

Crisis: The Journal of Crisis Intervention and Suicide Prevention

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Online First Publication, August 31, 2021. <http://dx.doi.org/10.1027/0227-5910/a000814>

CITATION

Gelezelyte, O., Dragan, M., Grajewski, P., Kvedaraite, M., Lotzin, A., Skrodzka, M., Nomeikaite, A., & Kazlauskas, E. (2021, August 31). Factors Associated With Suicide Ideation in Lithuania and Poland Amid the COVID-19 Pandemic. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. Advance online publication. <http://dx.doi.org/10.1027/0227-5910/a000814>

Factors Associated With Suicide Ideation in Lithuania and Poland Amid the COVID-19 Pandemic

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Abstract. *Background:* The COVID-19 pandemic had an impact on many risk and protective factors associated with suicide. *Aims:* The aim of this study was to identify pandemic-related factors associated with suicidal ideation in the two European countries, Lithuania and Poland, amid the COVID-19 pandemic. *Method:* The sample comprised 2,459 participants in both countries; 57.2% of the respondents were female. The M_{age} of the participants was 43.45 years ($SD = 15.91$). Pandemic-related stressors and adjustment problems were measured to assess associations with suicidal ideation. *Results:* High levels of adjustment problems, loneliness, and burden due to staying at home more during the COVID-19 pandemic were significantly associated with suicide ideation in both Lithuania and Poland. *Limitations:* This was a cross-sectional online study with different recruitment approaches in the two countries. *Conclusion:* Adjustment problems, loneliness, and stressors related to staying at home more could be important targets for suicide prevention amid the pandemic.

Keywords: COVID-19, suicide ideation, Lithuania, Poland, risk factors

The actual effect of the COVID-19 pandemic on suicide rates in Europe is currently unknown. However, experts have warned that the COVID-19 crisis could be associated with elevated suicide risk (Ettman et al., 2020; Sher, 2020). The COVID-19 pandemic is related to social isolation (Courtet et al., 2020; Gratz et al., 2020), domestic violence (Gunnell et al., 2020), financial stressors (Ettman et al., 2020), and other factors that may increase the risk of suicide. Protective factors, such as active ways of coping with stress, or religious practices are also affected by the pandemic (Wasserman et al., 2020). Some studies have found significant associations between suicide risk and perceived stress related to the COVID-19 pandemic (Caballero-Domínguez et al., 2020).

The spread of the coronavirus and the public health control measures taken by national governments have varied in different countries. Thus, the COVID-19 pandemic might have a different impact on mental health and suicide rates in various countries (John et al., 2020). Research on suicide in different countries that considers these varying contexts is crucial to obtain more data on how the pandemic has affected suicidality.

Furthermore, suicide rates differed across European countries before the onset of the pandemic. For decades,

suicide rates in Lithuania have been among the highest in the world (Eurostat, 2017; Health Information Centre of Institute of Hygiene, 2020). By contrast, suicide rates are significantly lower in the neighboring European country Poland, albeit still relatively high compared with other countries (Eurostat, 2017).

The main aim of this study was to identify factors associated with suicidal ideation in Lithuania and Poland, amid the COVID-19 pandemic. We aimed to estimate how the pandemic-related stressors and restrictions on social life, as well as adjustment problems, predicted suicidal ideation in a cross-sectional large general population sample.

Method

Design

The current study was part of a larger pan-European study initiated by the European Society for Traumatic Stress Studies (ESTSS; Lotzin et al., 2020). It is a longitudinal study aiming to analyze the effects of the COVID-19

pandemic on mental health. Overall, 11 European countries have been collecting data, with optional additional measures assessed in some of the countries of the consortium. Suicidal ideation was measured in two countries: Lithuania and Poland. The study procedures have been published in a study protocol (Lotzin et al., 2020).

