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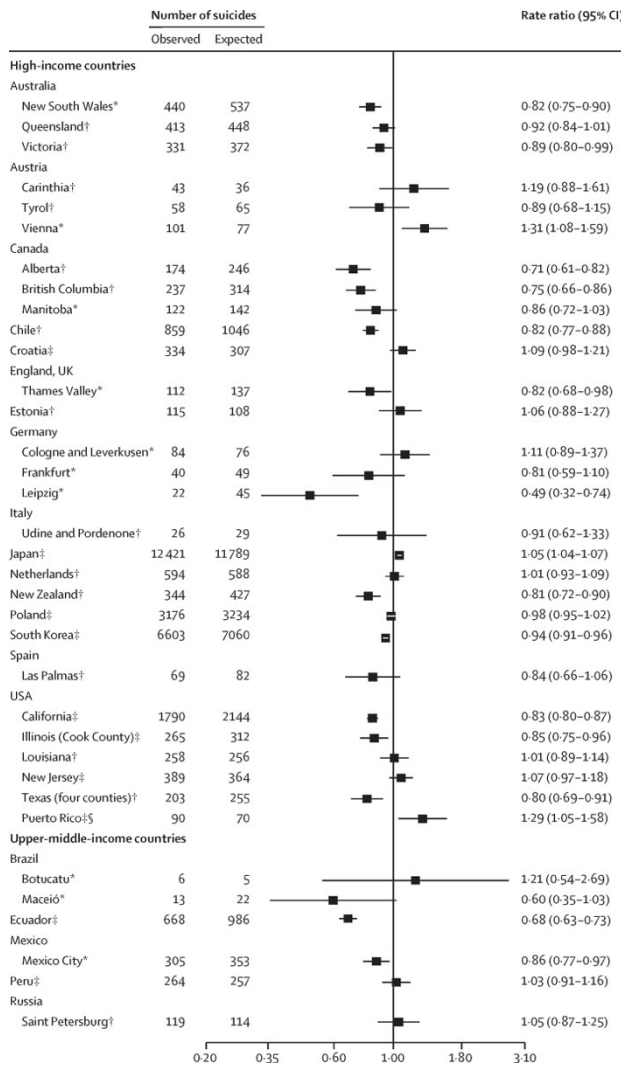
”A perfect storm?” Disparities in pandemic-related stressors and suicidal thinking during the COVID-19 pandemic



“A perfect storm?”

COVID-19 pandemic, and associated public health orders, observed or assumed to cause:

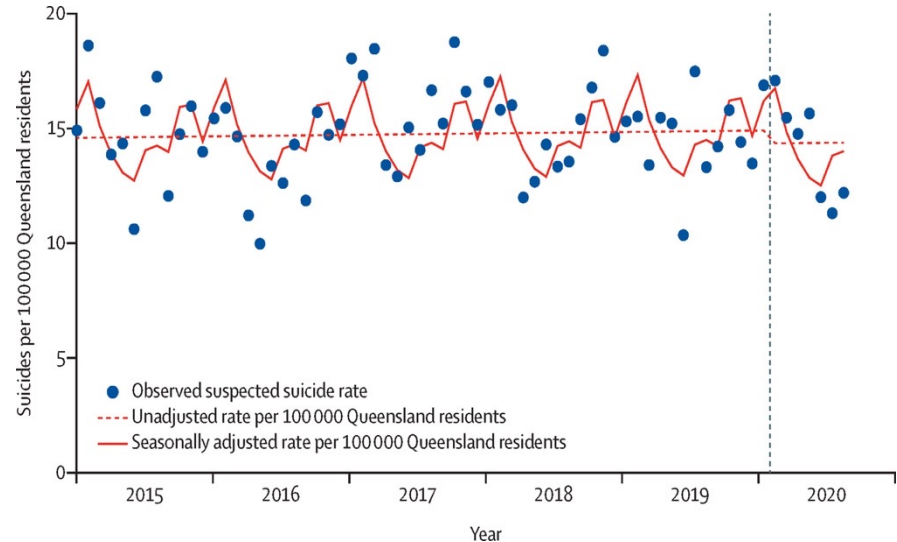
- Financial hardship and insecurity;
- Isolation, loneliness, and weakened social ties;
- Elevated rates of depression and anxiety;
- Increased substance use;
- Difficulty accessing services and supports.

