

Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain

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Notes to tables

1 Tables showing percentages

The row or column percentages may add to 99% or 101% because of rounding.

The varying positions of the percentage signs and bases in the tables denote the presentation of different types of information. Where there is a percentage sign at the head of a column and the base at the foot, the whole distribution is presented and the individual percentages add to between 99% and 101%. Where there is no percentage sign in the table and a note above the figures, the figures refer to the proportion of people who had the attribute being discussed, and the complementary proportion, to add to 100%, is not shown in the table.

The following conventions have been used within tables:

- no cases
- 0 values less than 0.5%
- .. data not available

2 Statistical significance

Unless otherwise stated, differences mentioned in the text have been found to be statistically significant at the 95% confidence level. Standard errors that reflect the complex sampling design and weighting procedures used in the survey have been calculated and used in tests of statistical significance. Tables giving the standard errors for key estimates are shown in Appendix A.

3 Small bases

Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. In general, percentage distributions are shown if the base is 30 or more. Where the base is lower, actual numbers are shown in square brackets.

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Summary of key findings

Background and purpose

- This report presents the analysis of the data on suicidal thoughts and attempts collected in the 2000 ONS survey of psychiatric morbidity among adults in Great Britain (Singleton *et al*, 2001).
- Data are presented on the relationship between non-fatal suicidal behaviour (suicidal ideation, suicide attempts and deliberate self-harm without suicidal intent) in the past week, past year and lifetime and socio-demographic, socio-economic, psychiatric and social functioning characteristics and places them in the context of the existing literature.
- The four questions used to assess self-harm with suicidal intent were – Have you ever thought that life was not worth living? Have you ever wished that you were dead? Have you ever thought of taking your life, even though you would not actually do it? Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way? Any positive response led to a follow up question on timing: in the last week, last year, or at another time.
- The additional question to assess self-harm without suicidal intent was: Have you deliberately harmed yourself in any way but not with the intention of killing yourself?

Characteristics of the sample

- Slightly more than half (55%) of all survey respondents were women but there was no difference between the sexes in their age distribution.
- About one in fifteen (7%) of all respondents were from ethnic groups other than ‘White’.
- Overall, men and women were equally likely to be married or cohabiting (56%), but men were more likely than women to be single (33% and 26% respectively), whereas women were more likely than men to be widowed or divorced: 15% of women compared with 9% of men.
- Two thirds of the sample were living as a couple, just over a third with children (35%) and nearly a third (31%) without children. About one in six of the respondents (16%) lived in a one-person family unit, and a further 1 in 10 lived with one parent.
- Over a quarter of the sample (27%) had no formal educational qualifications; men were less likely than women to be in this position (25% compared with 30%).
- Although about two-thirds (67%) of all respondents were in paid employment, men were more likely than women to be doing paid work (74% compared with 61%). Only 4% of men and 2% of women were unemployed; the remainder was classed as economically inactive.

Summary – continued

- The largest group of respondents were in Social Class II (29%), a quarter were in IIINM, and a fifth (19%) were in Social Class IIIM. A further 16% were in Social Class IV, and the remainder in Social Classes V (6%) and I (5%).
- Overall, a third (33%) of the sample were not currently in employment (27% of men and 39% of women). About 1 in 10 were in each of the managers/administration (11%) or the clerical/secretarial (10%) groups.
- Nearly three quarters of the sample owned their own property: 24% owned outright and 49% owned with a mortgage. A further 17% rented from a Local Authority or Housing Association, and the remaining 10% rented privately.

Socio-demographic correlates of suicidal behaviour

Suicidal thoughts

- Overall, 14.9% of survey respondents said they had considered suicide at some point in their life, 3.9% in the past year and 0.4% had done so in the past week.
- Women were more likely than men to have ever considered suicide (17% and 13% respectively). This sex difference can be seen across all of the age groups.
- Suicidal ideation was more prevalent among young people than among older people: about 17% of those aged 16 to 44 said they had had suicidal thoughts in their lifetime, compared with only 6% of those aged 65 to 74.
- White respondents, both men and women, were about twice as likely to have had suicidal thoughts compared with the sample of Black or South Asian origin: 15% compared with 8%.
- 28% of divorced women and 25% of divorced men said they had ever had suicidal thoughts compared with 13% of married women and 9% of married men
- Among men, lone parents and men living on their own were the most likely to have had suicidal thoughts (about 20% each) compared with only 9% of men in couples without children.
- Among women, lone parents and those living with their parents were the most likely to have ever thought about suicide: 28% and 26% respectively had ever considered suicide, compared with only 14% of women in couples with or without children.
- 27% of unemployed women said they had thought at one time about ending their life, compared with 16% of women presently in full or part time employment.
- 20% of men and 25% of women who rent from a Local Authority or Housing Association had thought about suicide in their lifetime, compared with 8% of men and 12% of women who owned their property outright.

Suicide attempts

- 4.4% of respondents said they had ever attempted suicide, and 0.5% had attempted suicide in the past year.

Summary – continued

- Similar to suicidal ideation, younger people were more likely to have attempted suicide: about 5% of 16- to 24-year-olds and 6% of 25- to 34-year-olds had ever attempted suicide, compared with 2% of those aged 65 to 74.
- There was no statistically significant variation in the percentage of respondents in different ethnic groups who had ever attempted suicide.
- About 10% of divorced respondents (9% of divorced men and 11% of divorced women) had attempted suicide in their lifetime, compared with 3% of married respondents (2% of married men and 3% of married women)
- Lone parents, both men and women, were the most likely to have attempted suicide in their lifetime: 8% and 11% respectively, compared with, for example, only 2% of men living as a couple without children.
- Unemployed women were more likely to have ever attempted suicide (16% compared with 4% of those in employment)
- 8% of men and 10% of women in Social Class V had attempted suicide in their lifetime compared with 1% of men and 3% of women in Social Class I.

Deliberate self-harm (without suicidal intent)

- All respondents were asked if they had ever deliberately harmed themselves without suicidal intent, and 2% said that they had (2% of men and 3% of women).
- The percentage of both men and women who had ever deliberately harmed themselves decreased with age, from 5% of the youngest age group to 0.2% of those aged 65 to 74.
- There was no statistically significant variation in the percentage of respondents in different ethnic groups who had ever deliberately harmed themselves.
- Single respondents (particularly single women) were the most likely to have deliberately harmed themselves, followed by separated and divorced women.
- Unemployed women were more likely to have deliberately harmed themselves at some time (9% compared with 2% of those in full time employment).

Psychiatric disorders and suicidal behaviour

Suicidal thoughts

- At least 40% of respondents with panic, phobic symptoms, depressive ideas, obsessions and compulsions had lifetime suicidal thoughts. The corresponding proportion in relation to the symptom-free group was 5%.
- The lifetime prevalence of suicidal thoughts among those scoring 0–5 on the CIS-R was 7%. This rose to 33% of those with scores in the range 12–17 and further increased to 49% among those who scored 18 and over.

Summary – continued

- Compared with the non-disorder group (which had a 10% prevalence of lifetime suicidal thoughts) the rate for those with depressive episode was 52%.
- The highest rates of suicidal thoughts were found among the group with OCD, a 64% lifetime prevalence, reflecting the clinical experience that people with obsessions tend to be preoccupied with death.
- The lifetime prevalence of suicidal thoughts increased from 1 in 10 of the no-disorder group to a third of those with one neurotic disorder, a half of the group with two disorders and around three-quarters of those with three or more neurotic disorders.
- Among the non-alcohol dependent group, about 14% had ever thought about suicide, this proportion nearly doubled among those moderately dependent, 27%, and the rate doubled again among the severely dependent group, 57%.

Suicide attempts

- Around 20% of respondents assessed as having significant symptom levels of panic, phobias and depressive ideas, in the week prior to interview, stated that they had ever made a suicide attempt. In contrast, just less than 1% of the sample who reported no neurotic symptoms mentioned that they had ever attempted suicide.
- The lifetime prevalence of suicide attempts rose with increasing CIS-R scores: 1% of those scoring 0–5; 10% of those with scores in the range 12–17 and 22% among those who scored 18 or more.
- 25% of respondents assessed as having a depressive episode in the week prior to interview had at one time attempted suicide compared with 2% of the group without a neurotic disorder.
- The lifetime prevalence of suicide attempts increased from 2% of the no-disorder group to 14% of those with one neurotic disorder, 21% of the group with 2 disorders and 40% of those with three or more neurotic disorders.
- Among the 60 respondents assessed by the survey to have possible psychotic disorder, just over two-thirds had thought about suicide, and just over a half had attempted it.
- 4% of the non-alcohol dependent group had at one time, thought about suicide. This proportion increased to 9% among those moderately dependent and rose to 27% of the severely alcohol dependent group.
- Those who were dependent on drugs other than cannabis were around five times more likely than the non-dependent group to have ever attempted suicide, 20% compared with 4%.

Deliberate self-harm (without suicidal intent)

- Among the group with panic and phobic symptoms, the proportions who reported they had deliberately tried to harm themselves (without suicidal intent) were 16% and 13% respectively, compared with less than 1% of those with no neurotic symptoms.
- Twenty-three per cent of the survey sample assessed as having a phobic disorder had at one time self-harmed themselves.

Summary – continued

- A lifetime rate of 30% for deliberate self-harm was found among those with three or more neurotic disorders.
- About a quarter of those assessed with possible psychotic disorder had deliberately harmed themselves (without suicidal intent).
- The rates for deliberate self-harm (without suicidal intent) were 2%, 7% and 22% for the non-dependent, moderately dependent and severely alcohol dependent groups respectively.
- 11% of those dependent on drugs other than cannabis had deliberately self-harmed themselves compared with 2% of those not dependent on drugs.

Social functioning and suicidal behaviour

Suicidal thoughts

- Among the group who reported not having experienced any of the stressful events, only 5% had had suicidal thoughts. As the number of life events rose, so did the proportion experiencing suicidal thoughts. Of the group who had suffered the highest number of events, six or more, a third had had suicidal thoughts.
- Suicidal thoughts were relatively common among those who had experienced a serious problem with a close friend or relative, with more than a quarter of such people having had suicidal thoughts at some point in their lifetime.
- Events for which the prevalence of suicidal thoughts was particularly high include having a major financial crisis (29%), having a problem with the police or a court appearance (27%) and having looked for work for one month or over (23%).
- Higher rates of lifetime suicidal thoughts were found among groups who reported ever having been homeless (48%), running away from home (45%), experiencing violence in the home (44%) and being expelled from school (41%).
- Over half of those who reported experience of sexual abuse also reported having had suicidal thoughts during their lifetime.
- The prevalence of suicidal thoughts among men with a severe lack of social support was double that of those with no lack (22% compared with 11%) and for women the difference was even greater (35% of those with a severe lack compared with 14% of those with no lack).
- Those reporting a primary support group of three or less people were almost three times more likely than those with a group of nine or more to report having had suicidal thoughts during their lifetime (30% compared with 12%).

Suicide attempts

- 12% of those who had had a problem with the police or a court appearance, 10% of those who had experienced a major financial crisis and 8% of those who had looked for work for one month or more had attempted suicide at some time in their life.

Summary – continued

- Around a quarter of people who reported running away from home, being homeless, having experienced sexual abuse and having experienced violence in the home had attempted suicide at some time in their life (between 22% and 26%).
- Women with a severe lack of social support were over five times more likely than those with no lack to have attempted suicide in their lifetime (16% compared with 3%) and twice as likely to have attempted suicide than men (8%).
- 12% of all respondents with a primary support group of three or less had attempted suicide in their lifetime, compared with only 3% with a social group of nine or more people.

Deliberate self-harm (without suicidal intent)

- The rate of deliberate self-harm rose from less than 1% among those who had not experienced a life event to 2% for those who had four stressful life events to 6% among those experiencing six or more events.
- The prevalence of self-harm was particularly high for the groups reporting that they had run away from home (14%), had experience of sexual abuse (14%), had been expelled from school (13%) and had been homeless (12%).
- Respondents with a severe lack of support were over three times more likely than those with no lack to have deliberately harmed or hurt themselves (7% compared with 2%).
- 9% of women with a support group of three or less people had deliberately harmed or hurt themselves in their lifetime compared with only 1% of those with nine or more in their support group.

Correlates of non-fatal suicidal behaviour: logistic regression analysis

Suicidal thoughts

- The odds of respondents with psychosis (compared with the rest of the survey sample) of having lifetime suicidal thoughts was 3.73. The corresponding figures for the six neurotic disorders ranged from 2.24 for phobia to 2.91 for obsessive-compulsive disorder.
- Those with alcohol and drug dependence were also more likely to have had lifetime suicidal thoughts (OR= 2.12 and 1.56) compared with the non-dependent groups.
- Compared with the group who had never experienced a stressful life event, those who reported three or more events had over three times the odds of having had suicidal thoughts and the odds ratio increased to 9.75 among the group who had experienced six or more events.

Suicide attempts

- The two factors which seemed to have the greatest influence on suicide attempts were number of stressful life events and psychosis. The odds ratio for six or more versus no stressful events was 13.64 and for psychosis compared with no psychosis, the odds ratio was 6.07.

Summary – continued

Deliberate self-harm (without suicidal intent)

- The main variables in the logistic regression model associated with deliberate self-harm without the intention of suicide were number of stressful like events (OR= 17.74) age (OR=10.89 for 16- to 24-year-olds compared with 65- to 74-year-olds) psychosis (OR=4.96), depression and mixed anxiety and depression (ORs = 2.68 and 2.86) and drug dependence, specifically to drugs other than cannabis (OR=2.37).

Help seeking behaviour

Suicide attempts

- 52% of respondents who had ever attempted suicide, said they had sought some help: 30% had seen a specialist medical service, such as a psychiatrist or counsellor or someone at the local hospital, 25% had sought help from their GP or family doctor, and 25% had asked friends or family for help.

Deliberate self-harm (without suicidal intent)

- 50% of respondents who had deliberately self-harmed sought help. Just over a third (36%) had received medical attention, and a similar percentage (37%) had seen a psychiatrist.

References

Singleton N, Bumpstead R, O'Brien M, Lee A and Meltzer H (2001) *Psychiatric Morbidity among adults living in private households, 2000*, TSO: London.

Background and aims of the report

1.1 Background to the report

Mental illness was identified as one of the key areas for action in *The Health of the Nation*, a White Paper published by the Department of Health in July 1992 (Department of Health, 1992) and subsequently in *Our Healthier Nation* (Department of Health, 1999a) and *Our National Health: The Health Plan for Scotland* (Scottish Executive, 2000). Frameworks for action have been set out in the *Health of the Nation Mental Illness Key area handbook* (Department of Health, 1994), *The Spectrum of Care* (Department of Health, 1996), *Framework for Mental Health services in Scotland* (Scottish Executive, 1997) and most recently in the *National Service Framework for Mental Health* (Department of Health, 1999b).

In all these documents, and in the consultation paper, *National Framework for the Prevention of Suicide and Deliberate Self-Harm in Scotland*, there is an expressed desire to decrease the rate of suicide among the population of Great Britain and targets are set to this end. To provide information to support and monitor this initiative, inter alia, a series of national surveys of psychiatric morbidity have been carried out by ONS (formerly OPCS) over the past decade, which were commissioned by the Department of Health, the Scottish Executive Health Department and the National Assembly for Wales. These surveys covered a wide range of different population groups. They included:

- adults aged 16 to 64 living in private households (Meltzer *et al*, 1995a, b, c);
- residents of institutions specifically catering for people with mental health problems: hospitals, nursing homes, residential care homes, hostels, group homes and supported accommodation (Meltzer *et al*, 1996a, b, c);
- homeless adults living in hostels, nightshelters, private sector leased accommodation or roofless people using day centres (Gill *et al*, 1996);
- adults known by services to have a psychotic disorder (Foster *et al*, 1996);
- prisoners (Singleton *et al*, 1998); and
- children and adolescents (Meltzer *et al*, 2000).