Participants and Procedure

The Lithuanian study sample data were collected by an online survey using a designated secure survey platform for data collection. The study was promoted via a broad range of recruitment strategies, including communicating the study information via social communication platforms (e.g. Facebook), email distribution lists of public organizations and associations, and the national and regional media. In total, from June to August 2020, 824 participants provided informed consent and logged into the study site, 578 of whom fully completed the survey. A total of 18

participants were excluded from the analysis as they did not meet the inclusion criteria of being a resident of Lithuania. In total, 568 participants were included in the current data analysis. The Lithuanian sample comprised 75.4% females; the M_{age} was 38.02 years ($SD = 14.15$).

The Polish sample data were collected by an external company using an Internet survey panel. A representative sample was recruited ($N = 1,904$). We excluded 13 participants who were not living in Poland from the analyses. Thus, the total Polish sample comprised 1,891 participants. All participants provided informed consent. Small financial incentives were offered, as part of the reward program for panel members for participation in different survey studies. Data collection was launched on June 10, 2020, and closed in 1 week. The Polish sample comprised 51.8% female participants; the M_{age} was 45.08 years ($SD = 16.05$).

The total sample size was 2,459 participants across both countries. The main characteristics of the sample as well as comparisons between the countries are presented in Table 1. Of the total sample, 57.2% were female. The M_{age}

Table 1. Comparison of sample characteristics between the countries

Variable	Total sample ($N = 2,459$)	Lithuania ($n = 568$)	Poland ($n = 1,891$)	Significance	p
	n (%)	n (%)	n (%)		
Gender					
Female	1,407 (57.2)	428 (75.4)	979 (51.8)	$\chi^2(2) = 107.70$	<.001
Male	1,050 (42.7)	138 (24.3)	912 (48.2)		
Other	2 (0.1)	2 (0.3)	0		
Age					
M (SD)	43.45 (15.91)	38.02 (14.15)	45.08 (16.05)	$t(1,043) = -10.10$	<.001
Range	18–86	18–79	18–86		
Education					
Less than university degree	1,244 (50.6)	148 (26.1)	1,096 (58.0)	$\chi^2(1) = 176.57$	<.001
University degree	1,215 (49.4)	420 (73.9)	795 (42.0)		
Ethnicity					
Local	2,423 (98.5)	539 (94.9)	1,884 (99.6)	F	<.001
Other	36 (1.5)	29 (5.1)	7 (0.4)		
Occupation					
Employed	2,077 (84.6)	454 (80.6)	1,623 (85.8)	$\chi^2(1) = 8.59$.003
Unemployed	377 (15.4)	109 (19.4)	268 (14.2)		
Pre-existing mental health diagnosis					
No	2,074 (84.3)	463 (81.5)	1,611 (85.2)	$\chi^2(1) = 4.20$.041
Yes	385 (15.7)	105 (18.5)	280 (14.8)		
Infected with coronavirus					
No	2,436 (99.1)	567 (99.8)	1,869 (98.8)	F	.042
Yes	23 (0.9)	1 (0.2)	22 (1.2)		
Knows someone infected with coronavirus					
No	2,094 (85.2)	455 (80.1)	1,639 (86.7)	$\chi^2(1) = 14.39$	<.001
Yes	365 (14.8)	113 (19.9)	252 (13.3)		

was 43.45 years ($SD = 15.91$). Almost half of the participants had a university degree (49.4%), and most were employed (84.6%). Coronavirus infection rates were low (<1%), more Lithuanian participants knew someone infected with coronavirus in contrast to the Polish sample, 19.9% and 13.3%, respectively.

