SAMARITANS

Dying from inequality

Socioeconomic disadvantage and suicidal behaviour

SUMMARY REPORT 2017

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Contents

Foreword

Living in poverty shouldn't mean losing your life. Going through difficult times, like losing your job or being in debt, shouldn't mean not wanting to live. But that is what's happening in the UK and Ireland today. Suicide is killing the most disadvantaged and vulnerable people, devastating families and communities. This report by Samaritans, in collaboration with leading academics, reveals why.

Since the economic recession in 2008, the UK and Ireland have experienced economic change which has been felt across our communities. The effect on people has been wide-ranging and long-lasting, often well beyond the economic recovery period. Samaritans commissioned this report to ensure a better understanding about the association between socioeconomic disadvantage and suicidal behaviour and what can be done.

Our vision is that fewer people die by suicide. With our free, confidential helpline open all day, every day for anyone struggling to cope, and our work in a whole range of different settings, including prisons, schools, hospitals and job centres, we work hard to reach everybody who needs us. But this isn't enough. We won't reduce suicide by the provision of our services alone. We need governments and other agencies to take action to tackle the injustice of suicide.

Effective collaboration across central and local government and all the local agencies which play a role will be crucial. This must include welfare, education, housing, employment, health and finance. Improving the lives of people from lower income groups will save lives and untold costs for families, communities, workplaces and the economy.

Suicide is preventable. It will take all our efforts, wherever we are, to make sure that we reach those who are struggling to cope and most in need of our support. While looking at the research in this area, we must remember that, behind the figures, there are individuals who have left behind a family and community affected by their loss. By taking action together, we can stop people dying.

Ruth Sutherland

SAMARITANS CEO

Background

There is no single reason why people take their own lives. Suicide is a complex and multi-faceted behaviour, resulting from a wide range of psychological, social, economic and cultural risk factors which interact and increase an individual's level of risk. Socioeconomic disadvantage is a key risk factor for suicidal behaviour, and this report seeks to explain the reasons why.

Socioeconomic disadvantage or living in an area of socioeconomic deprivation increases the risk of suicidal behaviour.

We commissioned eight leading social scientists to review and extend the existing body of knowledge on this topic, addressing three key questions:

- Why is there a connection between socioeconomic disadvantage and suicidal behaviour?
- What is it about socioeconomic disadvantage that increases the risk of suicidal behaviour?
- What can be done about it?

Men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.

Listed with their specialisms, the eight commissioned experts are:

Professor Clare Bambra, public health, Newcastle University

Dr Joanne Cairns, public health, Newcastle University

Dr Amy Chandler, sociology, University of Edinburgh

Dr Elke Heins, social policy, University of Edinburgh

Dr Olivia Kirtley, health psychology, University of Glasgow; University of Ghent

Associate Professor David McDaid, health economics, London School of Economics

Professor Rory O'Connor, health psychology, University of Glasgow

Dr Katherine Smith, social policy, University of Edinburgh

This report provides a summary of the research, co-edited by Stephen Platt, Emeritus Professor of Health Policy Research, University of Edinburgh, and Dr Stephanie Stace and Jacqui Morrissey (Samaritans).

The full report is available at **www.samaritans.org**

The research evidence was considered at three levels: societal, community and individual.

Societal: political, economic and social policies related to, for example, economic change, employment, social support and the labour market; stigmatised attitudes towards people on the basis of their socioeconomic standing or their suicidal behaviour.

Community: the local economic, social, cultural and physical environment, including, for example, geographical location, job opportunities, service availability and accessibility, and home ownership.

Individual: demographic characteristics, such as gender and age; socioeconomic position, including occupational social class and type of employment; mental health; and health-related behaviours, such as smoking.

This report sets out the actions needed to reduce the number of disadvantaged people taking their own lives.

Definitions

In this report, 'socioeconomic disadvantage' may refer to an individual, group (eg, family) or community (especially defined geographically). Being 'socioeconomically disadvantaged' means living in a situation of relatively more unfavourable social and economic circumstances than others (individuals, groups or communities) in the same society. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

In this report, 'suicidal behaviour' comprises suicide and attempted suicide, and, in some instances, non-fatal self-harm where death is not the (main or sole) intended outcome.

Self-harm (with or without suicidal intent) is a strong predictor of completed suicide. Once a person has self-harmed, the likelihood that he or she will die by suicide increases 50 to 100 times compared to someone who has never self-harmed. More than 50% of people who die by suicide have previously self-harmed.

KEY FACTS

- **Areas of higher socioeconomic deprivation tend to have higher rates of suicide.**
- **Men are more vulnerable to the adverse effects of economic recession, including suicide risk, than women.**
- **People who are unemployed are two to three times more likely to die by suicide than those in employment.**
- **Increases in suicide rates are linked to economic recessions.**
- **The greater the level of deprivation experienced by an individual, the higher their risk of suicidal behaviour.**
- **The least skilled occupations (eg construction workers) have higher rates of suicide.**
- **A low level of educational attainment and no home ownership increase an individual's risk of suicide.**

Executive summary

While the economic situation and policy approaches vary across the nations in which Samaritans operates, the link between socioeconomic disadvantage and increased risk of suicide is evident in all these nations. It is therefore essential that we understand why this link exists. We all need to address this inequality issue which is resulting in the tragic loss of lives.

