(ID EST) Investigación Desarrollo Educación Servicio Trabajo
eISSN: 2745-1194

FUNDES CIENCIA FE Y LIDERAZGO FUNDACIÓN DE ESTUDIOS SUPERIORES MONSEÑOR ABRAHAM ESCUDERO MONTOYA
revista.cientifica@fundes.edu.co
https://www.fundes.edu.co

Suicidio: un problema de salud pública que la pandemia aumentó

Suicide: a public health problem increased due to the pandemic

José Alonso Andrade Salazar[1]
Angélica Rodríguez Romero[2]

Revista investigación, desarrollo educación, servicio, trabajo (ID EST)
Vol 1 – No 2
July - December 2021
e-ISSN 2745-1194.
Carta al editor

Psicólogo. Docente investigador Universidad de San Buenaventura Medellín extensión Armenia. PhD. Pensamiento complejo. Magister Investigación integrativa. Email: jose,andrade@usbmed.edu.co

Psicóloga. Magister en educación. Directora del programa de psicología de la Universidad de San Buenaventura Medellín. EMAIL: direccion.psicologia@usbmed.edu.co

Suicide is a public health problem that affects individuals, groups, and communities; Its severe repercussions for social and cultural dynamics have multiple dimensions and explanations from different disciplines and theoretical perspectives. As a social problem, it affects the communities impacted by the consequences of this issue, such as the perception of security, health, economic stability, and psychological stability (World Health Organization, 2018).

For psychology, these types of problems have serious effects on the physical and emotional health of those affected by its consequences and harmful dynamics (Shneidman, 1992). Therefore, issues such as depression, emotional needs and other physical and emotional illnesses can lead to the deterioration of those affected. They may suffer throughout their lives since emotional vulnerability is a simultaneously social vulnerability that usually remains for a long time in those affected (Andrade et al., 2017; Instituto de Medicina Legal y Ciencias Forences - Forensis, 2017). For the Pan American Health Organization (PAHO, 2020), most of the suicides in the region occur in people between 25 and 44 years old (36%) and in those between 45 and 59 years old (26%). Guyana and Surinam have the highest rates of

suicide in the region (p. 2-3), the same as occur in other parts of the world. The rate of suicide is much higher in men than in women and represents around 78% of all suicide deaths.

The associated problems also have to do with the response capacity of social institutions and the State to reduce the incidence of the problem. They are responsible for communities that have not been affected by this dynamic and those that already have. The communities alone do not have the means, mechanisms, or tools to neutralize such effects (Forensis, 2018). In general, people, families, and groups tend to respond to adversity with tools within their reach. That is to say, the learning and strategies used in similar situations, but given the variability of the associated conflicts, many of them are now obsolete.

In the Covid-19 pandemic, the suicides rate increased drastically during the initial phases of the confinement or preventive isolation. They then decreased once the countries established measures to enable mobility and encounter of people (González, 2020). However, the pandemic has not ceased increasing the risk factors associated with this behaviour to date (PAHO, 2020). This situation showed that aspects such as socialization, affective exchange, continuity of routines and external activities, and the support of other people are necessary aspects to prevent this kind of behaviour. Accordingly, the pandemic caused many families to increase little elaborated or previously left tensions without an accurate solution. At the same time, the emergence of new conflicts and strains derived from the coexistence and confinement; it is essential to mention that women are among the most affected people by these kinds of disputes. That is why domestic violence had a sense of gender during the pandemic (United Nations - UN, 2020).

Hence, the aggressions, cyclical discussions, and domestic violence escalated in some families in extreme cases. Frictions, shocks and crises arose as manifestations or poorly adaptive responses to stress increased due to mandatory confinement. Other effects include difficulties in adapting to new virtual relationship scenarios, mass layoffs, collapsed financial situation of a household member, academic and work uncertainty, or the existence of previous personal, family or social problems (British Broadcasting Corporation - BBC, 2020b, 2021a). The risk factors of suicidal behaviour increased in people who, before the pandemic, lived alone because of marital separation, work, or study. It represented an added critical factor in those who had previous suicidal behaviour. Nevertheless, in many of those cases, sharing with family was an added protective factor for those at risk or not of suicide (BBC, 2021).