The COVID-19 Pandemic Situation During Data Collection

In Lithuania, the first confirmed cases of SARS-CoV-2 infections were reported at the end of January 2020. At the start of the data collection on June 1, 2020, there were 1,677 identified COVID-19 cases in Lithuania (60 per 100,000 in population), including 71 deaths (World Health Organization [WHO], 2020). The strictest lockdown measures in Lithuania were taken between March 16 and June 16, 2020. In Poland, the first confirmed case of SARS-CoV-2 infection was reported on March 4, 2020. At the start of the data collection on June 10, 2020, there were 27,842 identified COVID-19 cases (74 per 100,000 in population), 1,206 people died of COVID-19 (WHO, 2020). The most strict lockdown measures in Poland were taken between March 11 and June 6; however, they were gradually lifted in four stages, starting on April 20. The stringency of the lockdown in the two countries was similar at the beginning of the study; however, in Lithuania, it became slightly less strict from the middle of June in the process of data collection (Thomas et al., 2020).

Measures

Suicidal Ideation Attributes Scale

The Suicidal Ideation Attributes Scale (SIDAS; Van Spijker et al., 2014) is a widely used population-based research screen for the presence of suicidal ideation (Batterham et al., 2015). The scale comprises five items with responses on the 11-point Likert-type scale. Each of the SIDAS items targets an aspect of suicidal thoughts over the past month: frequency, controllability, closeness to attempt, level of distress associated with the thoughts, and impact on daily functioning. The total score of the SIDAS is the sum of responses to all of the 5 items, with a possible range from 0 to 50. A higher score indicates more severe suicidal ideation. The previous validation of the SIDAS showed that a cut-off point of ≥ 1 can be indicative of risk for suicidal behavior (Van Spijker et al., 2014). Thus in this study, participants were assigned to the suicide ideation group if the SIDAS score was ≥ 1 . It has been demonstrated that the SIDAS has good reliability and validity (Oexle et al., 2020; Van Spijker et al., 2014). The Lithuanian (Grigienė, 2020) and Polish (Dragan

et al., 2020) language versions of the SIDAS were used in the current study. Psychometric properties of the SIDAS were good, with Cronbach's $\alpha = .90$ in Lithuanian, $\alpha = .94$ in Polish, and $\alpha = .94$ in the total samples.

COVID-19-Related Stressors

Perceived cognitive, behavioral, and emotional burden of the COVID-related psychosocial stressors was measured using items developed by the ESTSS study consortium (Lotzin et al., 2020). Participants were asked to rate how much the specific stressor has burdened them due to the coronavirus pandemic within the last month (0 = *not at all burdened*; 1 = *somewhat burdened*; 2 = *moderately burdened*; 3 = *strongly burdened*; 4 = *does not apply to me*). Responses to all the items were coded using binary response options (0 = *not at all to somewhat burdened/does not apply to me*; 1 = *moderately to strongly burdened*) for the data analysis in the study.

After discussion in the panel of experts, the COVID-19 pandemic-related stressor items reflecting the impact of the pandemic on social life were grouped into the three domains: (1) public-life restrictions (four items: restricted everyday activity, restricted leisure activity, restricted physical activity, restricted private traveling); (2) restricted social contacts (four items: social isolation, restricted personal contact to loved ones, restricted personal contact to others, restricted physical closeness to loved ones); (3) staying at home (four items: restricted housing conditions, no place of retreat, conflicts at home, violent assaults at home). The burden due to COVID-19 stressors in either of these three social domains was calculated by summing binary responses to all of the items comprising each of the COVID-19 pandemic-related stressor domains ranging from 0 to 4.

Additionally, we estimated the COVID-19 burden due to restricted religious or spiritual activities, fear of getting infected with the coronavirus, and loneliness using a binary response coding (0 = *not at all to somewhat burdened/does not apply to me*, 1 = *moderately to strongly burdened*). Furthermore, the participants were asked if the coronavirus pandemic reduced their monthly household income (0 = *no*; 1 = *yes*). Participants were also asked to report whether they had been infected with the coronavirus and if they knew people who were infected.

