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The Coming Global Economic Downturn and Suicide: A Call to Action

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Following the onset of the COVID-19 pandemic there was no evidence of a worldwide increase in suicides,¹ although data from low- and middle-income countries (LMICs) remain scarce.² This encouraging finding may be in part because of enhanced labour market programmes and income protection policies implemented in many countries, along with wider social and health care support; however, current economic forecasts present a new challenge. Extensive evidence, including studies of the Great Depression, 1997 Asian economic crisis, and 2008 global financial crisis, shows that severe economic downturns and subsequent unemployment are often accompanied by increases in suicide rates, particularly in working-age males.³

Today, there is general consensus that the world is entering a period of poor economic growth and that there is a substantial risk of a global recession. Stagflation and a potential recession will have wide-ranging and long-term impacts. Suicide risk may increase in groups shown to be at increased risk in previous downturns (i.e. working-age males), groups already experiencing negative mental health effects of the pandemic (young people, women, ethnic minorities, people with pre-existing mental health problems, healthcare and hospitality sector workers, people in other precarious job categories),⁴ and children of financially and socially vulnerable parents. LMICs may be especially vulnerable to the effects of a weakening global economy given their greater pre-existing burden of suicide, less-resourced health and social protection systems, and highly precarious job markets.

Now is the time to act to prevent a rise in suicides. We call for a strategic approach combining economic, public health and frontline service measures, with responsible media coverage and timely suicide surveillance (Figure 1). A lack of economic and psychosocial support and challenges accessing available services are crucial drivers of suicide and self-harm

during economic downturns.^{3,5-6} Cross-sectoral mitigation efforts must therefore address these gaps. Such efforts should acknowledge real and perceived tensions that decision-makers face when trying to optimize both macroeconomic and health policies. A major challenge facing governments is that increased spending and income protection policies implemented during the pandemic may now be less feasible in an environment where governments are cautious about stimulating further inflationary pressures. Indeed, contractionary monetary policies enacted by central banks to stem inflation often reduce aggregate demand and can increase unemployment. In parallel, some governments may become tempted to shift towards an austerity approach, however such measures can worsen mental health and suicide risk.⁷ Broad investment in active labour market programs could be an alternative. For every \$10 (US) per person invested in labour market programmes during European recessions (1970-2007) the impact of rising unemployment on suicide was reduced by 0.04%.⁶

“Wellbeing budgets”, which broadly consider the implications of public spending and promote spending that can help make people’s lives worthwhile, may also prove helpful. Actions to strengthen social welfare should include strategic spending (e.g. targeted income protection, social safety nets, debt relief; mental health and family support programs aimed at high-risk groups and income sectors). Such actions must be targeted to avoid excess spending and associated inflationary effects that might perpetuate a global financial downturn and inadvertently increase suicides. Challenges and solutions may emerge differently in LMIC settings where social protection schemes have less reach and where there can be greater reliance on family-based welfare. Notably, conditional cash transfers (CCT) targeted at low-income families in Brazil demonstrated a 56% reduction in suicide risk amongst beneficiaries versus non-beneficiaries.⁸

In tandem with economic and public health measures, healthcare systems must enhance early detection of, and intervention for, people for whom the economic downturn leads to poor mental health and health risk behaviours (e.g. substance misuse). Frontline clinical staff, including those in primary care, should routinely enquire about the impact of unemployment, debt, and cost of living pressures on mental health, suicide risk, and substance misuse and direct patients to appropriate support services. Governments must focus on capacity-building within both traditional and non-traditional mental health and social services (e.g. online interventions, social prescribing).⁹

Important lessons can be learned from suicide research on community responses to the COVID-19 pandemic. In particular, near real-time surveillance of rates of suicidal behaviour is essential for a rapid response, optimally targeted policies, and evaluation of their effect. If suicide data are unavailable, proxies such as crisis hotline data or incidence of self-harm may be useful to track changing trends in suicidality in at-risk groups.¹⁰ A data-driven policy response must be paired with robust media communication that aims to counter messaging promoting and normalizing a cultural expectation that suicide is a way to cope with economic hardship.

Economic downturn places populations at risk for suicide and this is already occurring with a potential global recession on the horizon. Yet, suicide is not inevitable. Now is the time to act to meet the challenge head-on. Recognizing urgent and long-term risks, the comprehensive, strategic, cross-sectoral approach we outline here should be implemented as rapidly as possible across the globe to prevent increases in suicides.

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Figure 1: An Approach to Preventing Suicide during the Global Economic Downturn and Possible Coming Recession

