

# Self-harm and unemployment

Brian O'Shea

***Unemployment is an important variable in both suicide and attempted suicide, acts that are themselves woven from a complex tapestry of interacting factors. The manner in which being unemployed leads to acts of self-destruction can often be better understood from detailed case histories than from the cold fruits of epidemiological research.***

Completed suicide is a fatal, self-inflicted act — unless performed by another at one's request, e.g. physician-assisted, whereas attempted suicide, which has many pseudonyms, is a non-fatal, self-inflicted, life-threatening act. In practice, we can only guess at the actual intention of the victim of such an act:

**'One wonders how many American parasuicides there are in heaven and how many failed suicides there are in England.' (Farmer, 1988)**

Self-harm of these two overlapping types originate from a complex interplay of intertwining variables, and this article attempts to tease out the contribution of one such factor, namely unemployment. Other forms of self-injury, such as superficial wrist cutting and self-disfigurement, are not discussed here (Hawton and Catalan, 1987).

## SOME HISTORICAL BACKGROUND

In 1790, the Kentish vicar Charles Moore, (1743–1811), in his 'A Full Inquiry into the Subject of Suicide', defined the most important factors in cases of suicide as depression, alcohol, and a temperament characterized by a lack of composure and equanimity; being in debt was an additional risk. Predisposition to suicide, according to Briere de Boismont (1797–1881), arises from genes, seasonal changes, being male, being aged 40–50 years, and belonging to certain professions; the final act was determined by alcohol, poverty or wretched living conditions, unemployment, libertinage, and sloth (Stone, 1997).

Durkheim (1897) believed that the strongest protection against suicide was membership of an organized workforce which was decentral-

ized to avoid impersonality and to concentrate social energies, but linked to ensure large scale division of labour and facilitation of social cohesiveness.

## ATTEMPTED SUICIDE

Platt (1984) saw the relationship between attempted suicide and unemployment as being opaque, whereas Farrow (1983) described the evidence for a connection as circumstantial but strong. Earlier, Platt (1983) had reported that 35% of unemployed males in Edinburgh were out of work for more than 1 year, a figure he expected to go on rising. The long-term unemployed had eighteen times the risk of attempted suicide of the employed. The 'unemployable', it appeared, were greatly outnumbered by those who lost their jobs through processes independent of their own actions. Unemployed Edinburgh males during 1968–82 had over ten times the attempted suicide rate of the employed (Platt and Kreitman, 1984), the risk rising as the period out of work lengthened.

Women without paid employment outside of the home are more symptomatic and complain more of depression (Cochrane and Stopes-Roe, 1981). In a study from Oxford, women who had attempted suicide and were unemployed were more likely to have a history of psychiatric problems, to be alcoholic and to have made other acts of self-harm than were employed women who attempted suicide (Hawton et al, 1988). Women with unemployed husbands report an excess of severe depression. The latter workers found no reciprocal effect of wives' employment status on the mental health of their husbands.

Homelessness or housing difficulties, a criminal record, low socioeconomic status, marital problems, child neglect, and no belief in God, as

**Dr Brian O'Shea** is Consultant Psychiatrist and Clinical Director, Newcastle Hospital, Greystones, Co Wicklow, Republic of Ireland

---

well as unemployment, have also been found by others to correlate with attempted suicide (Neal, 1981; Malone et al, 1992; Kelleher, 1994). Only a minority have severe mental illness (O'Shea et al, 1989).

### COMPLETED SUICIDE

Suicide is most common in the lowest social classes (Kreitman, 1993). We do not need to look back as far as the Great Depression to find that economic recession is associated with a rise in suicide rates, since it has recently been adequately illustrated in Korea (Watts, 1998). Does the fall in suicide rate during war reflect greater social cohesion or reduced unemployment? Social support, involving social integration and having a confidante, protects against illness (Segal and Phillips, 1967). Anomie is the name given to psychological distress caused by economic upheaval, when people can see no legitimate way to satisfy desires and, in consequence, behaviour becomes aimless and antisocial, with increased risk of suicide.

Kelleher and Daly (1990) suggested that anomie may have accounted for the increase in the Irish suicide rate between 1970–85, a period associated with increases in crime, illegitimacy and alcohol-related admissions, declining social cohesion as revealed by a decreased marriage rate, increased marital separations, and rising unemployment. Sainsbury (1955) reported a suicide rate that was three times higher in those without a job than in the employed.