The survey covered in this report was carried out in 2000 and is a repeat of the 1993 survey of adults living in private households. However, the 2000 survey included a number of developments: there was a slight increase in the age range, so that it covered people aged 16 up to 74 years, and measures of personality disorder and intellectual functioning were included.

Most notably, there was a change in the sample who were asked the questions on non-fatal suicidal behaviour. In the 1993 survey the questions were only asked of those who reported at least one significant symptom of depression in the past four weeks. In the 2000 survey, questions on suicidal thoughts, suicidal attempts and deliberate self-harm without the intention of committing suicide were asked of everyone.

However, the main report covering the prevalence of mental disorders, published in December 2001, did include comparisons of rates of neurotic and psychotic disorders in the GB population between 1993 and 2000. (Singleton *et al*, 2001)

1.2 Assessment of non-fatal suicidal behaviour

The concept of non-fatal suicidal behaviour

In his review of suicide and suicidal behaviour among adolescents, Diekstra *et al* (1995) refers to the work of Kreitman (1977) who originally proposed the term, parasuicide to encompass a whole range of behaviour, from suicidal gestures to manipulative attempts to serious but unsuccessful attempts to kill oneself. However there is no international agreement on the precise definition of parasuicide. Many American authors, for example, Spirito (1989) use the term, “attempted suicide” which includes the element of suicidal intention.

In their introduction to the WHO multicentre study, Bille-Brahe *et al* (1994) quotes an earlier reference to Kreitman relating to the definitional problems with the term, “parasuicide” (Kreitman *et al*, 1969):

The problem of nomenclature in so called studies of attempted suicide has certain affinities with migraine: both are recurrent, are associated with headaches and induce difficulties in focusing clearly. The only point on which everyone seems to be agreed is that the existing term, attempted suicide, is unsatisfactory, for the excellent reason that the great majority of patients so designated are not in fact attempting suicide.

Measuring non-fatal suicidal behaviour

To overcome many of these definitional problems, the ONS survey of psychiatric morbidity included four questions to assess self-harm with suicidal intent, based on the work of Paykel *et al* (1974) and Salmons and Harrington (1984).

1. Have you ever thought that life was not worth living?
(If YES, in the last week, last year, or at another time)
2. Have you ever wished that you were dead?
(If YES, in the last week, last year, or at another time)
3. Have you ever thought of taking your life, even though you would not actually do it?
(If YES, in the last week, last year, or at another time)
4. Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
(If YES, in the last week, last year, or at another time)

Responses to question 3 were used to assess suicidal ideation and those to question 4 for suicide attempts.

To measure deliberate self-harm without the intention of suicide, respondents were asked an additional question.

- 5 Have you deliberately harmed yourself in anyway but not with the intention of killing yourself?

Respondents who answered yes to this question were then asked a series of questions about how they had harmed themselves and for what reasons.

All information about non-fatal suicidal behaviour was obtained from these interviews. No records were assessed.

Definitions of all mental disorders assessed in the survey and the instruments used to measure them can be found in the report of the main survey (Singleton *et al*, 2001)

1.3 Review of previous research

Prevalence studies

As part of the National Comorbidity Study in the US, Kessler and his colleagues looked at the prevalence of non-fatal suicidal behaviour among a nationally representative sample of 5,877 adults aged 15 to 54 years based on data collected between 1990 and 1992. (Kessler, Borges and Walters, 1999). Among the survey respondents, 13.5% reported lifetime suicidal thoughts (suicidal ideation) and 4.6% overall had made a suicidal attempt. Therefore, about 30% of respondents who had ever thought about suicide had, at one time, made a suicide attempt.

In Denmark, as part of the 1994 Danish National Health Interview Survey, 1,362 individuals were asked questions regarding their suicidal behaviour. In this survey 6.9% reported having suicidal thoughts within the past year. In terms of suicidal attempts, the lifetime prevalence was 3.4% with a one-year rate of 0.5% (Kjoller and Helweg-Larson, 2000)

Prevalence of suicidal ideation and suicide attempts were also derived from the Australian National Survey of Mental Health and Wellbeing (Pirkis, Burgess and Dunt, 2000). For 10,641 respondents, the lifetime and 12 month rates for suicidal ideation were 16.0% and 3.4% respectively, and for suicidal attempts, the corresponding rates were 3.6% and 0.4%.

Two recently published articles have examined variations in rates of suicidal ideation and suicide attempts across several countries. In the first, Weissman *et al* (1999) report results from nine independently conducted, epidemiological studies. Suicidal ideation and attempts were assessed on the Diagnostic Interview Schedule in over 4,000 respondents from the US, Canada, Puerto Rico,

France, West Germany, Lebanon, Taiwan, Korea and New Zealand. Lifetime prevalence rates for suicidal ideation ranged from 2.1% (Beirut) to 18.5% (Christchurch). Lifetime suicidal attempts ranged from 0.7% (Beirut) to 5.9% (Puerto Rico). Although rates of suicidal ideation varied widely, the rates of suicide attempts among most countries were more consistent.

In a review of 20 published studies from 1970 to 2000, Welch (2001) reports that the lifetime rates of parasuicide, defined as suicide attempts and deliberate self harm, ranged from 0.7% to 5.9%, with annual rates between 0.02 to 1.1%.

Risk factors

In November 1993, a specialist conference on attempted suicide was held in the Netherlands with representatives from Europe, USA and Canada. The papers from this conference were collated into a publication entitled *Attempted Suicide in Europe: Findings from the Multicentre Study on Parasuicide by the WHO Regional Offices for Europe* (Kerkhof *et al*, 1994). A paper by Schmidtke *et al* (1994) summarised the socio-demographic characteristics of suicide attempters in Europe – suicide attempters were predominantly men, aged 25 to 34, single, with poor educational attainment and in the lowest social class. The most frequent psychiatric disorders among men who attempt suicide were adjustment disorders followed by substance and alcohol disorders. For women, the most common mental disorder was also adjustment disorder, followed by personality disorder without neurotic depression and then neurotic depression.

More recently, the increased prevalence of suicidal attempts among adults with particular psychiatric disorders have been described:

- Anxiety disorders, affective disorders and substance misuse disorders (Pirkis, Burgess and Dunt 2000).
- Alcohol, inhalants and heroin (Borges, Walters and Kessler, 2000).
- Cannabis abuse and dependence (Beautrais, Joyce and Mulder, 1999).
- Personality disorder (Suominen, Isometsa, Henriksson, Ostamo and Lonquist, 2000).
- Eating disorders among women (Hawton, Harris, Simkin, Fagg, Bale and Bond, 1997).

Similar socio-demographic and psychiatric factors emerged from the analysis of the data from the national survey of psychiatric morbidity among prisoners carried out in 1997 in England and Wales. (Meltzer *et al*, 1999). Prisoners who attempted suicide tended to be young, white, single, born in the UK and to have left school early and be poorly educated. Personality Disorder, psychosis, neurotic disorders and alcohol abuse were all found to be more prevalent among prisoners who had attempted suicide than in those who had not. Suicide attempters were more likely to have very small primary support groups and to have a severe lack of social support. They were also much more likely to have experienced a variety of adverse life events, both in the last six months and particularly over the course of their lifetime, notably violence or sexual abuse.

1.4 Coverage of the report

After the description of the sample, presented in chapter 2, the report goes on to examine the relationship between non-fatal suicidal behaviour and socio-demographic characteristics (Chapter 3), psychiatric factors (Chapter 4) and social functioning (Chapter 5). In Chapter 6, the data from the previous chapters are brought together, by means of logistic regression analysis, to find out which of the factors are the most significant, independent correlates of suicidal behaviour. The last chapter focuses on the use of services of those who have attempted suicide.

1.5 Focus of the analysis

The three chapters in this report which examine the relationship between non-fatal suicidal behaviour and socio-demographic, psychiatric and social functioning characteristics follow a similar analysis plan.

In the first part of the chapter, the analysis focuses on the prevalence of suicidal thoughts, suicidal attempts and deliberate self-harm by the characteristics of interest in the respective chapters. The data presented in these tables are cumulative percentages, for example, showing the prevalence of suicidal attempts in the past week, the past year (including the past week) and lifetime rates (including past week and past year). These data are

shown as percentages to one decimal point reflecting the standard practice of presenting prevalence data in psychiatric epidemiology.

In the second part of these three chapters, suicidal thoughts or attempts within the lifetime of the respondent become the independent variables and we examine what are the key factors which can distinguish those who have attempted suicide and those who have not in the last year.

In Chapter 6 all the significant factors which have emerged from the previous three chapters are put into a logistic regression model.

1.6 Access to survey data

Anonymised data from the survey will be lodged with the Data Archive, University of Essex, within 3 months of the publication of this report.

Independent researchers who wish to carry out their own analyses should apply to the Archive for access. For further information about archived data, please contact:

ESRC Data Archive
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ
Tel: (UK) 01206 872323
FAX: (UK) 01206 872003
Email: archive@essex.ac.uk.

1.7 Sampling and interviewing procedures

The survey was carried out between March and September 2000. A two-stage approach to the assessment of mental disorders was used. The first stage interviews were carried out by ONS interviewers and included structured assessment and screening instruments for measuring mental disorders, as well as covering a range of other topics, such as service use, risk factors for disorder and background socio-demographic factors. A sub-sample of people were then selected to take part in a second stage interview to assess psychosis and personality disorder, the assessment of which requires a more detailed interview than was possible at the first stage and some clinical judgement. These interviews were carried out by specially trained psychologists employed by the

University of Leicester. More details of the assessment instruments used in the two stages are given in Chapter 4.

The small users postcode address file (PAF) was used as the sampling frame for the survey because of its good coverage of private households in Great Britain. In the PAF, the postcode sectors were stratified on the basis of socio-economic group within NHS Region. A postal sector contains on average 2,550 delivery points.

Initially, 438 postal sectors (the primary sampling units) were selected with a probability proportional to size (number of delivery points). This included 370 sectors in England, 22 in Wales and 46 in Scotland. Within each of these sectors, 36 delivery points were selected (with the exception of one sector which was accidentally sampled twice), yielding a sample of 15,804 delivery points.

Interviewers visited the 15,804 addresses to identify private households with at least one person aged 16 to 74 years. The Kish grid method was used to select systematically one person in each household. (Kish, 1965) More details of sampling procedures can be found in the Technical Report.

Overall, 10% of sampled addresses were ineligible because they contained no private households. Of the remaining addresses, 11% contained no-one within the eligible age range, which left an eligible sample of 12,792 addresses.

Just under 70% of those approached agreed to take part in an interview and despite the length of the interview, 95% completed the full interview, i.e. 8,450 respondents.

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2

Characteristics of the sample

The purpose of this chapter is to describe the socio-demographic characteristics of the sample, showing their distribution by age and sex.

Age

Slightly more than half (55%) of all respondents were women but there was no difference between the sexes in their age distribution. (*Table 2.1*)

Ethnicity

There were no differences between the sexes in distributions of ethnic origin. Only about one in fifteen (7%) of all respondents were from ethnic groups other than 'White'. The representation of non-white ethnic groups decreased with age among both men and women. About one in eight (12%) of the youngest respondents (aged 16 to 24) said they were from an ethnic group other than white compared with just one in fifty (2%) of the oldest respondents (aged 65 to 74). (*Table 2.2*)

Marital status

Overall, men and women were equally likely to be married or cohabiting (56%), but men were more likely than women to be single (33% and 26% respectively), whereas women were more likely than men to be widowed or divorced: 15% of women compared with 9% of men.

As might be expected, the distribution of marital status varied with age, and by sex within age groups. The youngest respondents (aged 16 to 24 years) were less likely than those in all other age groups to be married or cohabiting. The oldest women (those aged 65 to 74) were more likely than any other group to be widowed or divorced, and more than twice as likely as men of their age (32% compared with 16%). (*Table 2.3*)

Family unit type

Each informant's family unit was classified into one of six family unit types. 'Couple no children' included married or cohabiting couples without children. 'Couple with child' comprised a married or cohabiting couple living with at least one child from their current or a previous relationship. 'Lone parent' describes a man or woman living with at least one child. The child need not be under eighteen and could be an adult who had never married and has no children. 'One person' does not necessarily imply that the respondent lives alone. It includes those who live alone, but it also includes adults living with a sibling, or grandparents living with their children and their family, as well as those living with unrelated people in shared households. The category 'adult living with parents' would contain the same members as a 'couple with child', except in this case it is the adult son or daughter who is the respondent. Similarly, 'adult living with one parent' covers a similar type of family unit, except that only one parent is present.

Two-thirds of the sample were living as a couple, just over a third with children (35%) and nearly a third (31%) without children. About one in six of the respondents (16%) lived as a one-person family unit, and a further 1 in 10 lived with one parent. Women were more likely to be a lone parent with children (9% compared with only 2% of men) and men were more likely to be living with a parent (16% of men and 10% of women lived with one or more parent).

These distributions also varied greatly by age and by sex within the age groups: older men were more likely to be living as a couple without children whereas older women were more likely to be living as a couple without children or to be living in a one-person family unit. Not surprisingly, people in the youngest age group (16 to 24) were the most likely to be living with their parent(s), and those in the mid-age groups were the most likely to be living as a couple with children. (*Table 2.4*)

Educational qualifications

Over a quarter of the sample (27%) had no formal educational qualifications; men were less likely than women to be in this position (25% compared with 30%).

Over a third (37%) of the sample's highest qualification was GCSE (or equivalent) and a further 15% had reached A-level. Overall, 15% of respondents had a qualification at degree level or above, and men were more likely than women to have achieved this level (17% compared with 12%).

These sex differences did not apply to the youngest age group but were progressively more pronounced across the higher age groups. In both sexes, younger respondents tended to be better qualified than older respondents. The proportion of respondents with no formal qualifications increased from 15% of 16- to 24-year-olds to 59% of those aged 65 to 74 years. (Table 2.5)

Economic activity

Table 2.6 gives a breakdown of economic activity by age and by sex. Although about two thirds (67%) of all respondents were in paid employment, men were more likely than women to be doing paid work (74% compared with 61%). Only 4% of men and 2% of women were unemployed; the remainder were classed as economically inactive, i.e. not seeking work.

Not surprisingly, respondents aged 65 to 74 years were less likely than those in any other age group to be in paid employment – 10% compared with 82% of respondents aged 25 to 34 years. Those in the youngest age group (16 to 24) were the most likely to be unemployed: 10% compared with 3% or 4% of other age groups. (Table 2.6)

Social class

The largest group of respondents were in Social Class II (29%), a quarter were in IINM, and a fifth (19%) were in Social Class IIIM. A further 16% were in Social Class IV, and the remainder in Social Classes V (6%) and I (5%).

