Suicide Rates and The Economic Crisis in Europe

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INTRODUCTION

Since 2008 a global economic crisis affects Europe. The World Health Organization (WHO) published its concerns over the crisis’ impact on global health and several authors expressed concern on the effect of austerity on healthcare (1-14). These concerns although reasonable, they were often exaggerated and unsupported by data and disputed or even withdrawn later (15-19). However, and since there is no reasonable doubt that austerity and economic crisis certainly has an impact on at least some aspects of health care, mental health is believed to be at a higher risk to be affected by them. It is known that mental patients constitute a particularly vulnerable population. Among all the consequence of these possible adverse impacts on mental health, the most striking would be an effect on suicidality. Previous experience as well as the literature, have led to the wide belief that crises of this kind increase suicides (9,15,20-24). The experience from the Asian economic crisis of the 90s, has put a particular emphasis on the effect of rising unemployment (25,26). There are several studies published until now, suggesting a similar pattern concerning the impact of the economic crisis in European countries (7,9,27-36) and the US (33) although different interpretations also exist (18,19,37,38). However, it should be noted that most of these studies on European rates analyze the suicidal rates from 2007 on and not before, and thus fail to catch the long-term trend. Also they focus exclusively on the possible effect of unemployment, thus neglecting other factors and they do not consider at all the temporal flow of socioeconomic events.

Suicide rates show a substantial variation between continents, countries and regions and this is particularly true for the countries of Europe. The reasons behind these great differences have not been identified. Geographic (latitude, longitude, altitude) climatic, dietary, genetic, economic, religious and other socio-cultural differences, registration issues and the availability of lethal methods seem to play a major role (39,40).

Although the data support a relationship between the suicide rate and the socioeconomic situation, this relationship is not that of a direct cause and effect. For example, in spite of claims that the rise in unemployment caused a rise of the suicide rate in the US (33), a closer look at the data revealed that suicides raised first and unemployment followed (38). One could argue that those people who are going to lose their jobs are stressed months before this happens, but ‘fear’ of unemployment is quite different from unemployment per se, especially since such an assumption suggests that employed people do commit suicide before they become unemployed.

When studying the possible causes of suicide, one should have in mind that suicide is probably the end result of an interaction between many different risk
Suicide rates and the economic crisis in Europe

The economic crisis, as a stress factor, can lead to a reduction in suicidality. In his seminal work in 1979, Brenner reported that for every 10% increase in unemployment there is an increase of 1.2% in total mortality, including an increase by 1.7% in suicidality (61). On the contrary, other authors suggested that recessions actually improve several health indicators (62-64). In the past, economic crises have been correlated with increases in suicides, like the Great depression (20,22,65,66), the Russian crisis in the early 1990s (32) (although the data are not published reliably) and the Asian economic crisis in the late 1990s (25,26).

Concerning the present economic crisis, it has been calculated that close to 5000 excess suicides occurred in the year 2009 around the world, with the increase conceding mainly men of working age, and with unemployment to constitute a direct causal factor (32). The methodology concerning this calculation is open to debate. A deterioration in mental health with increasing the depression and anxiety rates has been reported after the economic crisis in Hong Kong (67), south Australia (68), Greece (69), UK (14) and Spain (29), and the effect seemed more severe in population groups who experienced unstable employment or financial problems (29,67,68). However the methodology of these studies cannot differentiate between general distress and clinical mood disorders and thus any link of these results with the suicidal rates is problematic.

Finally, an important fundamental problem is that it is probably too early to arrive at conclusion concerning the impact of the current economic crisis on health, mental health and the suicide rate in particular. It seems necessary to wait until data at least until 2020 are gathered in order to have the complete picture available.

REFERENCES


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