Shepherd and Barraclough (1980) examined the work histories of 75 completed suicides and 150 controls for any protective role of employment. The former were more often unemployed, absent through illness, had frequent job changes, shorter tenure of employment, and more abrupt retirement, came from high-risk occupations, and were more likely to have suffered from psychiatric illness. There was no difference between the two groups in social class mobility. During 1962–71, the UK suicide rate declined while the unemployment rate rose (Kreitman and Platt, 1984), contrary to both earlier British experience and more recently noted trends in other developed countries. The coincident detoxification of domestic gas after 1963 might have played a role. Unemployment and completed suicide by other means correlated +0.88 during 1955–80 and +0.70 during 1964–74. It should be noted that the effect on completed suicide rates of a decline in barbiturate prescribing in England and Wales during 1969–74 may have been negated by a rise in the

use of all solid and liquid poisons for purposes of suicide (Johns, 1977).

Stern (1982) agreed that unemployment was bad for health but that a direct relationship with ill health remained unproven, and that per se it might have no effect on morbidity and mortality. Unemployment is associated with male, and to some extent female (Kreitman, 1993; Daly et al, 1996; Lewis and Sloggett, 1998) suicide in Europe (Pritchard, 1992). Younger people may carry the greatest risk (Gunnell et al, 1999; Hawton et al, 1999). Unemployment also predicts mental illness (Kammerling and O'Connor, 1993). Aware, an Irish association for mood disorders, lists the chief suicidogenic social changes as increasing unemployment, increasing divorce rates, increased numbers of women in the workforce and in tertiary education, increased alcohol consumption per head of the population and reduced church membership (Aware, 1998). Religious commitment, as evidenced by church attendance, may be more protective than religion per se (Stack and Lester, 1991), although this argument may not hold up in the West of Ireland where high suicide rates are associated with at least the outward show of religiosity — alcohol, unemployment and social isolation may be important intervening factors.

Independent risk factors for suicide in one case-control psychological autopsy study (Foster et al, 1999) included personality disorder (especially antisocial, avoidant, and dependent), life events (particularly problems with close friends, neighbours or relatives), current unemployment, a history of deliberate self-harm, and contact with the general practitioner within the 2 weeks before death. A psychological autopsy involves gathering information from inquest records, medical notes, and, ideally, a relative or friend, on individuals who have committed suicide.

### DISCUSSION

Periodic or prolonged unemployment, financial problems, and threats of impending liquidation or bankruptcy, are all associated with increased risk of suicide (Retterstøl, 1993).

Gabbay (1992) felt that British government plans to reduce suicide rates by the millennium had been 'jeopardised by playing down the effects on health of, for example, poverty, unemployment, and homelessness'. Nevertheless, the recent decline in suicide rate in England and Wales (McClure, 2000) may have had something to do with economic revival. Lewis and Sloggett (1998) warn that social and economic policies which decrease unemployment rates are needed in the war against suicide.

Not surprisingly, dysfunctional families can be expected to cope less well with the stress of unemployment than the 'optimal' family (Frude, 1994). According to Brenner (1979), the most vulnerable during a recession are those in non-essential, less skilled jobs, and those whose skills become redundant. Most of these are in the lowest socioeconomic strata, a group containing many marginalized elements (Moore, 1994). Lack of security has disruptive social and family consequences, and is conducive to the adoption of habits harmful to health, such as cigarette smoking and excess consumption of alcohol.

Unemployment falls disproportionately on that section of society with the least resources to meet it, a group that already has a high mortality rate. One must allow for ill health, physical or mental, causing unemployment and/or causing people to remain unemployed for long periods. The reasons for being without a job need to be factored into the equation in order to distinguish independent (e.g. everyone in the industry let go) from possibly dependent (e.g. let go because of regular alcohol intoxication) life events. Statistics may therefore be misleading. In-depth analysis of individual cases, an almost forgotten art, may throw light on an area currently occupied by the confusing shadow cast by epidemiological research. **HM**

*Conflict of interest: none.*

- Aware (1998) *Suicide in Ireland. A Global Perspective and a National Strategy*. Aware Publications, Dublin.
- Brenner MH (1979) Mortality and the national economy. A review, and the experience of England and Wales, 1936–76. *Lancet* **ii**: 568–73
- Cochrane R, Stopes-Roe M (1981) Women, marriage, employment and mental health. *Br J Psychiatry* **139**: 373–81
- Daly C, Kelleher MJ, Crowley MJ et al (1996) Suicide levels

## KEY POINTS

- The suicide rate is raised among the unemployed, especially in the young male who is out of work for a prolonged period.
- The attempted suicide rate is also increased in the unemployed.
- The concept of 'anomie' may be helpful in understanding this problem.
- The relationship between unemployment and self-harm is dynamic and may be blurred by events such as international economic shifts or availability of lethal methods.
- Adverse effects are not confined to the bread-winner.
- An economic recession affects the most vulnerable elements in society first and most strongly.
- Detailed analysis of individual victims may answer some of the questions raised by mathematical analysis of populations.
- Social and economic interventions are essential to influence gross suicide statistics.