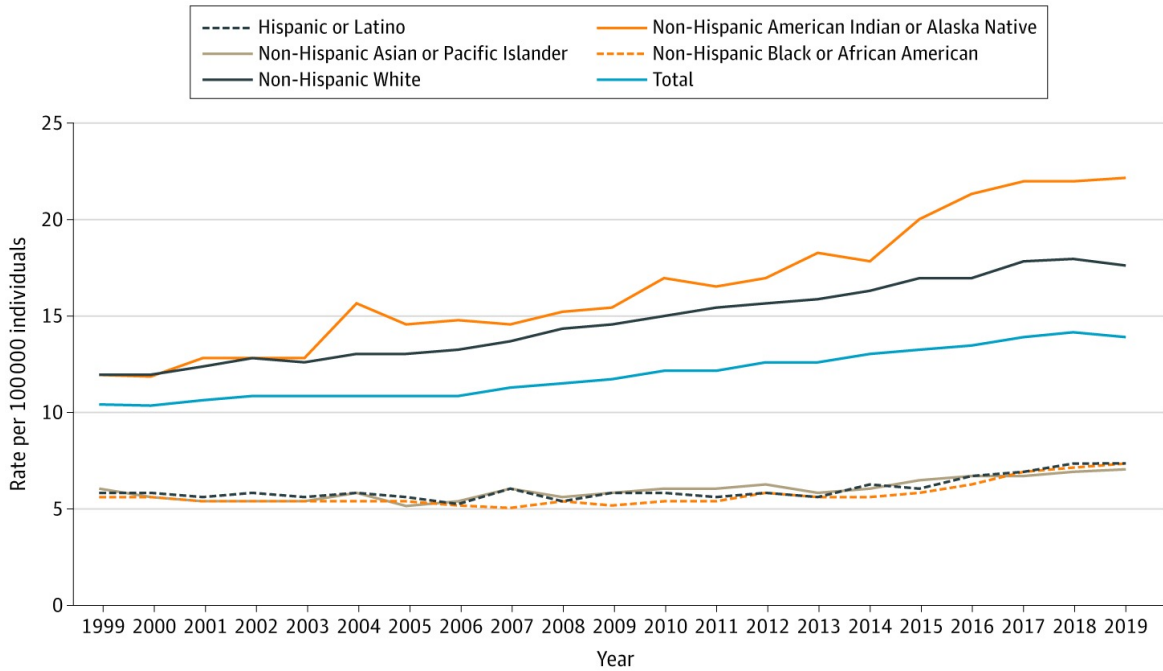


Suicide mortality data

← Pirkis et al., 2021, *The Lancet*

↓ Leske et al., 2021, *The Lancet Psychiatry*





Subgroups with higher risk

- Japanese women (vs. men) and young adults (vs. older adults) (Tanaka, Okamoto, 2021)
- Black (vs. White) adults in Maryland (Bray et al., 2020)

Disparities in suicide mortality

Seriously considered suicide in the past 30 days (%)...

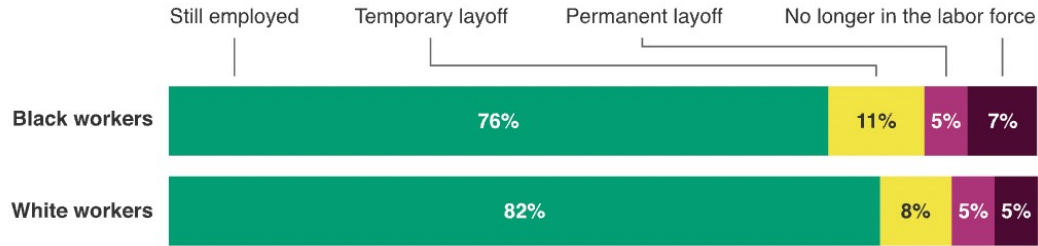
Non-Hispanic Black	Hispanic	Asian	Non-Hispanic White
15.1	18.6	6.6	7.9

Czeisler et al., 2020

Suicidal ideation during the Pandemic

- ▶ Meta-analysis of 54 studies suggested 100% increase in rates of SI during COVID-19 pandemic versus pre-pandemic (Dubé et al., 2021)

Figure 1: Transitions Among Employed Workers by Race, March–April



Source: Current Population Survey, March–April Basic Monthly data from [IPUMS-CPS](#).