There were differences both by sex and by age in the distributions of respondents by social class. In

particular, men were more likely than women to be in Social Classes I and IIIM and less likely to be in IINM. Among both men and women, respondents aged 16 to 24 were the most likely to be in Social Class IINM, and the least likely to be in Social Class II. There was no clear pattern among the other social classes. (Table 2.7)

Occupational group

The distribution of respondents' occupational group by age and sex is shown in table 2.8. Overall, a third (33%) of the sample were not currently in employment (27% of men and 39% of women). About 1 in 10 were in each of the managers/administration (11%) or the clerical/secretarial (10%) groups, but not surprisingly, these percentages varied greatly by age among men and women and by sex within age group. (Table 2.8)

Tenure

Table 2.9 shows the distribution of tenure by age and sex. Nearly three quarters of the sample owned their own property: 24% owned outright and 49% owned with a mortgage. A further 17% rented from a Local Authority or Housing Association, and the remaining 10% rented privately.

Overall, there were no significant differences between men and women, but there were sex differences in some of the age groups. For example, among those aged 16 to 24, men were more likely than women to live in a property that was owned outright (15% and 10% respectively), whereas women were more likely to rent from an LA or HA (23% compared with 16% of men). These percentages may reflect the finding that young men are more likely than young women to be living with one or more parent and it is the parent that owns the property not the respondent.

The percentage of both men and women who own their property outright steadily increased from 7% of those aged 25 to 44 to 69% of those aged 65 to 74, and those who own with a mortgage increased to a peak of 70% among ages 35 to 44 and then fell again to 8% of those in the oldest age group. These findings may reflect both the increase in owner-occupation over the last half-century, and the housing market situation for different age cohorts. (Table 2.9)

Table 2.1 Age of respondents

by sex

Age	Men	Women	All
	%	%	%
16–24	15	15	15
25–34	21	20	20
35–44	21	20	21
45–54	18	18	18
55–64	14	14	14
65–74	11	12	11
<i>Base</i>	3852	4728	8580

Table 2.2 Ethnicity of respondents

by age and sex

	Age						All
	16–24	25–34	35–44	45–54	55–64	65–74	
	%	%	%	%	%	%	
Men							
White	88	92	91	95	95	97	93
Black	3	3	4	2	2	1	3
South Asian	6	3	3	2	1	1	3
Other	2	2	2	2	1	1	2
<i>Base</i>	385	711	824	747	646	539	3852
Women							
White	88	91	94	96	97	99	94
Black	3	3	1	1	1	0	2
South Asian	6	3	3	2	1	-	3
Other	3	3	2	1	1	0	2
<i>Base</i>	409	972	1024	798	796	729	4728
All							
White	88	91	92	96	96	98	93
Black	3	3	3	2	2	1	2
South Asian	6	3	3	2	1	0	3
Other	3	2	2	1	1	1	2
<i>Base</i>	794	1683	1848	1545	1442	1268	8580

**Table 2.3 Marital status of respondents
by age and sex**

	Age						
	16-24	25-34	35-44	45-54	55-64	65-74	All
	%	%	%	%	%	%	%
Men							
Married/cohabiting	1	40	66	76	77	78	56
Separated	-	2	4	3	2	1	2
Single	98	55	19	8	6	5	33
Divorced	1	4	10	12	11	5	7
Widowed	-	0	0	0	4	11	2
<i>Base</i>	385	711	824	747	646	539	3852
Women							
Married/cohabiting	6	52	66	74	72	61	56
Separated	2	5	5	3	3	2	3
Single	91	37	14	5	3	6	26
Divorced	1	6	13	14	11	5	9
Widowed	-	0	1	4	10	27	6
<i>Base</i>	409	972	1024	798	796	729	4728
All							
Married/cohabiting	4	46	66	75	75	69	56
Separated	1	3	5	3	2	2	3
Single	95	46	17	7	5	5	30
Divorced	0	5	12	13	11	5	8
Widowed	-	0	1	2	7	19	4
<i>Base</i>	794	1683	1848	1545	1442	1268	8580

Table 2.4 Family type of respondents

by age and sex

	Age						All
	16-24	25-34	35-44	45-54	55-64	65-74	
	%	%	%	%	%	%	%
Men							
Couple, no child(ren)	5	28	16	29	58	72	31
Couple with child(ren)	3	36	62	54	23	8	35
Lone parent with child(ren)	-	0	3	2	2	1	2
One person only	17	21	15	12	17	18	17
Adult with parents	22	2	1	0	0	-	4
Adult with one parent	54	12	3	2	1	0	12
<i>Base</i>	<i>385</i>	<i>711</i>	<i>824</i>	<i>747</i>	<i>646</i>	<i>539</i>	<i>3852</i>
Women							
Couple, no dependent child	13	25	11	36	58	54	31
Couple with dependent child	9	45	65	43	17	7	35
Lone parent with dependent child	5	13	13	9	4	3	9
One person only	19	12	9	10	20	36	16
Adult with parents	11	1	0	-	-	-	2
Adult with one parent	42	5	2	1	0	0	8
<i>Base</i>	<i>409</i>	<i>972</i>	<i>1024</i>	<i>798</i>	<i>796</i>	<i>729</i>	<i>4728</i>
All							
Couple, no dependent child	9	26	13	33	58	62	31
Couple with dependent child	6	40	64	48	20	7	35
Lone parent with dependent child	3	7	8	6	3	2	5
One person only	18	16	12	11	19	28	16
Adult with parents	17	2	1	0	0	-	3
Adult with one parent	48	9	3	2	1	0	10
<i>Base</i>	<i>794</i>	<i>1683</i>	<i>1848</i>	<i>1545</i>	<i>1442</i>	<i>1268</i>	<i>8580</i>

Table 2.5 Highest level of educational qualifications of respondents**by age and sex**

	Age						All
	16–24	25–34	35–44	45–54	55–64	65–74	
	%	%	%	%	%	%	%
Men							
Degree	8	24	20	21	12	9	17
Teaching, HND, nursing	6	8	8	7	6	6	7
A Level or equivalent	26	17	18	15	12	7	16
GCSE A–C grades or equivalent	38	29	27	21	16	10	24
GCSE D–F grades or equivalent	8	10	10	10	11	13	10
No qualifications	15	12	17	26	44	54	25
<i>Base</i>	<i>385</i>	<i>711</i>	<i>824</i>	<i>747</i>	<i>646</i>	<i>539</i>	<i>3852</i>
Women							
Degree	12	20	16	13	5	3	12
Teaching, HND, nursing	6	8	7	9	7	6	7
A Level or equivalent	23	19	14	9	5	4	13
GCSE A–C grades or equivalent	35	33	32	24	18	8	26
GCSE D–F grades or equivalent	9	9	12	10	13	16	11
No qualifications	15	11	20	34	51	62	30
<i>Base</i>	<i>409</i>	<i>972</i>	<i>1024</i>	<i>798</i>	<i>796</i>	<i>729</i>	<i>4728</i>
All							
Degree	10	22	18	17	8	6	15
Teaching, HND, nursing	6	8	7	8	6	6	7
A Level or equivalent	24	18	16	12	8	6	15
GCSE A–C grades or equivalent	37	31	30	22	17	9	26
GCSE D–F grades or equivalent	8	10	11	10	12	14	11
No qualifications	15	12	18	30	48	59	27
<i>Base</i>	<i>794</i>	<i>1683</i>	<i>1848</i>	<i>1545</i>	<i>1442</i>	<i>1268</i>	<i>8580</i>

Table 2.6 Economic activity of respondents

by age and sex

	Age						All
	16-24	25-34	35-44	45-54	55-64	65-74	
	%	%	%	%	%	%	%
Men							
Employed full time	45	85	87	80	50	3	65
Employed part time	26	5	3	4	10	9	9
Unemployed	10	3	3	4	3	0	4
Economically inactive	20	7	7	12	38	88	23
<i>Base</i>	385	711	824	747	646	539	3852
Women							
Employed full time	40	49	37	39	18	1	33
Employed part time	29	24	37	36	25	6	28
Unemployed	5	2	3	2	1	0	2
Economically inactive	26	25	24	23	55	93	37
<i>Base</i>	409	972	1024	798	796	729	4728
All							
Employed full time	42	68	62	59	34	2	49
Employed part time	27	14	20	20	18	8	18
Unemployed	7	2	3	2	2	0	3
Economically inactive	23	16	15	18	46	90	30
<i>Base</i>	794	1683	1848	1545	1442	1268	8580

Table 2.7 Social class of respondents

by age and sex

	Age						
	16-24	25-34	35-44	45-54	55-64	65-74	All
	%	%	%	%	%	%	%
Men							
I	3	10	7	9	8	7	8
II	15	31	35	38	28	31	31
IIINM	31	12	10	9	7	10	12
IIIM	24	28	31	29	35	34	30
IV	17	15	13	12	18	12	14
V	8	3	4	3	4	5	4
Armed forces	0	1	1	0	-	0	0
<i>Base</i>	385	711	824	747	646	539	3852
Women							
I	2	5	3	2	0	0	2
II	15	30	32	33	25	23	27
IIINM	48	36	32	34	38	36	37
IIIM	6	9	8	8	8	10	8
IV	25	16	18	16	18	19	18
V	5	4	6	7	10	12	7
<i>Base</i>	409	972	1024	798	796	729	4728
All							
I	2	8	5	6	4	4	5
II	15	30	34	35	26	27	29
IIINM	40	23	21	22	23	24	25
IIIM	15	19	20	18	21	21	19
IV	21	15	15	14	18	16	16
V	7	4	5	5	7	8	6
Armed Forces	0	0	0	0	-	0	0
<i>Base</i>	794	1683	1848	1545	1442	1268	8580

Table 2.8 Occupational group of respondents**by age and sex**

	Age						All
	16-24	25-34	35-44	45-54	55-64	65-74	
	%	%	%	%	%	%	%
Men							
Managers and admin	5	17	22	22	10	3	15
Professional occupations	3	12	9	11	7	1	8
Associate professional and technical	5	10	9	9	6	1	7
Clerical, secretarial	9	9	6	5	3	0	6
Craft and related	12	17	17	14	12	2	13
Personal, protective	8	4	6	5	2	1	5
Sales occupations	14	4	3	3	3	0	5
Plant and machine operators	6	11	13	12	11	2	10
Other occupations	9	5	5	2	6	1	5
Not employed	30	10	10	16	40	88	27
<i>Base</i>	<i>385</i>	<i>711</i>	<i>824</i>	<i>747</i>	<i>646</i>	<i>539</i>	<i>3852</i>
Women							
Managers and admin	4	10	11	11	5	1	8
Professional occupations	4	9	7	9	4	0	6
Associate professional and technical	4	9	10	8	5	1	7
Clerical, secretarial	17	17	18	19	10	1	15
Craft and related	1	1	2	2	1	-	1
Personal, protective	12	11	12	9	8	1	9
Sales occupations	17	8	7	7	5	1	8
Plant and machine operators	3	3	2	3	1	-	2
Other occupations	6	4	6	6	5	2	5
Not employed	31	27	26	25	56	93	39
<i>Base</i>	<i>409</i>	<i>972</i>	<i>1024</i>	<i>798</i>	<i>796</i>	<i>729</i>	<i>4728</i>
All							
Managers and admin	5	14	16	17	7	2	11
Professional occupations	4	10	8	10	6	1	7
Associate professional and technical	5	10	9	9	5	1	7
Clerical, secretarial	13	13	12	12	7	1	10
Craft and related	6	9	9	8	6	1	7
Personal, protective	10	8	9	7	5	1	7
Sales occupations	15	6	5	5	4	1	6
Plant and machine operators	5	7	8	7	6	1	6
Other occupations	7	5	5	4	5	1	5
Not employed	30	18	18	20	48	91	33
<i>Base</i>	<i>794</i>	<i>1683</i>	<i>1848</i>	<i>1545</i>	<i>1442</i>	<i>1268</i>	<i>8580</i>

Table 2.9 Tenure of respondents

by age and sex

	Age						All
	16-24	25-34	35-44	45-54	55-64	65-74	
	%	%	%	%	%	%	%
Men							
Owens-outright	15	8	6	21	47	74	23
Owens-mortgage	46	54	71	62	35	8	50
Rents-LA/HA	16	20	16	13	14	16	16
Rents-privately	23	18	8	4	4	3	11
<i>Base</i>	385	711	824	747	646	539	3852
Women							
Owens-outright	10	6	8	24	53	65	24
Owens-mortgage	44	60	69	56	28	9	48
Rents-LA/HA	23	19	16	16	15	23	18
Rents-privately	23	15	7	4	4	3	9
<i>Base</i>	409	972	1024	798	796	729	4728
All							
Owens-outright	13	7	7	23	50	69	24
Owens-mortgage	45	57	70	59	31	8	49
Rents-LA/HA	19	19	16	15	15	20	17
Rents-privately	23	17	7	4	4	3	10
<i>Base</i>	794	1683	1848	1545	1442	1268	8580

3

Socio-demographic correlates of suicidal behaviour

3.1 Introduction

This chapter is divided into three sections. Section 3.2 looks at the responses to questions on suicidal ideation and attempts, and deliberate self-harm without suicidal intent and presents prevalence rates by socio-demographic factors. The following part of the chapter (Section 3.3) looks at respondents' socio-demographic characteristics by whether or not the respondent had ever thought about or attempted suicide or deliberately harmed themselves. Section 3.4 looks at deliberate self-harm without suicidal intent in more detail.

All respondents were asked if they had ever considered suicide, and if so, when was this. The tables presented show the cumulative percentage of respondents who had had suicidal thoughts, so, for example, the percentage who had had lifetime thoughts about suicide includes all those who reported that they had suicidal thoughts in the past week, past year or ever.

Respondents who said that they had considered suicide in the past, were asked if they had ever attempted suicide and if so, when this was. Those who had not considered suicide have been included in the table with the group of people who said they had never attempted suicide. Again, the tables show cumulative percentages.

3.2 Prevalence of non-fatal suicidal behaviour

Age and sex

Overall, 14.9% of survey respondents said they had considered suicide at some point in their life, 3.9% in the past year and 0.4% had done so in the past week. This lifetime prevalence rate, 14.9%, is similar to that found in national surveys in the United States (US) – 13.5% (Kessler, Borges and Walters, 1999) and in Australia – 16.0% (Pirkis, Burgess and Dunt, 2000) despite different instrumentation and a slightly different upper age limit. However, in both Great Britain and the US the proportion of those who had ever thought about suicide and subsequently went on to attempt suicide was exactly the same, 30%.

Women were more likely than men to have ever considered suicide (17% and 13% respectively). This sex difference can be seen across all of the age groups. This fits in with the pattern found in other countries. Weissman *et al* (1999) concluded that females as compared to males had only marginal higher rates of suicidal ideation in most countries.

Focussing now on suicide attempts, 4.4% of respondents said they had ever attempted suicide, and 0.5% had attempted suicide in the past year. The percentages were similar for men and women. The equivalent lifetime prevalence figures for the US, Australia and Denmark were 4.6%, 3.6% 3.4% (Kessler, Borges and Walters, 1999; Pirkis, Burgess and Dunt, 2000; Kjoller and Helweg-Larsen, 2000). In all countries the rate for suicide attempts in the past year was around 0.5%.

