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THE INCREASE OF SUICIDE RISKS AMONGST INDIVIDUALS WITH MENTAL HEALTH DISORDERS DURING THE COVID-19 PANDEMIC

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THE INCREASE OF SUICIDE RISKS AMONGST INDIVIDUALS WITH MENTAL
HEALTH DISORDERS DURING THE COVID-19 PANDEMIC

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Joanna Flores
May 2023

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May 2023

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ABSTRACT

The COVID-19 pandemic brought on many challenges, one of them being the increase of suicidal ideation among individuals with a mental health diagnosis. This study seeks to determine the key factors that increased suicidal ideation by interviewing clients from a mental health agency. This is an important topic since suicide rates have been steadily increasing throughout the last 19 years. The researcher conducted one-on-one interviews virtually with mental health clinicians at the study site. The themes found in this study were fear of COVID, isolation, anxiety, and depression. A subtheme found in this study was social isolation. Understanding the key factors that led to suicide will help social workers address the needs of each client during a pandemic. Implications that can be drawn from this study for future research would be to have further studies in suicide prevention. These findings can assist social workers and their agencies in modifying their policies and procedures to better serve these individuals. Social work practice can benefit greatly from the findings uncovered in this study.

ACKNOWLEDGEMENTS

First, I want to acknowledge my husband Joshua who has been supportive throughout my master's program. He has gone through all the sacrifices we had in place for I can achieve my goals and dreams. Second, I want to thank my son Noah who is 5 years old, who has been the reason why I dedicate myself to finish my career. I want him to know that anything is possible if he pushes himself and overcome any obstacles in life. To my parents, siblings, and nephews, I want to thank them for understanding and being supportive of the sacrifices I had to do to achieve my career goals. I also want to thank my employer who supported and assisted me in working with my schedule that included work hours, internships hours, and school. I want to thank my professors who have been amazing in providing guidance and support throughout this journey. Lastly, I want to thank all the clinicians from the agency who participated and took time out of their schedule to participate in this study.

DEDICATION

This research project is dedicated to my mother who passed away August 2020 due to COVID-19 implications. She suffered from anxiety, depression, and had frequent suicidal thoughts. You are my inspiration and the reason why I want to help individuals who suffer from mental illnesses. You have been supportive since the beginning you knew I wanted to become a social worker. I hope you are looking down on me from heaven and are proud of me for achieving my goal.

“The Lord bless you and keep you; The Lord make His face shine upon you, and be gracious to you; The Lord lift up his countenance upon you, And give you peace.” (Numbers 6:24-26)

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CHAPTER ONE

ASSESSMENT

Introduction

This research focused on the increase of suicide risks amongst individuals with mental health disorder during the COVID-19 pandemic. This chapter starts with the research focus. Then the paradigm, post-positivism, and its assumptions are discussed. This is followed by a literature review to support the findings of this study. Then the theoretical orientation is described. Finally, two potential contributions to the study of social work practice are described.

Research Statement/Focus/Question

Individuals with mental health disorders during the COVID-19 pandemic have been affected in different ways. Mental health disorders are defined as a state of mind that alters a person's cognitive behavior and emotions (McIntyre & Lee, 2020). Using a qualitative method, this researcher sought to describe the factors that mental health clinicians identified that led individuals with any mental health diagnosis to suicide ideation and/or attempts during the COVID-19 pandemic, specifically in a rural area of Southern California. These mental health disorders may include but are not limited to depression, anxiety, mood disorder, and PTSD. Individuals who have suicidal ideation contemplate, think, or plan of committing suicide. This problem has increased throughout the pandemic, which has disproportionately affected individuals with mental health disorders. Although

studies have not looked at changes in rates of suicidal ideation among people with mental health diagnoses specifically, they have looked at changes in rates of suicidal ideation in general. A survey conducted in June 2020 indicated an increase in suicide ideation amongst young adults from 11% in 2019 to 26% in 2020 (Panchal, et.al., 2021). It is therefore expected that rates of suicidal ideation among people with a mental health diagnosis have also increased during the pandemic.

It is crucial to determine the factors and the rate of individuals with suicidal ideation to better help the populations affected. By understanding the factors that contributed to this issue, individuals may be able to obtain the resources needed to overcome this problem. An understanding of how these factors affected individuals with previously diagnosed mental health issues, allowed the researcher to gather data from various experiences. This issue is of great importance because suicide does not only affect the individual, but the surrounding family members and friends as well. Knowing how COVID may have impacted this clientele may help the agency develop better strategies to address potential increases in suicide risk due to similar situation, such as a natural disaster or other pandemics.

Paradigm and Rationale for Chosen Paradigm

The paradigm that was used in this study was post-positivism. Post-positivism had three assumptions about the nature of reality, the relationship between the observer and the observed, and the nature of data. The first

assumption was that reality is objective, and it is not measurable. The second assumption described that the researcher is unable to dissociate themselves from reality they should attempt to reduce their influence. The third assumption was that data collection should be qualitative, rather than quantitative, and collected in a naturalistic setting (Morris, 2014).

The post positivist paradigm was the best approach for this study because this allowed the researcher to identify various themes that may arise from the data rather than creating a hypothesis beforehand. This also emphasized emerging relationships that may not be distinguishable if the researcher utilized quantitative data. Qualitative data was collected from the clinician's perspective based on their experiences with their clients. This allowed the researcher to gather as much detailed information via zoom from the clinicians. This helped the study discuss the risk factors and how it has impacted individuals with mental health conditions during the pandemic.