Excess all-cause mortality per 10,000 (Polyakova et al., 2021)

Black	Hispanic	Asian	White
6.7	4.3	2.7	1.5

Disparities in Pandemic Impacts

Objectives

Within a Canadian survey tracking rates of **suicidal ideation** during the COVID-19 pandemic, we examined...

- 1. Racial differences in rates of SI, as well as other mental health experiences, at various times in the pandemic.
 - 2. Whether inequities in pandemic-linked stressors (e.g., risk of COVID-19 exposure; job loss) accounted for any observable differences in SI.
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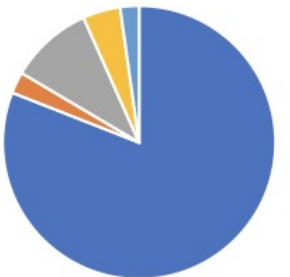
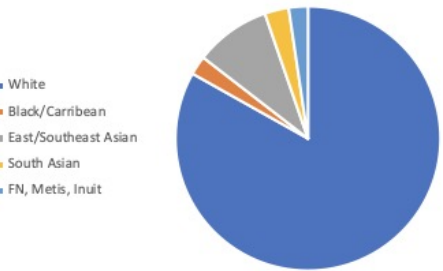
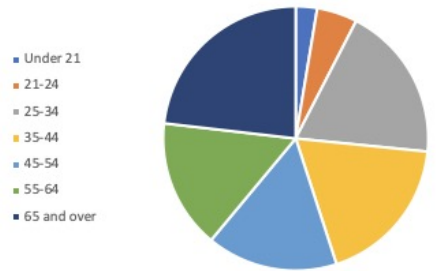
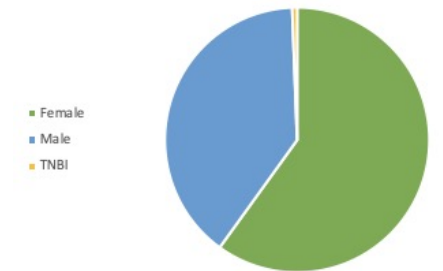
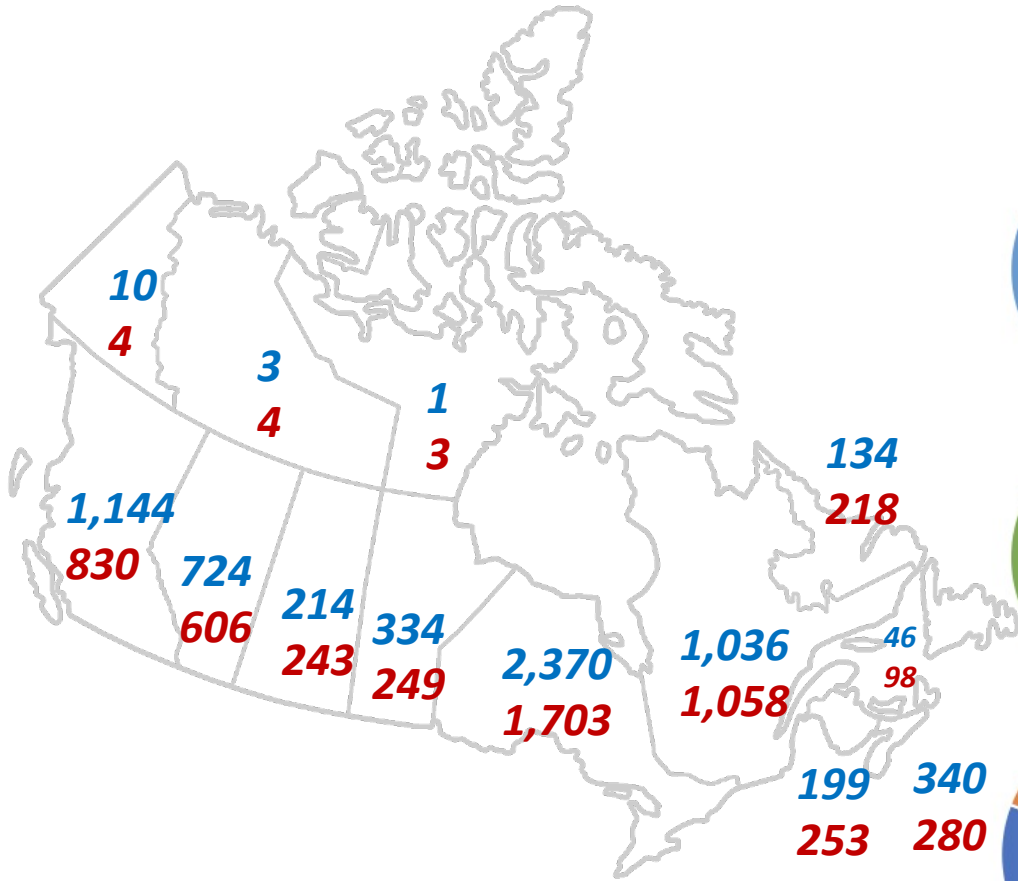
Methods

