

"A perfect storm?" Disparities in pandemicrelated stressors and suicidal thinking during the COVID-19 pandemic Brianna Turner PhD & Theone Paterson PhD Department of Psychology University of Victoria



"A perfect storm?"

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

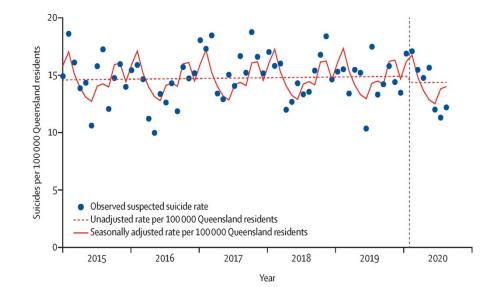
- Financial hardship and insecurity;
- Isolation, loneliness, and weakened social ties;
- Elevated rates of depression and anxiety;
- Increased substance use;
- Difficulty accessing services and supports.

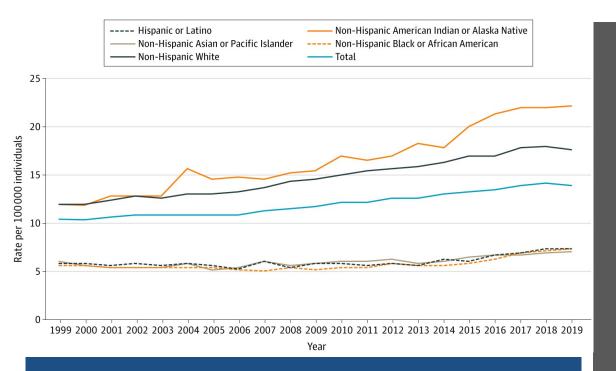
	Number	r of suicides		Rate ratio (95% C
	Observe	d Expecte	Ī	
High-income countries				
Australia				
New South Wales*	440	537		0.82 (0.75-0.90)
Queensland†	413	448		0.92 (0.84-1.01)
Victoria†	331	372		0.89 (0.80-0.99)
Austria				
Carinthia†	43	36		1.19 (0.88-1.61)
Tyrol†	58	65		- 0.89 (0.68-1.15)
Vienna*	101	77	-	1.31 (1.08-1.59)
Canada				
Alberta†	174	246		0.71 (0.61-0.82)
British Columbia†	237	314		0.75 (0.66-0.86)
Manitoba*	122	142		0.86 (0.72-1.03)
Chile†	859	1046		0.82 (0.77-0.88)
Croatia‡	334	307		⊢ 1.09 (0.98−1.21)
England, UK	554	557	17	
Thames Valley*	112	137		0.82 (0.68-0.98)
Estonia†	115	108		
Germany	11)	100	-	100(000 12))
Cologne and Leverkuser	n* 84	76		1.11 (0.89-1.37)
Frankfurt*	40	49		0.81 (0.59-1.10)
Leipzig*	22	45		0.49 (0.32-0.74)
Italy	22	45	-	0.49 (0.52-0.74)
Udine and Pordenone†	26	29		0.91 (0.62-1.33)
Japan‡	12 421	11789		1.05 (1.04-1.07)
Netherlands†	594	588	ſ	1.01 (0.93-1.09)
New Zealand†	344	427	- T	0.81 (0.72-0.90)
Poland:	3176	3234		0.98 (0.95-1.02)
South Korea‡	6603	7060		0.98 (0.95-1.02)
Spain	0003	/060	=	0.94(0.91-0.96)
Las Palmas†	69	82	_	0.84 (0.66-1.06)
USA	69	02		0.84 (0.66-1.06)
	1200	24.44	_	
California‡	1790	2144	-	0.83 (0.80-0.87)
Illinois (Cook County)*	265	312		0.85 (0.75-0.96)
Louisiana†	258	256	-	1.01 (0.89–1.14)
New Jersey‡	389	364	1	- 1.07 (0.97-1.18)
Texas (four counties)†	203	255		0.80 (0.69-0.91)
Puerto Rico‡§	90	70	-	1.29 (1.05-1.58)
Upper-middle-income co	ountries			
Brazil	1000			
Botucatu*	6	5		1.21 (0.54-2.69)
Maceió*	13	22		0.60 (0.35-1.03)
Ecuador‡	668	986	-	0.68 (0.63-0.73)
Mexico				
Mexico City*	305	353		0.86 (0.77-0.97)
Peru‡	264	257	-	- 1.03 (0.91-1.16)
Russia				
Saint Petersburg†	119	114		1.05 (0.87-1.25)
		0.20	0-35 0-60 1-00	1.80 3.10

Suicide mortality data

 \leftarrow Pirkis et al., 2021, The Lancet

 \downarrow Leske et al., 2021, *The Lancet Psychiatry*





Disparities in suicide mortality

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)

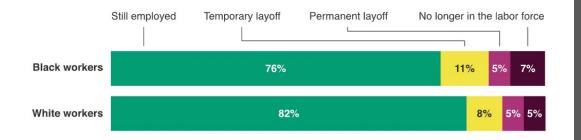
Seriously considered suicide in the past 30 days (%)...

Non-Hispanic Black	Hispanic	Asian	Non-Hispanic White
15.1	18.6	6.6	7.9
		Cz	eisler 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 prepandemic (Dubé et al., 2021)

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

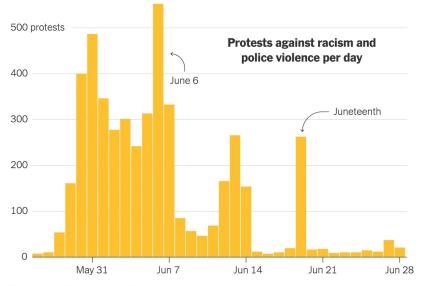


Source: Current Population Survey, March-April Basic Monthly data from IPUMS-CPS.

