



Letter

COVID-19 and suicides: The urban poor in Bangladesh

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DOI: 10.1177/0004867420937769

To the Editor

While developing countries around the world now grapple to 'flatten the curve' of the COVID-19 pandemic, the signs and symptoms of yet another epidemic are beginning to surface: the collective demise of their mental health. Although these 'black swan' events impact almost all facets of society, the rather unjust reality is that they tend to disproportionately burden those who are already marginalized, both economically and socially. One of the most vulnerable groups are the millions of 'urban poor' inhabiting the bustling slums centred in the capital city of Dhaka, Bangladesh. To soften the assault on their well-being and prevent a significant spike in suicides, local policy makers should proactively identify, track and manage those most at risk, much like the virus itself.

In Bangladesh and the subcontinent, the 'urban poor' largely comprise slum dwellers who work as day labourers, including rickshaw pullers, bus drivers and garments factory workers, with an average income of around AU\$4/day (Butler, 2019). This economically disadvantaged population is arguably most vulnerable with recent reports of suicides in Bangladesh linked to COVID-19 virtually all being from those unemployed due to the lockdown (Bhuiyan, 2020). Given that high-income economies with comprehensive social welfare systems such as Australia predict up to a 25% surge in suicides due to the pandemic (Liotta, 2020), one can imagine what prolonged lockdowns may do to the urban poor in Bangladesh. Therefore, Bangladeshi policy makers should develop coherent and proactive action plans at both the national and local level to protect their most vulnerable population during this trying time.

First, and perhaps most importantly, the government should provide financial assistance to ensure their basic daily needs are met. The government's planned distribution of 2500 taka (~AU\$45) to five million underprivileged families through mobile financial services is certainly a step in the right direction. However, further comprehensive funding and financial reassurance, such as debt relief, will be necessary to ease the economic burden on those most susceptible.

Second, a comprehensive suicide prevention policy should be adopted,

including establishing an emergency task force of mental health and public health experts to devise evidence-based interventions. This is not an idealistic requirement to consider. Instead, the gravity of the potential death toll needs to be given its due attention and such policy efforts should be implemented simultaneously with Bangladesh's fight against COVID-19.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

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