



Global Research and Development Research Bulletin, July 2014

Yunke Chen, Julianne Callaway, and Taylor Pickett



curity of experienc●

w●

novation.

Suicide is a tragic fatality that affects millions of families worldwide each year. In addition to the nearly 1 million fatalities, it is estimated that 20 times as many people are injured by attempted suicide. [1] These suicide attempts, while not fatal, often result in disability or permanent impairment.

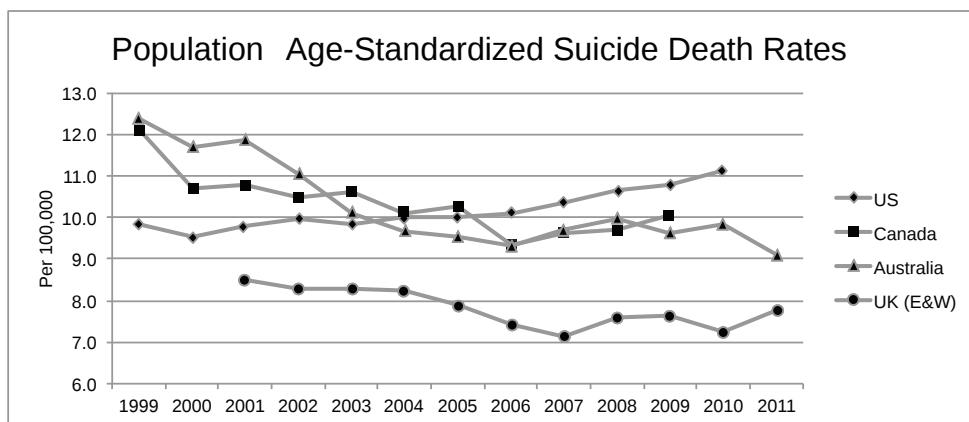
Research has shown that economic stresses are sometimes a contributing factor in suicides. In order to gain a better understanding of whether recent economic stresses may have impacted suicide rates, RGA recently undertook a study to analyze suicide rates before and after W K H P Q D Q F L D O F U L V L V X V L Q J countries as well as insured data from RGA's extensive database. In this article, we summarize the results of this study, which found that insured suicide experience was negatively affected by the economic crisis.

The Global View

Globally, suicide is a leading cause of death; however, the experience varies greatly by region, age and gender. The Southeast Asian region has the highest suicide rate; people over age 60 have worse experience than younger people, and men are twice as likely to commit suicide as women. [2] There are many differences in preferred suicide method by region. Hanging is the most common method of suicide in every region, except the \$ P H U L F D V Z K H U H P U H D U P V D U H W K H P R V W of suicide. This experience is very different from the eastern Mediterranean region, where 0.3% of suicides S U R S X O D W R Q G A M D P W R P L V R Q L Q J V D U H P F Southeast Asia than in other parts of the world, while suicide resulting from falls is more common in Europe and W K H : H V W H U Q 3 D F L P F U H J L R Q W K D Q L Q R W One of the main reasons for the differences in mortality

Many factors contribute to suicide; however, studies have shown that over 90% of people who commit suicide have an underlying mental illness, such as depression. [5] Additionally, economic stress, such as unemployment, has been shown to contribute to suicide rates. [6]

We analyzed suicide trends before and after the 2008 economic crisis using population data from four countries: Canada, Australia, the United Kingdom and the United States. Generally, suicide rates were falling for these countries until the economic crisis, and then rates increased. The U.S. experienced increasing suicide rates for the entire period beginning in 2000.



The average suicide rates for these countries before the economic crisis and subsequent to 2008 are shown below. All four countries show higher average suicide rates in the period of 2008 to 2010 relative to 2007.