Adding the more recent figures from the US, Great Britain and Australia to the nine countries covered by Weissman *et al* (1999), excluding Taiwan and Lebanon which have unusually low rates, the lifetime prevalence of suicidal ideation and suicide attempts in descending order are:

	Lifetime prevalence (%)	
	Suicidal ideation	Suicide attempts
Christchurch, New Zealand (1989)	18.5	4.4
United States (1989 NCS)	16.5	4.8
Korea (1990)	16.5	4.8
Australia (2000)	16.0	3.6
West Germany (1992)	15.6	3.4
Great Britain (2000)	14.9	4.4
Savigny, France (1989)	14.2	4.9
United States (1990/2)	13.5	4.6
Edmonton, Alberta (1988)	11.2	3.8
United States: (1980s ECA)	11.2	3.1
Puerto Rico (1987)	9.5	5.9

In Great Britain, suicidal ideation was more prevalent among young people than among older people: about 17% of those aged 16 to 44 said they had had suicidal thoughts in their lifetime, compared with only 6% of those aged 65 to 74.

National surveys in Denmark (Kjoller and Helweg-Larsen, 2000) and Australia (Pirkis, Burgess and Dunt, 2000) demonstrated the same relationship between suicidal ideation and age. In Great Britain, the age gradient was evident for both men and women. (Table 3.1, Figure 3.1)

Similar to suicidal ideation, younger people were more likely to have attempted suicide: about 5% of 16- to 24-year-olds and 6% of 25- to 34-year-olds had ever attempted suicide, compared with 2% of those aged 65 to 74. This age difference was found for both men and women with the group reporting the highest

rates being women aged 16 to 24 who had a lifetime prevalence rate of 8% for suicide attempts, 2% overall in the past year (Table 3.1, Figure 3.2)

Finally, all respondents were asked if they had ever deliberately harmed themselves without the intention of committing suicide, and 2% said that they had (2% of men and 3% of women).

The percentage of both men and women who had ever deliberately harmed themselves decreased with age, from 5% of the youngest age group to 0.2% of those aged 65 to 74. (Table 3.1, Figure 3.3)

Figure 3.1 Percentage of respondents who had ever had suicidal thoughts by age and sex

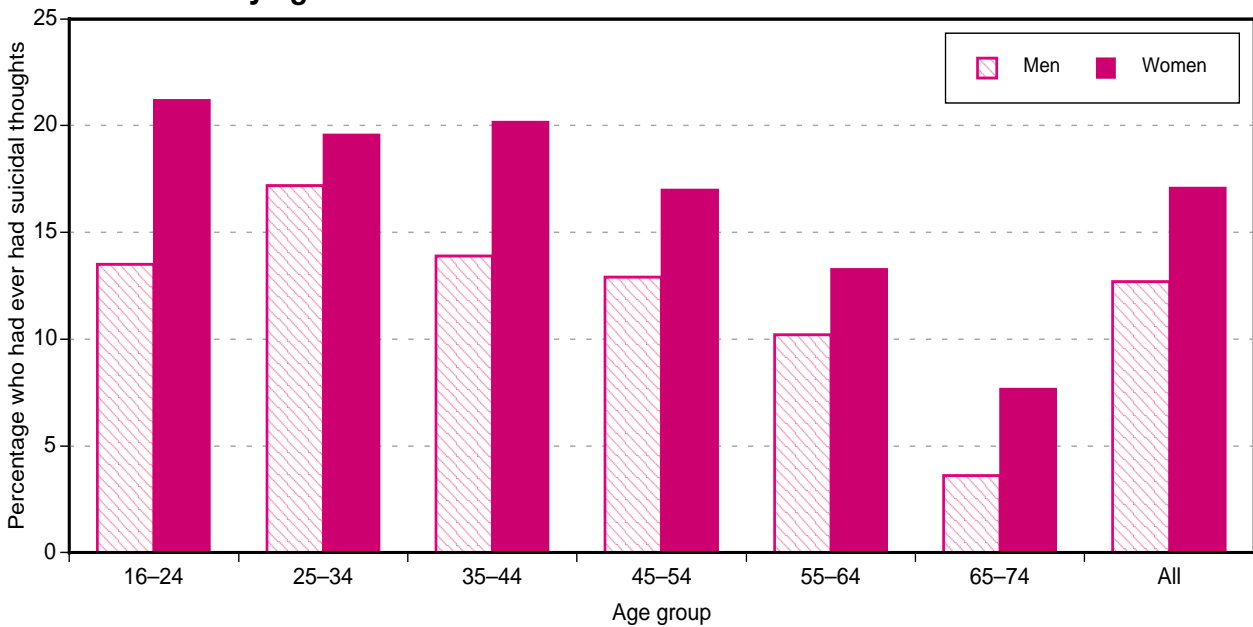


Figure 3.2 Percentage of respondents who had ever attempted suicide by age and sex

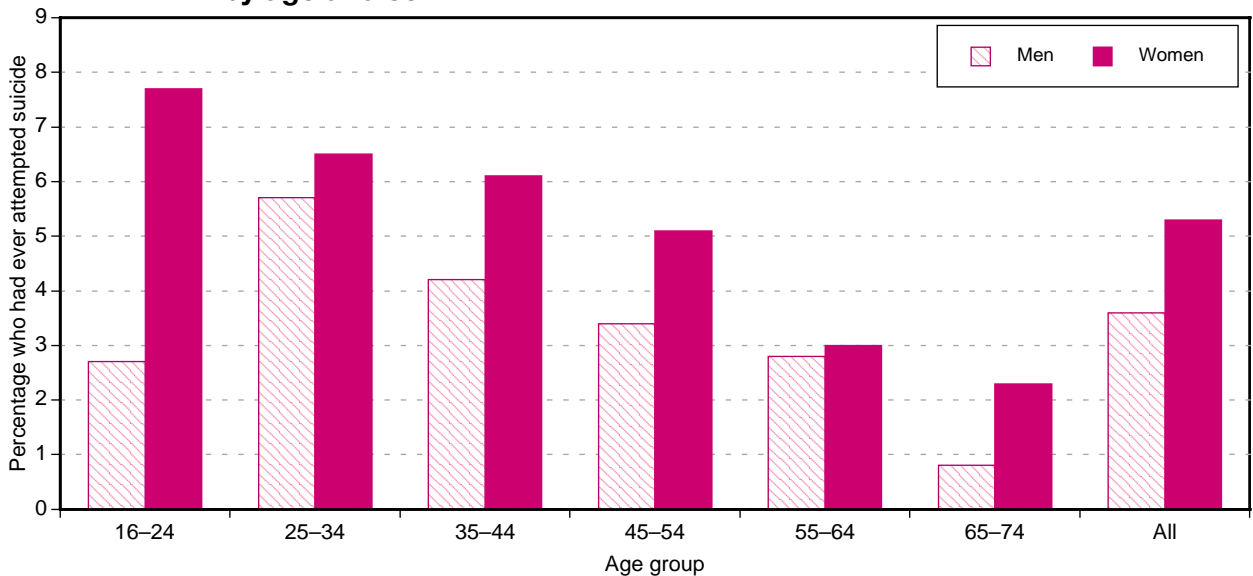
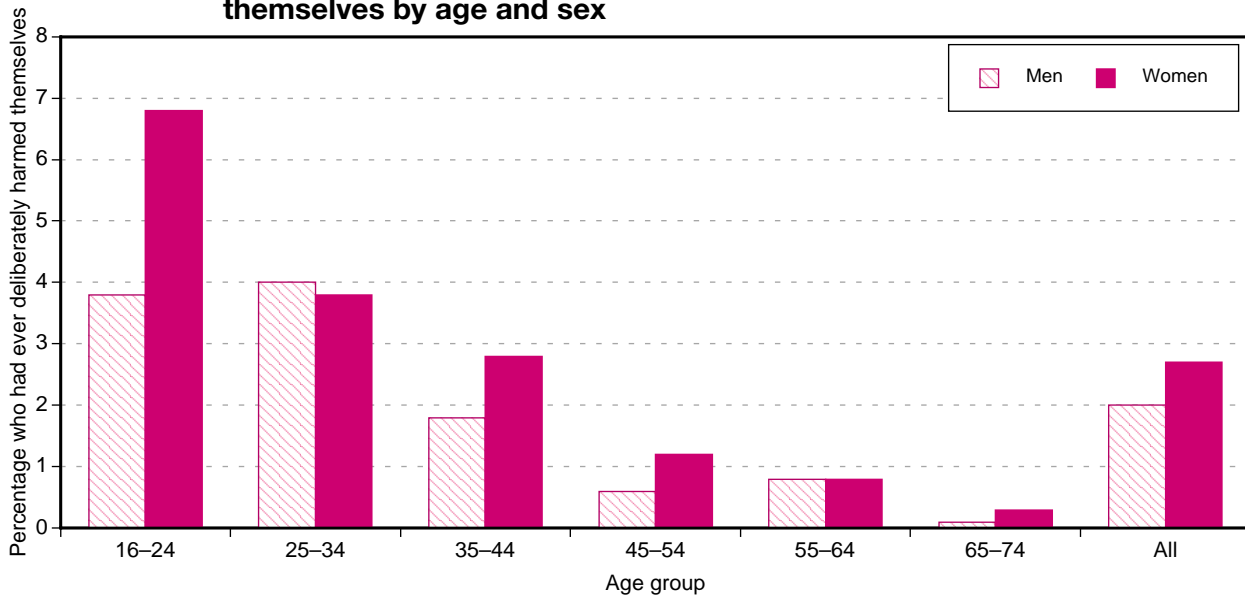


Figure 3.3 Percentage of respondents who had ever deliberately harmed themselves by age and sex



Ethnicity

White respondents, both men and women, were about twice as likely to have had suicidal thoughts compared with the sample of Black or South Asian origin: 15% compared with 8%. There was no statistically significant variation in the percentage of respondents in different ethnic groups who had ever attempted suicide or deliberately harmed themselves. (Table 3.2)

Marital status and family unit type

Among both men and women, separated and divorced respondents were the most likely to have ever had suicidal thoughts, and married and widowed respondents the least likely. For example, 28% of divorced women (25% of divorced men) said they had ever had suicidal thoughts compared with only 13% of married women (9% of married men).

Similarly, separated or divorced men and women tended to be more likely to have attempted suicide than their married or widowed counterparts. About 10% of divorced respondents (9% of divorced men and 11% of divorced women) had attempted suicide in their lifetime, compared with only 3% of married respondents (2% of married men and 3% of married women).

These findings replicate those from several other countries. In the comparative analysis among nine

countries carried out by Weissman *et al* (1999) they concluded that in most countries suicidal ideation and attempts were associated with being currently divorced/separated as compared to currently married.

It has been argued that non-married individuals abuse alcohol more than married people and that this may contribute to the relationship between marital status and suicide attempts. However, a study by Stack and Wasserman (1995) using logistic regression analysis on the ECA survey data found that marital status affects the odds of attempting suicide independent of alcohol abuse.

A slightly different pattern was seen when deliberate self-harm without suicidal intent was looked at. Single respondents (particularly single women) were the most likely to have deliberately harmed themselves, followed by separated and divorced women. (Table 3.3)

This relationship between marital status and deliberate self-harm is identified in the review by Welch who looked at 20 population studies on parasuicide between 1970 and 2000. (Welch, 2001). She defined parasuicide as suicide attempts and deliberate self-harm inflicted with no attempt to die. Among the risk factors she identified was being single or divorced. The results from this survey highlight the importance of distinguishing suicidal attempts, with and without the intention of suicide, for analytical purposes.

Table 3.4 shows that the relationship between suicidal thoughts and family type was slightly different among men and women. Among men, lone parents and men living in a family unit on their own were the most likely to have had suicidal thoughts (about 20% each) compared with only 9% of men in couples without children. Among women, however, lone parents and those living with their parents were twice as likely to have ever thought about suicide: 28% and 26% respectively had ever considered suicide, compared with only 14% of women in couples with or without children.

Both men and women lone parents were the most likely to have attempted suicide in their lifetime: 8% and 11% respectively, compared with, for example, only 2% of men living as a couple without children.

Similarly, men and women living with one or both parents, were more likely to have ever deliberately harmed themselves but this is probably a reflection of the relatively younger age of the sample in these groups. (Table 3.4)

Educational factors

There was no clear association between educational qualifications and suicidal ideation, suicide attempts or self-harm. (Table 3.5)

Socio-economic factors

All the studies reviewed so far indicate that being unemployed is a risk factor for suicidal behaviour. This was also found to be the case in Great Britain. Table 3.6 shows that both unemployed men and women were more likely than their employed or economically inactive counterparts to have had suicidal thoughts in the past year. For example, 27% of unemployed women said they had thought at one time about ending their life, compared with 16% of women in full or part time employment.

Unemployed women were more likely to have ever attempted suicide (16% compared with 4% of those in employment) or deliberately harmed themselves (9% compared with 2% of those in full time employment). The relationship among men was less evident though following a similar trend.

As for marital status, it has been argued that the relationship between unemployment and suicidal attempts is not straightforward. A study in New Zealand on the relationship between unemployment and serious suicide attempts (Beautrais, Joyce and Mulder, 1998) concluded that the relationship is non-causal. They believe it reflects common or correlated factors that contribute to both risks of both unemployment and suicidal behaviour. Any remaining association between unemployment and suicide risk appears to arise from the correlation that exists between unemployment and psychiatric disorder. In the present study, this contention is examined in Chapter 6.

There was very little variation in the prevalence of suicidal thoughts between people from different social classes. However, when suicidal behaviours are considered, respondents from manual social classes were more likely than those from non-manual, social classes to have ever attempted suicide. For example 8% of men in Social Class V (10% of women) had attempted suicide in their lifetime compared with 1% of men in Social Class I (3% of women). (Table 3.7)

The pattern of deliberate self-harm was much less clear: among men there were no significant differences between the different social classes, whereas among women, those in Social Classes I and IV were more likely than others to have deliberately harmed themselves. (Table 3.7)

There were a few significant differences in suicidal thoughts and behaviour between respondents from different occupational groups but no clear pattern. Interestingly people in jobs traditionally occupied by the other sex seemed more likely to have had suicidal thoughts or to have attempted suicide. For example, men in clerical and secretarial jobs were the most likely to have ever thought about (18%) and ever attempted suicide (6%). Similarly, women in craft-related jobs were the most likely to have thought about suicide (31%) or have attempted suicide (9%). (Table 3.8)

Tenure

Table 3.9 shows that men and women who rent their accommodation, were more likely than owners to have suicidal thoughts. For example,

20% of men and 25% of women who rent from a Local Authority or Housing Association had thought about suicide in their lifetime, compared with 8% of men and 12% of women who owned their property outright. LA/HA renters were also the most likely to have attempted suicide.

Among women, private renters were the most likely to have deliberately harmed themselves (7% compared with only 1% of outright owners, and 2% of women who own their property with a mortgage). (Table 3.9)

3.3 Distribution of socio-demographic characteristics by suicidal thoughts and behaviour

Whereas the previous section looked at the prevalence rates of suicidal thoughts and behaviour by various different socio-demographic characteristics, this section looks at those who have thought about or attempted suicide or tried to harm themselves and those who have not, and compares these two groups in terms of their socio-demographic characteristics.

Table 3.10 shows the different characteristics of respondents who said that they had had suicidal thoughts in their lifetime and those who had not ever had suicidal thoughts.

Among the respondents who had thought about suicide, 43% were men, 66% were aged 44 or under, 37% were single, 14% were divorced and 22% lived in a one-person family unit. In contrast, among those who had not ever thought about suicide, 51% were men, 54% were aged 44 or under, 28% were single, 7% were divorced and 15% lived in a one-person family unit.