The Brief Adjustment Disorder New Module-8 Scale

The Adjustment Disorder New Module-8 (ADNM-8) was used for the assessment of adjustment problems to pandemic-related stressors (Kazlauskas et al., 2018). The ADNM-8 measure is widely used in ICD-11 adjustment disorder research (Kazlauskas et al., 2017). Participants were asked to indicate the most straining stressors related to COVID-19. The eight ADNM-8 adjustment disorder symptom items are rated on a 4-point Likert scale (1 = *never*, 4 = *often*) over the last month. The ADNM-8

symptom scale ranges from 8 to 32 and a score of ≥ 23 indicates a risk of adjustment disorder (Zelviene et al., 2020). The ADN-8 has sufficient factorial validity and good psychometric characteristics (Kazlauskas et al., 2018). It had good psychometric properties in Lithuanian ($\alpha = .94$), Polish ($\alpha = .95$), and total ($\alpha = .95$) samples.

Data Analysis

A multivariable binary logistic regression was performed to ascertain the effects of independent variables on the likelihood that participants had had suicidal ideation during the past month. The three multivariable binary logistic regression models were tested: in Lithuanian, Polish, and the total samples. Previous studies showed that gender, age, and pre-existing mental health problems were related to worse mental health outcomes during the

COVID-19 pandemic (O'Connor et al., 2020). Thus, we ran the models controlling for gender, age, education, and pre-existing mental health diagnosis. The model in the total sample was additionally adjusted for the country variable. The Statistical Package for the Social Sciences IBM SPSS version 25.0 was used for the analyses of data.

Results

Comparison of COVID-19-Related Stressors Between the Two Countries

The results revealed no significant differences in the prevalence of suicidal ideation between Lithuania and Poland (See Table 2). We found higher rates of adjustment problems (being at risk for adjustment disorder) in

Table 2. Comparison of variables between the countries

Variable	Total sample (N = 2,459)	Lithuania (n = 568)	Poland (n = 1,891)	Significance	p
	n (%)	n (%)	n (%)		
Burden due to restricted social contact					
M (SD)	2.02 (1.69)	1.84 (1.66)	2.07 (1.70)	Z = -2.94	.003
Range	0-4	0-4	0-4		
Burden due to staying at home more					
M (SD)	0.88 (1.29)	0.83 (1.11)	0.89 (1.34)	Z = -0.67	.501
Range	0-4	0-4	0-4		
Burden due to restricted public life					
M (SD)	2.17 (1.59)	1.93 (1.48)	2.24 (1.62)	Z = -4.28	<.001
Range	0-4	0-4	0-4		
Burden due to restricted religious or spiritual activities					
No	1,608 (65.4)	491 (86.4)	1,117 (59.1)	$\chi^2(1) = 143.43$	<.001
Yes	851 (34.6)	77 (13.6)	774 (40.9)		
Burden due to loneliness during the pandemics					
No	1,656 (67.3)	405 (71.3)	1,251 (66.2)	$\chi^2(1) = 5.03$.022
Yes	803 (32.7)	163 (28.7)	640 (33.8)		
Burden due to fear of getting infected with coronavirus					
No	1,210 (49.2)	352 (62.0)	858 (45.4)	$\chi^2(1) = 47.49$	<.001
Yes	1,249 (50.8)	216 (38.0)	1,033 (54.6)		
Adjustment problems					
No	1,912 (77.8)	428 (75.4)	1,484 (78.5)	$\chi^2(1) = 2.29$.121
Yes	547 (22.2)	140 (24.6)	407 (21.5)		
Income reduced during pandemics					
No	1,500 (61.0)	363 (63.9)	1,137 (60.1)	$\chi^2(1) = 2.47$.106
Yes	959 (39.0)	205 (36.1)	754 (39.9)		
Suicidal ideation					
No	1,882 (76.5)	448 (78.9)	1,434 (75.8)	$\chi^2(1) = 2.08$.142
Yes	577 (23.5)	120 (21.1)	457 (24.2)		

Lithuania than in Poland: 24.6% versus 21.5%, respectively. However, the difference was not significant either. The results revealed that more respondents from Poland than Lithuania were strongly burdened by various COVID-related stressors (restriction of social contacts, public life, religious and spiritual activities, fear of getting infected with the coronavirus, and loneliness during the pandemic). Descriptive statistics of the COVID-related stressors and comparisons of these variables between the two countries are presented in Table 2.