Literature Review

The Coronavirus (COVID- 19) pandemic has affected many families globally, and especially impacted individuals with prior mental health disorders. This has caused an increase in suicidal ideation and attempts. Many factors contributed to the increase of suicide risks amongst these individuals. The pandemic may have caused regression in some individuals while in others it has halted any progress. This literature review encompasses the prevalence, causes,

impact of the issue, and existing interventions or preventions implemented to address suicidal ideation in people with a mental health disorder.

Prevalence

A large proportion of adults have a mental health diagnosis. It is estimated that one in five (51.5 million, 20.6%) individuals in the US have a mental health disorder (National Institute of Mental Health, n.d.). Females have a higher rate of mental health disorders (24.5%) compared to men (16.3%) (NIH, n.d.). Similarly, many adults experience suicidal ideation. According to CDC (2020), approximately 12 million individuals had suicidal ideation with 1.4 million attempts.

Rates of mental health disorders and suicidal ideation have increased during the COVID-19 pandemic. During the pandemic, four in ten individuals reported having anxiety and depressive disorder compared to one in ten from 2019 (Panchal, et.al., 2021). In a study conducted in June 2020, 31% of adults had symptoms of anxiety and depression, 26% had trauma/stressor-related disorder, 13% increase of substance abuse, and 11% suicide ideation (Czeisler, et.al., 2020). In July 2020, many individuals reported having a negative mental health effect due to the pandemic which included difficulties sleeping (36%) or eating (32%) and increase of alcohol consumption & substance use (12%) (Panchal, et.al., 2021). These factors have impacted the individual's state of mind and can be a precursor to suicide ideation.

Suicide ideation has increased throughout the pandemic, affecting individuals with mental health disorders. In a study conducted between June 24 to 30, 2020 (5,470) respondents were surveyed in which resulted in 10.7% who considered suicide within the past 30 days (CDC, 2020). Understanding this rate gives an important insight on what individuals faced during the pandemic. The following age groups reported suicidal thoughts during the pandemic; 18 to 24 had 25.5%; 25 to 44 had 16.0%; 45 to 64 had 3.8%; and 65 and older had 2.0% (CDC, 2020). Although these statistics were taken within a month, it displays the prevalence of suicidal ideation amongst different age groups.

Contributors

Some of the factors that have contributed to individuals with mental health disorders experiencing suicidal ideation are quarantine, fear, social isolation, financial struggles, unemployment, coping with death, and stress (Zalsman, Stanley, Szanto, Clarke, Carli, Mehlum, 2020). Some individuals also faced the lack of mental health and psychiatric services, which led to an increase in suicide attempts. These factors had a tremendous impact in the way these individuals lived their lives and how it affected those around them.

Fear and uncertainty of being exposed to COVID-19 along with other factors may have contributed to individuals developing different disorders. According to Sher (2020), the constant exposure to COVID-19 news may lead individuals to develop anxiety, depression, and sleep disorders. This frequent exposure may have intensified these disorders in individuals with mental health

conditions. Living in constant fear and uncertainty, has caused detrimental effects on individuals.

The mandates that were implemented to reduce the spread of COVID-19 did not only cause fear and uncertainty but resulted in the feeling of loneliness. Loneliness may result in a decline of mental and physical health (Panchal, et.al., 2021). A study found that after stay-at-home orders were implemented in March 2020, many individuals who were isolated reported an increase of negative mental health effects than those did not isolate (Panchal, et.al., 2021). Although these safety measures were implemented to keep individuals safe, it had a secondary effect on mental health.

Relapse in psychiatric disorders in individuals with mental health disorders increased during the COVID-19 pandemic, due to limited access to treatment. A study found that the rate during the first few months of the pandemic, 59% of individuals who participated in the study discontinued their medication (Mutlu & Yagcioglu, 2020). This termination of consuming medications can be attributed to the self-isolation mandates imposed. According to Mutlu and Yagcioglu (2020), 155 patients were surveyed resulting in 13.7% of participants discontinuing their medications due to the strict pandemic guidelines. According to this study, some individuals who relapsed, developed suicidal ideation and attempts, which resulted in hospitalizations (Mutlu & Yagcioglu, 2020). This increase of relapses in individuals with preexisting mental health conditions brought on new stressors.

During the pandemic, many individuals faced economic fallout due to closure of businesses. Many individuals experienced job losses or income insecurity, which increased the individual's stress and concerns regarding their source of income and had an effect on their mental health stability (Panchal, et.al., 2021). A study showed that 53% of adults developed anxiety and depression disorders after losing their jobs, compared to 32% of individual who had not experienced job losses (Panchal, et.al., 2021).

Impact

Since COVID-19 is comparatively new, further research is necessary to determine the long-lasting effects on individuals. However, it is known that suicide ideation may lead to suicide attempts which can affect the individual economically. A study found, that obtaining care for suicidal attempts is costly for both insured and uninsured individuals, resulting in the inability to receive care (Panchal, et.al., 2021). The lack of proper care can worsen the individual's state of mind and have long term effects. This knowledge of how suicide affects the individuals give an insight of what COVID-19 effects may have in the future.

The consequences of the increase in suicidal ideation during the pandemic resulted in higher hospitalizations, increase in suicide attempts, and increase in drug and alcohol use. According to CDC (2020), 5,412 respondents were surveyed between June 24 to 30, 2020 reported a 13.3% increase in substance use due to COVID-19. In May 2020, a 31% increase of hospitalizations from suicide attempts was recorded (CDC, 2020). Suicide

hospitalization costs have increased from 11% in 2019 to 22% in 2020, partially because of the COVID-19 pandemic (Panchal, et.al., 2021). These rates demonstrated how the COVID-19 pandemic has affected individuals physically, mentally, emotionally, and financially.