Wave 1: 6,629

08/18/2020 to 10/01/2020

Wave 2: 5,675

12/21/2020 to 02/26/2021



Measures

Suicidal Ideation - PHQ-9: “Thoughts of hurting yourself or that you would be better off dead”

Mental Health – Depression (PHQ-8), Anxiety (GAD-7), Impact of Events Scale Revised (IESR-22), UCLA loneliness scale (3 items) and pre-existing MH condition (1 item)

Employment Concerns – Laid off or lost job; worry about job loss; working remotely.

COVID-related Concerns – 11 items, 3 domains: illness, employment, and social.

Caregiving Responsibilities – providing care to someone (child, elderly person, neighbor or friend).

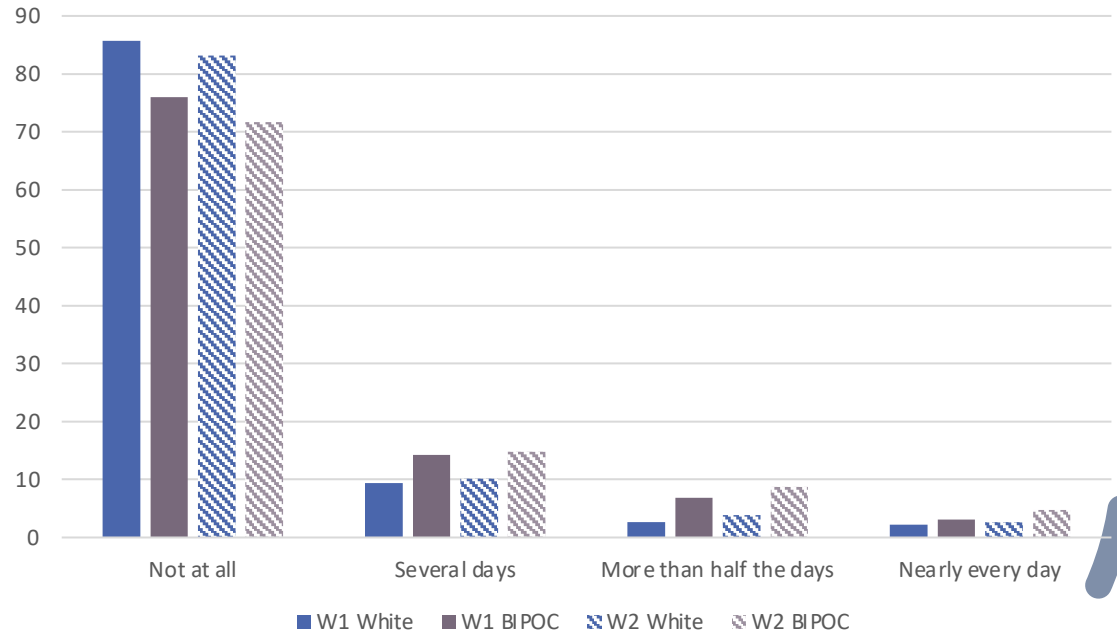


Results

Results – Suicidal Ideation

Wave 1: $\chi^2(3) = 69.72, p < .001, OR = 1.90 [1.61, 2.25]$

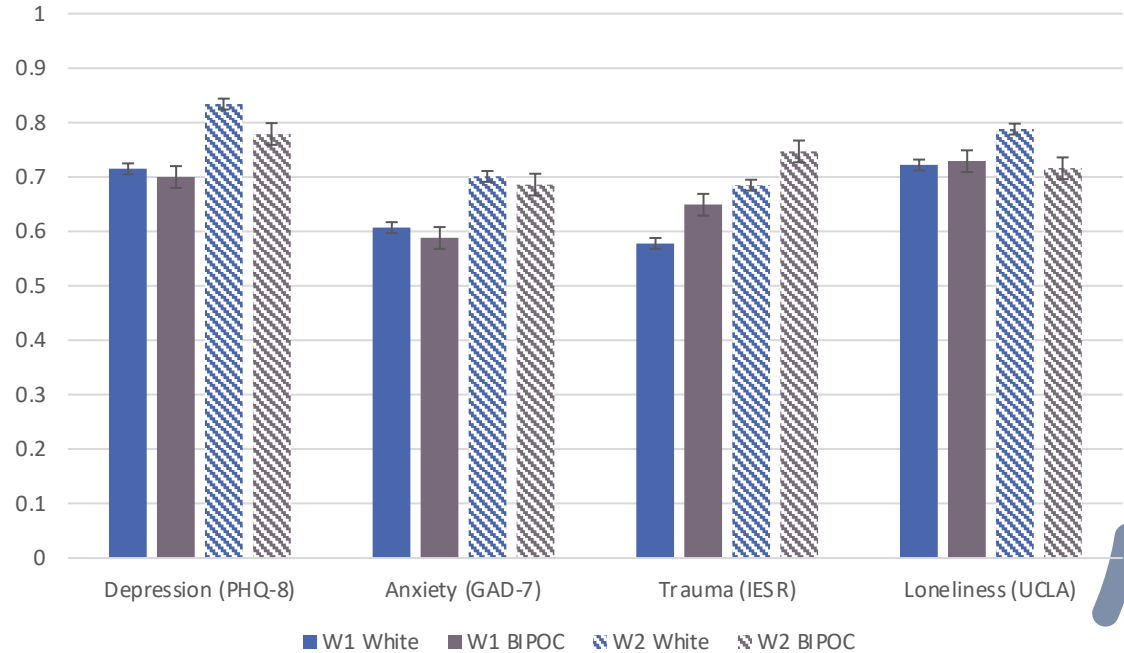
Wave 2: $\chi^2(3) = 79.63, p < .001, OR = 1.96 [1.67, 2.30]$



Results – Other mental health

Wave 1: $F_{(4,5694)} = 7.47, p < .001, \text{partial } \eta^2s = <.002$

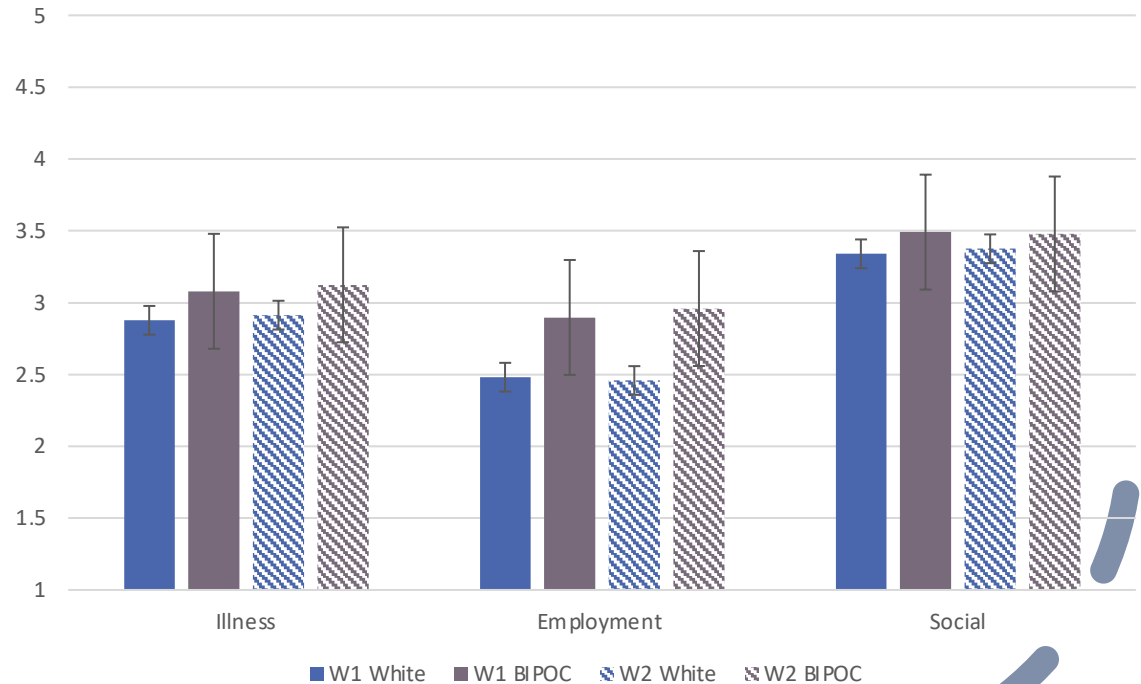
Wave 2: $F_{(4,5408)} = 10.66, p < .001, \text{partial } \eta^2s = <.003$



