(PO-176) Suicidal Ideation and Behavior During the COVID-19 Pandemic: A Retrospective, Single-Center Case Series

Table 2: Illustrative Cases of Patients Presenting with Suicidality Related to COVID-19 Pandemic

	COVID-19 Infection Status	**Brief Case Summary**	**Key Themes and Features**	**Unique Contribution(s) from COVID**	**Durkheim Suicidality Subtype**
Case 1	Positive	37-year-old female, employed (essential worker), domiciled, and married mother of four (children), immigrant from Latin America, with a remote history of major depressive disorder without prior suicide attempts or substance use who self-presented with depressed mood, nightmares, insomnia, hopelessness, and suicidal ideation with plan to overdose on "pills" in the setting of testing positive for COVID-19, both her and her husband being out of work, and fear that she would infect her children by recovering at home. Patient had initially presented to another medical facility with hopes of being hospitalized solely for quarantine purposes, but was discharged to home. Following discharge, the patient re-presented to our facility endorsing similar psychiatric symptoms, including suicidality. Within a few days, she was feeling more hopeful and recanted suicidal ideation. She was discharged with a plan for outpatient mental health follow-up.	Guilt Martyrdom Burdensomeness	Fear of infecting others, including one's own children Logistical challenges of self-quarantine with multiple family members involved Financial strain related to loss of work due to infection, also increased childcare burden on spouse	Altruistic vs. Fatalistic

Case 2	Positive	50-year-old male, employed (essential worker), domiciled single father of one (adult), immigrant from Latin America, limited English proficiency, with no prior psychiatric or substance use history, including no prior self-injurious behaviors or suicide attempts, who was brought in by ambulance after being found down at his workplace with a self-inflicted knife wound across neck. Patient required emergent intubation and surgical intervention, and was noted to be COVID-19 positive after developing fevers on hospital day #2. Following a month-long ICU admission complicated by delirium and acute respiratory distress syndrome (ARDS), the patient described the suicide attempt as an impulsive decision made in the setting of shame about financial debt without any premorbid depression, or history of suicidal ideation/attempts. He was ultimately able to recover from COVID-19 infection, and his mood remained consistent/stabile. Accordingly, he was discharged to medical rehabilitation setting for further support and recovery.	Impulsivity Violence Shame Burdensomeness	Acute mental status change, possible impact of acute neuro-COVID-19 or of COVID-19 delirium Exacerbation of financial concerns in the setting of loss of employment and financial crisis due to pandemic. Suicide strongly contextual on patient feeling unable to provide for their family, and thus loss of sense of purpose/identity.	Fatalistic vs. Anomic
Case 3	Negative	37-year-old male, domiciled, employed (essential worker), married father of one, with a history of anxiety and no prior self-injurious	Guilt	Fear of infecting others, including one's own children	Altruistic vs. Fatalistic

		behavior or suicide attempts, who presented after an intentional overdose on a medication reported to have potential benefit against COVID-19. When asked, patient denied intent to end his life, despite intentionally taking supra-therapeutic amount of the medication leading to over-sedation and cardiac toxicity. Collateral from family, and further discussion with the patient, revealed acutely worsened anxiety and stress in the setting of first-responder position, with associated fear of infecting loved ones due to job-related exposure. Following further stabilization, and negative testing for the virus, patient returned to the community with plan to take a medical leave of absence.	Fear of infecting others Anxiety about role-fulfillment	Logistical challenges of self-quarantine with multiple family members involved Conflict between responsibility to one's family versus the responsibility to the larger society Potential shame of help-seeking in first-responder professions	
Case 4	Negative	38-year-old male, employed, domiciled, single, immigrant from Latin America, with no prior psychiatric or substance use history including no prior self-injurious behavior or suicide attempts (apart from self-reported "fear of germs") who presented after a self-inflicted stab wound to the abdomen and ingestion of a caustic chemical. Patient reported overwhelming fear of becoming infected emerging after being in close contact with a person who	Impulsivity, likely exacerbated by delirium from chemical ingestion	Fear of infection and death, and, in this context, despondence and apathy Suicide attempt described as the only way to escape what	Fatalistic

		subsequently developed URI symptoms, and despite not exhibiting any symptoms himself, felt compelled to end his life in the setting of profound hopelessness and feeling he had no other options. Further discussion with patient revealed limited awareness of the disease process, with primary sources of information being social media outlets and community word-of-mouth. Notably, despite severity of suicide attempt, patient's mood, affect and suicidality all rapidly improved following negative testing for COVID-19. Following surgical stabilization, the patient was transferred to an inpatient psychiatry unit for further treatment.	Hopelessness and anomia Exacerbation of pre-existing somatic anxiety Limited health literacy	patient believed would be a horrible death	
Case 5	Positive	33-year-old male, unemployed, undomiciled, with past psychiatric history including mood disorder, alcohol use disorder, PTSD, multiple self-reported hospitalizations and suicide attempts who self-presented intoxicated (alcohol) with suicidal ideation requesting further services. Following clinical stabilization (including treatment of any withdrawal symptoms), patient's suicidality was noted to be conditional on homelessness and lack of access to services, and overall consistent with previously-noted chronic pattern of	Impulsivity Substance use Suicidality as an idiom of distress	Social implications of the pandemic, including inability to access resources due to: (i) Transition to telemedicine (patient lacking a phone with video capacity)	(Deception syndrome)

		engagement with healthcare resources. Additionally, behavior was felt to be amplified by patient's inability to access substance use resources due to restrictions related to the pandemic. Following acute withdrawal management and clinical stabilization, the patient was referred to the addiction consultation service and social work for assistance with aftercare planning. He was discharged to a respite site for patients with active infection and homelessness.		(ii) COVID-19 positive infection (thus barring access to a number of homeless shelters and addiction residential treatment options). Suicidality as a self-advocating technique to secure access to shelter and care	
Case 6	Negative	48-year-old female, unemployed, domiciled, with fibromyalgia and cancer history as well as psychiatric history of borderline personality disorder, alcohol use disorder, and PTSD, including multiple hospitalizations and suicide attempts, who presented following overdose requiring intubation with ICU admission. Upon extubation, patient reported that suicide attempt was impulsive and done while acutely intoxicated (alcohol). Furthermore, patient described increased (fear of) detachment from her social group, as well as additional pandemic fearfulness (concerned that she had contracted	Impulsivity, heightened by acute alcohol intoxication Exacerbation of pre-existing mental illness and	Fears of contracting COVID and spreading it to family Cancer history and perception of being immunocompromised led to fears about being particularly vulnerable compared with the population	Egoistic vs. Altruistic

		the virus because of her prior oncologic history). She also noted anxiety about infecting her loved ones. All these stressors resulted in an increase in daily alcohol use as means to self-regulate, and contributed to worsening suicidality. Following medical stabilization, the patient was transferred to an inpatient psychiatric unit for further treatment.	overwhelmed coping skills Escalating substance use	Isolation/quarantine measures threatening one's sense of self-control/autonomy and amplifying PTSD symptoms	