

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/340387036>

# First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies

Article in *Asian Journal of Psychiatry* · June 2020

DOI: 10.1016/j.ajp.2020.102073

CITATIONS

338

READS

4,149

2 authors:



Mohammed A. Mamun

CHINTA Research Bangladesh

83 PUBLICATIONS 1,967 CITATIONS

[SEE PROFILE](#)



Mark D Griffiths

Nottingham Trent University

1,496 PUBLICATIONS 60,880 CITATIONS

[SEE PROFILE](#)

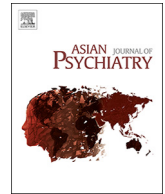
Some of the authors of this publication are also working on these related projects:



First-Year University Students [View project](#)



UGRO COVID-19 [View project](#)



## First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies



Mohammed A. Mamun<sup>a,b,\*</sup>, Mark D. Griffiths<sup>c</sup>

<sup>a</sup> Undergraduate Research Organization, Savar, Dhaka, Bangladesh

<sup>b</sup> Department of Public Health & Informatics, Jahangirnagar University, Savar, Dhaka, Bangladesh

<sup>c</sup> Psychology Department, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ, UK

The novel coronavirus 2019 (COVID-19) pandemic has become a global concern. Healthcare systems in many countries have been pushed to breaking point in an attempt to deal with the pandemic. At present, there is no accurate estimation about how long the COVID-19 situation will persist, the number of individuals worldwide who will be infected, or how long people's lives will be disrupted (Suicide Awareness Voices of Education, 2020; Zandifar and Badrfam, 2020). Like previous epidemics and pandemics, the unpredictable consequences and uncertainty surrounding public safety, as well as misinformation about COVID-19 (particularly on social media) can often impact individuals' mental health including depression, anxiety, and traumatic stress (Cheung et al., 2008; Zandifar and Badrfam, 2020).

Additionally, pandemic-related issues such as social distancing, isolation and quarantine, as well as the social and economic fallout can also trigger psychological mediators such as sadness, worry, fear, anger, annoyance, frustration, guilt, helplessness, loneliness, and nervousness. These are the common features of typical mental health suffering that many individuals will experience during and after the crisis (Ahorsu et al., 2020; Banerjee, 2020; Cheung et al., 2008; Xiang et al., 2020). In extreme cases, such mental health issues can lead to suicidal behaviors (e.g., suicidal ideation, suicide attempts, and actual suicide). It is well established that around 90 % of global suicides are due to individuals with mental health conditions such as depression (Mamun and Griffiths, 2020). Similar situations have been reported in previous pandemics. For example, the suicide rate among elderly people increased in Hong Kong both during and after the SARS (Severe Acute Respiratory Syndrome) pandemic in 2003 (Cheung et al., 2008).

On March 25 (2020), after returning from Dhaka, a 36-year-old Bangladeshi man (Zahidul Islam, from the village of Ramchandrapur) committed suicide because he and the people in his village thought he was infected with COVID-19 based on his fever and cold symptoms and his weight loss (Somoy News, 2020). Due to the social avoidance and attitudes by others around him, he committed suicide by hanging himself from a tree in the village near his house. Unfortunately, the autopsy showed that the victim did not have COVID-19 (Somoy News, 2020).

The main factor that drove the man to suicide was prejudice by the others in the village who thought he had COVID-19 even though there was no diagnosis. Arguably, the villagers were xenophobic towards Mr. Islam. Although xenophobia is usually defined as a more specific fear or hatred of foreigners or strangers, xenophobia is actually the general fear of something foreign or strange (in this case COVID-19 rather than the victim's ethnicity). Given that the victim believed he had COVID-19, it is also thought that he committed suicide out of a moral duty to ensure he did not pass on the virus to anyone in his village.

A very similar case was reported in India on February 12 (2020), where the victim, returning from a city to his native village, committed suicide by hanging to avoid spreading COVID-19 throughout the village (Goyal et al., 2020). Based on these two cases, it appears that village people and the victim's moral conscience had major roles in contributing the suicides. In the south Asian country like Bangladesh and India, village people arguably less educated than those that live in cities. Therefore, elevated fears and misconceptions surrounding COVID-19 among villagers may have led to higher levels of xenophobia, and that xenophobia may have been a major contributing factor in committing suicide.

Suicide is the ultimate human sacrifice for anyone who cannot bear the mental suffering. However, the fact that the fear of having COVID-19 led to suicide is preventable and suggests both research and prevention is needed to avoid such tragedies. At present, it is not known what the level of fear of COVID-19 is among the Bangladeshi population although levels of fear are high among countries where there have been many deaths such as Iran according to a recent study examining fear of COVID-19 (Ahorsu et al., 2020).

