

Suicide a public health problem that the pandemic increased

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Suicidio un problema de salud pública que la pandemia aumento

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ABSTRACT

Suicide is a public health problem that affects the quality and life expectancy of individuals, groups, and communities. Its serious repercussions on social and cultural dynamics make this problem have multiple dimensions and explanations, many of them from different disciplines and theoretical perspectives. As a social problem, it affects the communities that are impacted by the consequences the problem brings with it, such as the perception of security, health, economic stability, and, once, psychological stability (Organización Mundial de la Salud, 2018).

Keywords: Disciplines, theoretical, health

RESUMEN

El suicidio es un problema de salud pública que afecta a la calidad y esperanza de vida de individuos, grupos y comunidades. Sus graves repercusiones en la dinámica social y cultural hacen que este problema tenga múltiples dimensiones y explicaciones, muchas de ellas desde diferentes disciplinas y perspectivas teóricas. Como problema social, afecta a las comunidades que se ven impactadas por las consecuencias que el problema trae consigo, como la percepción de seguridad, salud, estabilidad económica y, alguna vez,

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estabilidad psicológica (Organización Mundial de la Salud, 2018).

Palabras clave: Disciplinas, teoría, salud

Introduction

For psychology, this type of problem has serious effects on the physical and emotional health of those who are affected by its consequences and harmful dynamics (Shneidman, 1992). Therefore, problems such as depression, emotional needs, and other physical and emotional illnesses may be involved in the deterioration that affected people 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 Forenses - 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 those between 45 y 59 years old (26%). Guyana and Surinam have the highest rates of suicide in the region (p. 2-3), same as occurring in other parts of the world; the rate of suicide is much higher in men than among women and represents around 78% of all the 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 in communities that have not been affected by this dynamic as well as in those that are, because they do not have the means, mechanisms or tools to be able to neutralize these effects (Forensis, 2018). In general, people, families, and groups tend to respond to adversity with the tools within their reach; we mean 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 increased drastically during the initial phases of the confinement or preventive isolation and then decreased once the countries established measures to facilitate mobility and encounter of people (González, 2020). However, the pandemic has not ceased increasing the risk factors associated with this behavior to date (OPS, 2020). It showed that aspects such as socialization, affective exchange, continuity of routines, and external activities, such as the support of others, are necessary aspects to prevent this kind of behavior. Accordingly, the pandemic caused many families the increased tensions that were little elaborated on or had been left without the right and appropriate solution before the pandemic. At the same time, the emergence of new conflicts and tensions derived from the coexistence and confinement; should be mentioned that women are the most affected people by this kind of conflict, the reason why the domestic violence during the pandemic had and has to date a sense of gender (Organización de las Naciones Unidas - ONU, 2020).

In this way, in some families, the aggressions, cyclical discussions, and in extremal cases the interfamilial violence, gave rise to frictions, shocks, and crises that emerged as manifestations or little adaptive responses to the tension derived from aspects such as mandatory confinement, difficulties to adjustment to new virtual relationship scenarios (work, study, friendship, others), the massive layoffs, or the economic breakdown of a provider member of the household, the academic and work uncertainty, or the existence of previous at personal, familial or social problems which increased because of the mandatory confinement (British Broadcasting Corporation - BBC, 2020b, 2021a). The risk factors of the suicidal behavior increased in people who before the pandemic lived alone because of marital separation, work, or study and, it represented an added critical factor in those who had previous suicidal behavior. Nevertheless, it should also be mentioned that in many of these cases, sharing with the family was also an added protective factor for those at risk or not of suicide (BBC, 2021).

It is necessary to add that many people have had to isolate themselves and remain alone, due to their socioeconomic, psychological, or familiar, reactions on a maladaptive and extreme emotional level, the reason why they are people with a higher propensity to the suicidal ideation or behavior. In the same way, in the context of the pandemic those at high risk suicidal are: adolescents with interfamilial conflicts that increase their harmfulness because of the increase of virtual educational responsibilities, the confinement and restrictions on sharing with their peers; people in grieving due to the death of one or more relatives by Covid-19, linked by ties of presence, absence or feelings of guilt in relation to the fact of infecting a relative who has already passed away died or his life is in danger of death; people with a delicate mental illnesses history whose mental pathologies increased the incidence and chronicity, among them with a diagnosis of depression, borderline personality disorder (BPD), Bipolar Disorders, panic attack among others; older adults in neglect or abuse condition; women victims of sexual abuse or domestic violence and those who have a history of suicidal behavior that could relapse because of the tensions and crisis derived of the pandemic (BBC, 2020a, 2020b, 2021a; OPS, 2020).