There were also differences when other socio-economic characteristics were considered: those who had had suicidal thoughts were more likely to be economically inactive (33% compared with 29% of those who had never had suicidal thoughts), in lower social classes and renting accommodation.

Table 3.11 shows the distribution of socio-demographic and socio-economic characteristics for respondents who had made a suicide attempt and those who had not.

Respondents who had ever attempted suicide were more likely than those who had never attempted suicide to be:

- women;
- younger;
- single or divorced;
- living in a one-person family unit;
- economically inactive;
- in lower social classes; and
- renting accommodation from the Local Authority or a Housing Association.

Respondents who had deliberately tried to harm themselves were more likely than those who had not tried to self-harm to be women, aged 16 to 34, single, living alone or with one parent, in Social Class IV or not employed, and renting accommodation. (Table 3.12)

3.4 Reasons for deliberate self-harm and methods used

It was shown above (Table 3.1) that 2% of respondents said that they had ever tried to harm themselves deliberately, without suicidal intent. These respondents were then asked what they did to harm themselves, why they did it and about any medical attention or help they had received as a consequence of their self-harm.

Nearly two-thirds (63%) of self-harmers said they had cut themselves, 14% had swallowed an object and 6% had burnt themselves. Nearly a third (32%) said they had harmed themselves in some other way.

Three-quarters of self-harmers had done so in anger and over half (56%) had done so to draw attention to themselves. Stanley *et al* (2001) confirms that self-mutilators perceived their suicide attempts as less lethal, with a greater likelihood of rescue and with less certainty of death. However, they also tend to underestimate how lethal their behaviour could be.

None of the apparent differences between men and women were statistically significant due to the small number of people who said they had harmed themselves. (Table 3.13)

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Table 3.1 Prevalence of non-fatal suicidal behaviour
by age and sex

	Age						All
	16–24	25–34	35–44	45–54	55–64	65–74	
<i>Cumulative percentage of population</i>							
Men							
Suicidal thoughts							
Past week	0.2	0.1	0.4	0.7	0.2	0.2	0.3
Past year	5.2	4.3	3.7	4.3	2.1	0.5	3.6
Lifetime	13.5	17.2	13.9	12.9	10.2	3.6	12.7
Never	86.5	82.8	86.1	87.1	89.8	96.4	87.3
Suicide attempts							
Past week	-	0.1	-	-	-	-	0.0
Past year	0.8	1.2	0.3	0.2	-	0.2	0.5
Lifetime	2.7	5.7	4.2	3.4	2.8	0.8	3.6
Never	97.3	94.3	95.8	96.6	97.2	99.2	96.4
Deliberate self-harm without suicidal intent							
	3.8	4.0	1.8	0.6	0.8	0.1	2.0
<i>Base</i>	<i>384</i>	<i>710</i>	<i>822</i>	<i>747</i>	<i>646</i>	<i>539</i>	<i>3848</i>
Women							
Suicidal thoughts							
Past week	0.9	0.6	0.9	0.1	0.5	0.1	0.5
Past year	8.3	4.4	5.0	3.0	1.8	1.4	4.1
Lifetime	21.2	19.6	20.2	17.0	13.3	7.7	17.1
Never	78.8	80.4	79.8	83.0	86.7	92.3	82.9
Suicide attempts							
Past week	-	0.1	-	-	-	-	0.0
Past year	1.5	0.8	0.5	0.1	0.2	0.1	0.5
Lifetime	7.7	6.5	6.1	5.1	3.0	2.3	5.3
Never	92.3	93.5	93.9	94.9	97.0	97.7	94.7
Deliberate self-harm without suicidal intent							
	6.8	3.8	2.8	1.2	0.8	0.3	2.7
<i>Base</i>	<i>409</i>	<i>970</i>	<i>1023</i>	<i>798</i>	<i>796</i>	<i>728</i>	<i>4724</i>
All							
Suicidal thoughts							
Past week	0.5	0.3	0.7	0.4	0.3	0.1	0.4
Past year	6.7	4.3	4.4	3.7	1.9	1.0	3.9
Lifetime	17.3	18.4	17.0	15.0	11.7	5.8	14.9
Never	82.7	81.6	83.0	85.0	88.3	94.2	85.1
Suicide attempts							
Past week	-	0.1	-	-	-	-	0.0
Past year	1.1	1.0	0.4	0.1	0.1	0.1	0.5
Lifetime	5.1	6.1	5.1	4.3	2.9	1.6	4.4
Never	94.9	93.9	94.9	95.7	97.1	98.4	95.6
Deliberate self-harm without suicidal intent							
	5.3	3.9	2.3	0.9	0.8	0.2	2.4
<i>Base</i>	<i>793</i>	<i>1680</i>	<i>1845</i>	<i>1545</i>	<i>1442</i>	<i>1267</i>	<i>8572</i>

Table 3.2 Prevalence of non-fatal suicidal behaviour

by ethnicity and sex

	Ethnicity				All*
	White	Black	South Asian	Other	
<i>Cumulative percentage of population</i>					
Men					
Suicidal thoughts					
Past week	0.3	-	-	-	0.3
Past year	3.9	0.6	0.6	-	3.6
Lifetime	13.1	4.1	4.4	16.2	12.7
Never	86.9	95.9	95.6	83.8	87.3
Suicide attempts					
Past week	0.0	-	-	-	0.0
Past year	0.5	-	0.6	-	0.5
Lifetime	3.6	1.8	0.6	10.0	3.6
Never	96.4	98.2	99.4	90.0	96.4
Deliberate self-harm without suicidal intent					
	2.1	0.7	-	2.9	2.0
<i>Base</i>	3572	95	77	69	3848
Women					
Suicidal thoughts					
Past week	0.6	0.7	-	-	0.5
Past year	4.1	3.1	3.1	3.8	4.1
Lifetime	17.4	12.7	12.3	14.5	17.1
Never	82.6	87.3	87.7	85.5	82.9
Suicide attempts					
Past week	0.0	-	-	-	0.0
Past year	0.5	-	-	2.4	0.5
Lifetime	5.3	3.7	5.8	4.9	5.3
Never	94.7	96.3	94.2	95.1	94.7
Deliberate self-harm without suicidal intent					
	2.7	3.4	3.2	-	2.7
<i>Base</i>	4455	89	81	100	4724
All					
Suicidal thoughts					
Past week	0.4	0.3	-	-	0.4
Past year	4.0	1.6	1.8	1.8	3.9
Lifetime	15.3	7.5	8.2	15.4	14.9
Never	84.7	92.5	91.8	84.6	85.1
Suicide attempts					
Past week	0.0	-	-	-	0.0
Past year	0.5	-	0.3	1.1	0.5
Lifetime	4.5	2.6	3.1	7.6	4.4
Never	95.5	97.4	96.9	92.4	95.6
Deliberate self-harm without suicidal intent					
	2.4	1.8	1.5	1.6	2.4
<i>Base</i>	8027	184	158	139	8572

* Includes those with no answer at ethnic origin.

Table 3.3 Prevalence of non-fatal suicidal behaviour
by marital status and sex

	Marital Status					All
	Married	Single	Separated	Divorced	Widowed	
<i>Cumulative percentage of population</i>						
Men						
Suicidal thoughts						
Past week	0.2	0.2	-	1.6	-	0.3
Past year	2.3	5.0	9.4	5.7	2.7	3.6
Lifetime	8.8	16.3	21.7	24.8	9.3	12.7
Never	91.2	83.7	78.3	75.2	90.7	87.3
Suicide attempts						
Past week	-	0.0	-	-	-	0.0
Past year	0.2	0.8	0.7	1.1	-	0.5
Lifetime	2.4	4.2	7.6	9.1	2.7	3.6
Never	97.6	95.8	92.4	90.9	97.3	96.4
Deliberate self-harm without suicidal intent	1.1	3.7	1.2	2.3	-	2.0
<i>Base</i>	2010	1171	123	409	135	3848
Women						
Suicidal thoughts						
Past week	0.4	0.8	0.8	0.6	0.5	0.5
Past year	2.2	7.0	8.7	4.9	5.6	4.1
Lifetime	13.2	21.7	27.4	27.6	13.1	17.1
Never	86.8	78.3	72.6	72.4	86.9	82.9
Suicide attempts						
Past week	-	0.1	-	-	-	0.0
Past year	0.2	1.2	1.2	1.1	0.2	0.5
Lifetime	3.3	7.5	10.1	11.4	3.2	5.3
Never	96.7	92.4	89.9	88.6	96.8	94.7
Deliberate self-harm without suicidal intent	1.4	5.7	3.7	3.0	0.6	2.7
<i>Base</i>	2370	1104	237	572	441	4728
All						
Suicidal thoughts						
Past week	0.3	0.5	0.5	1.0	0.4	0.4
Past year	2.3	5.9	9.0	5.3	4.9	3.9
Lifetime	11.0	18.7	25.2	26.3	12.2	14.9
Never	89.0	81.3	74.8	73.7	87.8	85.1
Suicide attempts						
Past week	-	0.1	-	-	-	0.0
Past year	0.2	1.0	1.0	1.1	0.1	0.5
Lifetime	2.8	5.7	9.2	10.4	3.1	4.4
Never	97.2	94.3	90.8	89.6	96.9	95.6
Deliberate self-harm without suicidal intent	1.3	4.6	2.8	2.7	0.4	2.4
<i>Base</i>	4380	2275	360	981	576	8580

Table 3.4 Prevalence of non-fatal suicidal behaviour
by family type and sex

	Family Type						All
	Couple, no child	Couple and child(ren)	Lone parent and child(ren)	One person only	Adult with parents	Adult with one parent	
<i>Cumulative percentage of population</i>							
Men							
Suicidal thoughts							
Past week	0.1	0.3	2.4	0.7	-	0.2	0.3
Past year	1.9	3.2	6.5	6.1	6.9	4.5	3.6
Lifetime	9.1	12.1	19.7	20.5	11.7	12.7	12.7
Never	90.9	87.9	80.3	79.5	88.3	87.3	87.3
Suicide attempts							
Past week	-	-	-	0.1	-	-	0.0
Past year	0.2	0.3	-	1.0	1.1	1.1	0.5
Lifetime	2.0	3.5	7.5	6.9	3.9	2.8	3.6
Never	98.0	96.5	92.5	93.1	96.1	97.2	96.4
Deliberate self-harm without suicidal intent							
	0.7	1.9	1.7	3.5	2.2	3.7	2.0
<i>Base</i>	1242	1109	73	1029	82	313	3848
Women							
Suicidal thoughts							
Past week	0.6	0.3	1.2	0.9	-	0.3	0.5
Past year	2.5	2.5	8.7	6.0	16.4	5.6	4.1
Lifetime	14.5	14.3	27.9	20.9	26.2	18.4	17.1
Never	85.5	85.7	72.1	79.1	73.8	81.6	82.9
Suicide attempts							
Past week	0.1	-	-	-	-	-	0.0
Past year	0.3	0.2	1.6	0.6	-	2.1	0.5
Lifetime	4.5	3.1	11.1	7.6	5.5	7.4	5.3
Never	95.5	96.9	88.9	92.4	94.5	92.6	94.7
Deliberate self-harm without suicidal intent							
	2.1	1.5	5.0	3.4	7.5	5.3	2.7
<i>Base</i>	1430	1308	590	1153	38	205	4724
All							
Suicidal thoughts							
Past week	0.3	0.3	1.4	0.8	-	0.3	0.4
Past year	2.2	2.8	8.4	6.0	9.8	4.9	3.9
Lifetime	11.8	13.2	26.7	20.7	16.2	14.9	14.9
Never	88.2	86.8	73.3	79.3	83.8	85.1	85.1
Suicide attempts							
Past week	0.0	-	-	0.0	-	-	0.0
Past year	0.2	0.2	1.3	0.8	0.8	1.5	0.5
Lifetime	3.2	3.3	10.6	7.2	4.4	4.6	4.4
Never	96.8	96.7	89.4	92.8	95.6	95.4	95.6
Deliberate self-harm without suicidal intent							
	1.4	1.7	4.5	3.5	3.9	4.4	2.4
<i>Base</i>	2672	2417	663	2182	120	518	8580

Table 3.5 Prevalence of non-fatal suicidal behaviour
by educational qualifications and sex

	Educational qualifications						All
	Degree	Teaching, HND, Nursing	A Level	GCSE A–C grades or equivalent	GCSE D–F grades or equivalent	No qualifications	
<i>Cumulative percentage of population</i>							
Men							
Suicidal thoughts							
Past week	0.4	0.3	-	0.1	0.3	0.6	0.3
Past year	3.8	1.7	3.9	4.4	2.5	3.4	3.6
Lifetime	12.8	10.8	15.8	13.8	11.5	10.6	12.7
Never	87.2	89.2	84.2	86.2	88.5	89.4	87.3
Suicide attempts							
Past week	-	-	-	-	-	0.1	0.0
Past year	0.4	0.3	0.2	0.4	0.5	0.9	0.5
Lifetime	2.9	0.7	3.4	3.7	4.5	4.4	3.6
Never	97.1	99.3	96.6	96.3	95.5	95.6	96.4
Deliberate self-harm without suicidal intent							
	1.6	1.5	2.2	2.0	3.3	1.8	2.0
<i>Base</i>	<i>661</i>	<i>271</i>	<i>585</i>	<i>855</i>	<i>393</i>	<i>1046</i>	<i>3848</i>
Women							
Suicidal thoughts							
Past week	0.6	-	0.3	0.5	0.6	0.7	0.5
Past year	3.5	2.3	4.4	3.8	4.6	4.8	4.1
Lifetime	19.1	15.4	17.5	18.5	16.9	15.4	17.1
Never	80.9	84.6	82.5	81.5	83.1	84.6	82.9
Suicide attempts							
Past week	0.2	-	-	-	-	-	0.0
Past year	0.3	0.2	0.3	0.4	1.4	0.6	0.5
Lifetime	3.2	3.8	4.2	6.3	6.7	5.6	5.3
Never	96.8	96.2	95.8	93.7	93.3	94.4	94.7
Deliberate self-harm without suicidal intent							
	2.6	1.7	2.1	3.1	2.5	3.0	2.7
<i>Base</i>	<i>577</i>	<i>343</i>	<i>543</i>	<i>1170</i>	<i>546</i>	<i>1518</i>	<i>4724</i>
All							
Suicidal thoughts							
Past week	0.5	0.1	0.1	0.3	0.5	0.7	0.4
Past year	3.7	2.0	4.1	4.1	3.7	4.2	3.9
Lifetime	15.5	13.1	16.5	16.2	14.4	13.2	14.9
Never	84.5	86.9	83.5	83.8	85.6	86.8	85.1
Suicide attempts							
Past week	0.1	-	-	-	-	0.0	0.0
Past year	0.3	0.2	0.3	0.4	1.0	0.7	0.5
Lifetime	3.0	2.3	3.8	5.1	5.7	5.1	4.4
Never	97.0	97.7	96.2	94.9	94.3	94.9	95.6
Deliberate self-harm without suicidal intent							
	2.1	1.6	2.1	2.6	2.9	2.4	2.4
<i>Base</i>	<i>1238</i>	<i>614</i>	<i>1128</i>	<i>2025</i>	<i>939</i>	<i>2564</i>	<i>8580</i>

