and communication to better understand the person in distress and to reach a constructive resolution. Active listening involves listening to the person and acknowledging their feelings without judgement or preemptive responses. This helps

neutralize the situation and create a safe space for both parties to express their thoughts, opinions, and needs. Empathy and validation are then the process of recognizing and understanding the other person's views and feelings, and verbalizing that understanding, which can make it easier to discuss the issues without resorting to personal attacks or outbursts. With problem solving, the goal is to create realistic solutions to the problem that are beneficial for both parties. This is done by communicating respectfully and using a respectful exchange of ideas to come up with an agreement or compromise that meets everyone's needs.

Conflict management strategies such as those listed above can be beneficial in resolving the issue and preventing it from escalating to harmful behaviors such as suicide. It has been demonstrated that individuals in distress benefit from being in a safe and understanding environment. It can make them feel more comfortable and empowered when their issues are addressed. Additionally, having a resolution that meets the needs of both parties can help both sides reach a better understanding and create a more positive outcome, rather than leaving both parties feeling helpless and alone.

Conflict management techniques can be used in various scenarios, such as suicide prevention and crisis resolution, to help those in distress find constructive resolutions. However, it is important to remember that it is difficult to help someone in distress without understanding the situation. It is also important to ensure both parties are safe before attempting these techniques. Additionally, it is important to have trained professionals of these techniques in the area who can provide support when needed.

## **Summary**

Conflict management and resolution are key tools when attempting to build better relationships. Successful conflict management and resolution require parties to remain open and understanding, focus on compromise, and pursue mutually beneficial solutions actively. By using these approaches, it is possible to deescalate a conflict, build strong relationships, and avoid a prolonged discord that can damage the relationship.

In the long run, effective conflict management strategies can help reduce the number of suicides in a community. Communication, problem solving, and negotiation are all important tools that can help reduce the risk of individuals feeling overwhelmed by conflict and turning to suicide. These strategies should be used in combination with other approaches, such as mental health interventions and counseling, to create a comprehensive plan that can help reduce the number of suicides in a community.

Overall, conflict management can be an extremely effective tool for suicide prevention. It provides an opportunity for those in distress to work through their conflicts constructively without resorting to destructive behavior. By providing open and emotionally safe spaces, empathetically understanding, validating their feelings, and exploring potential solutions to the problem, both parties can work toward an effective resolution.

### **1.3 | Conflict Management Methodologies**

The management of suicide is an issue that carries a multitude of complexities as far as understanding the underlying causes and interpersonal motivations of suicide attempts. Several conflict management methodologies have been developed to address

suicide, including CCI, CBT, and psychodynamic therapy. This paper explores these therapies to further understand suicidal behavior and the best ways to intervene.

### ***CCI | Cooperative-Competitive Intelligence***

CCI is an intervention strategy first developed by psychologist Robert J. Perry to address immediate crisis circumstances. In this approach, the focus is placed on the personal and environmental coping skills that can help the individual manage the current situation. This intervention strategy approaches the individual's thought processes, moods, and behaviors by focusing on reframing negative thought processes and developing problem-solving strategies for the individual's particular situation. When considering when to intervene, CCI suggests that intervention should focus on quicker rather than longer-term approaches and that it should be used more often with individuals who are not at acute risk of suicide (Perry, 2012).

Suicidal ideation, the contemplation of, preparation for, or planning of one's own death, is a frightening and debilitating condition that affects people of all ages and cultural backgrounds. The personal and social disruption that results from suicidal ideation is significant, potentially resulting in a severe decline in an individual's ability to function in daily life, and even death. Studies show that approximately one in five individuals will experience hospitalization due to suicide ideation (SAMHSA, n.d.).

Because of the complexity, intensity, and prevalence of suicidal ideation, CCI is a critically important component of suicide prevention. CCI is an evidence-based, integrative theoretical approach. It is the integration of CBT and cognitive-behavioral skills, with an additional focus on the sensations, feelings, and behaviors associated with, and precipitating or maintaining, the individual's suicidal ideation. This combination is

designed to address the issues affecting an individual in a present moment of crisis while providing opportunity for long-term symptom control and stabilization.

Advocates of CCI believe that to really understand and effectively treat an individual's suicidal ideation, the provider must consider the person's feelings, beliefs, thoughts, behaviors, and the environment. Because an individual's experience of suicidal ideation is typically far greater than any individual component, and because suicidal ideation symptoms often require quick action, addressing the multiple facets of a person's experience is essential to providing effective crisis intervention (Scocco et al., 2019).

When CCI is used for the treatment of suicidal ideation, the treatment goals are to identify and ameliorate potential triggers, further the cognitive-behavioral skills of the individual, identify a support network, enhance self-efficacy, and provide guidance for managing future crises (McGuinness et al., 2020). Furthermore, CCI often involves seeking assistance from the person's support systems, such as friends, family, or other professionals; making changes to the environment; and encouraging activities that could help reduce the risk of suicide (Scocco et al., 2019).

The steps of CCI typically include identifying the presenting problem with the client and developing a plan to reduce symptoms while offering support and guidance. The next step is to assess the individual's current triggers and their current thoughts, feelings, and behaviors. This assessment should include a review of the individual's past experiences and their current social support system. After this assessment, the counselor should attempt to identify any maladaptive cognitions, such as shame, guilt, or hopelessness, and interventions can be developed to help replace these maladaptive cognitions with more adaptive ones. It is important to help the individual identify any

positive coping strategies or positive beliefs that may be used to reduce the intensity of the suicidal ideation.

Following the assessment phase, the individual and counselor should work together to develop concrete action steps. These may include cognitive restructuring, relaxation techniques, challenging assumptions, connecting with supportive people, and engaging in activities that provide short-term relief such as physical exercise, journaling, and mindfulness-based activities. During the implementation stage of CCI, the individual should be encouraged to use these techniques as soon as possible to gain control of their suicidal ideation. Additionally, during the implementation phase, the counselor should provide encouragement, progressive challenges, reinforcement, and problem-solving assistance.

When used in combination with an individual's primary treatment plan, CCI offers an opportunity to provide immediate help during a crisis and may reduce the chances of recurrent and serious crises. Additionally, the individual's current treatment plan should be reevaluated and adjusted as needed, so their progress can be monitored, and care tailored to the individual's needs. Furthermore, the use of CCI may lead to long-term benefits for the individual, as it can provide them with more effective coping strategies and help them learn better ways to interact with the world around them.

### ***CBT | Cognitive Behavior Therapy***

Secondly, cognitive behavior therapy (CBT) is a psychotherapy intervention developed by Aaron T. Beck to help individuals identify, challenge, and ultimately change their dysfunctional thought patterns and organize their behaviors in a healthy way. This approach emphasizes that the thoughts an individual has often determine their

emotional responses and therefore impact their behaviors. CBT also considers the relationship between behavior and environment, considering the influence of irrational and maladaptive beliefs, emotional regulation, and interpersonal relationships. CBT looks for internal conflicts and emotional chaos, targeting the areas of self-destructive behavior and attempting to replace these behaviors with positive alternatives such as self-empowerment, emotional regulation, problem solving, and communication (Beck, 2012).

Cognitive interventions provide individuals who are experiencing suicidal ideation with a safe, supportive, and effective intervention that can help reduce their symptoms and improve their quality of life. It is an evidence-based, integrative treatment approach that not only provides immediate help during a crisis, but also offers the potential for long-term symptom control and stabilization. For these reasons, CCI is a critical component of suicide prevention and intervention programs and should be offered to individuals at risk of suicide.

CBT has been identified as an effective method to manage suicidality, or the risk of suicidal thoughts and behaviors. It is a type of psychotherapeutic treatment that seeks to modify behavior, emotions, and thoughts to promote healthy functioning and decrease symptoms of mental health issues. CBT can be effective in managing suicidality because it allows individuals to identify negative patterns of thinking, modify them, learn healthier coping skills, and examine any underlying core beliefs that could be contributing to suicidal thoughts.

At its core, CBT seeks to identify and address cognitive distortions, or irrational beliefs, that are engendered by an individual's own thoughts. These cognitive distortions become reinforced through repetition and can harm an individual's sense of well-being if

not addressed. Guiding individuals to acknowledge and then overthrow skeptical thinking is at the heart of CBT. To effectively identify and address any distressing thoughts, CBT utilizes several core methods, which include the following:

1. **Cognitive restructuring.** Through this step, the CBT therapist will help the client identify distressing thoughts and work to challenge and restructure those irrational beliefs. The CBT therapist will work with the client to examine the accuracy of these thoughts, disputing any evidence that is contradictory to the thoughts as well as examining any personal biases or “stinking’ thinking” Presented here might belong to the client.
2. **Problem solving.** This technique encourages the client to view the situation as one to be solved rather than one that must be endured. Clients will be encouraged to use the full range of their problem-solving skills to help create solutions.
3. **Behavioral experiment.** This step of CBT helps the client test any hypotheses they have about their current or future behavior. This allows the client to identify any cognitive distortions and modify their behavior accordingly.
4. **Stress management techniques.** Learning effective ways to handle stress is a critical part of managing any kind of mental health issue, particularly in the case of suicide. CBT helps the client identify any unhelpful modes of responding to distress and teaches more useful ways of dealing with the pressures of life.

CBT can be used to help individuals struggling with a range of mental health issues, including suicidality. The techniques outlined here can help clients understand any



thought patterns that may be contributing to distress and help them construct a more positive approach to their mental health. When used in conjunction with other treatments such as lifestyle changes, nutritional support, and psychopharmacology, CBT can be an effective way to manage suicidal thoughts and behaviors and encourage healthier habits.

