Title: COVID-19 and suicide of an army soldier in India: perspectives on psychosocial epidemiology of suicidal behavior

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COVID-19 and suicide of an army soldier in India: perspectives on psychosocial epidemiology of suicidal behavior

The novel coronavirus disease (COVID-19) pandemic is critically impacting health and wellbeing around the world. In addition to physical health problems, COVID-19 is increasingly reported to be associated with mental health problems across populations (González-Sanguino et al., 2020). Evidence from the current pandemic and earlier infectious disease outbreaks suggests that several psychosocial factors, including fear and susceptibility of infection, stigma, lack of awareness, pre-existing health problems, and poor social support affect the mental health status among the vulnerable individuals and populations (González-Sanguino et al., 2020; Hossain et al., 2020c). Moreover, social determinants of mental health are disproportionately distributed across populations, which also affect coping with adverse psychosocial conditions. During COVID-19 pandemic, many psychological challenges are aggravating globally, including suicidal behavior. In this correspondence, we discuss a case of suicide of an army soldier in India and the psychosocial epidemiology of suicidal behavior in the context of COVID-19.

The army soldier who committed suicide was a 31-years-old native of Maharashtra state of India serving under the Indian Army (Hindustan Times, 2020). His family was living in Alwar of Rajasthan state. Earlier, he was diagnosed with lung cancer earlier and had been receiving treatment in the Research and Referral (RR) hospital in Delhi. On May 5, he was transferred to Naraina Hospital in West Delhi after testing positive for COVID-19. Later the same day, he hanged himself from a tree in this hospital area.

This case provides several insights on the psychosocial epidemiology of suicidal behavior amid COVID-19, which may inform future research and interventions for preventing suicidal behavior in similar individuals. First, the fear of COVID-19 may induce psychosocial distress aggravating suicidal behavior, which is observed in earlier cases of suicide amid COVID-19 (Hossain et al., 2020a). This may be one of the leading factors associated with the given case as well. Second, mental health problems are highly prevalent in the Indian population (Hossain et al., 2020b). Therefore, any such problems may have compounding psychological effects during COVID-19 that may influence suicidal behavior. Third, people with pre-existing physical or mental health problems are more vulnerable to psychosocial stressors during infectious outbreaks (Hossain et al., 2020c). The army soldier was diagnosed with lung cancer earlier, which itself might have contributed to psychological distress. Taken together with the added distress due to COVID-19 diagnosis, his mental health condition had deteriorated, which could have triggered suicidal behavior. Lastly, individuals staying away from family and working in stressful settings like armed forces may have a higher psychosocial burden yet poor social support, which makes them further vulnerable to mental health problems, as seen in this case.

These insights inform the urgent need to include psychosocial support in COVID-19 prevention and care services, especially among vulnerable populations who are suspected or diagnosed with COVID-19, people with pre-existing conditions, and those who have poor psychosocial support (Gunnell et al., 2020). Furthermore, future research and development of preventive strategies should address psychosocial determinants and behavioral dynamics in the context of COVID-19. As the number of

COVID-19 cases continues to increase globally, it is essential to acknowledge the psychosocial epidemiological challenges associated with suicidal behavior and strengthen comprehensive mental health care during this pandemic.

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