People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. There is a range of research, presented in this report, that seeks to understand the reasons behind this. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

KEY FINDINGS FROM THE RESEARCH

Societal

- Suicide risk increases during periods of economic recession, particularly when recessions are associated with a steep rise in unemployment, and this risk remains high when crises end, especially for individuals whose economic circumstances do not improve.
- Countries with higher levels of per capita spending on active labour market programmes, and which have more generous unemployment benefits, experience lower recession-related rises in suicides.
- During the most recent recession (2008-09), there was a 0.54% increase in suicides for every 1% increase in indebtedness across 20 EU countries, including the UK and Ireland.
- Social and employment protection for the most vulnerable in society, and labour market programmes to help unemployed people find work, can reduce suicidal behaviour by reducing both the real and perceived risks of job insecurity and by increasing protective factors, such as social contact. In order to be effective, however, programmes must be meaningful to participants and felt to be non-stigmatising.

Community

- There is a strong association between area-level deprivation and suicidal behaviour: as area-level deprivation increases, so does suicidal behaviour. Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent.
- Admissions to hospital following self-harm are two times higher in the most deprived neighbourhoods compared to the most affluent.
- Multiple and large employer closures resulting in unemployment can increase stress in a local community, break down social connections and increase feelings of hopelessness and depression, all of which are recognised risk factors for suicidal behaviour.

Individual

- Individuals experiencing socioeconomic disadvantage and adverse experiences, such as unemployment and unmanageable debt, are at increased risk of suicidal behaviour, particularly during periods of economic recession.
- The risk of suicidal behaviour is increased among those experiencing job insecurity and downsizing or those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers.
- The experience of being declared bankrupt, losing one's home or not being able to repay debts to family and friends is not only stressful but can also feel humiliating. This can lead to an increased risk of suicidal behaviour.
- The risk of suicidal behaviour increases when an individual faces negative life events, such as adversity, relationship breakdown, social isolation, or experiences stigma, emotional distress or poor mental health. Socioeconomically disadvantaged individuals are more likely to experience ongoing stress and negative life events, thus increasing their risk of suicidal behaviour.
- In the UK, socioeconomically disadvantaged individuals are less likely to seek help for mental health problems than the more affluent, and are less likely to be referred to specialist mental health services following self-harm by GPs located in deprived areas.

Recommendations

Individuals, communities and wider society can all play a part in reducing the risk of suicidal behaviour. Governments need to take a lead by placing a stronger emphasis on suicide prevention as an inequality issue.

- National suicide prevention strategies need to target efforts towards the most vulnerable people and places, in order to reduce geographical inequalities in suicide.
- Effective cross-governmental approaches are required, with mental health services improved and protected. Suicide prevention needs to be a government priority in welfare, education, housing and employment policies.
- Workplaces should have in place a suicide prevention plan, and provide better psychological support to all employees, especially those experiencing job insecurity or those affected by downsizing.
- Poverty and debt need to be destigmatised so that individuals feel valued and able to access support without fear of being judged.
- Every local area should have a suicide prevention plan in place. This should include the development and maintenance of services that provide support to individuals experiencing socioeconomic disadvantage.
- Staff and volunteers in services accessed by socioeconomically disadvantaged individuals or groups should receive specialist training in recognising, understanding and responding to individuals who are in distress and may be suicidal (even if they do not say they are feeling suicidal).
- People bereaved or affected by suicidal behaviour, and therefore at higher risk of suicide themselves, should be offered tailored psychological, practical and financial support particularly in disadvantaged communities.

Suicidal behaviour and the impact of place

People living in the most deprived areas are more likely to engage in suicidal behaviour. Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent, and rates of hospitalised self-harm are also twice as high.

It is well understood that adverse individual or family circumstances, such as relationship breakdown, unemployment or debt, can result in a higher risk of suicidal behaviour (Gunnell & Chang 2016). What is less well known is the potential impact of the place where people live (neighbourhood, city, region) on the likelihood of suicidal behaviour.

The public health evidence is clear: as area-level deprivation increases, so does suicidal behaviour. For both men and women, those living in the most deprived neighbourhoods are more likely to engage in suicidal behaviour; and every increase in area-level affluence results in a reduction in the risk of suicidal behaviour. This report provides evidence for the role of both compositional and contextual factors in explaining why areas of higher deprivation have higher rates of suicidal behaviour.

Composition of a place (who lives there?)

The health of people in a neighbourhood, town, region or country is the product of the demographic, behavioural, socioeconomic and other characteristics of the people who live there.

Compositional factors that are likely to increase the risk of suicidal behaviour in areas of socioeconomic deprivation include (O'Reilly et al., 2008; Lorant et al., 2005):

- experiencing multiple negative life events, such as poor health, unemployment, poor living conditions
- feeling powerless, stigmatised, disrespected
- social disconnectedness, such as social isolation, poor social support
- other features of social exclusion, such as poverty, and poor educational attainment

Poorer areas, where there is typically a concentration of low cost (social) rented housing, attract a higher proportion of people with pre-existing vulnerabilities (eg mental health problems) than more affluent neighbourhoods.

> "Neighbourhoods that are the most deprived have worse health than those that are less deprived and this association follows a gradient: for each increase in deprivation, there is a decrease in health. Additional support for those living in deprived areas is needed to reduce geographical inequalities in health and the risk of suicidal behaviour."
>
> **PROFESSOR CLARE BAMBRA**

NEWCASTLE UNIVERSITY | PUBLIC HEALTH

Context (what is the place like?)

The health of people in a neighbourhood, town, region or country is also shaped by the nature of the place itself, including the economic, social, cultural and physical environment.