Table 3.6 Prevalence of non-fatal suicidal behaviour

by economic activity and sex

	Economic activity				All
	Employed full time	Employed part time	Unemployed	Inactive	
<i>Cumulative percentage of population</i>					
Men					
Suicidal thoughts					
Past week	0.1	-	-	0.9	0.3
Past year	2.9	4.3	4.2	5.3	3.6
Lifetime	11.9	14.9	21.2	12.9	12.7
Never	88.1	85.1	78.8	87.1	87.3
Suicide attempts					
Past week	-	-	-	0.1	0.0
Past year	0.2	0.2	0.4	1.3	0.5
Lifetime	2.8	3.7	5.5	5.3	3.6
Never	97.2	96.3	94.5	94.7	96.4
Deliberate self-harm without suicidal intent	1.8	2.4	3.0	2.4	2.0
<i>Base</i>	2352	285	145	1030	3848
Women					
Suicidal thoughts					
Past week	0.4	0.2	2.3	0.8	0.5
Past year	3.1	4.3	10.6	4.5	4.1
Lifetime	15.8	15.9	27.3	18.6	17.1
Never	84.2	84.1	72.7	81.4	82.9
Suicide attempts					
Past week	-	0.1	-	-	0.0
Past year	0.2	0.9	1.1	0.6	0.5
Lifetime	4.3	4.2	15.9	6.4	5.3
Never	95.7	95.8	84.1	93.6	94.7
Deliberate self-harm without suicidal intent	1.9	2.9	9.2	2.9	2.7
<i>Base</i>	1462	1168	114	1953	4724
All					
Suicidal thoughts					
Past week	0.0	0.0	0.9	0.8	0.4
Past year	2.9	4.3	6.6	4.8	3.9
Lifetime	13.2	15.7	23.4	16.4	14.9
Never	86.8	84.3	76.6	83.6	85.1
Suicide attempts					
Past week	-	0.1	-	0.0	0.0
Past year	0.2	0.7	0.7	0.9	0.5
Lifetime	3.3	4.1	9.3	6.0	4.4
Never	96.7	95.9	90.7	94.0	95.6
Deliberate self-harm without suicidal intent	1.8	2.8	5.3	2.7	2.4
<i>Base</i>	3814	1453	259	2983	8580

Table 3.7 Prevalence of non-fatal suicidal behaviour
by social class and sex

	Social Class						All*
	I	II	IIINM	IIIM	IV	V	
<i>Cumulative percentage of population</i>							
Men							
Suicidal thoughts							
Past week	0.3	0.3	-	0.2	0.5	0.7	0.3
Past year	4.0	2.4	5.0	3.0	5.5	5.4	3.6
Lifetime	12.5	11.4	15.3	11.9	14.9	16.2	12.7
Never	87.5	88.6	84.7	88.1	85.1	83.8	87.3
Suicide attempts							
Past week	-	-	-	-	0.1	-	0.0
Past year	-	0.1	-	0.4	1.1	2.4	0.5
Lifetime	0.8	2.3	4.3	4.0	5.1	8.4	3.6
Never	99.2	97.7	95.7	96.0	94.9	91.6	96.4
Deliberate self-harm without suicidal intent	1.1	1.4	2.6	1.4	3.4	4.2	2.0
<i>Base</i>	304	1157	409	1116	533	165	3848
Women							
Suicidal thoughts							
Past week	0.8	0.4	0.3	0.1	1.2	0.5	0.5
Past year	1.2	2.5	4.6	2.9	5.4	5.8	4.0
Lifetime	17.8	15.6	16.8	17.0	18.9	19.2	17.1
Never	82.2	84.4	83.2	83.0	81.1	80.8	82.9
Suicide attempts							
Past week	0.0	0.1	-	-	-	-	0.0
Past year	0.4	0.2	0.5	0.8	0.6	1.7	0.5
Lifetime	3.0	3.6	4.5	7.5	6.4	10.2	5.2
Never	97.0	96.4	95.5	92.5	93.6	89.8	94.8
Deliberate self-harm without suicidal intent	5.6	1.5	2.4	2.9	4.2	1.3	2.7
<i>Base</i>	115	1279	1612	388	831	325	4724
All							
Suicidal thoughts							
Past week	0.4	0.3	0.3	0.2	0.9	0.6	0.4
Past year	3.3	2.5	4.7	3.0	5.4	5.7	3.9
Lifetime	13.8	13.4	16.4	13.0	17.1	18.1	14.9
Never	86.2	86.6	83.6	87.0	82.9	81.9	85.1
Suicide attempts							
Past week	-	0.0	-	-	0.1	-	0.0
Past year	0.1	0.2	0.4	0.4	0.8	1.9	0.5
Lifetime	1.3	2.9	4.5	4.7	5.9	9.5	4.4
Never	98.7	97.1	95.5	95.3	94.1	90.5	95.6
Deliberate self-harm without suicidal intent	2.2	1.5	2.4	1.8	3.9	2.4	2.4
<i>Base</i>	419	2436	2021	1504	1364	490	8580

* Includes Armed Forces/No answer.

Table 3.8 Prevalence of non-fatal suicidal behaviour

by occupational group and sex

	Occupational group										All
	Managers and Administrators	Professional Occupation	Associate professional and Technical	Clerical, secretarial	Craft related	Personal, protective	Sales Occupation	Plant and Machine operators	Other Occupations	Not employed	
<i>Cumulative percentage of population</i>											
Men											
Suicidal thoughts											
Past week	0.1	0.3	0.4	-	-	-	-	-	0.3	0.8	0.3
Past year	2.4	2.5	3.3	4.3	1.5	4.3	5.2	3.5	4.1	5.1	3.6
Lifetime	12.8	10.7	13.2	17.6	11.1	11.5	11.4	11.7	10.7	14.1	12.7
Never	87.2	89.3	86.8	82.4	88.9	88.5	88.6	88.3	89.3	85.9	87.3
Suicide attempts											
Past week	-	-	-	-	-	-	-	-	-	0.1	0.0
Past year	-	-	-	-	-	0.3	-	0.9	1.2	1.2	0.5
Lifetime	2.5	0.9	2.7	6.0	2.4	2.5	3.0	4.1	3.5	5.4	3.6
Never	97.5	99.1	97.3	94.0	97.6	97.5	97.0	95.9	96.5	94.6	96.4
Deliberate self-harm without suicidal intent											
	1.2	1.0	2.6	3.9	2.0	3.4	1.9	1.2	1.0	2.5	2.0
<i>Base</i>	<i>544</i>	<i>317</i>	<i>272</i>	<i>193</i>	<i>488</i>	<i>160</i>	<i>145</i>	<i>352</i>	<i>165</i>	<i>1175</i>	<i>3848</i>
Women											
Suicidal thoughts											
Past week	0.1	0.8	0.2	0.2	2.4	0.3	-	1.2	0.2	0.9	0.5
Past year	3.0	1.5	1.8	4.8	6.0	3.7	5.5	2.5	3.1	4.8	4.1
Lifetime	15.9	16.7	13.8	16.3	31.1	13.5	17.5	20.8	12.5	19.1	17.1
Never	84.1	83.3	86.2	83.7	68.9	86.5	82.5	79.2	87.5	80.9	82.9
Suicide attempts											
Past week	-	0.4	-	-	-	-	-	-	-	-	0.0
Past year	-	0.8	0.2	0.7	-	0.3	0.5	-	1.3	0.6	0.5
Lifetime	3.1	4.1	2.6	3.2	9.2	4.5	5.9	6.4	6.6	6.9	5.3
Never	96.9	95.9	97.4	96.8	90.8	95.5	94.1	93.6	93.4	93.1	94.7
Deliberate self-harm without suicidal intent											
	1.9	2.6	1.1	2.0	3.4	3.9	3.0	2.3	1.8	3.2	2.7
<i>Base</i>	<i>359</i>	<i>281</i>	<i>314</i>	<i>628</i>	<i>43</i>	<i>400</i>	<i>303</i>	<i>93</i>	<i>209</i>	<i>2067</i>	<i>4724</i>
All											
Suicidal thoughts											
Past week	0.1	0.5	0.3	0.2	0.2	0.2	-	0.2	0.3	0.8	0.4
Past year	2.6	2.1	2.6	4.7	1.8	3.9	5.4	3.3	3.6	4.9	3.9
Lifetime	13.9	13.3	13.5	16.7	12.6	12.8	15.2	13.4	11.6	17.1	14.9
Never	86.1	86.7	86.5	83.3	87.4	87.2	84.8	86.6	88.4	82.9	85.1
Suicide attempts											
Past week	-	0.2	-	-	-	-	-	-	-	0.0	0.0
Past year	-	0.3	0.1	0.5	-	0.3	0.3	0.8	1.3	0.9	0.5
Lifetime	2.7	2.2	2.7	4.0	2.9	3.8	4.8	4.5	5.0	6.3	4.4
Never	97.3	97.8	97.3	96.0	97.1	96.2	95.2	95.5	95.0	93.7	95.6
Deliberate self-harm without suicidal intent											
	1.4	1.7	1.9	2.5	2.1	3.7	2.6	1.4	1.4	2.9	2.4
<i>Base</i>	<i>903</i>	<i>598</i>	<i>586</i>	<i>821</i>	<i>531</i>	<i>560</i>	<i>448</i>	<i>445</i>	<i>374</i>	<i>3242</i>	<i>8580</i>

Table 3.9 Prevalence of non-fatal suicidal behaviour
by tenure and sex

	Tenure				Total
	Owned outright	Owned with mortgage	Rented from LA or HA	Rented from other source	
<i>Cumulative percentage of population</i>					
Men					
Suicidal thoughts					
Past week	-	0.3	0.7	0.3	0.3
Past year	1.1	3.4	6.8	5.6	3.6
Lifetime	7.7	11.7	20.5	17.0	12.7
Never	92.3	88.3	79.5	83.0	87.3
Suicide attempts					
Past week	-	-	0.1	-	0.0
Past year	0.2	0.3	1.7	0.2	0.5
Lifetime	2.0	2.6	9.2	3.2	3.6
Never	98.0	97.4	90.8	96.8	96.4
Deliberate self-harm without suicidal intent	0.8	1.6	3.9	3.9	2.0
<i>Base</i>	<i>964</i>	<i>1812</i>	<i>655</i>	<i>371</i>	<i>3848</i>
Women					
Suicidal thoughts					
Past week	0.3	0.4	1.1	0.9	0.5
Past year	2.2	3.9	6.3	5.9	4.1
Lifetime	11.9	15.8	24.9	22.7	17.1
Never	88.1	84.2	75.1	77.3	82.9
Suicide attempts					
Past week	-	-	-	0.3	0.0
Past year	0.1	0.4	1.5	0.3	0.5
Lifetime	2.3	3.8	12.1	7.4	5.3
Never	97.7	96.2	87.9	92.6	94.7
Deliberate self-harm without suicidal intent	1.0	2.2	4.2	7.1	2.7
<i>Base</i>	<i>1238</i>	<i>2045</i>	<i>1000</i>	<i>407</i>	<i>4724</i>
All					
Suicidal thoughts					
Past week	0.2	0.4	0.9	0.6	0.4
Past year	1.7	3.6	6.5	5.7	3.9
Lifetime	9.8	13.7	22.9	19.7	14.9
Never	90.2	86.3	77.1	80.3	85.1
Suicide attempts					
Past week	-	-	0.0	0.1	0.0
Past year	0.2	0.4	1.6	0.2	0.5
Lifetime	2.1	3.2	10.8	5.2	4.4
Never	97.9	96.8	89.2	94.8	95.6
Deliberate self-harm without suicidal intent	0.9	1.9	4.0	5.4	2.4
<i>Base</i>	<i>2202</i>	<i>3857</i>	<i>1655</i>	<i>778</i>	<i>8580</i>

Table 3.10 Socio-demographic and socio-economic characteristics
by lifetime suicidal thoughts

	Suicidal thoughts in lifetime		
	Yes	No	All
	%	%	%
Sex			
Male	43	51	50
Female	57	49	50
Age			
16–24	17	14	15
25–34	25	20	20
35–44	24	20	21
45–54	18	18	18
55–64	11	15	14
65–74	4	13	11
Ethnicity			
White	96	93	93
West Indian or African	1	2	2
Asian or Oriental	2	3	3
Other	2	2	2
Marital status			
Married/cohabiting	41	59	56
Separated	5	2	3
Single	37	28	30
Divorced	14	7	8
Widowed	3	4	4
Family type			
Couple, no dependent child	24	32	31
Couple with dependent child	31	36	35
Lone parent with dependent child	9	4	5
One person only	22	15	16
Adult with parents	3	3	3
Adult with one parent	10	10	10
Highest level of educational qualifications			
Degree	15	14	15
Teaching, HND, nursing	6	7	7
A Level	16	14	15
GCSE A–C grades or equivalent	28	25	25
GCSE D–F grades or equivalent	10	11	11
No qualifications	24	28	27
Economic activity			
Employed full time	43	50	49
Employed part time	19	18	18
Unemployed	5	3	3
Inactive	33	29	30
Social Class			
I	5	5	5
II	26	30	29
IIINM	27	24	25
IIIM	17	20	19
IV	19	16	16
V	7	5	6
Armed forces	-	0	0
Occupational group			
Managers and administrators	10	11	11
Professional occupations	6	7	7
Associate professional and technical	6	7	7
Clerical, secretarial	12	10	10
Craft and related	6	7	7
Personal, protective	6	7	7
Sales occupations	6	6	6
Plant and machine operators	6	6	6
Other occupations	4	5	5
Not employed	38	32	33
Tenure			
Owns–outright	16	25	24
Owns–mortgage	45	50	49
Rents–LA/HA	26	16	17
Rents–privately	13	9	10
Base	1380	7192	8572

Table 3.11 Socio-demographic and socio-economic characteristics
by lifetime suicide attempts

	Suicide attempt in lifetime		
	Yes	No	All
	%	%	%
Sex			
Male	40	50	50
Female	60	50	50
Age			
16–24	17	15	15
25–34	28	20	20
35–44	24	21	21
45–54	18	18	18
55–64	9	14	14
65–74	4	12	11
Ethnicity			
White	94	93	93
West Indian or African	1	2	2
Asian or Oriental	2	3	3
Other	3	2	2
Marital status			
Married/cohabiting	36	57	56
Separated	6	3	3
Single	38	29	30
Divorced	19	8	8
Widowed	3	4	4
Family type			
Couple, no dependent child	22	31	31
Couple with dependent child	26	35	35
Lone parent with dependent child	12	5	5
One person only	26	16	16
Adult with parents	3	3	3
Adult with one parent	10	10	10
Highest level of educational qualifications			
Degree	10	15	15
Teaching, HND, nursing	4	7	7
A Level	12	15	15
GCSE A–C grades or equivalent	29	25	25
GCSE D–F grades or equivalent	14	11	11
No qualifications	31	27	27
Economic activity			
Employed full time	36	50	49
Employed part time	17	18	18
Unemployed	6	3	3
Inactive	40	30	30
Social Class			
I	2	5	5
II	19	30	29
IIINM	25	25	25
IIIM	20	19	19
IV	22	16	16
V	12	5	6
Armed forces	-	0	0
Occupational group			
Managers and administrator	7	11	11
Professional occupations	4	7	7
Associate professional and technical	4	7	7
Clerical, secretarial	9	10	10
Craft and related	5	7	7
Personal, protective	6	7	7
Sales occupations	7	6	6
Plant and machine operators	6	6	6
Other occupations	6	5	5
Not employed	47	32	33
Tenure			
Owns–outright	11	24	24
Owns–mortgage	36	50	49
Rents–LA/HA	42	16	17
Rents–privately	12	10	10
Base	430	8141	8572