Intervention/Preventions

To prevent suicides from occurring in individuals with mental health disorders, some strategies suggested are universal preventive interventions, selective preventive interventions, and indicated preventive interventions (Sher, 2020). In the universal preventive intervention, it is imperative to focus on the reduction of feelings that caused distress such as fear, isolation, and stress. This can be achieved through remaining in contact with other individuals via social media platforms and an increase in mental health promotion (Sher, 2020). Propaganda can be used to promote self-care and being aware of the person's mental health condition. It is also important for individuals to communicate with family members and peers to maintain healthy relationships even when they are distant.

The selective preventive intervention focuses on the individuals who have an increased risk of emotional distress and history of psychiatric disorders (Sher, 2020). This group of individuals need a constant outreach to ensure they are cared for. Indicated preventive intervention is aimed towards individuals who have a high risk of suicidal tendencies, such as current suicide attempts (Sher, 2020). These individuals require the most attention, even though they may

neglect services in fear of becoming exposed. Overall, Telemedicine may be a tool that can be used to mitigate the increase in suicidal ideation.

Between 2019 and 2020, there was an increase in suicidal ideation and other pandemic related disorders. During the pandemic, causes that affected individuals with mental health disorders consisted of loneliness, fear, relapse of psychiatric disorders, and economic downfall. These causes were experienced because of the safety measures and protocols that were implemented to safeguard against the virus. The consequences an individual with thoughts of suicide may have resulted in an increase of hospitalization, costs, drug, and alcohol use. This study focused on gathering information from Clinicians and their experiences working with clients who have mental health disorders and how the pandemic has affected them. This proposal used previous findings to demonstrate the validity of past literature.

Theoretical Orientation

The theory that underlined this study was the interpersonal theory of suicide. The interpersonal theory of suicide described how the individual experienced the feeling of being a burden and the sense of unable to belong, along with suicidal behavior caused by capability and desire for suicide (Chu et al., 2017). The feeling of being a burden lays heavy on the individual who may have feel disconnected from other members of their community or family. Once the individual has the feeling of not belonging or being a burden, they may begin to have an ideation of ending their feelings. Overall, the individual may feel as if

suicide is the only option available to them and may see it as a form to end the issues they face.

This theory supported the framework of the proposal by explaining why an individual may contemplate attempting suicide. The COVID-19 pandemic required social distancing which resulted in individuals feeling lonely and a burden to families and may have disassociated from society (Raj et al., 2020). The feelings of loneliness and burdensome may have worsened during the pandemic due to the financial struggles a family may have endured (Raj et al., 2020). According to Sher (2020), millions of individuals lost their employment due to the mandated quarantine phase resulting in the closure of businesses. This may have led them to believe that they were a burden or did not fit in with others. The forced isolation everyone experienced when social distancing measures were put in place may have intensified the sense of disassociation. Individuals with mental health diagnoses may be more likely to feel as if the only answer to these feelings would be ending their lives. Studies have shown that individuals feeling loneliness may be at a higher risk for suicide ideation (Raj et al., 2020). This was greatly seen during the pandemic, where individuals were isolated, lonely, and distant.

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

This study had two potential contributions for micro and macro social work practice. This research gathered valuable insight from the Clinician's perspective

to identify the risk factors their clients experienced for suicidal ideation and the impact on those factors on the individuals.

One contribution to micro social work practice was the increase of understanding on how individuals with mental health diagnosis were affected during a pandemic or isolation. In the micro level, the data gathered from this study will benefit and educate social workers on the key factors that need to be observed to determine the individual's state of mind regarding suicide. By understanding the factors attributed to suicide, social work practice policy and procedures may be implemented to address the individuals at risk of suicide. Social workers will set an example on conducting crisis-interventions and psychosocial support based on policies and procedures developed (Raj et al., 2020). This new information may potentially assist social workers in addressing future emergencies. Along with better preparation, social workers will have an insight on how to fulfill their client's needs.

A macro contribution can be advocacy for federal funding to support further research and resources for the affected individuals such as Telehealth. Telehealth can be an effective tool for social work practice in dealing with emergencies when a quick response is necessary. The data gathered from this study will help social workers identify factors that increase suicide risks, which may result in a prompt response via telehealth. Telehealth may be a tool for future social workers to deescalate at-risk individuals from committing suicide.

This form of communication will not replace the need for a social worker to respond in-person but may de-escalate an emergency until aid responds.

Summary

Suicide ideation amongst individuals with mental health disorders during the COVID-19 pandemic has increased. This proposal was important to society and the individuals diagnosed with mental health disorders living through any future pandemics. It was imperative that this topic was researched and analyzed to help those individuals in need and create applicable resources. A post-positivist approach was best used in this topic since qualitative data was collected in a natural state. The research was guided by the interpersonal theory of suicide. The findings in this proposal were to explore connections between social work practice and how COVID-19 impacted individuals at the micro and macro levels.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two describes the engagement process of the study site which included describing the services, characteristics of clients and workers, and location served. Then engagement strategies for gatekeepers were identified and addressed. The chapter then describes the researcher's self-preparation for data collection. Then it describes the diversity, ethical, and political issues that may arise throughout the study. Finally, the role of technology is identified, and its effects analyzed.

Study Site

The study site was an agency serving individuals with mental health disorders in Southern California. This agency provided services to adults who are over the age of 55 with severe mental illnesses and who needed emotional support under the Full-Service Partnership program, Prevention and Early Intervention Program, and Outpatient Care Services (Agency Brochure, 2015). These services assisted individuals with emotional, psychiatric, physical, and housing needs. This agency also provided services to adults over the age of 18 under the Fee for Service Program (Agency Brochure, 2015). The services provided range from psychotherapy to various supportive details that assisted individuals with mental health concerns. Services are provided through the

TeleMental Health Program, which focused on assisting adults across the state of California (Agency Brochure, 2015). This form of service was beneficial to individuals who do not have the means to obtain in-person services or who are at risk of the COVID-19 pandemic.

