Suicide rates have been falling in Scotland over the past 10 years. The best indicator is the 3-year rolling average rate, which takes changes in population into account. Averaging over a 3-year period (e.g. 2005–2008, 2006–2009, 2007–2010) gives a more reliable indication of trends than a single year’s data, where natural variation can give a misleading impression of trends.

Economic strain and suicide risk in Scotland – explaining the factors

Fig. 1 Suicide rate per 100 000 in Scotland 1983–2010, 3-period average. From Christmas (2011).
Suicide rates in men are approximately twice those in women. Trends in rates are similar in both genders. The highest rates are in the 40–44 years age group. The number of suicides in 40- to 60-year-olds is more than twice that in those aged under 30. The rise in suicide in young men in the 1980s and 1990s (Boyle et al, 2005) has reversed, with a 42% fall between 2000 and 2004 (Stark et al, 2008). The earlier increase was particularly seen in areas of greatest social deprivation.

If the current economic situation leads to a worsening of circumstances in the most deprived communities, the gains made in tackling suicide in Scotland may be at risk of reversal.

**Approaches to suicide prevention**

Measures have been employed in Scotland that reach the whole population, such as reducing access to fatal means (regulating sales of over-the-counter medication, better prescribing and dispensing practice, firearms controls), action on media reporting, and public campaigns to encourage use of support networks. Much of the suicide prevention activity has taken place within a framework of broader mental health improvement programmes. Since 2002, the Scottish Government’s strategy ‘Choose Life’ (www.chooselife.net) has been taking the whole-population approach to suicide prevention in Scotland.

It is also important to target activity toward high-risk groups such as those with mental health problems. Specific high-risk groups include those who misuse substances (including alcohol), trauma survivors and those who have previously self-harmed. Effective preventive and service improvement approaches for these issues are likely to reduce suicide rates.

In UK studies (Appleby et al, 2008), Scotland’s higher rates of suicide have been linked to higher rates of substance misuse, especially alcohol, and so effective action to reduce alcohol-related harm in Scotland would be likely to contribute to suicide prevention.
Key messages

- Suicide rates have generally been falling in Scotland over the past 10 years.
- Suicide and deprivation are closely associated and there is some evidence that this is particularly true for young men. The impact of recession on this group needs to be considered.
- A mix of broad population measures and targeted measures for high-risk groups is required for suicide prevention. Effective mental health services are a key element of the response.

References


Further reading

Annex

Evidence of an increased risk of suicide during an economic downturn

- Research shows that economic cycles give a clear indication of suicide trends, and recessions have been shown to be accompanied by an increase in suicide rates (Stack, 2000).

- Falling stock prices, increased bankruptcies and housing insecurities (including evictions, anticipated loss of a home and higher interest rates) are all associated with increased suicide risk (Viren, 2005; Berk, 2006). Studies also show that being in debt is associated with mental health problems and suicidal thoughts and may contribute to someone actually taking their own life (Stack & Wasserman, 2007).

- Research shows that people who are unemployed are two to three times more likely to die by suicide than people in employment (Platt, 2003), with unemployed men more at risk than unemployed women (Platt & Hawton, 2000). Unemployment can result in poorer mental health, such as anxiety and depression, lower self-esteem and feelings of hopelessness, all of which increase the likelihood that someone will think that life is not worth living.

- The people most at risk of suicide at this time are those who are experiencing financial problems – either people who were already experiencing poverty before the credit crunch and are now struggling further with rising costs of living, those who have recently lost their jobs or who have been unemployed for some time, those who are affected by a downturn in business, those who are in low-status occupations and those with existing mental health problems (Stack, 2000). People who depend on clients for their livelihood are also at risk (Stack, 2000) as well as people in single-person households, those experiencing relationship breakdowns, or those who are isolated and without strong social networks (Evans et al, 2004).

References


