

Escalating Suicide Rates Among School Children During COVID-19 Pandemic and Lockdown Period: An Alarming Psychosocial Issue

Dear Sir,

Globally, suicide among children is a significant preventable public health problem, and it is the second leading cause of death among younger people aged 10–24 years.¹ In India, a student dies by suicide every hour, and 28 such loss of life occurs every day.² During this COVID-19 pandemic and lockdown, the suicidal tendency among school children is significantly rising.^{3,4} Since the beginning of lockdown (March–October), in Kerala, 173 children, aged 10–18 years, died by suicide.⁵ Similar reports from other parts of the world have also shown a significant increase in the deaths of children due to suicide during the lockdown period than the prelockdown period, claiming a 9.3%–33% rise in the number of children presenting with self-harm injuries as well.^{6,7} Moreover, this is often underreported and neglected from other corners, though it is a grave psychosocial and preventable issue that needs to be addressed promptly.

Though response measures to combat the virus are vital, the prolonged school closure and home confinement might have a detrimental impact on children.³ This pandemic and its response measures have led to the complete nationwide closure of educational institutions in many parts of the world, including India, affecting about 900 million students worldwide.^{3,8} The pandemic has caused significant psychosocial sufferings, leading to the development or exacerbation of fear, distress, anxiety, depression, and other psychiatric disorders, including extreme suicidal thoughts among school children.^{3,9} Nonetheless, the mental health effects of this crisis on children are an issue often neglected by families and society, leading to severe setbacks.³

Notably, it is not the figures alone, as mentioned above, but the fact of imperative mental health concerns of young people and their cry for help

and support. Being at home during the lockdown is a stressful and demanding situation for several children. The lockdown and school closure also mean that children do not have school as an avenue to escape from difficult homes anymore. Importantly, many children are experiencing emotional trauma due to various psychosocial stressors such as prolonged confinement in a hostile home environment, poor communication, lack of interaction (in-person) with friends and teachers, study-related pressure, apprehensions about attending online classes, lack of appropriate facility to attend online classes, financial crisis at family,



overuse of social media, and fears of contagion, and these can have traumatic and enduring detrimental effects on children.^{9–11} Additionally, the lockdown has aggravated underlying problems such as parental pressure, scolding from parents, discord in the household, domestic violence, and substance abuse, which harm children and drive them to take these extreme steps.¹¹ All these disrupt their healthcare activities, sleep patterns, diet, outdoor activities, and social life, affecting their wellbeing destructively.¹¹

Stressful life events, mental health conditions, and family environments are major risk factors for suicidal behavior among children.¹² The higher risk of being exposed to neglect; physical, emotional, and sexual abuse and violence; and economic crisis at home caused by this pandemic, might have led to the increased suicide rates among children.^{3,10,12} Moreover, loneliness and poor social support and social relationships are well-recognized correlates of suicidal

behaviors among them.³ On the other hand, parental engagement or responsive and supportive family, social connectedness, having intimate friends, sense of impulse control, help-seeking behavior, and various other resilience factors are recognized to be very crucial and decisive protective factors among children.^{13,14}

The mounting rate of suicidal behaviors among children is a very serious psychosocial issue that requires an imperative concern in its prevention during and after the COVID-19 era. It calls for the collective efforts of all stakeholders in the society, to intervene effectively at the individual, family, and community levels to address the suicidal behaviors among children. In this context, the detection and understanding of warning signs, risks, and protective factors are very crucial, not only for health care professionals but also for the public, including parents, teachers, student population, and other key personnel in different sectors, to identify and link the students to appropriate services and support.^{11,13,14} Hence, parents and teachers play a significant role in suicide prevention among school children, especially during the home confinement period, and parenting skills become more decisive while handling children at risk.^{3,14} Children from families with secure parent–child attachment showed enhanced social and coping skills, lesser mental health problems, and lesser involvement in high-risk behaviors, including suicidal behavior.^{11,13,14}

As the rate of suicidal behavior among children has shown a significant rise, there is an urgent need for crisis hotlines to provide mental health services and resources to all children without any barriers. Government of Kerala, for example, has taken the initiative for a teleconsultation facility for children who are facing stress (for instance, *Ottakalla Oppamundu*—you are not alone, we are with you, “CHIRI”—a tele-counseling service, etc.) as part of ORC (our responsibility to children)—a planned community intervention that connects people.⁴ Teleconsultation services have been effective in providing mental health services to children, including addressing their suicidal behaviors, and providing help to vulnerable families also during the previous epidemics.³ The public’s basic knowledge on “how

to intervene or support children who are at risk” is crucial at this phase of the pandemic. “Childline” services or similar kinds of mental health and legal services need to be strengthened and should be “child-friendly” to address various kinds of traumatic experiences of children such as abuses, neglect, and exploitation. Peer-led initiatives also would help. Primarily, one would need to work with children to create meaningful change, rather than enforcing measures on them, addressing their emotional, psychosocial, physical, and economic needs. Moreover, the focus should be on the strengths and resilience of the children. All the interventions to address suicidal behavior among children, during and after the COVID-19 crisis, should ultimately aim to bring out “overall well-being of all children” and become a national health priority.

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