The agency staff was ethnically and racially diverse which allowed for better rapport with clinician through better understanding of different cultures. Staff were of diverse genders, which were necessary in diversification of the workplace. The clinicians that worked at this agency are licensed (LCSW or LMFT), Master's Degree (MSW or MFT), and the case managers have bachelor's degrees with previous experience in working with diverse populations and various mental health disorders (Agency Brochure, 2015). By holding employees to a higher educational standard, an agency can feel at ease knowing that the individual has previous knowledge and/or experience. This diversity in education allowed for workers to share and learn from each other based on their experiences and educational backgrounds.

Clients come from various backgrounds and are diverse in terms of race, ethnicity, and genders. This agency accepted clients with no income to low income. Although clients needed health coverage to receive services, there were ways where this agency attempted to assist them in obtaining medical coverage if they do not have it. Clients who did not have coverage were able to be enrolled in an assistance program in which a case manager helped them to obtain Medi-

Cal. This ensured that all clients that need services can obtain them without delay.

Engagement Strategies for Gatekeeper at Research Site

A potential gatekeeper in this agency included the director, who provided a better insight into the objective and protocols of this agency. An email was sent to the director describing the research proposal and the agency's proposed involvement. A copy of the research proposal was outlined on how many Clinicians were needed to be interviewed and the length of the research. The researcher also informed the director about how this study was beneficial for the agency. Benefits that this agency gained from this study included a better understanding for the staff on how the COVID-19 pandemic affected individuals with mental health diagnosis and suicide rates. Upon approval from the director, the proper documentation was reviewed and signed for authorization to conduct the research. Interviews were needed, which were conducted virtually due to the ongoing pandemic.

The first strategy to engage the gatekeeper consisted of providing the questions that were asked during the interviews. This allowed the gatekeeper to understand the nature of the study and the questions that were asked. The researcher then asked the gatekeeper for any additional questions they felt were relevant to this study. This allowed the agency to also collect information they may be interested in. This strategy helped engage the gatekeeper and increased the agency's buy-in for this study.

Self-Preparation

To prepare data collection for this study the researcher had communication with the director via email. This helped the researcher understand the agency's policy and procedures. By understanding how the agency worked, the researcher was able to build rapport and learn more about the staff's culture. The researcher conducted mock interviews with colleagues, to determine the flow of the interview and if changes were needed to the questions. The time frame for the researcher prepared for data collection depended on the rapport the researcher builds with the staff. The researcher was cautious in the type of questions that were asked to the clinicians as the questions may touch on a sensitive topic. The researcher learned about the staff and their procedures with clients to ensure proper data collection.

Diversity Issues

A diversity issue that was encountered was the lack of diverse age groups among clients, which reduced the generalizability of study findings. The study site is currently focusing on serving individuals who are 55 years and older. However, adults 18 years and older are still receiving the services at this agency. Because the agency is relatively small, the researcher was not able to try to control the age range of the sample participants, which is a potential limitation to the study findings.

Ethical Issues

An ethical issue the researcher encountered was the community where the data was collected as it was a small area, posing a risk to anonymity and confidentiality. To address this issue the researcher removed any identifiable information to the extent possible from the data and will report any findings in group form only. Another ethical concern was that the researcher's employer had similar clients as the study site. The researcher and the agency may have potentially served common clients. The researcher differentiated the roles as a professional employee and a researcher to avoid any conflict of interest. A strategy that addressed this issue was by informing the supervisor of any common clients between the two agencies.

Political Issues

A political issue the researcher experienced throughout the study was the agency being reluctant to provide information to a non-employee. The agency was reluctant to disclose sensitive information about clients and may be concerned that clinicians will speak negatively about them in interviews. First, the name and location of the agency partner is redacted in the paper to protect the privacy of agency clientele and clinicians alike. A second strategy was to identifying topics the agency is not comfortable with the researcher discussing with the clinicians. This helped avoid any recording discussions of those topics in the interviews.

The Role of Technology

Technology played an important role in this study due to the ongoing pandemic. With social distancing in place, it was beneficial to utilize every bit of technology available to conduct this study. Virtual meetings were conducted to engage and interview the clinicians. Virtual interviews were recorded to analyze the data for accuracy. Technology in this setting also allowed the researcher to gather information from clinicians, without any delays and the need for face-to-face.

Summary

This chapter focused on the engagement process that took place in this research regarding the study site. This study site and location area served has a diverse clients and worker populations. Another necessary aspect of this stage of the research was engaging the director as the gatekeeper and effectively communicated the benefits of this research proposal for their agency. Data collection in this research was taken into consideration, the type of questions that were and the person's sensitivity level to the topics that were discussed. Diversity, ethical, and political issues may arise, however the researcher formulated strategies on how to address these. Technology played an extremely important role in this research, due to the ongoing pandemic, and was used to facilitate communication between clinicians and the researcher. The researcher took into consideration the need for confidentiality of the participants and their

comfort in utilizing technology and made sure that verbal consents were obtained with each participant due to the ongoing pandemic.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discussed the implementation strategy that was used throughout this study. The characteristics of the study participants are described along with the sampling strategy. Mental health clinicians were selected for this study to identify the factors that led individuals with mental health disorders to suicide ideation and/or attempts. Data gathering methods and procedures are described as well as procedures for data recording. Lastly, a bottom-up approach to data analysis is described.