Several contextual factors are likely to increase the risk of suicidal behaviour in areas of socioeconomic deprivation, including:

- physical (eg, poor housing conditions)
- cultural (eg, attitudes which might encourage suicide or accept it as inevitable)
- political (eg, adverse public policy which increases stigma in vulnerable groups)
- economic (eg, lack of job opportunities)
- social (eg, weak social capital)*
- history (eg, high incidence of suicidal behaviour within the community)
- infrastructure (eg, poor quality, accessibility and acceptability of services)
- health and wellbeing (eg, high rates of poor physical and mental health).

Compositional and contextual factors are not separate phenomena: they interact and shape one another. For example, children in deprived areas may not play outside because their families do not have gardens or the resources to take them to a park (a compositional resource) or because there are no public parks or transport to reach them (a contextual resource). Furthermore, the characteristics of places and people are highly inter-related. For example, areas with more successful economies and more highly-paid jobs will have a lower proportion of lower socioeconomic status residents.

Overall, the combination of what a place is like and who lives there can help to explain why there are differences in suicidal behaviours between areas of high and low deprivation.

The combination of what a place is like and who lives there can help to explain why there are differences in suicidal behaviours in different areas.

* Defined by the OECD as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups.”

Suicide and socioeconomic disadvantage during times of economic recession and recovery

Individuals experiencing socioeconomic disadvantage during periods of economic change are at increased risk of suicide. This risk can persist when an economic crisis ends and an individual's circumstances do not recover, and this can last for several years. They may be further compounded if governments maintain austerity measures in the longer-term.

This report reviews literature on recent and ongoing economic shocks in the UK, Ireland and other countries, considering the impact of economic recession and periods of economic uncertainty on suicidal behaviour.

Risk and population groups

The risk of suicide in different population groups changes during times of economic crisis or uncertainty. Men are more vulnerable to the adverse effects of economic recession, including suicide risk, than women. During the 2008-09 recession, suicide rates in England and Wales rose significantly among men aged between 35–44, and rates among men aged 45-64 also rose (Coope et al., 2014). This increase in suicides among men in their middle years may have been partly due to economic uncertainty. There was no significant change by deprivation status: the suicide rate actually decreased significantly in men living in more deprived areas, although the rate remained much higher than that in more affluent areas.

This suggests that a decline in income may have a more negative impact on communities with a higher standard of living than on communities with a lower standard of living. The most socioeconomically diadvantaged individuals may be less vulnerable to new economic shocks because they have fewer assets to lose. Structural factors, such as the strength of the social welfare protection system, will also have an effect. The variation in the level of unemployment seen during an economic crisis may increase vulnerability to suicide. Individuals with pre-existing mental health problems may also be more likely to become unemployed, and are therefore also at greater risk of suicidal behaviour.

> "Economic uncertainty, unemployment, a decline in income relative to local wages, unmanageable debt, the threat or fear of home repossessions, job insecurity and business downsizing may all increase the risk of suicidal behaviour, especially for individuals who experience socioeconomic disadvantage."
>
> **ASSOCIATE PROFESSOR DAVID MCDAID**

Employment

Evidence on the association between working conditions, debt and suicide suggests that increased, involuntary part-time work, job insecurity and workplace downsizing are important risk factors for suicidal behaviour. It is not only unemployed people who are at increased risk. Employees who keep their jobs during a workplace downsizing may experience job insecurity and negative relationships with their peers, as well as stress from an increased workload. People who are self-employed can also be affected if demand for their business decreases.

Financial issues

Unmanageable debt is also an important risk factor for suicidal behaviour. During the 2008-09 recession, there was a 0.54% increase in suicides for every 1% increase in indebtedness across 20 EU countries, including the UK and Ireland (Reeves et al., 2015). There was a significant increase in men and women with financial problems presenting at hospital having attempted suicide during the recession, with insecure housing status being a particular problem mentioned by women (Hawton et al., 2016). The experience of being declared bankrupt, losing one's home or not being able to repay debts to family and friends is not only stressful but can also feel humiliating.

Unmanageable debt is an important risk factor for suicidal behaviour. Financial advice and support for those at risk of having unmanageable debt can help reduce the risk of mental health problems and suicidal behaviour.

Social and labour market policies and suicidal behaviour

Different welfare states have been shown to have different effects on social and health inequalities. High quality public service provision leads to a more cohesive society than policies based on means-testing which may generate social divisions. Given the link between inequalities and suicidal behaviour, labour market policy design can help improve wellbeing and reduce the risk of suicide.

Recognising the important role of labour market policies in shaping the experience and occurrence of unemployment and job insecurity, this report examines how suicidal behaviour could be reduced through labour market policy design, exploring three main types of labour market policies in advanced welfare states:

- Unemployment benefits as a key component of social protection policies, which are designed to provide a safety net for the most vulnerable individuals in society.
- Active Labour Market Programmes (ALMP), which are government programmes that intervene in the labour market with the aim of helping unemployed people find work, for example, through support with job applications and interview skills.
- Employment protection regulations and procedures that restrict the freedom of companies to hire and dismiss workers.

Unemployment benefits

Generous unemployment benefits and other types of social protection can reduce the risk of suicidal behaviour. Suicide rates tend to increase in countries which implement significant budget cuts, which was evident during the 2008-09 recession in some EU countries (Karanikolos et al., 2013).

Unemployment benefits compensate for some of the income loss experienced from involuntary unemployment. Depending on the level of benefits, they should help ease financial worries that may lead to suicidal behaviour. However, means-tested benefits may actually contribute to suicidal behaviour, if recipients feel stigmatised, leading to feelings of shame, worthlessness, a loss of status, and a deterioration of mental health.