Average Age-Adjusted Suicide Rates				
	2001-2007	2007	2008-2010	Total
Canada	10.17	9.63	9.87	10.10
Australia	10.17	9.71	9.79	10.06
United Kingdom	7.96	7.13	7.49	7.82
United States	10.00	10.35	10.85	10.26

Note: The 2008-2010 average for Canada only includes 2008-2009 due to data availability.

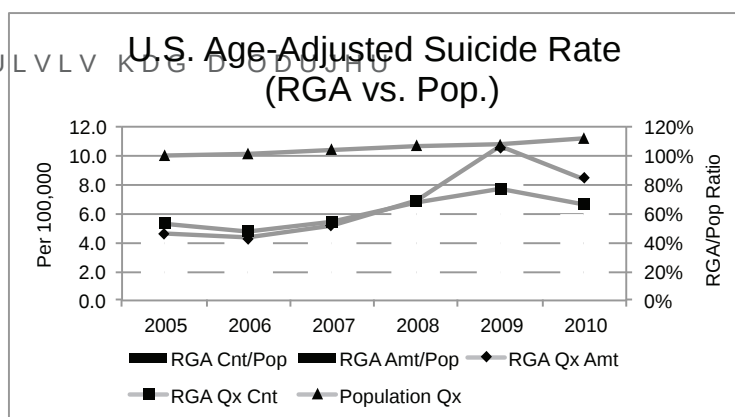
The experience of the insured population is analyzed in great detail for the U.S. and is indeed different than

WKH RYHUDOO SRSXODWLRQ .H\ P QGLQJV IURP 5*\$pV DQDO\VLV DUH G

The U.S. View

7KH JOREDO P QDQFLDO FULVLV KDG D DOWHUWULF impact on the insured population.

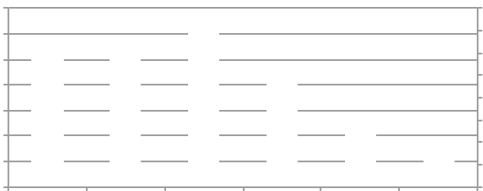
Results show that suicide mortality is generally lower for the insured population than for the general population. However, the ratio of the insured suicide rate relative to the suicide rate from the total population has increased dramatically since the recession started.



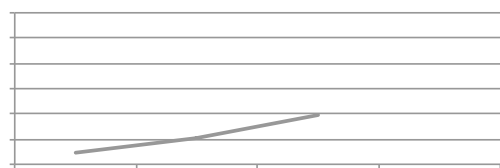
Suicide: Global Insights and U.S. Insurance Analysis

After the recession, suicide became the most common external cause of death.

The following cause of death analysis compares suicide with other external causes of deaths. Beginning in 2008, suicide became the most common external cause of death, surpassing motor vehicle accidents and other accidents.



The largest increase in suicide rates during the recession is from ages 45 and older. The following graphs compare insurance suicide rates prior to the recession and after 2008. Ages 45 to 59 show the greatest impact by count, closely followed by the other age groups. By amount, however, the recession had a greater impact on people over age 60 than on other groups, with a suicide rate more than double the 2005-2007 rate.



References

- [1] World Health Organization, "Mental Health: Suicide Prevention (SUPRE)," [Online]. Available: http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.html. [Accessed 9 December 2013].
- [2] World Health Organization, "Health statistics and health information systems - Disease and injury country estimates," [Online]. Available: http://www.who.int/healthinfo/global_burden_disease/estimates_country/en/index.html. [Accessed 9 December 2013].
- [3] M. G. W. M. R. U. H. M. B. F. G. W. R. Vladeta Ajdacic-Gross, "Methods of suicide: international suicide patterns derived from the WHO mortality database," *Bulletin of the World Health Organization*, vol. 86, no. 9, pp. 657-736, September 2008.
- [4] Harvard School of Public Health, "Means Matter - Lethality of Suicide Method," [Online]. Available: <http://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/>. [Accessed 11 December 2013].
- [5] J. M. B. a. A. FLEISCHMANN, "Suicide and