### ***Psychodynamic Therapy: A Methodology to Manage Suicide***

Suicide is a leading cause of death among individuals in the United States and throughout the world. Research has established that psychodynamic therapy can be an effective tool in preventing suicide and helping individuals who are at risk for suicide take steps toward a healthier mental state. This paper discusses the history, purpose, and key components of psychodynamic therapy and how it can be beneficial in addressing suicidal thoughts and behavior.

Psychodynamic therapy is a psychotherapeutic approach that relies on an understanding of the unconscious mind and psychological defense mechanisms. This approach looks to uncover the deeper conflicts in individuals that have been denied conscious awareness. Psychodynamic therapy stresses the importance of understanding the underlying feelings and motivations of the individual's behavior and how these play into the individual's current behavior. It considers how past experiences can inform the present and how these experiences can shape relationships, beliefs, and behavior. This approach believes in the power of the individual and seeks to help the individual recognize the underlying meaning of their self-destructive behavior (Freud, 1901).

**Defining Psychodynamic Therapy** Psychodynamic therapy, a form of psychological therapy, was developed by Austrian psychoanalyst Sigmund Freud in the early 20th century and has since become one of the most used forms of psychotherapy.

Freud believed in looking for the root of emotional issues, tracing the individual's psychological conflicts back to early childhood experiences, and uncovering unconscious motivations. He believed the unconscious mind plays a critical role in our everyday lives and thus his psychodynamic system was designed to help people connect with the unconscious and resolve the issues that have been spurred by the unconscious.

The purpose of psychodynamic therapy is twofold. On one hand, it is used to investigate childhood experiences, early relationships, and the psychological conflicts that can either be hindering the individual's happiness or resulting in certain behaviors. On the other hand, it is used to help the individual become aware of the profound effects of early childhood experiences and to find better ways to cope with them to achieve greater emotional health.

In terms of suicide, psychodynamic therapy can be a very effective tool in preventing or helping with suicidal thoughts and behaviors. The therapy can help the individual understand underlying causes that have led to suicide-prone behaviors and help them recognize coping strategies or other factors that can help them move toward better mental health.

**Key Components** The key components of psychodynamic therapy are insight, interpersonal exploration, defense mechanisms, and transference. Insight is the process of understanding and interpreting the underlying conflicts and issues at play in the individual's life. The therapist helps the individual gain insight into their personal meanings and motivations for their thoughts and behaviors.

Interpersonal exploration is the process of exploring the individual's past and current relationships. This helps the individual better understand how their relationships

with their parents, peers, and other important figures have shaped their psychological development. Defense mechanisms refer to the stressors, anxieties, and fears the individual is struggling with. They are the conscious or unconscious attempts to reduce inner and outer pressures, often in the form of aggression, self-criticism, and avoidance. The therapist helps the individual better understand, recognize, and regulate their defense mechanisms. Finally, transference is the process of linking the issues and conflicts in the individual's past to the current situation. The therapist helps the individual understand how the unresolved problems and feelings in their past have influenced their current behavior.

**Effectiveness of Psychodynamic Therapy** The effectiveness of psychodynamic therapy in addressing suicidal thoughts and behaviors has been established. Several meta-analyses have found that psychodynamic therapy is an effective therapy modality for addressing the underlying causes of suicidal thoughts and behaviors. Studies have found that individuals receiving psychodynamic therapy showed a significant improvement in reducing suicidal ideation compared to individuals who did not receive therapy. In addition, psychodynamic therapies have also been found to be helpful in reducing symptoms of anxiety and depression and improving overall functioning.

**Conclusion for Effectiveness of Psychodynamic Therapy** Psychodynamic therapy has been proven to be an effective intervention in managing suicide. This psychotherapy helps individuals better understand the root of their emotional issues and underlying causes of suicidal thoughts and behavior and gain insight and better ways to cope with their experiences. It can also help them understand their relationships with other people and learn to recognize and regulate their defense mechanisms. Several

studies have shown that psychodynamic therapies are beneficial in helping individuals at risk for suicide take steps toward a healthier mental state.

Overall, the management of suicide is complex and requires an understanding of the multiple dynamics that underlie the individual's decision for suicide. The strategies discussed (CCI, CBT, and psychodynamic therapy) are the most used strategies to address the issue of suicide. Each strategy offers unique insight into an individual's suicidal behavior along with a plan of action to help the individual alter their current mental, emotional, and behavioral patterns. It is crucial to understand the individual's situation and motivations to intervene effectively and correctly.

#### **1.4 | Four Vital Solutions to Minimize Suicide Rate**

Minimizing the suicide rate requires the dismantling of the systems we are already part of by ameliorating them. As people, we have already created habits and put system in place that have allowed us to survive. After analyzing how the suicide rate has increased in the last few decades, and continues to increase, we must take drastic steps to put the needle on the opposite direction. From opioid, firearms, and much more, we must think outside of the box and do something that has never been done before to expect different results.

One crucial strategy for preventing suicide is increasing access to mental healthcare. However, mental health issues are stigmatized or seen as a sign of weakness in many cultures. This stigma can prevent individuals from seeking help and exacerbate their mental health problems. Addressing these cultural attitudes is crucial to encourage people to seek help when needed. One way to do this is by providing culturally sensitive mental health services tailored to different communities' specific needs. Educating the

public about the importance of mental health is also essential in reducing stigma and promoting help-seeking behaviors. By increasing access to culturally sensitive care and promoting education about mental health, the community can work toward preventing suicide and improving overall well-being for all individuals, regardless of their background or cultural beliefs.

Another important strategy in preventing suicide is addressing social and economic factors contributing to suicide risk. Suicide is often linked to financial or social difficulties, such as unemployment or social isolation, making people feel hopeless and helpless. Therefore, supporting individuals experiencing these issues is crucial in preventing suicide. One way to provide such support is through job training programs, which can help individuals acquire skills that increase their chances of finding employment. Financial assistance programs can also help mitigate the effects of financial difficulties on mental health by providing a safety net for those struggling financially. Additionally, community outreach efforts can help address social isolation by connecting individuals with others who share similar experiences and interests. By taking a comprehensive approach that addresses individual and societal factors contributing to suicide risk, we can create a safer and more supportive environment for those at risk of suicide.

Finally, efforts to prevent suicide must also address access to lethal means. This is a critical aspect of suicide prevention that cannot be overlooked. One effective strategy for reducing access to lethal means is implementing policies restricting access to firearms, particularly for individuals at high risk for suicide. Research has shown that individuals with access to firearms are at significantly higher risk of completing suicide

than those who do not have such access. Additionally, increasing awareness of the risks associated with certain medications or other lethal means can help prevent suicides as well. For example, some medications may have side effects that increase the risk of suicidal ideation or behavior. It is essential for healthcare providers and patients alike to be aware of these risks to reduce them. Overall, addressing access to lethal means is an essential component of any comprehensive suicide prevention strategy.

We should highly consider the following four vital solutions to minimize the suicide rate: (a) AI, even robotics, (b) providing mental health services in stores; (c) establishing self-hatred and inner dialogue curriculum in classrooms; and (d) more companies should mimic “seek, speak & listen” models in the workplace, not just to meet profit margins for stakeholders, but to provide an environment for people to do their best at work and to ultimately strive in their personal lives.

### ***Solution 1 | Future Prevention = AI + Robotics***

The concept of using technology to improve our lives, including mental health, is a powerful approach to addressing some of the most common human flaws. By leveraging technology, we can tackle key aspects where we may not be as proficient or effective. In this context, I explore how technology can help us in areas such as mental health, emotional intelligence, communication, and self-awareness.

AI is a branch of computer science that aims to create intelligent machines that can perform tasks that typically require human intelligence, such as visual perception, speech recognition, decision-making, and language translation. AI systems use algorithms and statistical models to analyze and learn from data, and then apply this knowledge to make predictions or take actions. There are several subfields of AI, including machine

learning, natural language processing, computer vision, robotics, and expert systems. AI has a wide range of applications, including in fields such as healthcare, finance, transportation, and entertainment. The development of AI has the potential to revolutionize many aspects of society and is a rapidly growing field of research and development.

The question should be how we can use technology to make our lives better, including our mental health. As human beings, our flaws could kill us. A more practical approach would be to use technology to our advantage, by using it in key aspects where we fail. For example, we do not always know when to detect or even ask the five detectable questions as previously discussed. Why not let technology make us stronger where we fall short?

I believe AI is the future whether you like it or not. Technology has evolved and is slowly becoming a part of every aspect of our lives. We only have two choices, embrace technology with all its potentials or stop evolving. It may sound drastic, but it is inevitable. Most people have cell phones nowadays, and many more have some sort of social media. With those social norms, it is easy to predict that AI and robotics will continue to play vital parts in our everyday lives. Below are the factors to consider such as the targeted audience, operators, and sponsors when implementing this solution.

1. Target: Everyday people, parents, workers, entrepreneurs, etc.
2. Operators: Scientists, engineers, mental health professionals, conflict management practitioners.
3. Sponsors: Private organizations and commercial revenue

**AI's Role in Suicide Interventions** AI can play an important role in helping to minimize suicide rates by providing early interventions for mental health issues. AI technologies can analyze patterns in behavior, interaction, conversations, and other data to identify early changes or warning signs that someone may be considering suicide. These early signs can be used as triggers for automated alert systems to engage in immediate interventions for those who may need help. AI-driven chatbots can also enable more efficient and consistently available interactions with people in need of help. By utilizing AI-driven voice and chat bots, available 24/7, people at risk of suicide can be connected to trained professionals quickly and in a confidential manner. AI can also be beneficial in collecting and analyzing necessary data to better identify suicide risk factors and determine which interventions are more likely to be effective. Ultimately, AI can help prevent suicides by connecting at-risk individuals with support, educating the public on mental health and suicide prevention, recognizing when someone needs help, and improving access to timely healthcare interventions.