Active Labour Market Programmes (ALMP)

ALMPs can help reduce suicidal behaviour. Programmes aimed at reintegrating unemployed people as quickly as possible into the labour market are likely to shorten the duration of unemployment and reduce social isolation by involving

> “Suicidal behaviour and mental health problems, such as mild-to-moderate anxiety and depression, could be reduced through labour market policy design, such as higher spending on active labour market programmes and unemployment benefits.”
>
> **DR ELKE HEINS**

participants in training or education. They can help people find employment which is a source of social contacts, status and self-esteem, thus reducing the risk of suicidal behaviour.

Higher spending on ALMPs can reduce the effect of unemployment on suicide rates in working age people, and, when spending is particularly high, the effect of unemployment on suicide rates can be counteracted altogether (Stuckler et al., 2009). However, this is dependent on participants' perceptions of these programmes. A positive effect is more likely if the specific activity in which they are engaged is perceived as meaningful and suitable to their needs; a detrimental effect is more likely, however, if the programme is perceived as a work test without the prospect of gaining suitable employment.

Employment protection

Strong employment protection should reduce real and perceived risks around job insecurity and unemployment, resulting in a positive impact on mental health. In contrast, weak employment protection is likely to increase real and perceived insecurity, and could lead to precarious forms of employment, such as temporary or zero-hours contracts, with adverse effects on mental health. Inexperienced workers with low skills are particularly vulnerable in such contexts, since they are most likely to be on contracts which are less well protected and more precarious.

The risk of mental health problems is increased among those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers, especially where there is little or no choice, as well as for those experiencing job insecurity and downsizing.

Suicidal behaviour can be reduced amongst the most vulnerable in society through social and employment protection and labour market programmes. This will reduce the real and perceived risks of job insecurity and reduce stigma of unemployment.

Suicidal behaviour can be reduced amongst the most vulnerable in society through social and employment protection and labour market programmes.

Socioeconomic disadvantage and suicidal behaviour: psychological factors

Experiences of childhood adversity, negative life events, and the cumulative effects of stress are associated with feelings of entrapment and hopelessness and increase the risk of suicidal behaviour, especially among those who are socioeconomically disadvantaged.

This report seeks to clarify the nature of the relationship between socioeconomic disadvantage and suicidal behaviour, from a psychological perspective. It identifies several psychological factors that increase the likelihood of suicidal behaviour among those who experience socioeconomic disadvantage.

Stressful life events and childhood adversity

Exposure to negative life events, particularly those involving loss, such as bereavement or a relationship breakdown, heightens the risk of suicidal behaviour. Socioeconomically disadvantaged individuals are more likely to experience such negative life events, and therefore more likely to engage in suicidal behaviour.

Experiencing childhood adversity increases the likelihood that individuals will become socioeconomically disadvantaged in later life. For example, unemployment is more likely among those who have adverse childhood experiences, particularly men who have experienced childhood sexual abuse.

Stress response and allostatic load

Ongoing exposure to stress and adversity may gradually reduce an individual's biological stress regulation resources, leading to a cumulative physiological toll known as "allostatic load" (Seeman et al., 2010). Socioeconomic disadvantage itself is a stressor linked to increased allostatic load, but it may also influence allostatic load indirectly by increasing the likelihood of individuals experiencing childhood adversity and other stressful life events. Increased allostatic load brought about by the chronic and acute stresses associated with socioeconomic disadvantage may contribute to suicidal behaviour.

Social support, connectedness and social integration

Low social support (practical, emotional or other types of help from family and friends) increases the likelihood of suicidal behaviour, whereas high social support can be a protective factor, particularly when individuals experience extreme stress. Those who are socioeconomically disadvantaged often experience lower levels of social support, putting them at greater risk of suicidal behaviour.

> "Socioeconomic disadvantage exerts strong pressures upon individuals, increasing their risk of suicidal thoughts and behaviours. Socioeconomic disadvantaged individuals are more likely to have experienced childhood adversity and other stressful life events."
>
> **PROFESSOR RORY O'CONNOR AND DR OLIVIA KIRTLEY**

Thwarted belongingness

Low social support experienced by socioeconomically disadvantaged individuals may reduce belongingness, the human emotional need to be an accepted member of a group, resulting in an increased risk of developing suicidal thoughts.

Rumination

Individuals experiencing socioeconomic disadvantage appear to be more prone to rumination, ie automatic and compulsive thoughts which focus on the symptoms, causes and consequences of their distress (Jackson et al., 2011). Rumination is associated with suicidal thoughts and suicide attempts.

Defeat, entrapment, humiliation and shame

Feelings of shame and humiliation, related to impoverished financial circumstances, and feelings of being defeated and trapped may be common among those experiencing socioeconomic disadvantage and increase the likelihood of suicidal thoughts and behaviour.

Sense of burdensomeness

A sense of burdensomeness, a feeling that others would be "better off without me", has been consistently associated with suicidal behaviour, as well as being implicated in the self-stigma (acceptance of other people's negative, inaccurate views about oneself) of being in poverty. Socioeconomically disadvantaged individuals may be disproportionately more likely to feel like a burden on others, increasing their risk of suicidal behaviour.

Exposure to the suicidal behaviour of others

Knowing someone who has attempted or died by suicide increases the risk of engaging in suicidal behaviour. Given the higher incidence of suicidal behaviour among those who are socioeconomically disadvantaged, it is more likely that this group will have been exposed to the suicidal behaviour of others, and will therefore be at increased risk of suicidal behaviour themselves.

Help-seeking and access to help

Although socioeconomically disadvantaged individuals appear to perceive a greater need to seek help for psychological problems, they are actually less likely to seek help than the more affluent. In the UK, they are also less likely to be referred to specialist mental health services following self-harm by GPs located in deprived areas.