Additionally, many people had to isolate themselves and remain entirely alone. Due to their socioeconomic, psychological, or familial situation, they reacted in a maladaptive and extreme emotional level because of their higher propensity to suicidal ideation or behaviour.

In the context of the pandemic, those at high suicidal risk are: adolescents with domestic conflicts that increase their harmfulness because of the boost of virtual educational responsibilities, the confinement and restrictions on sharing with their

peers; people in grieve for the death of one or more relatives by Covid-19, linked by ties of presence, absence or feelings of guilt concerning the fact of infecting a relative who has already passed away or in danger of death; people with mild mental illnesses background whose mental pathologies enhanced the incidence and chronicity, with a diagnosis of depression, borderline personality disorder (BPD), bipolar disorders, panic attack, among others; older adults in conditions of neglect or abuse; women victims of sexual abuse or domestic violence and those who have a background of suicidal behaviour that could relapse because of the tensions and crisis derived from the pandemic (BBC, 2020a, 2020b, 2021a; OPS, 2020).

According to the above exposed and based on the worrying mental health situation that the pandemic has generated, people affected by this type of problem need continuous support in different aspects. It is important to note that State institutions and NGOs must be part of the community to identify derived conflicts. At the same time, they should be part of the construction of intervention measures, which embrace thoughts, ideas, experiences, learning, and possible solutions to other emerging difficulties from a cultural point of view.

Consequently, the community can provide contextualized solutions to these problems. Such a problem-solving process enables communities to think critically and generate theory, experience, and practice in a dialogical way. It will allow them to create collective solutions with the help of those who have previously experienced related emotional consequences.

In this problem and others that seriously affect society, it is necessary that the research carried out by universities manages to identify the causes, processes, and consequences associated with motivating, maintaining, and triggering events. Such recognition and in-depth study can allow a much broader vision of the phenomenon, a greater academic reflection on the problem leading to building proposals, programs, projects, and intervention measures to reduce the high incidence of the phenomenon. It should also aim at increasing the effectiveness of the intervention proposals generated in an interdisciplinary way.

Therefore, it requires collaboration not only with the victims but the community in general. The community can also become more active in hospitality, protecting those at risk, and generating protective measures according to the context in which the problems emerge and the risks they bring with them (Ayuso-Mateos et al., 2012; OMS, 2014).

Looking at problems of this type should exhaust the efforts to describe the issue. It should also try to expand its field of analysis towards preventive intervention. For example, preparing response measures before the situation happens, during the event, and when the event is over. This description is what Social and Human Sciences call primary prevention, secondary prevention, and tertiary prevention.

This type of prevention is applied by all disciplines, especially those with a social focus and care for vulnerable people and groups. Its effectiveness lies in articulating all preventive interventions to the context, the social and cultural elements that shape the phenomenon itself, and the explanations that account for its particularities. This

articulation should not reduce its description to a single logic, which becomes linear and reductive if assumed from a single explanatory model.

Knowing the problem in depth is also one of the first ways to learn how to prevent it; the more you know about a phenomenon, the greater the chances you have to intervene early. It reduces the chances of severe damage in those who live it, directly and indirectly.

It is essential to mention that social problems always come with other political, economic, historical, religious, and cultural order issues. Therefore, these elements are explanatory opportunities that open the possibility of dialogues between disciplines to jointly build solutions that meet the care demands around the problem's vulnerability. Such issues require inter-institutional cooperation and those who contribute to the construction to implement intervention measures. That is, all those groups and institutions capable of responding to the problem according to their installed capacity. That cooperation shapes intervention. However, it also limits them to a great extent because most programs aimed at meeting the needs of the problem depend on budgets, political intentions and, in some cases, on the kindness of donors, which for mere vocation tend to give protection to the needy.