- in Cork City 1987/1991. *Ir Med J* **89**: 99–101
- Durkheim E (1897, reprinted 1960) *Le Suicide: Etude de Sociologie*. Presses Universitaires de France, Paris
- Farmer RDT (1988) Assessing the epidemiology of suicide and parasuicide. *Br J Psychiatry* **153**: 16–20
- Farrow SC (1983) Monitoring the health effects of unemployment. *J Roy Coll Phys Lond* **17**: 99–105
- Foster T, Gillespie K, McClelland R, Patterson C (1999) Risk factors for suicide independent of DSM-III-R axis I disorder. Case-control psychological autopsy study in Northern Ireland. *Br J Psychiatry* **175**: 175–9
- Frude N (1994) The family. In: Tantam D, Birchwood M, eds. *Seminars in Psychology and the Social Sciences*. Gaskell, London
- Gabbay J (1992) The health of the nation. *Br Med J* **305**: 129–30
- Gunnell D, Lopatzidis A, Dorling D et al (1999) Suicide and unemployment in young people. Analysis of trends in England and Wales, 1921–1995. *Br J Psychiatry* **175**: 263–70
- Hawton K, Catalan J (1987) *Attempted Suicide*. Oxford Medical Publications, Oxford
- Hawton K, Fagg J, Simkin S (1988) Female unemployment and attempted suicide. *Br J Psychiatry* **152**: 623–7
- Hawton K, Houston K, Shepperd R (1999) Suicide in young people. Study of 174 cases, aged under 25 years, based on coroners' and medical records. *Br J Psychiatry* **175**: 271–6
- Johns M (1977) Self-poisoning with barbiturates in England and Wales during 1959–74. *Br Med J* **i**: 1128–30
- Kammerling RM, O'Connor S (1993) Unemployment rate as predictor of rate of psychiatric admission. *Br Med J* **307**: 1536–9
- Kelleher MJ (1994) The cost to society of deliberate self-poisoning. *Ir J Psychiatry* **15**(1): 10–2
- Kelleher MJ, Daly M (1990) Suicide in Cork and Ireland. *Br J Psychiatry* **157**: 533–8
- Kreitman N (1993) In: Kendell RE, Zealley AK, eds. *Companion to Psychiatric Studies*. 5th edn. Churchill Livingstone, Edinburgh: 743–60
- Kreitman N, Platt S (1984) Suicide, unemployment, and domestic gas detoxification in Britain. *J Epidemiol Commun Health* **38**: 1–6
- Lewis G, Sloggett A (1998) Suicide, deprivation, and unemployment: record linkage study. *Br Med J* **317**: 1283–6
- Malone K, McCormack G, Malone JP (1992) Non-fatal deliberate self-poisoning in Dublin's north inner-city — an overview. *Ir Med J* **85**: 132–5
- McClure GMG (2000) Changes in suicide in England and Wales, 1960–1997. *Br J Psychiatry* **176**: 64–7
- Moore R (1994) Class and underclass. In: Tantam D, Birchwood M, eds. *Seminars in Psychology and the Social Sciences*. Gaskell, London
- Neal CD (1981) Religion and self poisoning. *Int J Soc Psychiatry* **Winter**: 257–60
- O'Shea B, Falvey J, Rahill M (1989) Aspects of deliberate self-harm. In: O'Shea B, ed. *Essays in Psychiatry*. Vol II. EHB Print, Dublin
- Platt S (1983) Unemployment and parasuicide ('attempted suicide') in Edinburgh 1968–1982. *Unemployment Unit Bull* **10**: 4–5
- Platt S (1984) Unemployment and suicidal behaviour: a review of the literature. *Soc Sci Med* **19**: 93–115
- Platt S, Kreitman N (1984) Trends in parasuicide and unemployment among men in Edinburgh, 1968–82. *Br Med J* **289**: 1029–32
- Retterstøl N (1993) *Suicide. A European Perspective*. Cambridge University Press, Cambridge
- Sainsbury P (1955) *Suicide in London: an Ecological Study*. Maudsley Monograph No. 1. Chapman & Hall, London
- Segal BE, Phillips DL (1967) Work, play and emotional disturbance. An examination of environment and disturbance. *Arch Gen Psychiatry* **16**: 173–9
- Shepperd DM, Barraclough BM (1980) Work and suicide: an empirical investigation. *Br J Psychiatry* **136**: 469–78
- Stack S, Lester D (1991) The effect of religion on suicide ideation. *Soc Psychiatry Psychiatr Epidemiol* **26**: 168–70
- Stern J (1982) Does unemployment really kill? *New Society* **60**: 421–2
- Stone MH (1997) *Healing the Mind. A History of Psychiatry from Antiquity to the Present*. W.W. Norton & Company, New York
- Watts J (1998) Suicide rate rises as South Korea's economy falters. *Lancet* **352**: 1365