Socioeconomic disadvantage, from a psychological perspective, makes a major contribution to the occurrence of suicidal behaviour precisely because it increases the presence and strength of risk factors for suicidal behaviour, while simultaneously weakening protective factors against suicidal behaviour.

Socioeconomic disadvantage, from a psychological perspective, makes a major contribution to the occurrence of suicidal behaviour.

Socioeconomic disadvantage, self-harm and suicide: in their own words

Accounts of people who have self-harmed or died by suicide, help us to understand how socioeconomic disadvantage contributes to higher rates of suicidal behaviour. Experiences associated with suicide and self-harm which may appear 'individual' – such as feelings of shame, anger, a lack of control; or events such as job loss, financial insecurity and bereavement – are socially located, and can be related to deprivation and inequalities.

This report reviews accounts from people who have self-harmed (with differing levels of suicidal intent) or died by suicide (information based on suicide notes or coroners' hearings). They constitute a diverse group, including both the less advantaged (eg, drug-dependent, incarcerated, homeless, living in poor housing, in poor urban and rural areas) and the more advantaged (eg, college students, school attendees, 'high achievers', and those who are employed).

Presented below are four thematic understandings of suicidal behaviour relating to socioeconomic disadvantage:

- as an **outcome of factors arising due to disadvantage,** typically early trauma and loss, but also including experiences of homelessness, poor housing, unemployment, job loss and financial crises
- as a **response to shame,** associated with relationship breakdown, economic insecurity, job loss, and unemployment
- as a **way of 'coping'** with distress, anger, difficult situations (including those related to money or housing), and relationship problems
- as a **method of enacting control** over the self or body, often when an individual feels powerless.

There are three processes through which socioeconomic disadvantage appears to contribute to self-harming behaviour:

Cumulative disadvantage

Negative experiences of loss (such as job loss and bereavement), adversity (including unemployment and unmanageable debt) or disadvantage (such as working in low-skilled, low status jobs) across an individual's life increase the likelihood of self-harm or suicide (Stack and Wasserman 2007; Cleary 2012). However, the reasons why such experiences might culminate in suicidal behaviour, or why similar experiences might not, is often unclear. Researchers tend to

> People living with socioeconomic disadvantage and inequalities are more likely to experience negative events during their life, such as job loss, financial difficulties, poor housing, and relationship breakdown. This can lead to negative emotions and increase the likelihood of suicidal behaviour.
>
> **DR AMY CHANDLER**

UNIVERSITY OF EDINBURGH | SOCIOLOGY

interpret people's accounts of trauma and loss in terms of individual risk factors, failing to acknowledge that such risks may be more likely among particular groups of individuals, including those living in socioeconomic deprivation.

Role of negative emotions

Suicidal behaviour is frequently described as a response to, or way of attempting to cope with, (extreme) emotional distress. Anger is often highlighted by people who self-harm without suicidal intent as an explanation for particular acts of self-harm (Huey et al., 2014), and anger is a feature in many suicide notes (Shiner et al., 2009). Shame is less explicitly highlighted in individual accounts of suicidal behaviour, though the role of social stigma and feelings of worthlessness may be understood as representations of shame. Analyses of coroner reports and suicide notes frequently highlight the role of job loss, financial difficulties and problems with the law – all of which may invoke feelings of shame.

Agency and control

The concepts of 'agency' and 'control' offer a further way of understanding the relationship between socioeconomic disadvantage, self-harm and suicide. Agency refers to the ability of an individual to make choices and take action freely. It is related closely to the notion of control: we might talk of 'being in control' or 'having control' over our lives, which would imply we have some degree of agency. Narratives illustrating a lack of control and limited or restricted agency are a common feature. Participants refer to feeling trapped and having few choices (Redley, 2003; Kidd, 2004). These types of accounts are especially related to the experience of living with socioeconomic disadvantage. Participants talk of having little hope and control over gaining housing security, getting a job, and having positive relationships with others.

Those who are living with and through socioeconomic disadvantage are more likely to experience at least some types of trauma or loss, and report feeling trapped and having few choices, especially related to the experience of living in areas of socioeconomic deprivation. Negative life experiences or disadvantage across an individual's life increase the likelihood of self-harm and suicide.

Those who are socioeconomically disadvantaged are more likely to experience at least some types of trauma or loss, and report feeling trapped and having few choices.

How people understand the impacts of socioeconomic disadvantage on their mental health and suicidal behaviour

People identify national and local policy decisions, psychosocial factors, income, physical environment and health-damaging behaviours (usually described as 'coping' mechanisms or forms of escapism) as key elements of socioeconomic disadvantage that impact on suicidal behaviour.

This report reviews research which describes people's own perspectives on the role of socioeconomic disadvantage in mental health outcomes, including suicidal behaviour.

Evidence highlights the complex and interactive pathways linking experiences of socioeconomic disadvantage to experiences of poor mental health (Davidson et al., 2008). 'Psychosocial pathways' describe the links between people's experiences, including their perceptions of their relative social status and their sense of control over their lives, and biological and physical changes, such as high blood pressure and high levels of stress hormones. Five key influences on mental health and suicidal behaviour are identified.

Employment and the economy

Multiple and large employer closures resulting in unemployment reduce income and living standards, and increase personal and collective stress in a local community. This can trigger a breakdown of social connections, and increase feelings of hopelessness and depression, which are both recognised risk factors for suicidal behaviour.