AI has shown promising potential to minimize the suicide rate by aiding in early detection, intervention, and postvention strategies. By analyzing vast amounts of data and identifying patterns, AI can contribute to suicide prevention in various ways, including to monitor online conversations to detect signs of suicidal ideation. This monitoring can help intervene before a person has gone too far down a potentially dangerous path. Furthermore, AI can be used to offer personalized peer or professional support. Through chatbots, AI can engage with people in online conversations to provide emotional and psychological support.



AI can be used to identify groups of people who are at high risk of suicide and intervene before it is too late. It can analyze data to detect patterns or predict indicators of suicidal behavior and offer support. AI can be used to analyze the quality and impact of suicide prevention programs. Using data analysis and machine learning, AI can help identify the factors that are most effective in preventing suicide and helping those in need. AI can also be used to create a more supportive online environment. AI algorithms can be used to detect and remove derogatory comments, insults, and offensive language from shared digital spaces.

**Early Detection and Risk Assessment** AI can analyze large-scale data from social media, electronic health records, and self-reporting platforms to identify patterns associated with suicidal thoughts and behaviors (Kessler et al., 2015). Machine learning algorithms can detect linguistic and behavioral cues, such as increased social isolation, changes in sleep patterns, and negative emotional expressions, which may indicate a higher risk of suicide (De Choudhury et al., 2016).

AI can personalize interventions by providing targeted resources and support based on an individual's risk factors and needs (De Houtman et al., 2020). Chatbots and virtual agents can engage with individuals, offering emotional support, psychoeducation, and crisis management, making these interventions more accessible and cost-effective (Fitzpatrick et al., 2017). In addition, AI can facilitate the development and maintenance of support networks for individuals who have experienced suicidal ideation or have lost someone to suicide (Andriessen et al., 2018). By connecting people with similar experiences, AI can foster a sense of belonging and provide a platform for sharing coping strategies and resources. Lastly, AI can be used to develop and enhance training programs

for healthcare professionals, educators, and community members to better recognize and respond to signs of suicide risk (Shatte et al., 2019). Virtual simulation and role-play can provide safe environments for practicing intervention skills and improving decision-making in crisis situations.

### ***Solution 2 | Mental Health Counselors Accessible in Stores***

**The Reach-People-Where-They-Are Initiative.** I believe that, given the current mental health crisis, mental health access should be more accessible. This concept would be to offer support services when people go buy groceries, for example, so they can stop by for a quick chat before heading home. Store like CVS, Walgreens, and Rite Aid provide clinics for general physical wellness checks. The concept of having mental health counselors and services accessible in stores is an innovative approach to increasing access to mental health services. Mental health is a critical aspect of overall well-being and making it easier for people to access support can help reduce the stigma surrounding mental health issues and encourage more people to seek help.

Mental health counselors are professionals who are trained to help individuals manage and overcome a wide range of mental health issues, including depression, anxiety, trauma, and addiction. They work with clients to identify the root causes of their issues and develop effective coping strategies. Having mental health counselors and services available in stores like CVS, Walgreens, and Rite Aid can be a convenient and cost-effective way for people to access these services. It can also help reduce the stigma associated with mental health issues by making these services more visible and accessible.

One potential challenge with this approach is ensuring that mental health counselors in stores are properly trained and licensed to provide high-quality services. It will also be important to ensure that privacy and confidentiality are maintained for clients seeking mental health services in these locations. Overall, the idea of having mental health counselors and services accessible in stores is a promising approach to increasing access to mental health services and addressing the growing mental health crisis. It is a model that should be explored further and implemented in a responsible and effective manner. Below are the factors to consider such as the targeted audience, operators, and sponsors when implementing this solution.

1. Target: Everyday people, parents, workers, entrepreneurs, etc.
2. Operators: Educators, mental health professionals, conflict management practitioners.
3. Sponsors: Government stipends, private organizations

### ***Solution 3 | Self-Hatred and Inner Dialogue Curriculum in Classrooms***

Many would agree that mental health in the classroom has become as important as mathematics, if not more so. As previously stated, self-hate and inner dialogues have a powerful impact on mental health. According to Dr. Phil, although many people may talk at 120 words per minute, many think at a much faster rate, equivalent to thinking over 1,200 words per minute. The concern is the fact that individuals' self-hatred through inner dialogues have started at such a young age. Parents many times do not know how to spark the appropriate conversations or how to address their children's inner thoughts or even their own thoughts many times. However, if we expose students to detect self-hatred and inner dialogues at an appropriate age, through group therapy and creating safe

spaces, our future generations can strive to be more equipped to tackle mental health issues and minimize the suicide rate.

Mental health is an important aspect of an individual's life. If not addressed, mental health issues can lead to chronic stress, depression, and even more serious mental health disorders. Therefore, it is essential to recognize and address these issues quickly and effectively. In addition, Andrzejewski et al. (2014) suggested that having constructive, goal-oriented communication can be impactful when trying to identify one's own thoughts and feelings, as well as the thoughts and feelings of those involved in the situation. It can help provide people with a better understanding of the situation and how best to address it. It can also help people recognize their individual needs and preferences in the situation and how to effectively negotiate with others to reach a more satisfactory outcome. This type of communication also allows for increased self-awareness, which can lead to more effective conflict management and improved mental health outcomes. Below are the factors to consider such as the targeted audience, operators, and sponsors when implementing this solution.

1. Target: Our youths and college students
2. Operators: Educators, mental health professionals, conflict management practitioners.
3. Sponsors: Schools, the government, private donations.

#### ***Solution 4 | "Seek, Speak & Listen" to Enrich Employees' Lifespans***

People do not want to work from home more, they just want a better, safer, lasting cultural change, and enhancing trust environment to thrive and contribute to society overall. The modern workplace has been evolving rapidly, and businesses are recognizing

the need to adapt to these changes. Employees are seeking not only greater flexibility in their work arrangements, but also a better, safer, and more inclusive work environment that fosters trust and collaboration. Companies that understand this need and take proactive steps to create an inclusive and supportive culture can achieve higher levels of productivity and employee satisfaction. One such approach, demonstrated by Boeing, is the “Seek, Speak & Listen” initiative. By adopting these habits, companies can promote lasting cultural change, enhance trust, and drive innovation, ultimately benefiting both employees and the organization.

**The Need for Lasting Cultural Change and Enhanced Trust** Employees today are not simply looking for more opportunities to work from home; they desire a workplace that offers better, safer, and more lasting cultural change. This transformation requires a shift in the way organizations approach their internal culture and promote trust among team members. By adopting habits such as those demonstrated in Boeing's "Seek, Speak & Listen" initiative, companies can create an environment where employees feel valued, included, and empowered to contribute to the organization's success.

**The Power of "Seek, Speak & Listen" in the Workplace** The "Seek, Speak & Listen" approach promotes fundamental habits in the workplace that are transferrable in everyday life. Colleagues throughout Boeing are adopting “Seek, Speak & Listen” practices, which serve as the cornerstone of collaborative efforts. These practices lay the groundwork for a culture characterized by integrity and inclusivity, allowing the company to enhance safety, quality, production, performance, and inclusiveness.

By incorporating these straightforward practices, Boeing can make more informed decisions, foster innovation, and strengthen connections. By proactively identify areas

that require improvement and areas where apprehension may be present, employees can enable the company to address concerns before they escalate. Encouraging open communication ensures all team members feel secure in expressing their thoughts. The company has aimed to attentively listen to one another with humility and empathy. This approach must be integral to Boeing's dedication to mutual advancement, enduring cultural transformation, and the growth of trust from within.

These practices represent simple acts of consideration that empower team members to excel both professionally and personally. The company must continuously aim to integrate these habits into everyday tasks, processes, systems, and communications as a means of maintaining accountability. The encouragement to participate in this initiative by asking questions, offering insights, and listening to others under the "Seek, Speak & Listen" initiative can ultimately help employees' mental health, finances, social impacts, and much more. "The habits are simple acts of caring so our people can be their best at work and in life. We will continue to embed the habits into our daily work, processes, systems, and communications to hold ourselves accountable" (Boeing, 2022). Below are the factors to consider such as the targeted audience, operators, and sponsors when implementing this solution.

1. Target: Employees, managers, company stakeholders
2. Operators: Mental health professionals and conflict management practitioners.
3. Sponsors: Part of the company's benefit package

### **1.5 | Importance of Action Research**

To minimize the suicide rate, we must take drastic steps and dismantle the systems that have allowed us to survive thus far. The suicide rate has been increasing in

recent decades, and we must think outside the box to address this issue. The four suggested potential solutions would need to be further researched, studied, and analyzed. One way to explore these four solutions would be through action research.

Action research is a research methodology that involves systematic and reflective inquiry aimed at improving the practical or professional work of individuals or organizations. It is a cyclical process that involves several stages, including planning, action, observation, and reflection. The process begins by identifying a problem or issue within a specific context. The researcher works closely with individuals or organizations to develop a plan of action to address the problem or issue. The plan is then implemented, and data are collected through various methods, such as surveys, interviews, or observations.