Study Participants

Eligible participants were clinicians from a rural mental health clinic in Southern California. Participants were females from diverse backgrounds. Most participants in the study site were White, Black, and Hispanics. Most of the participants range in ages from 30 to 60 years old and some were proficient in speaking Spanish in addition to English. The researcher interviewed 10 participants; these participants were all females of the study site. A letter of support for the study has been provided to the researcher.

Selection of Participants

This exploratory study used qualitative methods. The purpose of this study was to use mental health clinicians' perspectives on the factors that could lead individuals with mental health disorders to have suicidal ideation or suicidal attempts. By applying a qualitative approach, the participants were able to provide a descriptive response to the open-ended questions from the researcher. Purposive sampling was attempted in this study to sample all clinicians at the study site due to the relatively small sample size available. The gatekeeper is the direct supervisor. When the approval was granted by the supervisor, the researcher emailed the recruitment flyer, that was created by the researcher via email to the supervisor. The supervisor emailed the recruitment flyer to the clinicians. There are approximately 4 offices in which the gatekeeper emailed the recruitment flyer. The researcher's contact information was provided on all flyers.

Data Gathering

The study site identified potential participants who were interested in participating in this study. Data was gathered through individual interviews via virtual meetings. Questions were prepared prior to the interviews and provided to the supervisor for approval. The director provided the recruitment flyers with the researcher's contact information to the potential participants and provided them with a brief introduction of the study. If the participants were interested, they had to contact the researcher. The researcher scheduled the interview via email or phone. The participants were given an introduction of the study to help them

understand the purpose of the research. Demographic information was gathered, such as age, gender, ethnicity, years working with the agency, years working in mental health, years of experience working in social services, and academic background. Participants were asked about the factors and experiences their clients endured during the COVID-19 pandemic and suicide. The interview questions were developed in collaboration with the research supervisor and any feedback from the gatekeeper. This allowed the researcher to obtain the appropriate input on the type of questions that should be used, prior to conducting the interviews.

Phases of Data Collection

There was one phase for data collection for this study – individual interviews. The researcher ensured the interviewee understood the purpose of this study and the process of the interview. Once the interviewee understood the process of the interview, the researcher obtained verbal consent for their participation. The researcher asked the interviewee if they had any questions regarding the study. The researcher then initiated the interview questions. To close out the interview the researcher thanked the interviewee for their time.

Data Recording

Interview questions were audio recorded via zoom to minimize exposure due to the ongoing pandemic. Participants were able to provide information during the interviews in a comfortable setting. Next, questions were asked to the

participants to explore the various factors that may lead individuals with mental health conditions to have suicide ideation and/or attempts. The approximately length of time for each interview was 10 to 30 minutes. Interviews were transcribed to obtain detailed information. Once data recording was completed, the researcher inputted information for data analysis.

Data Analysis

The researcher initiated analyzing the interview responses once all interviews were completed. The participants responses to the open-ended questions were analyzed to identify major themes and sub-themes. The interview responses were transcribed, clean, and coded by the researcher. A bottom-up qualitative approach was utilized to analyze the data collected from the interviews. This approach consisted of open coding, axial coding, selective coding, and a conditional matrix. Open coding was utilized to capture key elements that arise throughout the data. Axial coding was used to organize codes into different groups and find any connections between these groups. Selective coding was used to identify themes in the groups. Once all these three stages of coding were processed then the researcher was able to apply the last stage of conditional matrix. In this stage, the conditional matrix was used to establish themes found in the study and apply it to the societal context (Morris, 2014). This method for analysis interview data was learned from the step-by-step approach of the constant comparative method (Boeije, 2002).

Termination and Follow Up

After each interview, the researcher thanked the participants for their participation in the study and asked for additional comments and question they may have. Participants were given details involving the project results which can be viewed at the end of the 2023 academic year via a web link on the CSUSB ScholarWorks website. Participants and the gatekeeper were provided with a website link to view the results on CSUSB ScholarWorks website. Participants and the gatekeeper can provide their comments and concerns regarding the project on the school website directly to the researcher.

Communication of Findings and Dissemination Plan

The research project results will be presented to the California State University of San Bernardino Social Work Graduate Research Department and available on the Scholar Works website upon completion. The clinicians who participated in this study and the gatekeeper have been advised that they can access the entire study on Scholar Works and given steps how to accomplish this task. The study was published at the CSUSB ScholarWorks (<https://scholarworks.lib.csusb.edu>) website and was disseminated at the School of Social Work Research Symposium at the end May 2023.

Summary

Chapter three focuses on the implementation stage of the study. It begins by describing the study participants and how they were selected. The following

sections described the process for data gathering and data collection. The next section on data recording focuses on how data obtained would be recorded through audio, with informed consent being acquired prior to beginning the interviews. The section on data analysis describes how the data was transcribed, cleaned, and coded.

CHAPTER FOUR

EVALUATION

Introduction

This chapter outlines the findings of the research project. This included demographic information on the clinicians who participated in this study. Several themes and subthemes were found during the research process and were discussed. These themes include fear of COVID, isolation, social isolation, anxiety, and depression. Finally, limitations and implications of this study are discussed.

Data Analysis

Clinicians

There were ten clinicians who participated in this study. All participants were females. All the participants were over the age of 30. Four clinicians reported their ethnicity as White/ Caucasian, three identified as Hispanic American/Latino, two identified as Black/African American, and one reported as other. Half of the participants have under 5 years working with the agency, while the other five have over 6 years with the agency. Four participants have worked under 10 years in mental health services, while the other six participants have over 11 years working in mental health. One of the ten participants has under 10 years of experience in social services, while the other nine participants have over 10 years of experience in social services. Regarding education, five out of ten

participants reported having earned a master's degree, three reported they are Licensed Clinical Social Workers (LCSW), and two have higher degrees.