Disparities in Pandemic Impacts

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

Black	Hispanic	Asian	White
6.7	4.3	2.7	1.5



Source: Crowd Counting Consortium

BLM and Social Justice movements in 2020

- Killing of Aumaud Arbery on February 23, 2020
- Killing of Breonna Taylor on March 13, 2020
- Killing of George Floyd on May 25, 2020
- June 6, 2020 nearly 500,000 people protest around the US, with additional protests happening internationally

Objectives

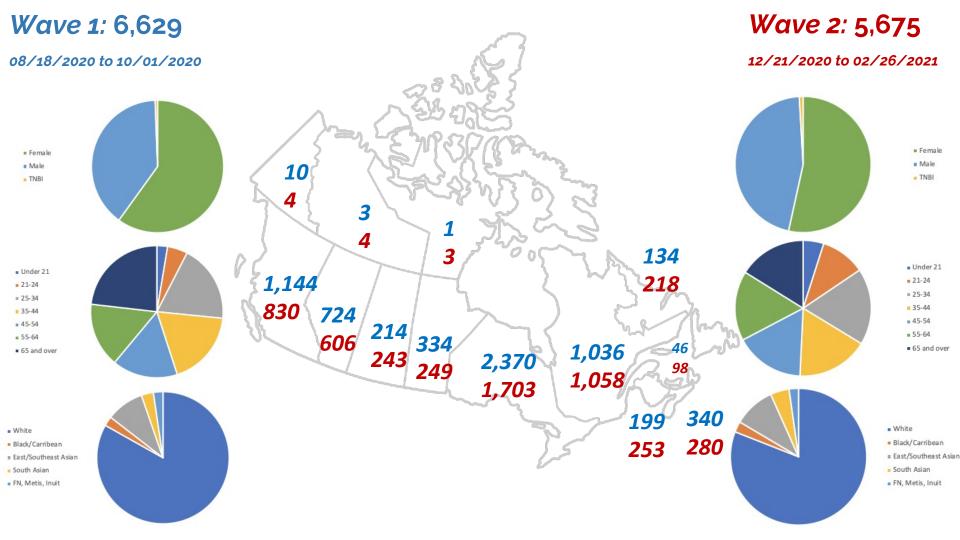
Within a Canadian survey tracking rates of **suicidal ideation** during the COVID-19 pandemic, we examined...

• 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.



Methods



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).

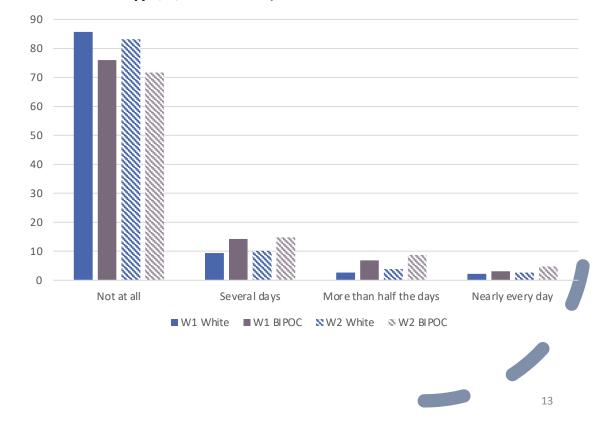


Results

Results – Suicidal Ideation

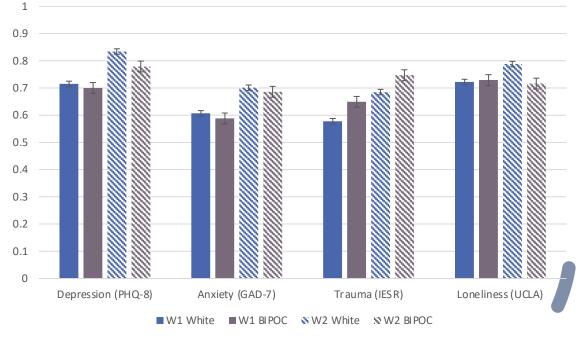
Wave 1: χ²(3) = 69.72, *p* < .001, OR = 1.90 [*1.61*, *2.25*]

Wave 2: χ²(3) = 79.63, *p* < .001, OR = 1.96 [*1.67*, *2.30*]



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

Results – Other mental health Wave 2: $F_{(4,5408)}$ = 10.66, *p* < .001, partial η^2 s = <.003

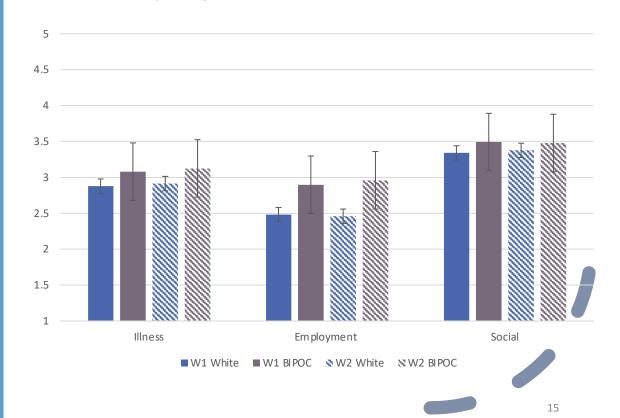




Results – COVID related concerns

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

Wave 2: $F_{(3,5453)}$ = 47.67, *p* < .001, partial η^2 s = .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)	R² ∆= .02	R ² ∆= .03
W2: Mental Health (set)	R ² = .43	R ² = .50
W2: COVID Experiences (set)	R² ∆= .07	R² ∆= .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 traumarelated 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?