The data are analyzed to identify patterns or trends and the results are used to inform future actions. The process of action research is iterative, meaning it is repeated until the desired outcome is achieved. Action research is commonly used in fields such as education, healthcare, social work, and organizational development. It is often conducted by practitioners or professionals who want to improve their practice or the work of their organization.

Action research can be a powerful tool to recognize new mental health solutions and minimize the suicide rate. By following the action research process, mental health professionals and researchers can collaborate with stakeholders, such as individuals with lived experience of mental health issues, families, and community members, to identify problems and develop solutions. One of the strengths of action research is its participatory approach, which involves collaborating with stakeholders to co-create

solutions to problems. It also emphasizes the importance of reflection and continuous learning, which can lead to ongoing improvements in practice.

There are several ways action research can help recognize new mental health solutions to minimize the suicide rate by identifying the root causes of suicide. This may involve working with individuals who have attempted suicide or lost a loved one to suicide to better understand their experiences and identify patterns. By developing new interventions, and once the root causes have been identified, action research can be used to develop and test new interventions that address these underlying factors. This may involve working with stakeholders to co-create new interventions tailored to the specific needs of the community.

It is also vital to evaluate existing interventions. Action research can also be used to evaluate existing interventions to determine their effectiveness. This may involve collecting data on the outcomes of specific interventions and using those data to inform improvements or modifications to the interventions. Without a doubt, action research can help disseminate new findings and best practices to other mental health professionals and stakeholders. This can help ensure that the most effective interventions are widely available and can be used to minimize the suicide rate. Overall, action research can help mental health professionals and researchers work closely with stakeholders to identify problems, develop solutions, and evaluate the effectiveness of interventions. This collaborative approach can help recognize new mental health solutions and minimize the suicide rate.



## 1.6 | The Role of Crisis Hotlines and Text Lines in Suicide Prevention

The crucial role of crisis hotlines and text lines in suicide prevention lies in their ability to offer immediate support to those grappling with stress, mental health issues, or suicidal ideation. These services are easily accessible, operating 24/7, and connecting individuals with trained counselors who can provide guidance, resources, and timely interventions. The anonymity afforded by these hotlines and text lines encourages those who might be reluctant to seek in-person assistance to reach out and obtain the help they need.

Crisis hotlines and text lines also serve as a vital source of immediate intervention for individuals at risk of suicide. They assist in creating safety plans, connecting individuals with mental health services, and directing them toward additional supportive resources. Furthermore, supporting suicide survivors, or those who have lost someone to suicide, constitutes an essential aspect of suicide prevention efforts. This support helps individuals manage their grief and mitigates the risk of stress-related mental health issues and suicidal behavior.

Suicide survivor support groups create a secure environment where people can share their experiences, find solace in connecting with others who have faced similar losses, and receive emotional support. These groups aid survivors in processing their grief, fostering resilience, and diminishing the risk of stress-related mental health issues. Bereavement counseling also plays a vital role in helping suicide survivors cope with their grief, develop coping strategies, and address any mental health concerns that might surface after losing a loved one. This type of counseling can be administered individually or within a support group setting. Finally, offering educational resources, such as books,

websites, and workshops, can help suicide survivors better understand the complexities of suicide, navigate their grief, and maintain mental well-being. Together, these

### **1.7 | The Role of Policy and Legislation in Suicide Prevention**

Policymakers and legislators play a crucial role in creating an environment that supports mental health and suicide prevention efforts. Implementing policies and legislation that promote mental health, reduce stress, and address the risk factors for suicide can help prevent suicidal behavior on a broader scale. Mental health parity laws require insurers provide equal coverage for mental health and physical health services. These laws can help ensure that individuals experiencing stress and mental health issues have access to the support and treatment they need. By removing financial barriers to mental healthcare, mental health parity laws can help individuals seek the care they need to manage their mental health, reduce stress, and prevent suicidal behavior.

Implementing suicide prevention policies in schools and workplaces can help create supportive environments that prioritize mental health and well-being. These policies can include mandatory mental health training for staff, access to mental health resources, and protocols for identifying and supporting at-risk individuals. By promoting mental health awareness and providing resources and support for individuals experiencing stress and mental health issues, these policies can help reduce the risk of suicide and create a culture of mental well-being.

Research has shown a strong link between access to firearms and suicide risk. Implementing sensible gun control legislation, such as background checks and waiting periods, can help reduce the risk of suicide by limiting access to lethal means. By

reducing access to firearms, gun control legislation can help prevent impulsive acts of self-harm and suicide attempts, reducing the overall incidence of suicide.

In conclusion, policy and legislation can play a significant role in suicide prevention efforts. Mental health parity laws, suicide prevention policies in schools and workplaces, and gun control legislation are just a few examples of policies that can help prevent suicidal behavior by promoting mental health and reducing stress. By implementing evidence-based policies and legislation that address the risk factors for suicide, policymakers and legislators can work toward creating a society that prioritizes mental well-being and reduces the incidence of suicide.

### **1.8 | The Importance of Collaboration in Suicide Prevention Efforts**

Effective suicide prevention requires collaboration among various stakeholders, including mental health professionals, healthcare providers, educators, policymakers, and community organizations. By working together, these stakeholders can develop comprehensive strategies that address the multifaceted nature of stress, mental health issues, and suicidal behavior.

Community partnerships can help bring together diverse stakeholders to address stress and suicide at the local level. These partnerships can involve schools, healthcare providers, mental health organizations, law enforcement, and community groups, all working collaboratively to develop and implement suicide prevention initiatives. By sharing resources and expertise, community partnerships can develop effective strategies that address the unique needs of their communities, reduce the stigma associated with mental health concerns, and increase access to mental health support.

Collaboration at the national and international levels can help facilitate the sharing of best practices, research findings, and resources among suicide prevention organizations and professionals. This collaboration can lead to the development of more effective, evidence-based strategies for addressing stress and preventing suicidal behavior. For example, international collaboration has led to the development of the WHO's Mental Health Action Plan, which aims to improve mental health services and reduce the global burden of mental health issues, including suicide.

Effective collaboration requires open communication, trust, and a shared commitment to suicide prevention. By collaborating across disciplines and sectors, stakeholders can work toward a common goal of reducing the incidence of suicide, promoting mental well-being, and building resilient communities. Collaboration can also help ensure that suicide prevention efforts are comprehensive, culturally sensitive, and tailored to the unique needs of individuals and communities.

### **Summary of Importance of Collaboration in Suicide Prevention**

Collaboration is essential for effective suicide prevention. Community partnerships and national and international collaboration can bring together diverse stakeholders to develop comprehensive strategies that address the multifaceted nature of stress, mental health issues, and suicidal behavior. By working together, we can reduce the incidence of suicide, promote mental well-being, and build resilient communities.

Suicide is a preventable public health issue that affects people of all ages and backgrounds. The goal of minimizing the suicide rate is an important one that can be achieved through several approaches. One key strategy is to increase awareness and recognition of the signs of suicide risk and encourage and support help-seeking behavior.

This could include increased education and training on suicide warning signs and risk factors, including increased access to evidence-based mental health resources.

As conflict practitioners, we must continue to argue different ways to minimize the suicide rate. We must take a multifaceted approach that involves incorporating innovative technologies, making mental health services more accessible, teaching young people how to develop positive coping mechanisms, and creating supportive work environments. Suggestions also include using AI and robotics to help prevent suicide, as AI could be used to identify individuals who may be at risk of suicide based on their social media posts or other online activities. Robotics could also be used to provide support and counseling to individuals who may be struggling with suicidal thoughts.

Mental health services should not only be more affordable but also more accessible by providing them in stores. This would make it easier for individuals to seek help when they need it without having to go through the traditional channels of seeking out a therapist or counselor. We should also include self-hatred and inner dialogue curriculum in classrooms. We can help prevent suicide in the long run by teaching young people how to recognize negative self-talk and develop positive coping mechanisms. Lastly, more companies should adopt the "Seek, Speak & Listen" model in the workplace. This model prioritizes creating an environment where individuals feel comfortable discussing their mental health and seeking support when they need it. This not only benefits the individuals but also helps create a more productive and supportive work environment overall.

In addition, efforts to build connection, belonging, and community support are vital to support those at risk of suicide. This can include increasing access to community

resources, such as churches, crisis lines, parent-teacher organizations, and charities; facilitating social and emotional learning activities in schools; and providing individually tailored interventions for those who are at risk for suicidal thoughts and behaviors. It is also important to eliminate access to suicide methods, such as guns, so that those who are actively considering suicide have fewer means to act on it (O’Conner, 2007).

It is also important to understand that suicide is a complex issue, and to recognize the individual needs and characteristics of those at risk of suicide that can prevent them from reaching out for help. It is necessary to create and maintain a supportive, non-stigmatizing environment, void of judgement, to increase the likelihood of help-seeking. This can be achieved through providing accessible and nonjudgmental avenues for support as well as continued education and awareness efforts (Bailey et al., 2012).

### **Part 3 | Discussions and Implications**

#### **Introduction**

Part 3 of Chapter 5 delves into a comprehensive discussion of the findings obtained from the study and the implications these results hold for various stakeholders, including policymakers, mental health professionals, community organizations, and individuals affected by the COVID-19 pandemic. Part 3 of Chapter 5, “Discussions and Implications” contextualizes the findings and explores how they can contribute to a better understanding of the complex relationship between COVID-19 and suicide rates, thereby offering valuable insights for future research, interventions, and policies.