Multivariable Associations Between Pandemic-Related Variables and Suicidality

The results from the binary logistic regression analyses of the multivariable associations between the pandemic-related variables and suicidal ideation for the total sample and each country are reported in Table 3. The binary logistic regression model for the Lithuanian sample was statistically significant, $\chi^2(12) = 119.35$, $p < .001$. It explained 29.5% (Nagelkerke R^2) of the variance in suicidal ideation. The higher burden due to staying at home more ($OR_{adj} = 1.45$), more intense feelings of loneliness during the pandemics ($OR_{adj} = 2.47$), as well as risk for adjustment disorder ($OR_{adj} = 2.65$) were significant predictors of suicidal ideation in the Lithuanian sample (see Table 3).

The logistic regression model for the Polish sample was also statistically significant, $\chi^2(12) = 459.41$, $p < .001$. It explained 32.2% (Nagelkerke R^2) of the variance in suicidal ideation. The same predictors had a significant predictive value: stronger burden due to staying at home more ($OR_{adj} = 1.52$), more intense feelings of loneliness during the pandemics ($OR_{adj} = 2.07$), and risk for adjustment disorder ($OR_{adj} = 1.85$). Also, two additional variables had a significant predictive value in the Polish sample: less burden due to restricted social contacts

($OR_{adj} = 0.89$) and less burden due to restricted public life ($OR_{adj} = 0.86$).

Finally, the logistic regression model for the total sample was statistically significant, $\chi^2(13) = 557.00$, $p < .001$. It explained 30.5% (Nagelkerke R^2) of the variance in suicidal ideation. Predictors of suicidality in the total sample were similar to the country models. The higher burden due to staying at home more ($OR_{adj} = 1.51$) and more intense feelings of loneliness during the pandemics ($OR_{adj} = 2.13$), less burden due to restricted public life ($OR_{adj} = 0.89$), as well as risk for adjustment disorder ($OR_{adj} = 2.00$) were significant predictors of suicidal ideation in the total sample (See Table 3).

Discussion

This is one of the first studies exploring factors associated with suicidal ideation amid the COVID-19 pandemic in the European countries, with a focus on the pandemic-related psychosocial stressors in a large general population sample. We found that high levels of adjustment problems, loneliness, and burden due to staying at home more were significantly associated with suicide ideation in both Lithuania and Poland. Moreover, less perceived burden due to restricted social and public life was associated with suicidal ideation in the Polish sample.

Our findings confirmed that well-known factors associated with suicidality were significantly associated with suicidal ideation amid the pandemic as well. The current study revealed that the risk for adjustment disorder was related to suicidal ideation in line with previous studies (Casey et al., 2015). Our study also found significant associations between burden due to loneliness during the pandemic and suicidal ideation in line with previous COVID-19 studies (Killgore, Cloonan, Taylor et al., 2020).

Table 3. Multivariable binary logistic analysis of suicide ideation in total as well as in Lithuanian and Polish samples

Variables	Total sample (N = 2,459)	Lithuania (n = 568)	Poland (n = 1,891)
	$OR_{adj,c}$ (95% CI)	OR_{adj} (95% CI)	OR_{adj} (95% CI)
Fear of getting infected with coronavirus	1.10 (0.86, 1.40)	0.76 (0.46, 1.25)	1.25 (0.94, 1.67)
Restricted social contact	0.91 (0.82, 1.00)	0.95 (0.78, 1.17)	0.89 (0.79, 1.00)*
Staying at home more	1.51 (1.36, 1.67)***	1.45 (1.14, 1.86)**	1.52 (1.36, 1.71)***
Restricted public life	0.89 (0.81, 0.99)*	0.99 (0.80, 1.22)	0.86 (0.77, 0.97)*
Restricted religious or spiritual activities	0.95 (0.74, 1.24)	0.97 (0.48, 1.94)	1.00 (0.75, 1.33)
Loneliness during the pandemics	2.13 (1.65, 2.76)***	2.47 (1.42, 4.32)**	2.07 (1.55, 2.77)***
Adjustment problems	2.00 (1.56, 2.56)***	2.65 (1.59, 4.41)***	1.85 (1.39, 2.47)***
Reduced income	1.01 (0.81, 1.26)	0.75 (0.46, 1.22)	1.13 (0.88, 1.46)