Participant's demographic information is detailed in Table 1 below.

Table 1. Demographics Information

Age	Number	Frequency
Over 30	10	100%
Gender		
Females	10	100%
Ethnicity		
White/ Caucasian	4	40%
Hispanic American/ Latino	3	30%
Black/ African American	2	20%
Other	1	10%
Years working w/ the agency		
Under 5	5	50%
Over 6	5	50%
Years working in Mental Health		
Under 10	4	40%
Over 11	6	60%
Years of experience in social services		
Under 10	1	10%
Over 10	9	90%
Education		
Master's degree	5	50%
Licensed degree	3	30%
Higher	2	20%

All clinicians agreed to be interviewed and recorded via zoom application with their cameras off. The clinicians were not asked for specific diagnosis their

clients have but rather to report the factors that may lead their clients to suicide ideation during the COVID-19 pandemic. Each participant was assigned to a pseudonym and changed their name prior in the zoom meeting and recording. There were no video recordings of participants, and their names were changed to their initials. Additionally, the researcher changed their names again when enabling transcription for confidentiality. The interviews were saved to the researcher's password protected individual computer.

After the participants understood and provided verbal consent (see APPENDIX A), data was collected from the clinicians. The interview questions (see APPENDIX A) included open-ended questions, which participants answered. Participants had also the option to skip or discontinue their participation at any time without any consequences. No participants chose to skip any questions or discontinue the interview process. All interviews were recorded and transcribed. Once the interviews were completed, the researcher would listen to the interviews and ensure that each transcript was accurate. All the materials will be destroyed after study is completed.

Next, the researcher used the Constant Comparison Method to initiate the coding process of the qualitative data. This method was used to review each transcription and categorize the data based on the quotes by the participants. Open coding was used to capture codes based on the participant's responses. The researcher read and analyzed the participant's answers line by line in a word document. Then the researcher highlighted specific lines to categorize themes

for the study. The researcher continued to code while reading each interview transcript. After open coding, the researcher initiated axial coding and look for themes to merge with the open codes into more specific themes. Finally, the researcher utilized selective coding to bring the codes and themes together making a comprehensive narrative that explained the connection between the data.

Data Interpretation

This next section outlines the themes and subthemes found in the analysis of this study. The themes found in this study were fear of COVID, isolation, anxiety, and depression. A subtheme found in this study was social isolation.

Fear of COVID

The first major theme found from the participants being interviewed, was that their clients were afraid of being exposed to COVID-19. Each participant expressed that their clients were affected by the pandemic which caused a slight increase of suicide ideation. One participant shared,

I had one client that had frequent suicide ideation and one attempt that was not successful because the client was afraid of being alone and getting COVID, luckily, I was able to communicate by phone or video with the client more frequently to reduce any suicidal thoughts (J-PR, May 2022).

Another participant shared,

Clients have been restricted to living at home and they are exposed to a lot of more national news about even people, artists in the movie industry committing suicide and so now the clients are afraid and ask questions if it's related to COVID, so some of them have lost hope and have expressed those suicide ideations (S-PR, March 2022).

Another participant explained, "My clients expressed how now they fear of getting COVID anywhere they go, while worrying about their mental health symptoms and not having therapy sessions in person has affected them" (J-PR, May 2022).

Another participant shared, "There has been a considerable degree of fear of going out, the possibility of getting COVID since some clients have family members who have passed away from COVID-19" (T-PR, May 2022).

Each participant shared that their clients live in constant fear and uncertainty in which causes detrimental effects on their lives and mental health.

Isolation

The other theme found from the participants was that their clients felt isolated during the COVID-19 pandemic, which led to most of the clients experiencing suicidal ideations. Each participant expressed how their clients felt that the mandates implemented were forced and caused them to isolate themselves at home. One participant expressed,

Some clients felt less motivated to complete their ADLS and experienced more prolonged isolation during the pandemic, where a lot of the clients had to rely on specific resources like technology and unfortunately, they didn't

have access to, which has created a lot of emotional stress for them (S-PR, March 2022).

Another participant shared,

the pandemic has affected the clients by not being able to go out, being scared of getting COVID, and then the isolation which worsened their mental health conditions, and some did express suicidal thoughts so I would minimize the situation and contact them more frequently (B-PR March 2022).

Another participant shared,

According to them, when you're forced to be isolated makes it very difficult because you kind of start becoming crazy in the house, and especially when you are used just being out, their symptoms had increase and they were easily triggered again by being at home and being isolated with their thoughts (J-PR May 2022).

The participants described how their clients felt being isolated and socially isolated from others. Participants mentioned that most of their clients live alone, and when the stay-at-home orders were implemented, it affected their mental health symptoms because they were not able to go out. Participants also mentioned that because their clients live alone, most of them historically participated in activities and socialize with others before the pandemic started. When the clients were unable to socialize and attend events, the participants noticed how their client's mental health symptoms worsened.

Social Isolation

Participants mentioned that their clients were socially isolated from others during the COVID-19 pandemic due to the state mandates being implemented. Participants mentioned that most of the clients participated in senior centers for support groups, however due to the state-mandates clients were forced to isolate themselves at home. A participant shared,

I know a lot of our clients were really stressed and being out of their homes was their coping skills and were used to going to social groups in person which benefited them pre-pandemic, because they were able to get out of their home more frequently whereas they were forced to be at home which brought a lot of stressors, suicidal thoughts, and an increase on their mental health symptoms (J-PR May 2022).