Part 3 of Chapter 5, “Discussions and Implications” begins by summarizing the main findings of the study, highlighting the most significant contributions made by the research. This synthesis of the findings allows for a clearer understanding of the

connections between the various factors and themes explored in the preceding chapters, as well as their relevance to the study's objectives and research questions. Next, the implications of the study are discussed in detail, with a focus on how policymakers, mental health professionals, and community organizations can use the findings to develop effective strategies and interventions for addressing the mental health crisis and suicide rates during the pandemic. This section emphasizes the importance of a collaborative, multifaceted approach to suicide prevention and mental health support, tailored to the unique challenges presented by the COVID-19 pandemic.

Part 3 of Chapter 5, “Discussions and Implications” then addresses the limitations of the study and identifies gaps in our current knowledge, providing an opportunity for future research to expand on these areas and further explore the relationship between COVID-19 and suicide rates. Recommendations for future research are also provided, outlining potential directions and areas of investigation that can build on the findings of this study. Finally, the Part 3 of Chapter 5, “Discussions and Implications” concludes with a summary of the key points, emphasizing the importance of understanding the study's findings and implications in the broader context of the ongoing mental health crisis and suicide prevention efforts during the COVID-19 pandemic. This sets the stage for Part 3 of Chapter 5, which presents specific recommendations for policymakers and other stakeholders, as well as offering final thoughts on the study and its potential impact.

### **Discussion and Implications**

This study aimed to investigate the factors contributing to increased suicide rates during the COVID-19 pandemic, focusing on financial stress, unemployment, social isolation, fear of infection, and preexisting mental health conditions. The findings of the

qualitative content analysis revealed that these factors were interconnected and played significant roles in the increase of suicide rates during the pandemic.

### ***The Main Findings and Contributions of the Study***

The COVID-19 epidemic has had a significant impact on many different things, including mental health. The pandemic has impacted suicide rates globally, especially in particular areas/countries. Although some nations have noted increased suicide rates since the epidemic began, others have pointed out little to no change or even a decline. For instance, during the epidemic, suicide rates rose in Japan and the United States. Norway, in contrast, noted no appreciable increases in suicide rates over the same period. Additionally, despite being severely affected by the epidemic, certain areas/countries, including Germany and New Zealand, have seen a decline in suicide rates.

Depending on demographics like age, gender, and socioeconomic level, the pandemic's effects on suicide rates have varied significantly. Throughout, the epidemic has created a great deal of worry and uncertainty, which has contributed to an increase in mental health problems. Due of their susceptibility to social isolation and financial difficulties, older persons and those with preexisting mental health conditions have a higher chance of committing suicide during the epidemic. Additional research has revealed that the pandemic's heightened financial strains and restricted access to mental health options make men more prone than women to commit suicide. Those who are unemployed or struggling financially have also been more likely to have suicidal thoughts currently. Hence, when developing interventions to stop suicide during the ongoing pandemic, governments and healthcare professionals must consider these demographic characteristics.



The potential rise in suicide rates is one of the most urgent worries. Social isolation, financial strain, and disruptions in healthcare and mental health services are all possible causes of any documented variations in suicide rates during the epidemic. These elements may aggravate preexisting mental health issues and raise the suicide risk. Several people have felt helpless and alone because of being unable to get routine care, owing to lockdowns or their fear of contracting COVID-19, which has led to despair and anxiety. Economic stressors like job loss or money problems can have a significant impact on suicide ideation. Policymakers must prioritize mental health support for people who are at risk of suicide by making sure healthcare services are available to everyone who needs them as we traverse this historical period.

Suicide prevention has grown in importance as a result of the epidemic. The pandemic's isolation, dread, and unpredictability are making mental health problems worse and raising the risk of suicide. To reduce this possible effect on suicide rates during the pandemic, effective suicide prevention initiatives can be put in place. These strategies include expanding access to mental health services, offering social support and connection, and addressing economic hardship and unemployment. The need for more people to have access to mental health services is critical because many people who are having suicidal thoughts need expert assistance. Reducing loneliness or isolation, which may lead to suicidal thinking, can also be helped by offering social support and connection. For those experiencing financial troubles during these trying times, addressing economic hardship and unemployment through financial aid programs or job training initiatives can also offer hope. Using these techniques can help safeguard people who are most vulnerable to suicide during the pandemic.

To address the pandemic's effects on mental health and suicide risk, it is essential to improve mental health policies and services. Many people have experienced unheard-of levels of worry and anxiety as a result of the epidemic, which has resulted in an increase in mental health problems. Funding for mental health services must be increased to handle this problem effectively. This will guarantee that people have access to the resources they need to deal with their mental health issues. Furthermore, healthcare professionals must be trained in recognizing and handling patients' mental health issues. This will help with early detection and intervention, which are essential in preventing the emergence of more severe instances. In addition, it is crucial to overcome the stigma attached to seeking medical attention for mental health issues. Due to cultural stigmas associated with mental illness, many people are reluctant to seek assistance. By removing these stigmas through awareness campaigns and education programs, we can persuade more people to seek help when they most need it.

### ***Implications for Policymakers***

The results of this study have several implications for policymakers to include when implementing comprehensive support systems. Policymakers must create comprehensive support systems that address the multifaceted nature of the mental health challenges associated with the pandemic. This may include financial assistance for individuals facing economic hardship, job creation initiatives, and accessible mental health services. The enhancement of mental health services can be helpful. The study highlighted the importance of timely and appropriate mental healthcare during the pandemic. Policymakers should prioritize enhancing the availability and accessibility of

mental health services, including telehealth options, crisis hotlines, and community-based support services.

Another implication to consider is the fostering of social connectedness. As social isolation emerged as a key factor contributing to increased suicide risk, policymakers should promote initiatives that foster social connectedness while maintaining safety measures. These initiatives may include virtual support groups, community outreach programs, and targeted interventions for high-risk populations. Policymakers should also address stigma and discrimination. The findings indicate that stigma and discrimination related to COVID-19 played a role in increasing suicide risk for some individuals. Policymakers should invest in public health campaigns to reduce stigma and discrimination, promote social cohesion, and encourage empathy and understanding.

### ***Implications for Mental Health Professionals***

The study's findings also have implications for mental health professionals to include when screening for multiple risk factors. Mental health professionals should be aware of the interconnectedness of the factors contributing to increased suicide risk during the pandemic and screen for multiple risk factors, such as financial stress, unemployment, and social isolation, when assessing clients. Practitioners should also tailor interventions to individual needs. Given the complex interplay of factors influencing suicide risk, mental health professionals should tailor interventions to address the unique needs and circumstances of each individual. This may involve implementing personalized treatment plans that target specific stressors and support clients in developing coping strategies.

Collaborating with other service providers should also be considered for more effective results. Mental health professionals should collaborate with other service providers, such as social workers, financial counselors, and community organizations, to provide comprehensive support for clients experiencing multiple stressors related to the pandemic. Lastly, mental health professionals should engage in ongoing professional development to stay informed about the latest research and best practices for addressing the mental health challenges associated with the COVID-19 pandemic.

### ***Implications for Community Organizations***

The study's findings have implications for community organizations as well to include the development of targeted prevention programs. Community organizations can play a vital role in developing targeted prevention programs aimed at addressing the factors contributing to increased suicide risk during the pandemic. These programs may include financial literacy workshops, job training initiatives, and social support networks for individuals experiencing social isolation. Community organizations should collaborate with mental health professionals to provide comprehensive support for individuals experiencing mental health challenges related to the pandemic. This may involve facilitating access to mental health services, providing referrals to appropriate professionals, and offering support groups for individuals affected by the crisis. Community organizations can act as advocates for policy changes that address the factors contributing to increased suicide risk during the pandemic. By lobbying for increased funding for mental health services, financial support programs, and social connectedness initiatives, community organizations can help promote a more comprehensive response to the mental health challenges associated with the COVID-19 crisis.

## **Limitations and Future Research**

The study has several limitations, including the reliance on published literature and the exclusion of non-English language sources. Additionally, the study focused primarily on the early stages of the pandemic, which may not reflect the evolving nature of the crisis and its impact on mental health and suicide risk. Future research should continue to explore the factors contributing to increased suicide rates during the pandemic, particularly as new variants emerge, and the crisis evolves. Longitudinal studies may also provide valuable insights into the long-term consequences of the pandemic on mental health and suicide risk.

The study's ability to examine the effect of the pandemic on suicide rates is constrained. It is crucial to understand that a single study cannot adequately portray this complicated subject despite extensive research and analysis. The epidemic has caused a variety of stressors and difficulties for people, including isolation, financial strain, and future uncertainty. Although some of these aspects have been considered in this study, it is likely that more pertinent influences have been disregarded or underexamined. In addition, people may find it challenging to discuss suicide openly and honestly in study settings because it is such a very personal and delicate subject. As a result, rather than serving as indisputable proof of the link between the pandemic and suicide rates, the findings reported here should be seen as a beginning point. To fully comprehend this problem and create efficient solutions to help those who are at risk during these difficult times, more study is required.

The study's data on suicide rates during the pandemic may not be complete or reliable in all areas/countries, which is another weakness. Although numerous studies

have noted an increase in suicide rates during the COVID-19 pandemic, it is essential to remember that these results could not be typical of all nations or locations. Suicide data may not be reliably gathered or reported in low-income countries with inadequate healthcare facilities and lax reporting mechanisms. Additionally, cultural differences in how suicides are perceived and recorded could also influence the accuracy of suicide statistics. Furthermore, the epidemic has disrupted mental health services around the world, making it difficult for people with mental health problems to get timely care and assistance. Hence, to ensure that policies and treatments are customized to national contexts, future research should take these constraints.