Psychosocial factors

Stress is the most common psychosocial pathway linking socioeconomic deprivation to poor mental health outcomes, and contributes directly to depression, anxiety, panic attacks and anger, and indirectly to social isolation (eg, family breakdown) and poor decision-making (eg, managing limited finances). 'Fear' appears to be one of the most damaging psychosocial experiences and can lead to the avoidance of interactions with the public services intended to provide a basic level of support ('safety net'). Other psychosocial factors commonly described include shame, stigma, and low self-worth due to feelings of having relatively low social status. Accounts suggest that deindustrialisation without mitigating measures impacts

> People identify unemployment as having a particularly negative impact on mental health and areas of high unemployment can exacerbate this further, creating a sense of hopelessness. Poor housing and feelings of shame, stigma, stress, fear and isolation are also commonly identified as contributors to mental ill-health.
>
> **DR KATHERINE SMITH**

negatively on community cohesion and social ties, leaving affected communities with fewer people to talk to and reduced social support.

Wealth and income

Few accounts explicitly link income to health but they do focus on a wide range of material and financial difficulties which combine to contribute to poor housing, stress and anxiety (especially around unmanageable debt), a sense of having limited choices, stigma, and guilt (eg, about being unable to afford or provide adequate food and clothing for their family).

The physical environment

Poor quality housing, limited local facilities (eg, transport and parks), combined with anti-social behaviour, violence and the perceived threat of violence are linked to feelings of distress, social isolation or a sense of being uncared for.

Health-damaging behaviours

Smoking, excessive alcohol consumption, an unhealthy diet and substance misuse are often described in ways which suggest that they are a rational response to difficult circumstances, although subsequent negative health impacts are acknowledged. For example, men have described the links between stress and isolation, unhealthy behaviours (especially drinking and violence) and mental ill health, including suicide attempts. It is notable that these behaviours are consistently explained by people living in socioeconomically deprived communities as coping mechanisms or forms of escapism.

Unequal experiences of poor mental health and suicidality can be understood as a 'health inequality', recognising that differences are socially produced and therefore avoidable, unfair and unjust.

Conclusion

There is now overwhelming evidence of a strong link between socioeconomic disadvantage and suicidal behaviour. What has been missing is a deep understanding of the nature of this association, how it might be explained, and a consideration of the implications for policy and practice (ie, what needs to be done). This report is intended to fill these important gaps, with the full report exploring key issues in more detail from different disciplinary perspectives: health economics, health psychology, public health, social policy and sociology.

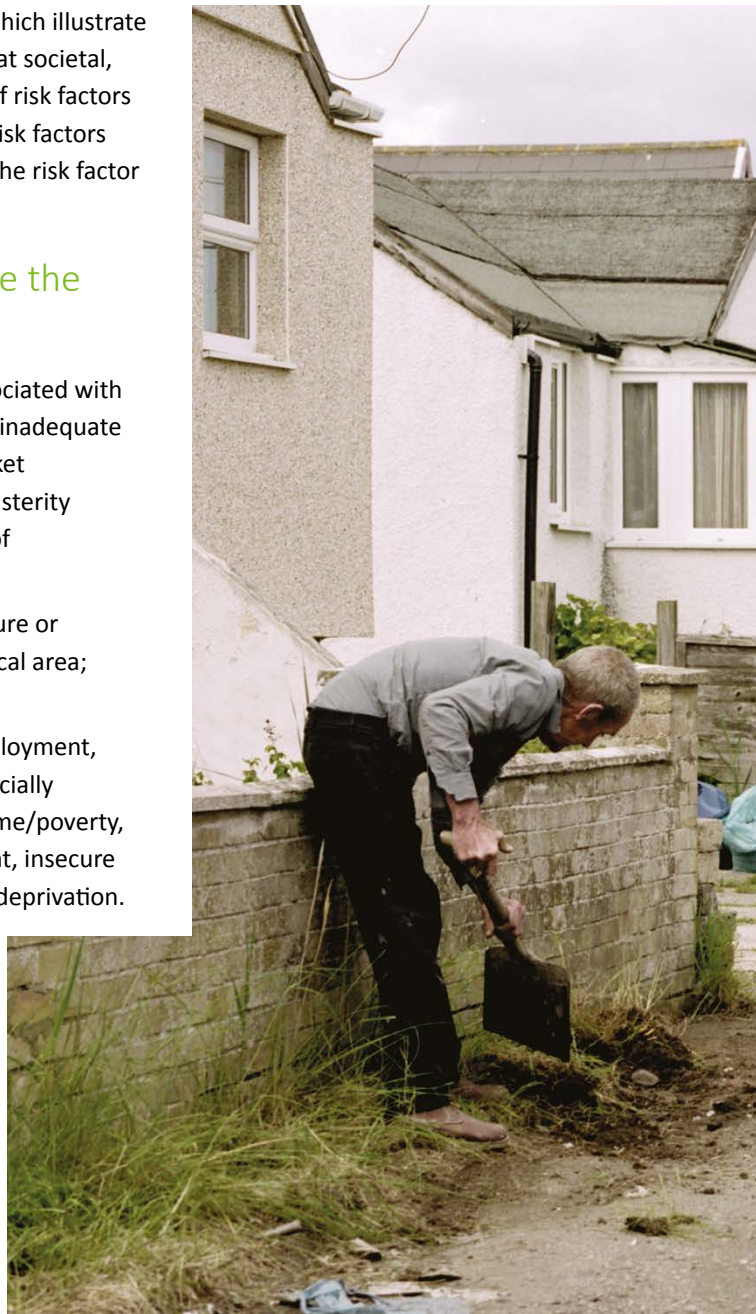
In this summary report, we have highlighted the main findings which illustrate how socioeconomic disadvantage influences suicidal behaviour, at societal, community and individual levels. To provide a complete model of risk factors (see page 23), we have also included other non-socioeconomic risk factors where there is a sound empirical or theoretical basis for linking the risk factor to both socioeconomic disadvantage and suicidal behaviour.

