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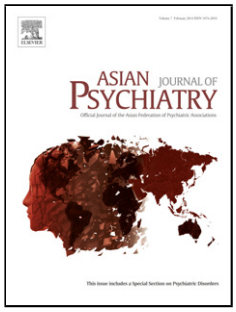

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First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies

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First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies

The novel coronavirus 2019 (COVID-19) pandemic has become a global concern. Healthcare systems in many countries have been pushed to breaking point in an attempt to deal with the pandemic. At present, there is no accurate estimation about how long the COVID-19 situation will persist, the number of individuals worldwide who will be infected, or how long people's lives will be disrupted (Suicide Awareness Voices of Education, 2020; Zandifar & Badrfam, 2020). Like previous epidemics and pandemics, the unpredictable consequences and uncertainty surrounding public safety, as well as misinformation about COVID-19 (particularly on social media) can often impact individuals' mental health including depression, anxiety, and traumatic stress (Cheung et al., 2008; Zandifar & Badrfam, 2020).

Additionally, pandemic-related issues such as social distancing, isolation and quarantine, as well as the social and economic fallout can also trigger psychological mediators such as sadness, worry, fear, anger, annoyance, frustration, guilt, helplessness, loneliness, and nervousness. These are the common features of typical mental health suffering that many individuals will experience during and after the crisis (Ahorsu et al, 2020; Banerjee, 2020; Cheung et al., 2008; Xiang et al., 2020). In extreme cases, such mental health issues can lead to suicidal behaviors (e.g., suicidal ideation, suicide attempts, and actual suicide). It is well stablished that around 90% of global suicides are due to individuals with mental health conditions such as depression (Mamun & Griffiths, 2020). Similar situations have been reported in previous pandemics. For example, the suicide rate among elderly people increased in Hong Kong both during and after the SARS (Severe Acute Respiratory Syndrome) pandemic in 2003 (Cheung et al., 2008).

On March 25 (2020), after returning from Dhaka, a 36-year-old Bangladeshi man (Zahidul Islam, from the village of Ramchandrapur) committed suicide because he and the people in his village thought he was infected with COVID-19 based on his fever and cold symptoms and his weight loss (Somoy News, 2020). Due to the social avoidance and attitudes by others around him, he committed suicide by hanging himself from a tree in the village near his house. Unfortunately, the autopsy showed that the victim did not have COVID-19 (Somoy News, 2020).

The main factor that drove the man to suicide was prejudice by the others in the village who thought he had COVID-19 even though there was no diagnosis. Arguably, the villagers were xenophobic towards Mr. Islam. Although xenophobia is usually defined as a more specific fear or hatred of foreigners or strangers, xenophobia is actually the general fear of something foreign or strange (in this case COVID-19 rather than the victim's ethnicity). Given that the victim believed he had COVID-19, it is also thought that he committed suicide out of a moral duty to ensure he did not pass on the virus to anyone in his village.

A very similar case was reported in India on February 12 (2020), where the victim, returning from a city to his native village, committed suicide by hanging to avoid spreading COVID-19 throughout the village (Goyal et al., 2020). Based on these two cases, it appears that village people and the victim's moral conscience had major roles in contributing the suicides. In the south Asian country like Bangladesh and India, village people arguably less educated than those that live in cities. Therefore, elevated fears and misconceptions surrounding COVID-19 among villagers may have led to higher levels of xenophobia, and that xenophobia may have been a major contributing factor in committing suicide.

Suicide is the ultimate human sacrifice for anyone who cannot bear the mental suffering. However, the fact that the fear of having COVID-19 led to suicide is preventable and suggests both research and prevention is needed to avoid such tragedies. At present, it is not known what the level of fear of COVID-19 is among the Bangladeshi population although levels of fear are high among countries where there have been many deaths such as Iran according to a recent study examining fear of COVID-19 (Ahorsu et al, 2020).

We would suggest there is an urgent need to carry out a nationwide epidemiological study to determine the level fear, worry, and helplessness, as well as other associated issues concerning mental health in relation to COVID-19. This would help in developing targeted mental wellbeing strategies (e.g., such as those who live in villages). Additional mental health care is also needed for patients confirmed as having COVID-19, patients with suspected COVID-19 infection, quarantined family members, and healthcare personnel (Xiang et al., 2020).

We would also suggest the following to the general public: (i) avoid unreliable and non-credible news and information sources (such as that on social media and what neighbors say) to reduce fear and panic surrounding COVID-19, (ii) help individuals with known mental health issues (e.g., depression, anxiety) in appropriate ways such as consultation with healthcare professionals using telemedicine (i.e., online interventions) where possible, (iii) offer support and signposting for

individuals displaying pre-suicidal behavior (i.e., talking about death and dying, expressing feelings of being hopeless and/or helpless, feeling like they are a burden or that they are trapped), (iv) offer basic help (e.g., foods, medicines) to those most in need during lock-down situations (Suicide Awareness Voices of Education, 2020; Yao et al., 2020).

We would also recommend online-based mental health intervention programs as a way of promoting more reliable and authentic information about COVID-19, and making available possible telemedicine care, as suggested in recent previous papers (Liu et al., 2020; Xiang et al., 2020; Yao et al., 2020). Finally, as suggested by Banerjee (2020), the role of a psychiatrist during a pandemic such as COVID-19 should include as (i) educating individuals about the common adverse psychological consequences, (ii) encouraging health-promoting behaviors among individuals, (iii) integrating available healthcare services, (iv) facilitate problem-solving, (v) empowering patients, their families, and health-care providers, and (vi) promoting self-care among health-care providers.

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