



Making the Connection: Mental Illness and Suicide

In 2002, the World Health Organization published a report on violence and health. The chapter on self-directed violence notes an estimated 815,000 people died by suicide around the world in 2000. Psychiatric disorders and affect states implicated in suicide and suicidal behaviours include affective (mood) disorders, schizophrenias, substance abuse, impulsivity, and feelings of helplessness and/or hopelessness. The role of major depression in suicide is particularly strong with this diagnosis thought to be present in approximately 65-90% of all cases with psychiatric pathologies (WHO, 2002: 192-193).

The WHO report echoes two earlier meta-analyses by Harris and Barraclough (1997, 1998) that found excess mortality or an increased risk of premature death from natural and unnatural causes for all mental disorders. The 1997 review found of 44 mental disorders considered, 36 had a significantly raised standardised mortality ratio for suicide. The authors conclude virtually all mental disorders have an increased risk of suicide with the exception of mental retardation and possibly dementia and agoraphobia (222). Their 1998 review notes the risk of death from unnatural causes, mostly suicide or quasi-suicidal, is particularly high in substance abuse and eating disorders as well as being high in functional disorders, especially depression and schizophrenia (50).

A more recent meta-analysis by Arsenault-Lapierre, Kim, and Turecki (2004) found 87.3% of 3,275 suicide victims had been diagnosed with a mental disorder prior to their death. An interesting finding was major gender differences: males more commonly had a diagnosis of substance-related problems, personality and childhood disorders and less commonly, affective disorders. When examining diagnostic distribution in different regions of the world, it was found suicide victims had at least one diagnosis in 88.8%, 89.7%, 78.9%, and 83.0% of European, North American, Australian, and Asian cases respectively (41).

The connection between suicide, suicidal behaviours, and a psychiatric diagnosis seems clear – at least in cases originating in North America and parts of Europe. Many local and national suicide prevention strategies now include goals and objectives pertaining to mental health and illness. Conversely, some mental health strategies also address suicide prevention.

However, as Bertolote and his colleagues (2002, 2003) note, without more studies from other regions, we may not know enough yet to generalize this apparent connection to other countries or cultures much less make broad or global recommendations for suicide prevention strategies.

What is Happening in Canada

Even though Canada does not yet have official national strategies for mental health or suicide prevention, there have been encouraging developments. Proposals and reports in each area include objectives relating to and supporting the other.

The Canadian Association for Suicide Prevention released a blueprint for a national suicide prevention strategy in October 2004. It recognizes the connections between mental health, mental illness, and suicide specifically stating “suicidal actions...should be viewed in the context of mental health issues and other conditions of risk” (CASP, 2004: 17). Objectives relating to mental health and illness include:

- Improving public awareness that mental health and the treatment of mental illness are fundamental components of health care in Canada;
- Developing strategies for mental health settings and training in the management of suicide risk and promotion of protective factors in these settings;
- Increasing mental health aftercare for people treated for self-destructive behaviours, including the appropriate involvement of family and friends; and,
- Improving the diagnosis, treatment, and services for people with mental illnesses.

In May 2006, the Standing Senate Committee on Social Affairs, Science and Technology published a final report, *Out of the Shadows at Last*, on transforming mental health, mental illness, and addiction services in Canada. One of the key recommendations in this report is the creation of a Canadian Mental Health Commission. The Senate Committee also recommends the federal government support efforts to develop a national suicide prevention strategy. Further, it is suggested the proposed commission work closely with all stakeholders in suicide prevention to, among other things:

- Develop consistent standards and protocols for the collection of suicide data;
- Increase the study and reporting of risk factors, warning signs, and protective factors; and,
- Support the development of a national suicide research agenda.

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Sources and Resources

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