Table 3.12 Socio-demographic and socio-economic characteristics**by lifetime deliberate self-harm**

	Deliberate self harm in lifetime		
	Yes	No	All
	%	%	%
Sex			
Male	43	50	50
Female	57	50	50
Age			
16–24	33	14	15
25–34	34	20	20
35–44	20	21	21
45–54	7	18	18
55–64	5	14	14
65–74	1	12	11
Ethnicity			
White	95	93	93
West Indian or African	2	2	2
Asian or Oriental	2	3	3
Other	1	2	2
Marital status			
Married/cohabiting	30	57	56
Separated	3	3	3
Single	57	29	30
Divorced	9	8	8
Widowed	1	4	4
Family type			
Couple, no dependent child	18	31	31
Couple with dependent child	25	35	35
Lone parent with dependent child	10	5	5
One person only	24	16	16
Adult with parents	5	3	3
Adult with one parent	18	10	10
Highest level of educational qualifications			
Degree	13	15	15
Teaching, HND, nursing	5	7	7
A Level	13	15	15
GCSE A–C grades or equivalent	28	25	25
GCSE D–F grades or equivalent	13	11	11
No qualifications	28	27	27
Economic activity			
Employed full time	38	49	49
Employed part time	22	18	18
Unemployed	7	3	3
Inactive	34	30	30
Social Class			
I	5	5	5
II	19	29	29
IIINM	27	25	25
IIIM	15	19	19
IV	28	16	16
V	6	6	6
Armed forces	–	0	0
Occupational group			
Managers and administrators	7	11	11
Professional occupations	5	7	7
Associate professional and technical	6	7	7
Clerical, secretarial	11	10	10
Craft and related	6	7	7
Personal, protective	11	7	7
Sales occupations	7	6	6
Plant and machine operators	4	6	6
Other occupations	3	5	5
Not employed	41	33	33
Tenure			
Owns–outright	9	24	24
Owns–mortgage	39	49	49
Rents–LA/HA	29	17	17
Rents–privately	23	10	10
Base	200	8375	8572

Table 3.13 Type and reasons for deliberate self-harm**by sex**

	Percentage		
	Men	Women	All
How harmed self*			
Cut self	59	66	63
Swallowed object	12	15	14
Burnt self	4	8	6
Harmed self in other way	38	28	32
Reason for self-harm*			
To draw attention	58	54	56
Because of anger	68	80	75
Base	71	122	193

* Respondents could give more than one answer.

4

Psychiatric disorders and suicidal behaviour

4.1 Concepts and methods of assessment

In this chapter, two questions are addressed:

- To what extent does non-fatal suicidal behaviour differ by the presence or absence of mental disorders?
- What are the psychiatric characteristics of those who have had lifetime experience of suicidal thoughts, suicidal attempts and deliberate self-harm compared with those who have not?

The answer to the first question is given by presenting prevalence statistics on suicidal thoughts, behaviour and deliberate self-harm by the prevalence or severity of neurotic disorders, psychotic disorders, alcohol and drug dependence, (Section 4.2).

The second question is answered by using the same data as above but reversing the roles of the dependent and independent variables. Thus, we compare the distributions of the psychiatric characteristics of those who had lifetime experiences of suicidal thoughts, behaviour and deliberate self-harm with those who had not.

Range of mental disorders

The content of the 2000 survey governed the range of psychiatric disorders covered in this report. Therefore, the first part of this chapter shows the presence of non-fatal suicidal behaviour by (a) neurotic symptoms and disorders, (b) psychotic disorder, (c) alcohol use and dependence, and (d) drug dependence. A brief summary of how these disorders were assessed is given below. A fuller explanation can be found in the main report (Singleton *et al* 2001). Although Personality Disorder was covered in the original survey, a separate report focussing on this topic will be produced and is not covered here.

Neurotic symptoms and disorders

Neurotic symptoms and disorders in the week preceding interview were assessed in the 2000 ONS survey using the revised version of the Clinical Interview Schedule, CIS-R (Lewis and Pelosi 1990, Lewis *et al* 1992). Data are presented on the prevalence of non-fatal suicidal behaviour by 14 neurotic symptoms, the distribution of total CIS-R scores, which give an indication of severity of symptoms, six neurotic disorders and the number of neurotic disorders.

The CIS-R comprises 14 sections, each covering a particular area of neurotic symptoms as follows:

- Somatic symptoms.
- Fatigue.
- Concentration and forgetfulness.
- Sleep problems.
- Irritability.
- Worry about physical health.
- Depression.
- Depressive ideas.
- Worry.
- Anxiety.
- Phobias.
- Panic.
- Compulsions.
- Obsessions.

Each section begins with a number of mandatory filter questions. They establish the existence of a particular neurotic symptom in the past month. A positive response leads to a more detailed assessment of the symptom in the past week: frequency, duration, severity, and time since onset. Answers to these questions determine the informant's score on each section. Possible scores range from zero to 4 on each section (except the section on depressive ideas, which has a maximum score of 5).

Specific neurotic disorders were assessed by looking at the answers to various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research (World Health Organisation 1992).

Six diagnostic categories can be obtained from the CIS-R:

- Generalised Anxiety Disorder.
- Depressive episode.
- Phobias.
- Obsessive Compulsive Disorder.
- Panic disorder.
- Mixed anxiety and depressive disorder.

Because an individual may appear in more than one category of neurotic disorder, it is possible to assign to each respondent a score indicating how many of the diagnostic algorithms correspond to the report of their symptoms.

Psychotic disorder

Making assessments of psychotic rather than neurotic disorders is more problematic for lay interviewers. Neurotic symptoms were assessed by fully structured questions. These rely on the understanding of the questions by the respondent and on their insight and willingness to acknowledge these kinds of mental health problems. A structured questionnaire is too restrictive for assessing psychotic symptoms which, by definition, involve some element of departure from reality and psychological insight.

Thus the person with a neurotic symptom typically is aware that they should not have some disagreeable feelings and thoughts but has difficulty in over coming them.

In contrast, among people with psychosis, the unusual thoughts and experiences described seem real to the sufferer who may even act inappropriately because of this. Accurately assessing this required a process of questioning and clinical judgement by an interviewer. The approach used involved a semi-structured interview by a clinically experienced interviewer who decided which symptoms were present. Each symptom is defined in a glossary of definitions and is rated according to defined thresholds of severity.

A two-stage approach was therefore adopted to assess the presence of psychotic disorder. The criteria from the initial lay interview which were

considered indicative of possible psychotic disorder were:

- Self-report, at questions about long-standing illness or reasons for consulting a GP, of symptoms suggestive of psychotic disorder, eg mood swings, or having been given a diagnosis of psychotic disorder, such as schizophrenia or manic depression.
- Taking anti-psychotic medication.
- A history of admission to a mental hospital or ward.
- A positive response to question 5a of the psychosis screening questionnaire which asks about hearing voices.

A positive response on any one of these criteria led to selection for a second stage interview using the Schedule for Clinical Assessment in Neuropsychiatry, SCAN (Wing *et al* 1990, World Health Organisation, 1999). A sample of people who screened negative were also interviewed at the second stage, either because they sifted positive for personality disorder or because they were selected from the group who screened negative for both types of disorder.

Therefore, in the current survey, an assessment of probable psychosis was given to those who screened positive for psychosis and were either assessed as having a psychotic disorder at SCAN interview or, if no SCAN interview had been conducted, who reported two or more of the above criteria at initial interview. People who screened negative for psychosis were designated unlikely to have psychotic disorder

Alcohol problems and dependence

The principal instrument used to assess alcohol problems was the Alcohol Use Disorders Identification Test, AUDIT (Babor *et al* 1992). This measure was developed from a six-country WHO collaborative project and has been shown to be a good indicator of hazardous drinking (Saunders *et al* 1993). It defines hazardous alcohol use as an established pattern of drinking which brings the risk of physical and psychological harm. Taking the year before interview as a reference period, the AUDIT

consists of 10 questions covering the following topics:

- Hazardous alcohol consumption:
 - frequency of drinking;
 - typical quantity; and
 - frequency of heavy drinking.
- Dependence symptoms:
 - impaired control over drinking;
 - increased salience of drinking; and
 - morning drinking.
- Harmful alcohol consumption:
 - feeling of guilt or remorse after drinking;
 - blackouts;
 - alcohol-related injury; and
 - other concerns about drinking.

Answers to all questions are scored from zero to 4 and then summed to provide a total score ranging from zero to 40. A total score of 8 is indicative of hazardous alcohol use.

The prevalence of alcohol dependence was assessed using the Severity of Alcohol Dependence questionnaire, SAD-Q. (Stockwell *et al*, 1983). The SAD-Q was asked of all respondents who had an AUDIT score of 10 or more. It consists of 20 questions, covering a range of symptoms of dependence, and possible scores range from 0 to 3 on each question. Adding up the scores from all questions gives a total SAD score of between zero and 60 indicating different levels of alcohol dependence. A total SAD score of 3 or less indicates no dependence, while a score of four or above suggests some alcohol dependence. Mild dependence is indicated by a score of between 4 and 19, moderate dependence by a score of 20 to 34, and severe dependence by a SAD score of 35 to 60. The reference period for alcohol dependence was the 6 months prior to interview.

Drug dependence

A number of questions designed to measure drug use were contained in the questionnaire. Information was first collected on all the types of drugs respondents had ever used, and then about drugs used in the previous year. Further information about drug use in the year, and month, preceding interview was collected about six drugs:

cannabis, amphetamines, crack, cocaine, ecstasy, tranquillisers and opiates. Included in the questions about drug use in the past year and month were five questions to measure drug dependence. The topics covered by these questions are:

- Frequency of drug use: used drug every day for two weeks or more.
- Stated dependence: felt they needed it or were dependent on it.
- Inability to cut down: tried to cut down but could not.
- Need for larger amounts: needed more to get an effect.
- Withdrawal symptoms: feeling sick because stopped or cut down.

A positive response to any of the five questions was used to indicate drug dependence. Because people could be dependent on more than one drug, they were further grouped into those who were:

- dependent on cannabis only;
- dependent on another drug (including those also dependent on cannabis); and
- not drug dependent.

4.2 Prevalence of non-fatal suicidal behaviour and deliberate self-harm

Neurotic symptoms and disorders

The prevalence of lifetime suicidal thoughts, attempts and deliberate self-harm is vastly increased among those with any neuropsychopathology compared with those with no neurotic symptoms even though the assessment of significant neurotic symptoms related to the seven days before interview.

For example, just less than 1% of the sample who reported no neurotic symptoms also mentioned that they had attempted suicide some time in their life. In contrast around 20% of respondents assessed as having significant symptom levels of panic, phobias and depressive ideas, just in the week prior to interview, stated that they had made a suicide attempt. The corresponding proportions in relation to lifetime suicidal thoughts were 5%

among the symptom-free group and at least 40% of those with panic, phobic symptoms, depressive ideas, obsessions and compulsions. These huge differences in proportions also occurred for the answers to the questions about deliberate self harm (without suicidal intent). Among the group with no neurotic symptoms, less than 1% said that they had deliberately tried to harm themselves whereas among the group with panic and phobic symptoms, the proportions rose to 16% and 13% respectively. The nature and magnitude of these differences were evident for both men and women. (Table 4.1)

One way of examining the relationship between suicidal thoughts and behaviour and all the 14 neurotic symptoms is to compare lifetime prevalence of non-fatal suicidal behaviour by the total CIS-R score. This shows very clearly that the likelihood of suicidal thoughts, attempts and self-harm increases dramatically with the number of significant symptoms. Looking at the extremes of the distributions of the total CIS-R score shows that the lifetime prevalence of suicidal attempts and of thoughts among those scoring 0–5 on the CIS-R was 1% and 7%. These rose to 10% and 33% of those with scores in the range 12–17 and further increased to 22% and 49% among those who scored 18 and over. (Figure 4.1)

Among women scoring 18 and over on the CIS-R, about a quarter had at one time made a suicide

attempt compared with a fifth of the men, and in this group at least 1 in 10 men and women had tried to harm themselves at some time, without suicidal intent. (Table 4.2)

One might have expected that the sample with depressive episode would have shown the highest rates of non-fatal suicidal behaviour, as thoughts of death are included among the symptoms of major depression. Compared with the non-disorder group (which had a 10% prevalence of lifetime suicidal thoughts and 2% of suicidal attempts) the rates for those with depressive episode were indeed higher, 52% and 25%. However the highest rates of suicidal thoughts were found among the group with OCD, a 64% lifetime prevalence, reflecting the clinical experience that people with obsessions tend to be preoccupied with death. Between 25 and 30 per cent of those with phobia, OCD and depressive disorder had attempted to kill themselves in their lifetime including 5–6% in the past year. (Figure 4.2)

Kessler *et al* (1999) also found that every one of the DSM-III-R disorders was a significant risk factor for a lifetime suicide attempt

The one mental disorder that stands out from the rest in terms of its relationship with deliberate self harm is phobia. Twenty-three per cent of the survey sample with an imputed diagnosis of phobia had at one time self-harmed. A similar proportion was found for men and women. Among the group