Participants also mentioned that their offices had to be closed due to the mandates, and clients felt lonely and isolated from receiving proper mental health treatment in-person. A participant shared,

The most challenging part for me was to stay in touch with these clients, trying to have consistent sessions with them by phone or by video a lot of them didn't respond, so their mental health services was not as well met (B-PR March 2022).

Another participant shared,

Before the pandemic, some clients had minimal suicidal thoughts, however they did increase after COVID their suicidal thoughts, because

they felt they were by themselves they didn't have anybody to speak to, no personal communication as they were completely isolated (T-PR May 2022).

Anxiety

Another theme found was participants reported that the client's anxiety symptoms started to increase due to COVID-19. Participants reported that some clients with various diagnosis (e.g., schizophrenia, bipolar, depression, psychosis, etc.) did not show severe anxiety symptoms before COVID-19. However, during COVID-19, some clients started showing anxiety symptoms which deteriorated their mental health and physical health. A participant shared, "For the past two years our clients have been isolated so it created a lot of anxiety and paranoia which they did not experienced before" (S-PR March 2022). Another participant shared, "the client's mental health symptoms have gotten worse, their anxiety has gotten worse, each client was affected differently, and I noticed how their suicidal thoughts increased however I did not see my clients attempt suicide" (B-PR March 2022). Another participant shared, "my clients expressed that they were anxious and fearful of contracting the COVID-19 virus while being around other people and going to the stores, this affected their daily activities" (D-PR April 2022). A participant shared, "my client's mental health symptoms worsened during COVID-19, I had a few clients who were unable to control their worry because they felt they would get COVID, which caused a lot of distress and affected their daily life" (R-PR May 2022).

This uncertainty has increased client's anxiety and their mental health as the pandemic continues to affect clients with mental health conditions.

Depression

The last theme found from the participants was that their clients had an increase of depression due to COVID-19. The participants noted that some of their clients had difficulty sleeping and unable to cope with death from their family or friends. A participant shared, "We had a lot of deaths in the past 2 years in our clients, some expressed how they lost family members and had difficulties learning how to cope with people dying as it was hard for them" (B-PR May 2022). Another participant shared,

Their depression has gotten way worse after COVID-19 and that has led for some of them to experience suicidal ideation, loss of interest, sadness, and lack of sleep, just dealing with the sadness of the situation that many clients have endured caused their mental health to deteriorate (S-PR March 2022).

Another participant shared,

I had a few clients who expressed suicidal thoughts because they felt lonely, sad, difficulty understanding why this was happening, the loss of their loved ones, and how everything was shut down one day to the next, this caused multiple stressors in their lives (R-PR May 20 22).

Summary of Findings

In overall, the researcher found themes and subthemes to this study from the participants. The themes found were fear of COVID, isolation, anxiety, and depression. One subtheme found in this study was social isolation. All participants mentioned that COVID-19 affected their client's mental health. Most of the participants discussed how some of their clients experienced suicidal thoughts and/or attempts.

Implications of Findings for Social Work Practice

As in previous research on the topic of suicide ideation (Czeisler, 2020; Panchal, 2021; Sher, 2020; Zalsman, 2020), this study found that clients reported higher suicidal ideation and increase interventions from the clinicians, unlike, previous studies that have not discussed suicide ideation (Sher, 2020; Mutlu & Yagcioglu, 2020). This study also found that the factors that contributed to the increase of suicide ideation during COVID-19 align with previous research on the topic (Panchal, 2021; Raj, 2020). Implications that were found for this study is to implement the areas of social work practice, social work policy, and social work education. This section will also focus on the strengths, limitations, and recommendations.

Social Work Practice

Based on the findings in this proposal, the suggested actions for clinicians to better assist clients is to implement other types of practice across all agencies.

Future agencies need to be prepared to offer services in various formats to ensure that mental health treatment is accessible. Agencies should also be prepared to support their clinicians in these various formats to meet clients' needs. Participants reported that frequent interventions were incorporated to minimize client's suicidal thoughts and mental health symptoms. This implication would better prepare clinicians in handling future situations similar to this pandemic, to ensure clients receive the support they need.

Social Work Policy

One of the key factors that affected clients during the pandemic was social isolation. In terms of social work policies there may be little to change, although there should be policies that address future pandemics. This researcher recommends that all agencies find ways to address social isolation even in cases if they must stay away from each other. Agencies should strategize and formulate plans to assist clients by gathering suggestions from the staff to better serve the clients. By implementing policies that address social isolation, clinicians will be prepared with the means to minimize the effects it has on clients.

Social Work Education

Social work programs need to prepare their students to work in variety of formats that they may encounter. This will help students and the schools to understand and strive for different resolution strategies. Social work programs must also prepare students to be ready to work with distressing conditions for

everyone. As the ongoing pandemic, many individuals have been impacted in which students may need to learn how to handle these situations.

Strengths

A strength of this study is that the researcher was able to partner with the agency. Another strength is that the researcher was able to obtain a sample of participants. The third strength is that the clinicians were willing to talk to the researcher and answer interview questions. The last strength of this study is that the sample was diverse which included various education background, different ethnic groups, and different age group. This allowed the researcher to gather sufficient information from the participants.

Limitations

The findings in this study resulted in at least four limitations. The first limitation of this study is that the researcher worked with one agency in one specific location. A second limitation was that the sample, focused on a particular agency and location, is unique and may not reflect the experiences of other clinicians, even in the area the study was located. The final limitation was that the interviews were done on Zoom which reduced the ability of the researcher to interpret nonverbal cues during the research.