### **Gaps in Our Knowledge**

The global COVID-19 pandemic has impacted the entire world, disrupted daily life, and led to significant psychological distress. Unfortunately, this distress has manifested in an increase in suicidal thoughts and behaviors throughout the world. Despite the alarming trend, we are still in the early stages of exploring the links between COVID-19 and suicide and current knowledge is incomplete in many areas. Most research thus far has focused on the prevalence of suicide ideation or attempts in public, with relatively little research on its impact on at-risk populations. Additionally, little research has been done to determine how changes in the social and environmental factors associated with the pandemic, such as social isolation or financial distress, play a role in the increased risk of suicide.

Regarding potential risk factors, we lack understanding of how the physical, emotional, and economic repercussions of the pandemic uniquely increase suicide risk for certain individuals and populations. Isolation and lack of access to resources could

further sensitize populations predisposed to more health risks, and this topic is understudied.

The true economic implications of the pandemic, including job loss, reduced income, and access to mental health services, are spanning multiple generations, the effects of which are still emerging and not fully understood. Additionally, with many individuals required to stay home and largely away from nature and physical activity, the protective effects of physical connection to the natural environment have not been thoroughly explored.

We are in the early stages of understanding misoprostol-associated suicide, which is related to knowledge about the medication and its intersection with psychiatric disorders. Unintentional overdoses, which often occur due to information gaps on proper usage and storage, contribute to a significant number of deaths by suicide. Additionally, there is a need for further research on the way the media portrays suicide and how this could be contributing to an increase in suicide rates. People must be made aware of the signs of suicidal thoughts and how to reach out to those in need and support them without stigma.

Finally, there is an urgent need to research different types of interventions that would reduce suicide risk, both at an individual and population level. This includes developing measures that would support individuals and communities and implementing these strategies in real-world settings. Lastly, the true implications of the pandemic for suicide risk and prevention are still unclear, and more information is needed to bolster our knowledge. To do so, we must urgently dedicate resources to the research of the various gaps in our current knowledge.

### **Recommendations for Future Research**

Future studies should keep looking into how the epidemic has affected suicide rates and figure out the best ways to stop it. Longitudinal studies that can track changes in suicide rates over time are one possible route for this study. Such research could aid in understanding how the pandemic has impacted the rates of suicide in various groups and geographical areas and help researchers pinpoint potential risk variables that may be linked to rises in suicidal thinking or conduct. Qualitative research may also aid in understanding the opinions and experiences of persons who were at risk for suicide during the epidemic.

This research can provide insight into how people are coping with pandemic-related stressors and help design focused therapies that meet the unique needs and difficulties these people are facing. Collectively, these many types of studies can aid in the development of efficient preventative measures that can lessen the influence of COVID-19 on outcomes related to mental health, such as suicidal ideation and behavior. The long-term consequences of the pandemic on developments related to mental health can be better understood via longitudinal studies that monitor changes in suicide rates over time. Furthermore, cross-national comparison studies might aid in identifying environmental and cultural elements that might affect the association between the pandemic and suicide rates.

### **Summary of Part 3 of Chapter 5 | Discussions and Implications**

Part 3 of Chapter 5, “Discussions and Implications” presented a comprehensive discussion of the main findings and their implications, drawing from the results presented in Chapter 4 and the context provided by the literature review in Chapter 2. Part 3 of



Chapter 5, “Discussions and Implications” highlighted the study's contributions to the existing body of knowledge on the impact of the COVID-19 pandemic on suicide rates and examined the broader implications for various stakeholders, including policymakers, mental health professionals, and community organizations.

Part 3 of Chapter 5, “Discussions and Implications” began by summarizing the main findings and their significance, providing a clear synthesis of the study's results. It then moved on to discuss the implications of these findings for different stakeholders, suggesting potential strategies and interventions to address the identified issues and mitigate the pandemic’s impact on suicide rates. This section emphasized the importance of a collaborative and multifaceted approach to address the complex issue of suicide during the COVID-19 pandemic. Next, Part 3 of Chapter 5, “Discussions and Implications” acknowledged the limitations of the study and identified gaps in knowledge that future research could address. By recognizing these limitations and gaps, the study contributes to an ongoing conversation within the academic community and encourages further exploration of this critical issue.

This research has highlighted the complex interplay between financial stress, unemployment, social isolation, fear of infection, and preexisting mental health conditions in contributing to increased suicide rates during the COVID-19 pandemic. By understanding these factors and their interconnectedness, policymakers, mental health professionals, and community organizations can work together to develop targeted interventions and prevention strategies to alleviate the mental health burden experienced by individuals during and after the pandemic. Ultimately, a comprehensive and collaborative approach is needed to address the multifaceted nature of this pressing issue

and promote the well-being of individuals and communities in the face of ongoing challenges.

The transition from Part 1 to Part 2 in Chapter 5 underscores the importance of using the study's findings and implications to inform practical recommendations and envision future directions for addressing the issue of suicide during the COVID-19 pandemic. Part 4 of Chapter 5, “Recommendations and Final Thoughts” builds on the discussion and implications presented in Part 3 of Chapter 5, “Discussions and Implications” by providing actionable, evidence-based recommendations for policymakers, mental health professionals, and community organizations.

Part 4 of Chapter 5, “Recommendations and Final Thoughts” also outlines potential future directions for research and intervention, highlighting the need for ongoing, adaptive, and responsive efforts to address the evolving challenges posed by the pandemic. The final thoughts emphasize the importance of collective action, compassion, and resilience in the face of adversity and offers a hopeful vision for a future in which the issue of suicide during the COVID-19 pandemic is effectively addressed. By presenting practical recommendations and future directions, Part 4 of Chapter 5, “Recommendations and Final Thoughts” serves as a call to action, encouraging stakeholders to utilize the study's findings to inform their strategies and interventions, ultimately contributing to a better understanding and more effective management of the COVID-19 pandemics on suicide rates.

## **Part 4 | Conflict Resolution Methods**

### **Introduction | Conflict Resolution (CR) Methods**

The COVID-19 pandemic has sparked a global crisis that extends beyond public health into social, personal, and economic well-being. A profound repercussion of these myriad challenges is the alarming rise in suicide rates globally (Mamun & Griffiths, 2020). It is thus imperative to explore innovative strategies to address this concerning trend. This report delves into the potential application of conflict resolution methods, namely mediation, negotiation, collaborative problem-solving, and therapeutic crisis intervention, to prevent suicide. These methods, rooted in principles of understanding, communication, collaboration, and empathy, provide valuable strategies to de-escalate crises, manage conflicts, and cultivate supportive environments, potentially mitigating suicide risks in these unprecedented times.

#### ***CR Method 1 | Mediation***

In light of the rising suicide rates due to the COVID-19 pandemic (Mamun & Griffiths, 2020), mediation emerges as a potentially crucial conflict resolution method. It involves the participation of an impartial third party - the mediator - who facilitates effective communication between disputing parties (Folger, Poole, & Stutman, 2017). Amidst the personal, social, and economic upheavals resulting from the pandemic, the role of mediation in resolving conflict becomes paramount. The mediator's purpose is not to dictate solutions but to foster an environment where disputing parties can gain insights into each other's perspectives and collaboratively identify solutions (Kressel & Pruitt, 1989).

**Mediation Application** Given the spike in suicide rates during the COVID-19 pandemic (Mamun & Griffiths, 2020), using mediation for suicide prevention appears particularly pertinent. Conflicts exacerbating suicidal ideation, such as familial conflicts or disputes with social services, can be addressed through mediation (Jobes, 2016). For instance, a mediator could orchestrate a dialogue between a person contemplating suicide and their family members to enhance mutual understanding, improve communication, and build a supportive environment (D'Zurilla & Nezu, 2007). Notably, the principles of mediation parallel those of person-centered approaches in mental health care (Rogers, 1961). Like a mental health professional, the mediator works towards creating a safe, supportive space where individuals can express their feelings and needs without judgment or retaliation, a necessity heightened during these unprecedented times (Piper & Ogrodniczuk, 2003). By helping individuals address and resolve conflicts and by promoting effective communication, mediation can be instrumental in reducing factors that contribute to suicidal ideation and behavior (Linehan, 1993). Mediation could prove to be a vital tool in tackling the rising suicide rates during and post the COVID-19 pandemic.

**Understanding Mediation** Mediation is anchored in several fundamental principles, each contributing to its effectiveness as a conflict resolution method. Mediation is characterized by several basic principles, including neutrality, confidentiality, voluntariness, and self-determination (Moore, 2014). These principles acquire additional significance in the current context of increased stress and conflict arising from the COVID-19 pandemic (Moore, 2014). First, with neutrality, the mediator's role requires an unwavering commitment to objectivity, ensuring no favoritism

towards any party and vigilant management of potential biases (Boulle, Colatrella, & Picchioni, 2018). Second, confidentiality assures that information shared within the mediation process remains private, fostering a sense of trust and openness (Deutsch, Coleman, & Marcus, 2017). This aspect can encourage individuals to open up about their struggles in the context of heightened mental health issues linked to the pandemic.

The voluntary nature of mediation empowers parties to participate freely and withdraw at their discretion (Fisher, Ury, & Patton, 2011). This promotes autonomy and can be especially critical when dealing with individuals experiencing psychological distress due to the pandemic. Lastly, participants in mediation maintain control over the outcome of the dispute, emphasizing that the mediator is there to facilitate, not to dictate, the solution (Bush & Folger, 2005). By assisting individuals in addressing and resolving conflicts and facilitating more effective communication, mediation can reduce factors that can contribute to suicidal ideation and behavior (Linehan, 1993).