Socioeconomic determinants which increase the risk of suicidal behaviour

At the societal level: economic recession, particularly when associated with steep rises in unemployment; weak social protection (especially inadequate employment benefits); poor (or non-existent) active labour market programmes; weak (or non-existent) employment protection; austerity measures; cuts in mental healthcare spending; and a high level of socioeconomic deprivation.

At the community level: lack of local job opportunities; the closure or downsizing of local workplaces; the level of deprivation in the local area; and lack of local support agencies.

At the individual level: labour market circumstances (eg, unemployment, precarious employment, job insecurity); being in a manual (especially unskilled) occupation; low socioeconomic position (eg, low income/poverty, unmanageable debt/financial strain, poor educational attainment, insecure housing (rather than home ownership)); and living in an area of deprivation.



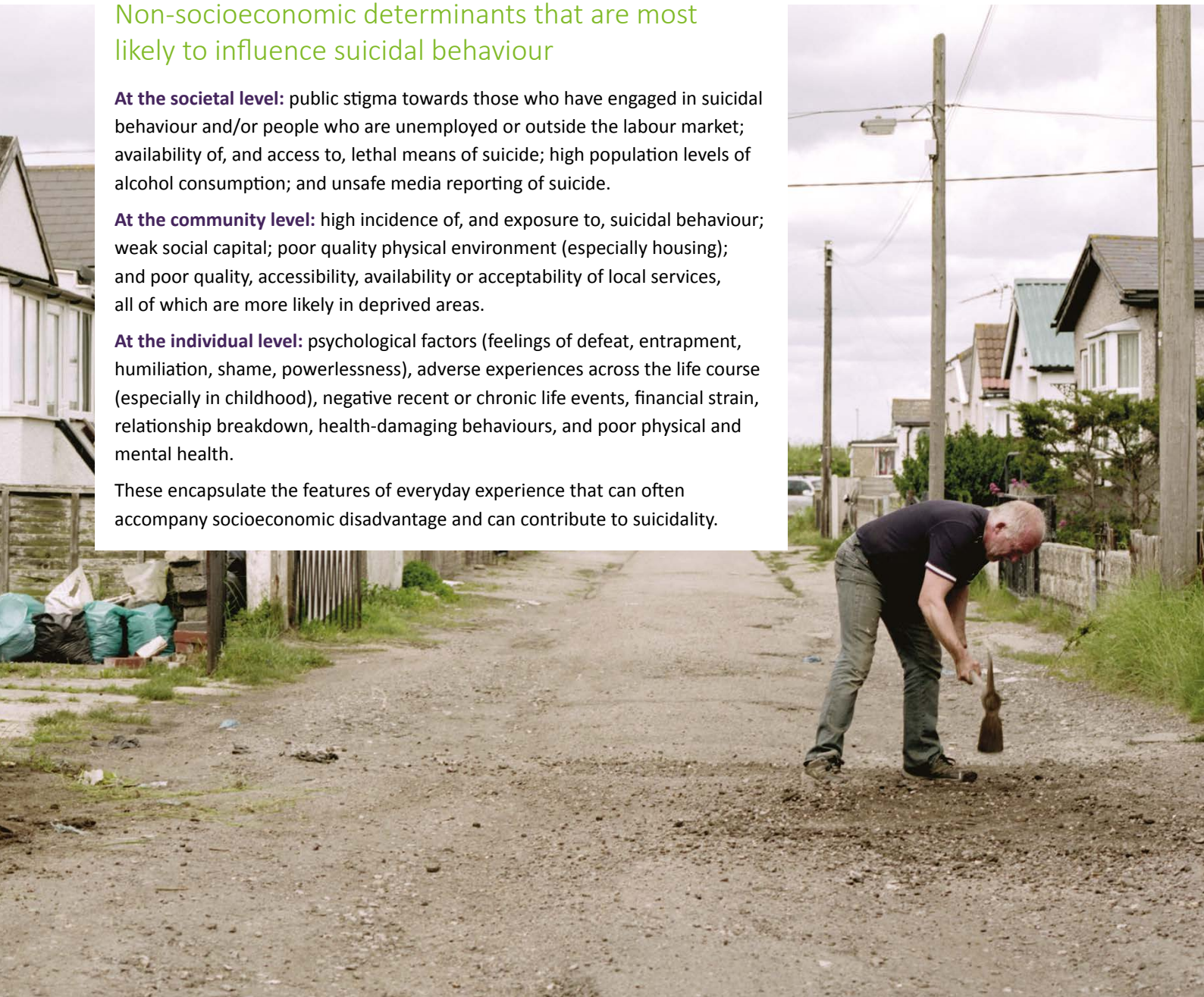
Non-socioeconomic determinants that are most likely to influence suicidal behaviour

At the societal level: public stigma towards those who have engaged in suicidal behaviour and/or people who are unemployed or outside the labour market; availability of, and access to, lethal means of suicide; high population levels of alcohol consumption; and unsafe media reporting of suicide.

At the community level: high incidence of, and exposure to, suicidal behaviour; weak social capital; poor quality physical environment (especially housing); and poor quality, accessibility, availability or acceptability of local services, all of which are more likely in deprived areas.

