Mental Health and Suicide Prevention in the Wake of COVID-19

These key messages were developed by the National Action Alliance for Suicide Prevention's (Action Alliance) [Media Messaging Workgroup](#) (MMWG)—a collaboration of nearly 20 mental health and suicide prevention partnersand federal agencies in response to the current pandemic. We encourage use of the below guidance when publicly messaging about suicide prevention and/or mental health during and in the aftermath of COVID-19 to help ensure our messaging is effective, reliable, and consistent. As the current pandemic evolves, these suggested key messages will continue to be updated to reflect any necessary changes.

Acting *now* can help to prevent negative mental health impacts of the pandemic.
- We must respond to both our nation's physical and mental health needs during and in the aftermath of this public health emergency.
- Just like we are protecting our physical health right now, we should also be taking care of our mental health as we navigate this pandemic.
- Much can be done now—both inside and outside of clinical settings (in-person and virtual)—to help oneself and others.

Social connectedness is key, and *all* Americans can play a role in supporting others.
- Research indicates that a sense of belonging and social connectedness improves physical, mental, and emotional well-being. In fact, connectedness is a proven protective factor against suicide.
- It is possible to remain socially connected to others while practicing physical distancing. There are [resources available](#) to help us stay connected, even during this time of physical distancing.
- Asking someone if they are thinking about suicide does *not* put the idea of suicide in that person's head. Instead, asking the question opens the door for a caring conversation about how someone might be hurting and how you might be able to help.

While there is *no* conclusive evidence to indicate that suicide rates have risen as a result of COVID-19, we *do* know many American are experiencing impacts on their mental and emotional well-being, and issues such as job loss, financial strain, and social isolation are all risk factors for suicide.
- Speculating about the potential impact COVID-19 may have on suicide rates can lead to normalizing suicide as a response to the current pandemic and could result in increased suicide contagion.
- Some populations, including LGBTQ youth, minority populations, frontline workers, or those experiencing job loss and financial strain, may be experiencing increased mental health challenges as an effect of the COVID-19 pandemic.

Help *is* available for those who may be experiencing a mental health or suicidal crisis.
- Mental health services, evidence-based treatments, and supports are available.
- If someone is experiencing an emotional crisis or thoughts of suicide, free 24/7, confidential services are available, including:

- *For emotional support specifically related to COVID-19*, call the Disaster Distress Helpline (800-985-5990), or text TalkWithUs to 66746.
- *For those experiencing a suicidal crisis*, call the National Suicide Prevention Lifeline (800-273-8255), or text the Crisis Text Line (text HOME to 741741).
- *For those who identify as part of the LGBTQ community*, call the TrevorLifeline (866-488-7386) or text START to 678-678.
- *For Veterans who are in crisis*, call the Veterans Crisis Line (800-273-8255 and press 1) or text 838255.
- *For frontline workers dealing with anxiety, stress, fear, isolation or other difficult emotions,* text FRONTLINE to 741741.

When discussing data, especially data related to call and text volumes for crisis services, include the appropriate *timeframe* and *context*.
- Increased outreach to crisis services does not necessarily mean more people are suicidal. Instead, it may mean more people are being made aware of a service or are connecting to care when they need it.

Virtual health care supports, like telehealth, *are* available for those looking to access behavioral health care services.
- Telehealth services can be a key prevention tool—both during and in the aftermath of the COVID-19 pandemic.
- Research suggests that telehealth can be just as effective as face-to-face therapy and, for some individuals, it is even preferable.

Even in normal circumstances, those working in health care delivery experience stress, anxiety, and burnout; but the COVID-19 pandemic is exacerbating these issues with many also experiencing compassion fatigue, fear for their own physical health, and trauma.
- Health care organizations can care for the whole health of their clinicians and staff by offering resources and tools to support emotional well-being and resilience, and creating a culture that embraces mental well-being.
- It's vital that clinicians and staff are encouraged to take time to address and support their own mental health, and feel comfortable reaching out to one another to provide social support and connection.
- Health care workers need to know they can openly discuss stress and burnout, and they will find the support and resources they need to get help.
- Some resources for health care workers include:
  - COVID-19: Stress and Coping Resources (American Hospital Association)
  - Strategies to Support the Health and Well-Being of Clinicians During the COVID-19 Outbreak (National Academy of Medicine)

News media play an important role in providing *accurate* and *safe* information during this pandemic.
- The news media are encouraged to continue utilizing best practices when reporting on suicide or suicide prevention.
  - Reporting on Suicide During the COVID-19 Pandemic
  - Recommendations for Reporting on Suicide (www.reportingonsuicide.org)

Questions or ideas for additional messages? Contact miselin@edc.org.