Results – COVID related concerns

Wave 1: $F_{(3,5867)} = 30.38, p < .001, \text{partial } \eta^2s = .015$

Wave 2: $F_{(3,5453)} = 47.67, p < .001, \text{partial } \eta^2s = .026$



Results – Other pandemic stressors?

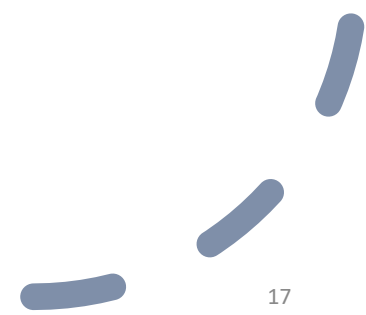
Odds ratios, controlling for age and education, for BIPOC (vs. White) respondents:

	W1 OR [95% CI]	W2 OR [95% CI]
Underlying medical condition	.74 [.61, .90]	1.04 [.85, 1.10]
Pre-existing MH condition	.60 [.51, .71]	.36 [.29, .44]
Working in-person	.69 [.58, .83]	.90 [.71, 1.15]
Laid off or lost job	1.57 [1.23, 2.00]	1.77 [1.47, 2.13]
Job fears	2.48 [2.07, 2.97]	2.96 [2.47, 3.55]
Caregiving	1.42 [1.21, 1.66]	1.69 [1.42, 2.00]

Results

Step-wise regression predicting suicidal ideation in each participant group

	White	BIPOC
W1: Mental Health (set)	$R^2 = .47$	$R^2 = .56$
W1: COVID Experiences (set)	$R^2 \Delta = .02$	$R^2 \Delta = .03$
W2: Mental Health (set)	$R^2 = .43$	$R^2 = .50$
W2: COVID Experiences (set)	$R^2 \Delta = .07$	$R^2 \Delta = .04$





Discussion

Conclusions

Higher-than-usual rates of suicidal ideation are observed in surveys conducted during the pandemic.

BIPOC Canadians reporting more suicidal thinking, and more negative impacts of the pandemic, despite broadly equivalent mental health.

Stressors that may be particularly important for BIPOC Canadians in the pandemic context include trauma-related symptoms, employment insecurity, and caregiving responsibilities.

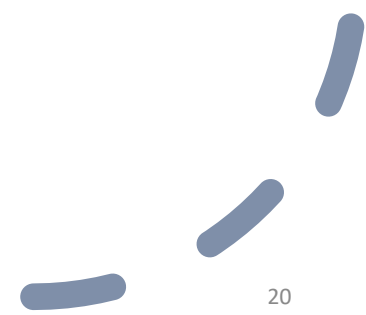
Limitations

PHQ-9 item has good sensitivity but moderate to low specificity versus multi-item screenings.

Some important potential moderators (e.g., impact of structural inequities in healthcare) may not be well assessed by individual surveys.

Some themes (e.g., grief, resilience) not explored in this survey.

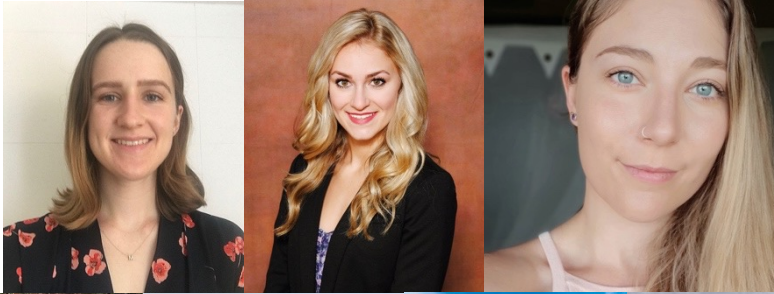
Cross-sectional, convenience survey.



Thank you to our wonderful team!



Research Assistants



UVic Collaborators



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Questions?