At the individual level: psychological factors (feelings of defeat, entrapment, humiliation, shame, powerlessness), adverse experiences across the life course (especially in childhood), negative recent or chronic life events, financial strain, relationship breakdown, health-damaging behaviours, and poor physical and mental health.

These encapsulate the features of everyday experience that can often accompany socioeconomic disadvantage and can contribute to suicidality.



Model of suicidal behaviour, highlighting socioeconomic risk factors

SOCIOECONOMIC RISK FACTORS

Societal

- Economic recession, particularly with steep rise in unemployment
- Inadequate unemployment benefits
- Poor active labour market programmes
- Weak employment protection
- Weak social protection
- High level of socioeconomic deprivation/poverty
- Austerity measures
- Cuts in mental healthcare spending

Community

- Lack of local job opportunities
- Workplace downsizing/closure
- Area of socioeconomic deprivation
- Lack of local support services

Individual

- Unemployment/precarious employment/under-employment
- Job insecurity
- Manual occupation (especially unskilled)
- Low income/poverty
- Poor educational attainment
- Housing tenure: non-ownership
- Living in area of socioeconomic deprivation
- Unmanageable debt/financial strain

OTHER RISK FACTORS

Societal

- Public stigma (negative attitudes, discrimination)
- Availability of, and access to, lethal means of suicide
- Population alcohol consumption
- Unsafe media reporting of suicide

Community

- Exposure to suicidal behaviour among significant others
- Poor quality and/or accessibility of services
- Poor reputation of disadvantaged area
- Weak social networks/social capital
- Poor quality physical environment
- High incidence of suicidal behaviour
- High prevalence of poor physical and mental health

Individual

- Adverse life experiences (especially in childhood)
- Negative recent life events
- Emotional/psychological distress
- Poor physical and mental health
- Poor/absent social support/social disconnectedness
- Feelings of defeat, entrapment, humiliation, shame, stigma
- Reluctance to seek help
- Perceived lack of agency/powerlessness
- Relationship breakdown
- Health-damaging behaviours

Recommendations

Suicide is preventable. Suicidal behaviour is not inevitable and concerted action across a wide range of disciplines is required to reduce the risk of suicide, attempted suicide and self-harm among socioeconomically disadvantaged individuals, families and communities. Suicide is everybody's business and recommendations arising from this report are aimed at a range of national and local agencies to address issues at societal, community and individual levels.

Societal level: requiring national action

National suicide prevention strategies in the UK and Ireland should recognise the strong association between suicidal behaviour and area-level socioeconomic deprivation, targeting efforts on both people and places. Alongside a focus on high risk groups, such as men in their middle years (regardless of where they live), these universal strategies should also focus on the most deprived areas with the highest rates, taking a proportionate universalism* approach to reducing geographical inequalities in suicide, providing more support to meet additional needs in these areas.

Effective cross-governmental, coordinated approaches to suicide prevention are required. Mental health services should be improved and protected, and the prevention of suicidal behaviour should be government priorities in welfare, education, housing and employment policies, in addition to health policy. The development of all welfare, housing and employment policies should include an evaluation of potential unintended impacts on mental health and suicidal behaviour.

Suicide prevention strategies need to be multi-faceted, focusing on the alleviation or mitigation of labour market-related adversity, recognising the health-related risks associated with unemployment, including for example, the provision of adequate social welfare payments complemented by improved support for individuals to seek, obtain and retain employment.

Policies which lead to the reduction of socioeconomic inequalities should be adopted as part of trying to reduce suicide. Such policies should seek to reduce income inequalities and ensure universal high quality public service provision in health, education, housing and social security.

Effective support and signposting should be provided to individuals who are threatened with, or have recently suffered, job loss and who therefore may be more vulnerable to suicidal behaviour as a result of reduced status and income. This is particularly important in the context of changes that create large-scale unemployment.

Workplaces should have in place a suicide prevention plan and provide effective psychological support to all employees, especially those who may

* Proportionate universalism is an approach to reducing health inequalities which advocates improving the health of all, but the health of the poorest the most. Suicide prevention interventions should be provided universally 'but with a scale and intensity that is proportionate to the level of disadvantage' (Marmot, 2010, p.15).

be experiencing job insecurity and those who might be affected by downsizing. This support should be offered together with standard careers guidance and retraining, as part of any redundancy package.

Poverty and debt need to be destigmatised. The media and public figures need to recognise the impact of this stigma and avoid using language or portraying poverty and debt in a way that increases the felt stigma of those living with socioeconomic disadvantage, and who are likely to receive benefits and use welfare services at various points in their lives.

Community and individual level: requiring local action

There needs to be greater awareness among welfare, housing and employment practitioners and policy-makers of the impact of economic hardship, financial and housing insecurity, loss, and trauma on mental ill-health, suicidal behaviour and self-harm.

Every local area should have a suicide prevention plan in place. 'Priority places' in the community (such as hospitals, custody suites, job centres, food banks), especially those in areas of highest deprivation, should be a key part of these plans, potentially providing appropriate services or fostering ties with relevant agencies.

Staff and volunteers at services accessed by individuals who are experiencing socioeconomic disadvantage, including job centres and food banks, should receive specialist training in recognising, understanding and responding compassionately to individuals who are in distress and may be suicidal.

There should be early intervention to help those in debt or in financial distress. Financial advice and support should be easily available and accessible. Staff working in the banking, finance and employment support sectors should be trained to improve recognition of suicide risk so they are capable of helping individuals access appropriate psychological and social welfare support services.

People bereaved or affected by suicide or suicidal behaviour in others should be offered psychological and material support. This applies particularly to people living with socioeconomic disadvantage.

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