Likewise, it is crucial to consider that many people are careless about the pain that the problem brings with it. Those people think it is not their responsibility to intervene nor their responsibility to reduce their incidence and help avoid risks factors or increase protective factors. In these cases, some people usually consider that it is not their competence to intervene and that the problem only requires the political and economic activities of the Government. As it is a social problem, the entire society must respond with its resources to reduce its incidence and provide support, protection, and shelter measures to those in need. They should even account for those who are not yet victims but who, given their current conditions of existence, are not far from becoming direct victims of this problem.

Finally, we have to assume that this problem comes with a joint reflection on the measures implemented to reduce its incidence and improve individuals, groups, communities, and institutions. This challenge is a collective responsibility and task that we cannot and must not avoid.

References

Andrade, J. A., Alvis, L., Pérez, E., & Sierra, M. (2017). *El suicidio y los suicidios colectivos* (J. A. Andrade (ed.)). Universidad Popular de Cesar UPC.

Ayuso-Mateos, J. L., Baca-García, E., Bobes, J., Giner, J., Giner, L., Pérez, V., Sáiz, P. A., & Ruiz, J. S. (2012). Recommendations for the prevention and management of suicidal behaviour. *Revista de Psiquiatría y Salud Mental (English Edition)*, *5*(1), 8–23. https://doi.org/10.1016/j.rpsmen.2012.01.002

British Broadcasting Corporation - BBC. (2020a, February 24). Suicidios, la silenciosa epidemia que se esconde detrás del derecho a portar armas en EE.UU. *Mundo*.

https://www.bbc.com/mundo/noticias-51400485

British Broadcasting Corporation - BBC. (2020b, March 24). Coronavirus: la preocupación por las víctimas de violencia de género que tienen que convivir en cuarentena con su agresor (y dónde buscar ayuda). *Mundo*. https://www.bbc.com/mundo/noticias-52009140

British Broadcasting Corporation - BBC. (2021a, February 23). Coronavirus: el inquietante aumento de los suicidios entre las mujeres en Japón durante la pandemia. *Mundo*. https://www.bbc.com/mundo/noticias-56112465

British Broadcasting Corporation - BBC. (2021b, February 24). Cómo ayudar a tus hijos a aceptar el aburrimiento (y por qué puede ser bueno). *Mundo*. https://www.bbc.com/mundo/noticias-55766806

González, G. (2020, September 27). Suicidio en pandemia. *Opinion*. https://www.redaccionmedica.com/opinion/suicidio-en-pandemia-5969

Instituto de medicina legal y ciencias Forences - Forensis. (2017). *Datos para la vida*. Instituto de Medicina Legal y Ciencias Forenses. http://www.medicinalegal.gov.co/documents/20143/262076/Forensis+2017+pdf+interactivo.pdf/e3786e81-8718-b8d5-2731-55758c8ac7ff

Instituto Nacional de Medicina Legal y Ciencias Forenses - Forensis. (2018). *Datos para la vida*. Instituto Nacional de Medicina Legal y Ciencias Forenses - Forensis. http://www.medicinalegal.gov.co/documents/20143/386932/Forensis+2018.pdf/be4816a4-3da3-1ff0-2779-e7b5e3962d60

Organización de las Naciones Unidas - ONU. (2020, May 7). Víctimas de la violencia doméstica atrapadas durante la pandemia. *Corona Virus*. https://www.un.org/es/coronavirus/articles/un-supporting-trapped-domestic-violence-victims-during-covid-19-pandemic

Organización Mundial de la Salud. (2014). *Primer informe de la OMS sobre prevención del suicidio*. http://www.who.int/mediacentre/news/releases/2014/suicideprevention-%0Areport/es/

Organización Mundial de la Salud. (2018, January 31). Suicidio. *Notas Descriptivas*. http://www.who.int/es/news-room/fact-sheets/detail/suicide

Organización Panamerica de la Salud - OPS. (2020, September 10). Pandemia por COVID-19 exacerba los factores de riesgo de suicidio. *Noticias*. https://www.paho.org/es/noticias/10-9-2020-pandemia-por-covid-19-exacerba-factores-riesgo-suicidio

Shneidman, E. (1992). A conspectus for conceptualizing the suicidal scenario. In Y. R. Maris R, Berman A, Maltsberger J (Ed.), *Assessment and prediction of suicide*. Guilford Press.