According to with the exposed above and based on the worrying mental health situation the pandemic has generated, is understood that the people affected by this type of problem need to be supported in different aspects and this support stays continuous and over time. It is important to note that State institutions and NGOs must be part of the community in the identification of derived conflicts, and at the same time in the construction of intervention measures, which from a cultural point of view embrace thoughts, ideas, experiences, learning, and possible solutions to other emerging difficulties. It must be recognized that the community, families, and individuals can provide solutions in context to problems like this, which will allow the integration of other dimensions of critical thinking, which manage to bring theory, experience, and practice together in a dialogical way, allowing any proposed solution to be constructed collectively and with the support of those who know and closely experience the consequences and emotional consequences that this problem brings with it.

Materials and methods

It is worth mentioning that in this problem as well as in others that seriously affect society, then the research carried out by the universities, manages to identify the causes, processes, and consequences associated with the motivating, maintaining, and triggering events since, their recognition and in-depth study, it can allow a much broader vision of the phenomenon while, at the same time, a greater academic reflection on the problem, reflection of which, it is possible to glimpse and build in the future, proposals, programs, projects and intervention measures with which it is possible to reduce the high incidence of the phenomenon while increasing the effectiveness of the intervention proposals generated in an interdisciplinary way. This requires the collaboration of all people and not only of the victims since the community can also become more active in community hospitality, the protection of those who are at risk, and the generation of 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 a problem of this type should not only exhaust the efforts to describe the problem, but it can try to expand its field of analysis towards preventive intervention, for example, preparing response measures before the situation happens, also, when the event occurs, and finally when the event happens. This is called in Social and Human Sciences, primary prevention, secondary prevention, and tertiary prevention. This type of prevention is applied by all disciplines, especially those that have a social

focus and care for vulnerable people and groups. Its effectiveness lies in the fact that all preventive intervention must be articulated to the context, that is, to the social and cultural elements that shape the phenomenon itself, but also to the explanations that account for its particularities; this in order not to reduce its explanation to a single logic, which, if it is assumed from a single explanatory model, becomes linear and reductive.

Results

Knowing in-depth about the problem is also one of the first ways to learn how to prevent it, since the more you know about a phenomenon, the greater the chances that it will be able to contain and intervene early, which reduces the chances of serious damage in those who live it directly and, in those who receive its consequences indirectly. It is important to mention that social problems are never found alone since they are accompanied by other problems in the political, economic, historical, religious, and cultural order, therefore, these elements are explanatory opportunities that open the possibility of dialogues between disciplines and, to jointly build solutions that meet the care demands that revolve around the vulnerability that the problem brings with it.

In regards to what has already been said, a problem of this type requires inter-institutional cooperation, which in turn requires the commitment of all the people who feel recognized in the construction and implementation of intervention measures, we mean all those groups and institutions capable of responding to the problem according to the installed capacity they have; The above is one of the elements that shapes the interventions and that also limits them to a great extent, especially since most programs aimed at meeting the needs that the problem brings with it depend on budgets, political intentions and in some cases, from the kindness of donors, who more by vocation than interest tend to bring protection to those in need. Likewise, it is important to consider that many people are careless about the pain that the problem brings with it. People think that it is not their responsibility to intervene or that it is not their responsibility to reduce their incidence and help to avoid risks of factors or increase protective factors.

Conclusion

In these cases, 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, and the truth is that they are wrong because it is a social problem, and so is the whole society that should respond with its resources to reduce its incidence and therefore, provide the measures of hold up, support, protection, and shelter to those who are in need help and even those who are not yet victims, but who, given their current conditions of existence, could not be far from becoming direct victims of this problem. Finally, it must be said that this problem comes with a joint reflection on the measures that can be implemented to reduce its incidence and

improve the response conditions of individuals, groups, communities, and also of institutions. This, then, is a joint responsibility and task that we cannot and must not avoid.

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