We would suggest there is an urgent need to carry out a nationwide epidemiological study to determine the level fear, worry, and helplessness, as well as other associated issues concerning mental health in relation to COVID-19. This would help in developing targeted mental wellbeing strategies (e.g., such as those who live in villages). Additional mental health care is also needed for patients confirmed as having COVID-19, patients with suspected COVID-19 infection, quarantined family members, and healthcare personnel (Xiang et al., 2020).

\* Corresponding author at: Undergraduate Research Organization, Gerua Road, Savar, Dhaka, 1342, Bangladesh.

E-mail address: [mamunphi46@gmail.com](mailto:mamunphi46@gmail.com) (M.A. Mamun).

We would also suggest the following to the general public: (i) avoid unreliable and non-credible news and information sources (such as that on social media and what neighbors say) to reduce fear and panic surrounding COVID-19, (ii) help individuals with known mental health issues (e.g., depression, anxiety) in appropriate ways such as consultation with healthcare professionals using telemedicine (i.e., online interventions) where possible, (iii) offer support and signposting for individuals displaying pre-suicidal behavior (i.e., talking about death and dying, expressing feelings of being hopeless and/or helpless, feeling like they are a burden or that they are trapped), (iv) offer basic help (e.g., foods, medicines) to those most in need during lock-down situations (Suicide Awareness Voices of Education, 2020; Yao et al., 2020).

We would also recommend online-based mental health intervention programs as a way of promoting more reliable and authentic information about COVID-19, and making available possible telemedicine care, as suggested in recent previous papers (Liu et al., 2020; Xiang et al., 2020; Yao et al., 2020). Finally, as suggested by Banerjee (2020), the role of a psychiatrist during a pandemic such as COVID-19 should include as (i) educating individuals about the common adverse psychological consequences, (ii) encouraging health-promoting behaviors among individuals, (iii) integrating available healthcare services, (iv) facilitate problem-solving, (v) empowering patients, their families, and health-care providers, and (vi) promoting self-care among health-care providers.

#### Role of the funding source

Self-funded.

#### Financial disclosure

The authors involved in this research project do not have any relationships with other people or organizations that could inappropriately influence (bias) their work.

#### Declaration of Competing Interest

The authors of the correspondence do not have any conflict of interest.

#### Acknowledgements

None.

#### References

- Ahorsu, D.K., Lin, C.-Y., Imani, V., Saffari, M., Griffiths, M.D., Pakpour, A.H., 2020. Fear of COVID-19 scale: development and initial validation. *Int. J. Ment. Health Addict.* <https://doi.org/10.1007/s11469-020-00270-8>. Epub ahead of print.
- Banerjee, D., 2020. The COVID-19 outbreak: crucial role the psychiatrists can play. *Asian J. Psychiatr.* 50, 102014.
- Cheung, Y.T., Chau, P.H., Yip, P.S., 2008. A revisit on older adults' suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. *Int. J. Geriatr. Psychiatry* 23 (12), 1231–1238.
- Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., Singh, M.P., 2020. Fear of COVID 2019: first suicidal case in India. *Asian J. Psychiatr.* 49, e101989.
- Liu, S., Yang, L., Zhang, C., Xiang, Y.T., Liu, Z., Hu, S., Zhang, B., 2020. Online mental health services in China during the COVID-19 outbreak. *Lancet Psychiatry* 7 (4), e17–e18.
- Mamun, M.A., Griffiths, M.D., 2020. A rare case of Bangladeshi student suicide by gunshot due to unusual multiple causalities. *Asian J. Psychiatr.* 49, e101951.
- Somoy News, 2020. Youth Suicide in Gaibandha Due to Doubt of Corona (In Bangla). Retrieved March 31, 2020, from: <https://m.somoynews.tv/pages/details/204558>.
- Suicide Awareness Voices of Education, 2020. Preventing Suicide During and After the COVID-19 Pandemic. Retrieved by 30 March, 2020, from: <https://save.org/blog/preventing-suicide-covid-19-pandemic/>.
- Xiang, Y.T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., Ng, C.H., 2020. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry* 7 (3), 228–229.
- Yao, H., Chen, J.H., Xu, Y.F., 2020. Rethinking online mental health services in China during the COVID-19 epidemic. *Asian J. Psychiatr.* <https://doi.org/10.1016/j.ajp.2020.102015>. Epub ahead of print.
- Zandifar, A., Badrfam, R., 2020. Iranian mental health during the COVID-19 epidemic. *Asian J. Psychiatr.* 51, e101990.