### ***CR Method 2 | Negotiation***

Negotiation, another primary method of conflict resolution, has gained salience in light of the escalating suicide rates linked to the COVID-19 pandemic (Mamun & Griffiths, 2020). Negotiation is a strategic discussion between two or more parties to reach a beneficial agreement or solution (Lewicki, Saunders, & Barry, 2020). This method is particularly relevant amidst the psychosocial disruptions caused by the pandemic as it emphasizes the importance of understanding differing perspectives, identifying mutual interests, and crafting resolutions beneficial to all parties involved (Fisher, Ury, & Patton, 2011). Negotiation, often categorized as distributive or integrative, encompasses a dynamic process that requires careful deliberation, effective

communication, and collaborative problem-solving (Thompson, 2014). During the COVID-19 pandemic, the negotiation process can be valuable in managing increased interpersonal conflicts and disagreements related to coping mechanisms, social restrictions, and health-related decisions (Pruitt & Carnevale, 1993).

**Principles of Negotiation** Negotiation is guided by several principles contributing to its effectiveness as a conflict resolution method. The direction of mutual gains focuses on pursuing solutions that serve the interests of all involved parties (Fisher, Ury, & Patton, 2011). This principle is especially relevant during the COVID-19 pandemic, where collective gains are integral to society's overall health and wellness. Another critical focus is separating people from the problem, discouraging parties from personalizing disputes, and allowing for objective problem-solving (Thompson, 2014). Given the heightened emotions during the pandemic, this principle can help ensure that personal biases and feelings do not compromise the negotiation process. Focusing on interests rather than positions promotes exploration and understanding of underlying needs and concerns, which is essential during a crisis. Lastly, generating multiple options for mutual gain allows for creativity and flexibility, which are critical during these uncertain times (Fisher et al., 2011).

**Application of Negotiation in Suicide Prevention** Negotiation has been used as a method for suicide prevention, especially in crisis intervention scenarios where quick and effective communication is essential (Jobes, 2016). In such cases, negotiation can help establish a rapport with the individual contemplating suicide, empathetically understand their perspective, and collaboratively develop solutions to their crisis. Given the unique stressors introduced by the COVID-19 pandemic, including social isolation,

economic hardships, and health anxieties, negotiation skills are imperative for mental health professionals to navigate discussions around suicide prevention effectively (Zalsman et al., 2016).

Negotiation is critical in suicide prevention, particularly in crisis intervention scenarios. In such cases, mental health professionals can negotiate to establish a connection with the suicidal individual, empathize with their feelings, and jointly devise solutions to alleviate their crisis (Jobes, 2016). The COVID-19 pandemic, associated with stressors like social isolation, economic difficulties, and health-related anxieties, underscores the importance of negotiation skills in mental health professionals. These skills can help in managing conversations surrounding suicide prevention more effectively and can also potentially contribute to a reduction in suicide rates (Zalsman et al., 2016).

#### ***Case Study: Negotiation in Suicide Prevention***

The Collaborative Assessment and Management of Suicidality (CAMS) framework exemplifies the application of negotiation in suicide prevention (Jobes, 2016). This approach embodies the principles of negotiation as it promotes the exploration of the suicidal individual's needs, feelings, and aspirations through a collaborative process. The framework encourages the generation of multiple options for reducing suicidal ideation, instilling a sense of hope and control in the individual. In the COVID-19 pandemic, the CAMS framework can be especially effective due to its focus on collaboration, empathy, and shared problem-solving, which can significantly contribute to suicide prevention (Jobes, 2016).

***CR Method 3 | Collaborative Problem-Solving (CPS)***

Collaborative Problem-Solving (CPS) is another conflict resolution approach that involves a partnership between the disputing parties to understand each other's concerns and work together to find a mutually satisfactory solution (Greene, 2010). This approach is particularly relevant in the context of the increased suicide rates during the COVID-19 pandemic, as it fosters empathy, understanding, and shared problem-solving. In suicide prevention, the principles of CPS can be applied to foster a supportive and empathetic environment where individuals at risk can openly express their feelings and concerns (D'Zurilla & Nezu, 2007). Mental health professionals can collaborate with private and government agencies to identify potential stressors, understand their impact, and brainstorm solutions. By fostering mutual understanding and cooperation, CPS can empower individuals to manage their conflicts and stressors more effectively, potentially reducing suicidal ideation (Greene, 2010).

***CR Method 4 | Therapeutic Crisis Intervention (TCI)***

Therapeutic Crisis Intervention (TCI) is a crisis prevention and intervention model designed to teach staff how to help children and adults learn constructive ways to handle crisis (Holden, 2009). In the wake of the COVID-19 pandemic and the associated increase in suicide rates, TCI can be a vital conflict resolution method, particularly in healthcare settings. This method aims to provide a supportive environment where individuals in crisis can express their concerns and feelings without fear of judgment (Holden, 2009). In suicide prevention, TCI can help mental health professionals identify early signs of a crisis, understand the individual's needs, and work with them to de-



escalate the situation. By providing emotional support and teaching coping mechanisms, TCI can reduce suicidal ideation and behavior (Holden, 2009).

### **Summary of Conflict Resolution Methods**

The global crisis caused by the COVID-19 pandemic has impacted every aspect of our lives, leading to a myriad of personal, social, and economic conflicts. Among the most concerning outcomes is the notable increase in suicide rates. Researchers Mamun and Griffiths (2020) observed a surge in suicidal ideation and behavior linked to fear, anxiety, and the various stressors related to the pandemic. To counter this alarming trend, innovative approaches toward conflict resolution are paramount. Methodologies such as Mediation and Negotiation have proven effective in such scenarios. Mediation, a method facilitated by an impartial third party, encourages open communication, mutual understanding, and collaborative resolution finding (Folger, Poole, & Stutman, 2017). Particularly relevant in the face of familial disputes or disagreements with social services, mediators can foster a supportive environment for individuals contemplating suicide (Jobes, 2016).

Conversely, negotiation employs a strategic conversation to reach a mutually beneficial agreement or solution (Lewicki, Saunders, & Barry, 2020). Its principles of understanding differing perspectives and crafting collective resolutions make it applicable for managing interpersonal conflicts and decision-making disputes exacerbated due to the pandemic (Fisher, Ury, & Patton, 2011). In crisis intervention scenarios, effective negotiation can help mental health professionals establish a rapport with the individual in crisis and develop collaborative solutions (Jobes, 2016). These are

just two of the methods that can be employed to help mitigate the effects of the COVID-19 pandemic on suicide rates.

Other potential conflict resolution methods, such as Collaborative Problem-Solving (CPS) and Therapeutic Crisis Intervention (TCI), may also play a critical role. CPS fosters empathy and shared problem-solving, empowering individuals to manage conflicts more effectively (Greene, 2010). Meanwhile, TCI helps individuals in crisis express their concerns and feelings in a safe environment and teaches coping mechanisms to reduce suicidal ideation and behavior (Holden, 2009). Conflict resolution methods can be instrumental in addressing the crisis at hand. By fostering open communication, promoting mutual understanding, and encouraging collaborative problem-solving, these approaches can help reduce factors contributing to the rising suicide rates amidst the COVID-19 pandemic.

## **Part 5 | Recommendations and Final Thoughts**

### **Introduction**

Part 4 of Chapter 5, "Recommendations and Final Thoughts" as the culmination of the dissertation, offering specific recommendations for policymakers, mental health professionals, community organizations, and other stakeholders based on the findings and implications discussed in Part 2 of Chapter 5. It also outlines potential future directions for research and interventions in the field of suicide prevention and mental health support during the COVID-19 pandemic. The chapter begins by providing targeted recommendations for policymakers, emphasizing the need for a comprehensive, multifaceted approach to addressing the mental health crisis and elevated suicide rates during the pandemic. These recommendations may include increased funding for mental

health services, the implementation of evidence-based interventions, and the promotion of public awareness campaigns to reduce stigma and encourage help-seeking behaviors.

Next, the chapter discusses potential future directions for research and interventions in the field of suicide prevention and mental health support. This section highlights the gaps in our current knowledge identified in Part 3 of Chapter 5, “Discussions and Implications” and suggests avenues for further exploration and investigation, such as examining the pandemic’s long-term effects on mental health, investigating the effectiveness of novel interventions, and evaluating the impact of policy changes on suicide rates.

The section concludes with final thoughts on the study and its potential impact. This section reiterates the importance of understanding the complex relationship between COVID-19 and suicide rates and underscores the need for ongoing research, collaboration, and innovation in addressing the mental health crisis during the pandemic. The final thoughts serve as a reminder of the significance of the study's findings and a call to action for stakeholders to work together to develop and implement effective strategies to reduce the burden of mental illness and suicide during these unprecedented times.

### **Recommendations and Final Thoughts**

This qualitative content analysis study aimed to explore the factors contributing to the increased suicide rates during the COVID-19 pandemic, with a focus on financial stress, unemployment, social isolation, fear of infection, and preexisting mental health conditions. The findings revealed that these factors were interconnected and played significant roles in the increase of suicide rates during the pandemic. Through an

examination of the literature, the study provided valuable insights into the complex relationships between these factors and their impact on mental health and suicide risk. In addition, conflict management provides an effective way to address mental health issues and reduce stress. Employing conflict management strategies and techniques such as improved communication, negotiation, and self-awareness can yield positive mental health outcomes.