Note. *adj* = adjusted for gender, age, education, and pre-existing mental health diagnosis, *adj. c* = adjusted for gender, age, education, pre-existing mental health diagnosis and country.

* $p < .05$, ** $p < .01$, *** $p < .001$.

The role of burden due to staying at home more because of COVID-19 restrictions was significant on suicidal ideation in both Lithuanian and Polish samples. These findings are similar to a recent study, which reported that an increase in suicidal ideation amid the COVID-19 pandemic was higher among people who were under stay-at-home restrictions (Killgore, Cloonan, Taylor, Allbright et al., 2020). Although mechanisms underlying these findings are unclear, such factors as conflicts at home and domestic violence have been previously identified as factors for increased suicide risk (Holmes et al., 2020).

There is evidence that financial stressors can be associated with suicide (Gunnell et al., 2020). However, the loss of income during the pandemic was not associated with suicidal ideation in the current study. Our study findings corroborate those of a recent study by Gratz et al. (2020), who also found no significant effects of recent job loss on suicide risk. However, the assessment took place at the early stages of the COVID-19 epidemic, and more long-lasting effects of the crisis on economics might show different results.

Although the results in Lithuanian and Polish samples were similar, we also found that lower burden due to restricted social contacts and public life was significantly associated with suicidal ideation, particularly in the Polish sample. Restrictions of social life can have a dual impact on suicide ideation. On the one hand, such restrictions could lead to higher suicide risk, due to social detachment and restricted active coping strategies (Courtet et al., 2020). On the other hand, individuals who experience certain mental health problems, for example, social anxiety or depression, might not perceive restrictions as a burden.

Limitations

Several limitations of the study should be taken into account. First, we used self-report online measures to collect data. Individuals may avoid disclosing their suicide ideation due to the stigma related to suicide in the region (Skruibis et al., 2015). Second, we used a different sampling approach in Poland and Lithuania. Self-referred participants were recruited in Lithuania; the sample comprised more women and younger participants than the general population of the country. A representative sample of online user data was available in Poland. However, a separate analysis of data in both countries revealed similar findings, despite different approaches in data collection. Furthermore, this study is cross-sectional. Longitudinal studies are needed to comprehensively estimate the role of multiple factors on suicide ideation in the unpredictable course of the pandemic.

Conclusion

Despite the limitations, the study provides important insights into factors related to suicidality during the ongoing COVID-19 crisis. In spite of high suicide rates, especially in Lithuania, research on suicidality in both countries at the international level is very limited. In this study, we found that adjustment problems, loneliness, and stressors related to staying at home more were associated with suicidal ideation in Poland and Lithuania. Therefore, identifying and reaching people with the aforementioned issues can be an important target for suicide prevention and clinical interventions amid the pandemic.

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History

Received December 15, 2020

Revision received April 12, 2021

Accepted May 2, 2021

Published online August 31, 2021

Conflict of Interest

The authors have no conflict of interest to disclose.

Funding

This work was supported by the Lithuanian Research Council (grant number S-COV-20-12) and by the Faculty of Psychology, University of Warsaw, from the funds awarded by the Ministry of Science and Higher Education in the form of a subsidy for the maintenance and development of research potential in 2020 (501-D125-01-1250000 zlec. 5011000248, 501-D125-20-0004318).

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