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# Strengthening protective factors to prevent suicides post covid.

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# The effects of Covid-19 on suicidality in Finland

- In the MIELI Mental Health Finland`s crises help services
  - Covid-9 has stressed most those who have had difficulties or mental health problems in their lives already before Pandemic
  - Contacts to crises help services especially Crises helpline and Sekasin chat service have been rising during covid-19
  - Callers to Crises help line have had more suicidal ideas and plans than before pandemic
  - Economic worries and difficulties in earning their living has been seen specially in the contacts of entrepreneurs
  - Young people have had more problems of anxiety and suicidal thoughts
  - Many caregiver and rehabilitation services for people with mental illness or substance use problems were closed, which caused increase in substance use and more hopelessness and suicidal thoughts.

## In police statistics about suspected suicidal deaths 2020 in Finland

- There seemed to be an increase in suicides in central Finland in 2020 but altogether it seems that suicidal rate did not increase in 2020 in Finland. (Official statistics from the year 2020 will be ready in December 2021)
- In 2021 there has been worries specially among youth workers about increased suicidality and anxiety among adolescents.

In the Finnish national suicide prevention program, which was established as part of the Finnish Mental Health program for the years 2020-2030, suicide prevention implementation includes

- Awareness Raising
- Impacting the means of suicide
- Early intervention
- Supporting risk groups
- Developing care options
- Increasing media competence
- Strengthening knowledge basis and research
- Monitoring of the suicide prevention programme and proposals for indicators

- Risk factors for suicides are previous suicide attempts, mental health problems, and certain socioeconomic factors for example unemployment, somatic illness and chronic pain. Hopelessness is a risk factor for suicidal thoughts, attempts and suicidal deaths.
- In Finland most of the people who died by suicide had been in contact with health care during their last year. About one fourth had contacted health care two weeks before they killed themselves. It is important to ask patients straight about about suicidality and wishes to die in health care services.
- Patients own experience about protecting factors is relevant to examine. It is important to find out about physical health, self-confidence, coping skills, problem solving skills and experience about meaningfulness and good social network.

# Strengthening protective factors

Strengthening protective factors and resilience to overcome the negative effects of Covid-19 on mental health and suicidality means that we should be able to strengthen

- strong relations with friends and family
- belonging to a community or group
- positive coping strategies and mental health skills
  - mental health skills include communication skills, emotional skills , problems solving skills etc.

- Resilience protects from suicide. Resilience includes ability to adjust to burdening situations and cope and survive from difficulties and hardships so that their psychological and physical remain operational. Strengthening resilience as part of the care of mental health problems is due to decrease suicide risk.
- Resilience is not only an individual trait. It grows from the environment, in groups and communities. Part of resilience is the ability to seek for help an ability to accept help in hardships. It is important to see help seeking and accepting help as a strength which increases resilience. In Covid-19 it was difficult because people had to minimize their contact and many services had been closed or were operating minimally.

- Ability to meet/ accept difficult emotions and fear can at its best lead to better coping in hardships. All emotions like fear and grief strengthen resilience when the motions are met and when the individual does not give in to totally to negative emotions.
- Resilience grows in interaction with environment. Surviving in hardships can at it's best increase stronger self-esteem, and personality, healthier family relations more flexible and more humane work life.
- Everyday routines support resilience. Safety is the continuity. Familiar things and environment, enough rest, sleep, good habits, healthy eating, balanced relationship between work and leisure – rest and work, substance use etc.
- In covid-19 in Finland chat services for example SEKASIN chat for youth was very popular as well as the national Crises help line. Some research has been made about chat services and helplines and most of the results show positive effects. In Finland majority of callers to Crises help line experience the help useful and capable even in changing their thoughts about suicide.



## Post-covid-19 suicide prevention:

It seems that in Finland young people were most heavily affected by Covid-19 pandemic. Being out of school, hobbies and friends caused anxiety, loneliness and fears. Part of youth got on well but especially those who had struggled before had difficulties.

- We have to offer youth the mental health care services they lacked during Pandemic.
- Mental health promotion should be included to day care, schools and children's hobbies (Sports clubs etc.) to strengthen mental health skills, emotional skills, communication skills, problem-solving skills and affecting attitudes and knowledge in help seeking and accepting help.
- We probably need to do some changes in our school system. Some of the latest decisions have increased anxiety and stress among youth in second level education because they want to make certain they could get their place in the universities they want.

- Training professionals for instance teachers, youth workers school social workers etc. in mental health promotion and suicide prevention.
- We need to work to decrease loneliness in all age groups. The elderly suffered from isolation and loneliness during covid-19 and it is unclear whether the situation is going to be better when covid-19 is over.
- We must continue to offer support for risk groups: suicide attempters, people bereaved by suicide, minorities.
- We need to continue and increase low threshold help services for people in crises and difficult life situations.
- We need campaigns to decrease stigma and increase help seeking and disseminate knowledge about suicide prevention means and what every one of us can do to help people they think are suicidal.
- We need more research for suicide prevention

## Literature

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