### **The Role of Technology and Research in Suicide Prevention**

Advancements in technology have created new opportunities for suicide prevention. Online mental health resources, such as websites, forums, and chat services, can provide individuals with access to information, support, and professional help. These resources can be particularly beneficial for those who may be hesitant to seek help in person or live in areas with limited mental health services. Mobile applications can help individuals manage stress, build coping skills, and access mental health support. Applications that focus on mindfulness, cognitive-behavioral therapy (CBT), or mood tracking can help users identify stressors, develop strategies to mitigate their effects, and monitor their mental health over time. Additionally, social media platforms can be used to identify at-risk individuals, deliver targeted interventions, and connect users with mental health resources.

Ongoing research is critical for understanding the complex relationship between stress, mental health, and suicidal behavior. Longitudinal studies can help researchers understand the long-term effects of stress on mental health and suicidal behavior. By following participants over an extended period, these studies can reveal patterns and trends in stress management, coping strategies, and mental health outcomes. Research

focused on the development and evaluation of intervention strategies can help identify effective approaches to stress management and suicide prevention. By testing new therapies, support programs, and educational initiatives, researchers can determine which strategies are most effective in reducing stress and preventing suicidal behavior.

Population-based studies can help researchers identify at-risk populations and understand the factors that contribute to stress and suicidal behavior within these groups. This information can be used to develop targeted intervention strategies and inform public policy.

In addition to technological advancements and research, societal and governmental efforts to reduce stress and prevent suicide can include public awareness campaigns, mental health policy reform, and funding for mental health services.

Policymakers and legislators play a crucial role in creating an environment that supports mental health and suicide prevention efforts by implementing policies and legislation that promote mental health, reduce stress, and address the risk factors for suicide.

Collaboration among various stakeholders, including mental health professionals, healthcare providers, educators, policymakers, and community organizations, is also essential for effective suicide prevention. By working together, these stakeholders can develop comprehensive strategies that address the multifaceted nature of stress, mental health issues, and suicidal behavior.

### **Recommendations for Policymakers**

Based on the study's findings, several recommendations can be made for policymakers, mental health professionals, community organizations, and future research. First, policymakers should prioritize the development and implementation of

comprehensive support systems that address the multifaceted nature of the mental health challenges associated with the pandemic. This includes financial assistance, job creation initiatives, accessible mental health services, and social connectedness initiatives. In addition, mental health professionals should screen for multiple risk factors, tailor interventions to individual needs, collaborate with other service providers, and engage in ongoing professional development to stay informed about the latest research and best practices for addressing the mental health challenges related to the pandemic.

Furthermore, community organizations should develop targeted prevention programs, collaborate with mental health professionals, and advocate for policy changes that address the factors contributing to increased suicide risk during the pandemic. Lastly, future research should continue to explore the factors contributing to increased suicide rates during the pandemic as the crisis evolves and new variants emerge. Longitudinal studies may also provide valuable insights into the pandemic's long-term consequences on mental health and suicide risk.

### **Future Directions**

As the COVID-19 pandemic continues to evolve, it is important to consider future directions for research, policy, and practice. To start, we should investigate the impact of vaccination campaigns on mental health and suicide risk. With the ongoing rollout of vaccination campaigns worldwide, it is crucial to explore the potential impact of these campaigns on mental health and suicide risk. Studies examining changes in mental health and suicide rates following vaccination efforts may help identify the effectiveness of these campaigns in alleviating pandemic-related mental health challenges. Second, we should evaluate the effectiveness of telehealth services. The pandemic has accelerated the

adoption of telehealth services for mental healthcare. Future research should investigate the effectiveness of these services in addressing mental health challenges during the pandemic, particularly for individuals in remote or underserved areas.

Third, we should examine the pandemic's long-term impact on mental health and suicide risk. As the world continues to recover from the pandemic, it will be essential to monitor the long-term mental health consequences of the crisis, including potential increases in suicide rates, to inform targeted interventions and prevention strategies.

Fourth, we should assess the impact of economic recovery efforts on mental health and suicide risk. As governments worldwide implement economic recovery efforts, research should explore the potential impact of these efforts on mental health and suicide risk.

Understanding the relationship between economic recovery and mental health can help inform more effective policy responses in the future.

Lastly, we should explore the role of resilience and protective factors. Future research should also focus on identifying resilience and protective factors that may mitigate the pandemic's impact on mental health and suicide risk. Understanding these factors can help inform interventions aimed at promoting resilience and well-being among individuals and communities. By addressing these future directions, research, policy, and practice can continue to evolve and respond to the ongoing challenges presented by the COVID-19 pandemic, ensuring individuals and communities receive the support they need to navigate this unprecedented crisis.

### **Final Thoughts**

This study has contributed to a better understanding of the factors contributing to increased suicide rates during the COVID-19 pandemic and their interconnectedness. By

examining the relationships between financial stress, unemployment, social isolation, fear of infection, and preexisting mental health conditions, the study has highlighted the complex nature of the mental health challenges associated with the pandemic. It is crucial that policymakers, mental health professionals, and community organizations work together to develop targeted interventions and prevention strategies to alleviate the mental health burden experienced by individuals during and after the pandemic. As the world continues to grapple with the ongoing crisis, it is essential to prioritize the well-being of individuals and communities and promote resilience in the face of adversity.

This dissertation investigated the critical role of suicide prevention and conflict management in minimizing suicide rates. It highlights the urgent need to address this global health issue and emphasizes the potential for targeted interventions to save lives. The dissertation raises awareness about suicide as a significant public health concern, emphasizing the need for a comprehensive approach to prevention. By focusing on different aspects of conflict management, it underlines the importance of addressing interpersonal conflicts that may contribute to suicidal ideation. The research delved into various conflict management methodologies, such as CCI, CBT, and psychodynamic therapy. These evidence-based approaches can be utilized in different settings, such as schools, workplaces, and healthcare facilities, to address conflicts and promote mental health.

The research introduced the "Suicide Five Detectable Questions" as a practical tool to help individuals and professionals recognize the signs and symptoms of suicidal thoughts and behaviors. Early detection and identification can lead to timely interventions and support, ultimately preventing suicides. The dissertation also explored the connection



between conflict management and suicide prevention. By understanding and addressing the underlying conflicts, professionals and individuals can effectively deescalate situations, build stronger relationships, and minimize the risk of suicide.

The dissertation proposes four vital solutions to minimize the suicide rate. These innovative solutions include the use of AI and robotics for early detection and risk assessment, accessible mental health counselors in stores, the integration of inner dialogue curriculum in classrooms, and the implementation of "Seek, Speak & Listen" initiatives in workplaces. These forward-looking strategies offer promising approaches to suicide prevention that can be adapted and scaled to various contexts. The research underscores the need for a multidisciplinary approach to suicide prevention, involving stakeholders from various sectors, including education, healthcare, technology, and business. By fostering collaboration among these sectors, society can develop more comprehensive and effective strategies to address suicide.

The dissertation emphasizes the importance of action research in evaluating the effectiveness of proposed solutions. By conducting ongoing assessments of interventions and programs, stakeholders can better understand their impact, make improvements, and ensure that resources are allocated efficiently. The research highlights the importance of fostering lasting cultural change and enhancing trust in various settings, such as schools and workplaces. By promoting open dialogue and understanding, individuals can feel more supported and less isolated, reducing the risk of suicide.

The findings of this dissertation can inform policy development and implementation, enabling governments and organizations to create evidence-based strategies for suicide prevention. By integrating conflict management and resolution into

policy frameworks, stakeholders can address the root causes of suicidal ideation and behavior. The importance of this research lies in its comprehensive examination of suicide prevention and conflict management. By raising awareness, promoting early detection, exploring innovative methodologies, and proposing future solutions, this research contributes to the development of effective strategies for reducing suicide rates and saving lives.

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## **Appendix A: Search Strategy**

This appendix outlines the search strategy employed for the literature review conducted in this study. The following databases were searched:

1. PubMed
2. PsycINFO
3. Web of Science
4. Scopus

The search terms used were a combination of keywords related to COVID-19, mental health, and suicide. The search terms included:

("COVID-19" OR "SARS-CoV-2" OR "coronavirus") AND ("suicide" OR "suicidal ideation" OR "suicidal behavior" OR "suicidal thoughts") AND ("mental health" OR "psychological distress" OR "depression" OR "anxiety")

The search was conducted for articles published from January 2020 to September 2021.

Only articles in English were included.

## **Appendix B: Inclusion and Exclusion Criteria**

The inclusion and exclusion criteria for selecting articles for the qualitative content analysis were as follows:

### **Inclusion Criteria:**

1. Articles published in peer-reviewed journals.
2. Articles focused on the impact of COVID-19 on suicide rates or risk factors for suicide.
3. Articles that employed qualitative or mixed-methods research designs

### **Exclusion Criteria:**

1. Articles not published in English.
2. Articles focused solely on the impact of COVID-19 on mental health without specifically addressing suicide.
3. Articles that employed only quantitative research designs without a qualitative component
4. Articles that focused on populations not directly affected by COVID-19 (e.g., historical suicide rates)

### **Appendix C: Data Extraction and Analysis**

Data extraction and analysis followed a systematic process. For each article included in the study, the following information was extracted:

1. Authors
2. Year of publication
3. Country of study
4. Study design
5. Sample size and population
6. Key findings related to the factors contributing to increased suicide rates during the COVID-19 pandemic.

A qualitative content analysis approach was employed to analyze the data. The extracted information was reviewed, and common themes related to the factors contributing to increased suicide rates during the pandemic were identified. These themes were then organized into categories and subcategories, as presented in Chapter 4.