Recommendations

A recommendation this researcher may suggest, is that further research on this topic should include how the work changed for clinicians based on modality of treatment provided. A second recommendation is to continue

research with clinicians to better understand what the work experience was like. A third recommendation is that future research might identify and address how to reduce or treat suicide ideation in these situations where clients are isolated from each other and their clinicians.

Summary

This chapter reviews the analysis of the qualitative data and the demographics on the participants. The data was interpreted to identify themes and subthemes within the interviews of the clinicians. The themes found in this study were fear of COVID, isolation, social isolation, anxiety, and depression. Some suggestions for Implications of the findings were discussed which consisted of social work practice, social work policies, and social work education. Finally, the researcher provided some ideas of strengths, limitations, and recommendations that may benefit the agency and staff.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter outlines the termination process of this study. This includes a discussion about the communication of findings to the participants. Then a section about ongoing relationship with study participants. Lastly, the dissemination plan is explained.

Termination of Study

The termination of this study was completed at the end of each interview. The researcher provided details where the findings can be viewed. The researcher asked the participants if they had any questions or concerns. The researcher thanked the participants for taking their time to participate in this study. All documents on paper and computer files on the researcher's personal laptop for this study have been destroyed.

Communication of Findings and Dissemination Plan

The research project will be presented to the California State University of San Bernardino website Scholarworks upon completion. This website is open to the public for reading. The researcher will discuss with the director of the study site via email regarding project has been completed and will be provided with a copy of the entire study for their records. Participants have been advised that

they may access the study on Scholarworks website and were given steps how to accomplish this task.

Ongoing Relationship with Study Participants

The researcher may have future communication with the study participants due to the researcher is a mental health provider in the area, and may continue to have professional connections with the study participants in that arena.

Summary

This chapter summarized the termination process of this research project. This study was completed after collecting all interview responses from the clinicians. Termination has been completed and all files and papers have been destroyed. Participants were informed where to access the results of this study. The director was provided with the entire study completed for their records. There may be future interaction with the participants due to shared communities.

APPENDIX A
DATA COLLECTION INSTRUMENTS



College of Social and Behavioral Sciences
School of Social Work

The study which you are asked to participate is intended to explore the various factors that may lead individuals with mental health conditions to have suicide ideation and/or attempts during COVID-19 pandemic. The study is being conducted by Joanna Flores, a graduate student, under the supervision of Dr. Carolyn McAllister, Associate Professor in the School of Social Work California State University at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board Social Work Sub-Committee at CSUSB.

PURPOSE: The purpose of this study is to understand the factors that may have lead individuals with mental health conditions to have suicide ideation and/or attempts during the COVID-19 pandemic.

DESCRIPTION: Participants will be asked a few questions on their experiences with clients regarding COVID-19, and how the pandemic has affected them.

PARTICIPATION: Your participation in this study is voluntary. You can refuse to participate in this study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your interview responses will be audio recorded, transcribed, and will remain confidential and data will be reported in group form only.

DURATION: It will take approximately 10 to 20 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will be no direct benefits to the participants, however this will potentially help your agency improve services and bring awareness.

CONTACT: If you have any questions about this study, please feel free to email Dr. Carolyn McAllister at cmcallis@csusb.edu

RESULTS: Results of this study can be obtained from Pfau Library ScholarWorks database (<http://scholarorks.lib.csusb.edu>) at California State University, San Bernardino after July 2023.

909.537.5501 · 909.537.7029

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School of Social Work

This is to certify that I read the above and I am 18 years or older.

X _____

This notes I consent to participate in this study

Date

X _____

This notes I consent to be audio recorded via Zoom during the interview

909.537.5501 · 909.537.7029

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Joanna Flores

Master of Social Work Research Project

California State University, San Bernardino

Interview questions for participants

Introduction: I want to thank you for taking your time to complete this interview. I hope I can obtain detailed feedback of how the COVID-19 has affected your clients. I ask for you to take your time in providing as much detailed information as you can throughout this interview.

Thank you.

Age: _____

Gender _____

Ethnicity _____

Years working with the agency _____

Years working in Mental Health _____

Years of experience working in social services _____

Academic background _____

1. What has been the most challenging aspects during the pandemic with your clients?
 - a. Challenges in working with clients (setting up meetings, how meetings were held, connecting with clients, etc.)
 - b. Challenges experienced by you in your work

2. What are some of the ways the pandemic has affected your clients?
Provide examples.
 - a. Day to day changes for clients
 - b. Economic or work-related challenges
 - c. Living environment challenges
3. How do you think the pandemic has impacted your client's mental health?
 - a. Experiences of mental health symptoms
 - b. Suicide ideation or suicide attempts
 - c. Changes in need for services
4. *Follow-up questions:*
 - a. You mentioned [insert area they mentioned]. Can you tell me more about that?
5. How has your client's suicidal ideation changed from before the pandemic to now?
6. What strategies have you used with clients for them to cope with the challenges they have experienced during the pandemic?
7. How did your clients adjust themselves during the pandemic in these areas?
 - a. Socially?
 - b. Financially?
8. As we look forward to moving away to a new status quo, what lessons will you take from this experience in working with your clients?

- a. Are there things you might have done differently in working with your clients when you look back?
 - b. Are there things you will continue to use or do in working with clients?
9. Is there anything else you want to add in this interview?

March 11, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-180

Carolyn McAllister Joanna Flores
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Joanna Flores:

Your application to use human subjects, titled “The Increase of Suicide Risks Amongst Individuals with Mental Health Disorders during the COVID-19 Pandemic” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-180 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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