Figure 4.1 Non-fatal suicidal behaviour by CIS-R score

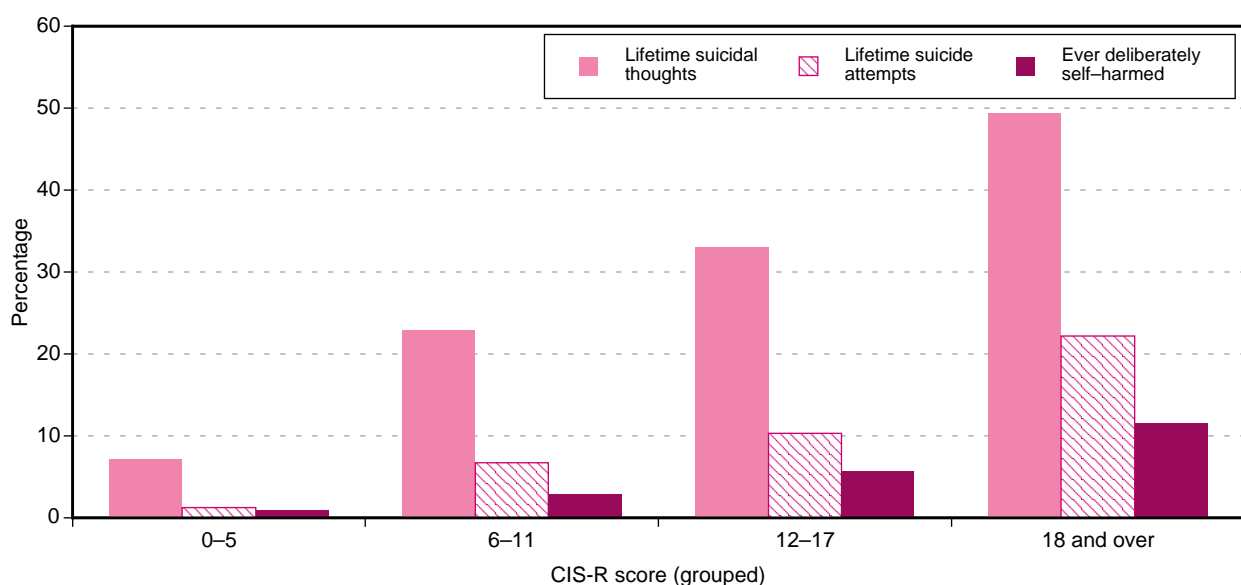
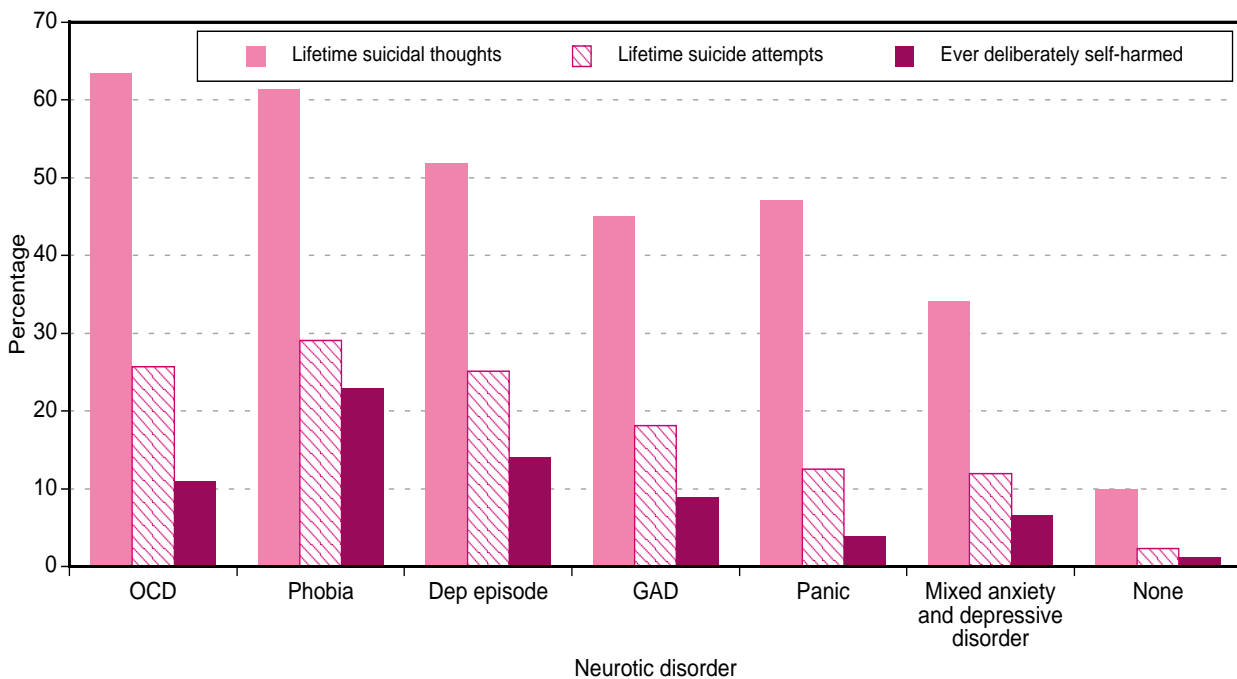


Figure 4.2 Non-fatal suicidal behaviour by type of neurotic disorder

without any of the neurotic disorders, the rate was 1%. (Table 4.3)

The co-occurrence of neurotic disorders has a very marked effect on suicidal behaviour. Although the group who have more than one neurotic disorder represent a small proportion of the total population, about one and a half percent of the survey sample, they have significantly higher rates of non-fatal suicidal behaviour. Focussing on the lifetime prevalence of suicidal thoughts, the rate increased from 1 in 10 of the no-disorder group to a third of those with one disorder, half of the group with 2 disorders and around three-quarters of the small sample with three or more neurotic disorders. The corresponding rates for lifetime suicidal attempts were 2%, 14%, 21% and 40%. A similar trend was evident for deliberate self harm without suicidal intent, with the highest lifetime rate of 30% found among those with three or more neurotic disorders. (Table 4.4)

Psychosis

The increased rate of suicide attempts among patients with psychosis has been well documented. Dyck *et al* (1988) found that patients with schizophrenia to have the highest relative risk of attempted suicide among groups with different mental disorders. More recently, Walsh *et al* (1999)

conducted a study to estimate the prevalence and risk factors for parasuicide in a large community based sample of patients with chronic psychosis. They found a two year prevalence of parasuicide of 19%. Those who attempted suicide were significantly more likely to be younger, of white ethnic origin, to have a diagnosis of affective disorder, to be currently depressed, to have experienced more auditory hallucinations and to have received treatment with anti-psychotic drugs for a longer period.

Among the 60 respondents given an assessment in the current survey as possibly having a psychotic disorder, just over two-thirds had thought about suicide, and just over a half had attempted it. In addition about a quarter of this group had deliberately harmed themselves with no suicidal intent.

Although women who are likely to have a psychotic disorder seemed to have more prevalent non-fatal suicidal behaviour than their male counterparts, the number of cases in each group, 30, makes it difficult to know if this is a real difference.

The lifetime prevalence of just over 50% for suicidal attempts for people with psychosis is far higher than that for any of the neurotic disorders; those with phobia and OCD had equivalent rates of just less than 30%. (Table 4.5)

Alcohol problems and dependence

Minor levels of alcohol problems increase suicidal behaviour a little for women, but the real impact comes with severe alcohol problems for both sexes. There is a three to four-fold increase in the likelihood of exhibiting non-fatal suicidal behaviour among those who have major alcohol problems (AUDIT score = 16–40) compared to those who do not (AUDIT score = 0–7). In this group, about a third had at some time thought about suicide, about 1 in 8 had actually attempted it and around 1 in 12 had deliberately self-harmed.

(Table 4.6)

There was a clear pattern to the results for alcohol dependence. The impact of alcohol dependence on non-fatal suicidal behaviour was most clearly seen when comparing those with moderate or severe dependence with the sample rated as non- or mildly dependent. For example, among the non-alcohol dependent group, about 14% had ever thought about suicide, this proportion nearly doubled among those who were moderately dependent, 27%, and the rate doubled again among the severely dependent group, 57%. The corresponding figures for lifetime suicide attempts were 4%, 9% and 24%, and for deliberate self-harm, 2%, 7% and 22%.

(Table 4.7)

Looking at hazardous use and alcohol dependence together, it is alcohol dependence rather than hazardous drinking that has the most pronounced effect on the prevalence of suicidal thoughts and behaviour.

(Table 4.8)

Drug dependence

The picture for drug dependence in relation to non-fatal suicidal behaviour is similar to that for neurosis, psychosis and alcohol dependence. Those who were dependent on drugs other than cannabis were around five times more likely than the non-dependent group to have ever attempted suicide, 20% compared with 4%, and to have deliberately harmed themselves, 11% compared with 2%.

(Table 4.9)

4.3 Psychiatric characteristics of those with lifetime suicidal experiences

Lifetime suicidal thoughts

The sample of respondents who reported ever having had suicidal thoughts were more likely than the rest of the sample to have reported neurotic symptoms, even though these were just assessed in the week before interview. They were at least twice as likely to have a score of two or more for all of the 14 neurotic symptoms and four times more likely to have a CIS-R score at or above the threshold score of 12 (41% compared with 10%)

Whereas 1% or less of the group who had never thought about suicide had depressive episodes, phobias, OCD and panic disorder, in the group where such thoughts existed, the rate for depression was 9%, phobia 7% and OCD, 5%. In this latter group, 10% were assessed as having more than one neurotic disorder compared with 1% of the former group.

(Table 4.10)

The respondents who had thought about suicide compared with those who had not were far more likely to have been assessed as being alcohol dependent, 14% compared with 6%, and drug dependent, 10% compared with 3%.

(Table 4.11)

Lifetime suicidal attempts

The differences in psychiatric morbidity according to whether or not suicide had ever been attempted were even more marked than for suicidal thoughts. Among those who had ever attempted suicide, 56% were categorised as having a neurotic disorder, 6% probably had a psychotic disorder, 17% were alcohol dependent and 14% were drug dependent. Of those who had never attempted suicide, the prevalence of any neurotic disorder was 15%, less than half a percent had psychosis, 7% were alcohol dependent and 3% drug dependent.

(Tables 4.12 and 4.13)

Lifetime deliberate self-harm

The psychiatric characteristics of those who had tried to harm themselves without suicidal intent were remarkably similar to those who had attempted

suicide: 57% had a neurotic disorder, 6% were categorised as psychotic, 24% as alcohol dependent and 16% as drug dependent. (Tables 4.14 and 4.15)

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Table 4.1 Prevalence of non-fatal suicidal behaviour

by neurotic symptoms and sex

	Neurotic Symptoms															All
	Panic	Phobias	Depressive ideas	Compulsions	Obsessions	Concentration forgetfulness	Anxiety	Depression	Worry/physical health	Worry	Irritability	Somatic symptoms	Fatigue	Sleep problems	No Neurotic symptoms	
<i>Cumulative percentage of population</i>																
Men																
Suicidal thoughts																
Past week	4.1	2.6	3.7	1.7	4.4	1.5	2.4	2.6	2.5	1.5	1.4	2.1	1.1	1.0	-	0.3
Past year	27.9	22.9	24.6	16.7	22.9	16.0	16.9	15.9	13.1	12.6	12.7	14.7	10.1	10.0	0.2	3.6
Lifetime	58.7	47.1	44.3	32.4	38.7	34.5	37.7	33.3	28.4	30.5	30.6	31.4	27.5	25.4	4.5	12.7
Never	41.3	52.9	55.7	67.6	61.3	65.5	62.3	66.7	71.6	69.5	69.4	68.6	72.5	74.6	95.5	87.3
Suicide attempts																
Past week	0.8	0.5	0.2	-	-	-	-	0.2	-	-	0.1	0.3	0.1	-	-	0.0
Past year	4.1	4.4	3.2	0.5	3.8	1.9	2.0	1.4	1.6	1.7	2.0	2.0	1.8	1.4	-	0.5
Lifetime	19.3	18.4	16.4	11.7	12.8	14.0	14.8	11.9	10.0	10.3	10.5	9.3	10.5	8.7	0.9	3.6
Never	80.7	81.6	83.6	88.3	87.2	86.0	85.2	88.1	90.0	89.7	89.5	90.7	89.5	91.3	99.1	96.4
Deliberate self-harm without suicidal intent																
	17.5	13.0	7.2	4.4	7.8	6.9	7.7	5.9	5.9	4.3	5.5	5.2	5.3	4.8	0.8	2.0
Base	80	137	311	98	166	364	313	420	281	646	670	214	893	935	1989	3848
Women																
Suicidal thoughts																
Past week	6.8	3.3	4.2	3.8	4.7	3.6	2.9	3.9	3.2	2.3	2.2	1.9	1.5	1.2	-	0.5
Past year	27.7	16.9	19.7	18.8	17.1	14.1	14.1	18.1	12.0	10.7	10.9	10.4	8.9	7.5	0.7	4.1
Lifetime	55.2	40.4	44.7	46.3	45.2	38.7	37.1	37.0	33.9	32.5	32.8	34.6	29.7	26.2	6.5	17.1
Never	44.8	59.6	55.3	53.7	54.8	61.3	62.9	63.0	66.1	67.5	67.2	65.4	70.3	73.8	93.5	82.9
Suicide attempts																
Past week	-	0.4	0.2	-	0.4	-	0.3	0.2	0.3	0.1	0.1	0.3	0.1	-	-	0.0
Past year	3.9	3.2	3.4	2.7	2.4	2.2	2.1	3.2	2.1	1.7	1.8	1.6	1.4	0.9	-	0.5
Lifetime	24.7	18.6	19.9	20.9	18.2	16.5	15.7	17.0	14.8	12.7	12.1	11.9	11.0	10.1	1.0	5.3
Never	75.3	81.4	80.1	79.1	81.8	83.5	84.3	83.0	85.2	87.3	87.9	88.1	89.0	89.9	99.0	94.7
Deliberate self-harm without suicidal intent																
	14.7	13.5	10.5	10.7	9.5	9.2	8.0	8.3	7.6	6.7	6.8	5.9	5.8	4.9	0.5	2.7
Base	119	292	551	189	349	526	477	580	352	1014	1006	417	1544	1671	1818	4724
All																
Suicidal thoughts																
Past week	5.5	3.0	4.0	2.9	4.6	2.6	2.7	3.3	2.8	1.9	1.8	2.0	1.3	1.1	-	0.4
Past year	27.8	19.1	21.7	18.0	19.3	15.0	15.4	17.1	12.5	11.5	11.7	12.1	9.4	8.5	0.4	3.9
Lifetime	56.9	42.9	44.5	40.8	42.8	36.8	37.4	35.3	31.3	31.6	31.8	33.3	28.8	25.8	5.3	14.9
Never	43.1	57.1	55.5	59.2	57.2	63.2	62.6	64.7	68.7	68.4	68.2	66.7	71.2	74.2	94.7	85.1
Suicide attempts																
Past week	0.4	0.4	0.2	-	0.2	-	0.1	0.2	0.2	0.1	0.1	0.3	0.1	-	-	0.0
Past year	4.0	3.6	3.3	1.8	2.9	2.0	2.0	2.3	1.8	1.7	1.9	1.7	1.6	1.1	-	0.5
Lifetime	22.1	18.5	18.4	17.2	16.2	15.4	15.3	14.6	12.5	11.7	11.4	10.9	10.8	9.5	0.9	4.4
Never	77.9	81.5	81.6	82.8	83.8	84.6	84.7	85.4	87.5	88.3	88.6	89.1	89.2	90.5	99.1	95.6
Deliberate self-harm without suicidal intent																
	16.0	13.3	9.1	8.2	8.8	8.1	7.9	7.1	6.8	5.7	6.2	5.6	5.6	4.8	0.7	2.4
Base	199	429	862	287	515	890	790	1000	633	1660	1676	631	2437	2606	3807	8572

Table 4.2 Prevalence of non-fatal suicidal behaviour

by grouped CIS-R score and sex

	CIS-R Score				All
	0–5	6–11	12–17	18 and over	
<i>Cumulative percentage of population</i>					
Men					
Suicidal thoughts					
Past week	-	-	1.0	3.9	0.3
Past year	0.6	5.7	10.8	27.8	3.6
Lifetime	6.2	21.7	32.4	49.4	12.7
Never	93.8	78.3	67.6	50.6	87.3
Suicide attempts					
Past week	-	-	-	0.3	0.0
Past year	-	1.0	2.0	3.6	0.5
Lifetime	1.2	6.6	8.8	19.8	3.6
Never	98.8	93.4	91.2	80.2	96.4
Deliberate self-harm without suicidal intent	1.0	2.3	5.6	10.3	2.0
<i>Base</i>	2790	555	255	248	3848
Women					
Suicidal thoughts					
Past week	0.0	0.2	0.1	5.5	0.5
Past year	1.1	3.8	8.9	21.6	4.1
Lifetime	8.2	23.8	33.3	49.4	17.1
Never	91.8	76.2	66.7	50.6	82.9
Suicide attempts					
Past week	-	-	-	0.3	-
Past year	0.1	0.4	1.3	3.1	0.5
Lifetime	1.4	6.8	11.3	23.9	5.3
Never	98.6	93.2	88.7	76.1	94.7
Deliberate self-harm without suicidal intent	0.8	3.1	5.7	12.5	2.7
<i>Base</i>	2930	900	447	447	4724
All					
Suicidal thoughts					
Past week	0.0	0.1	0.5	4.8	0.4
Past year	0.8	4.6	9.7	24.2	3.9
Lifetime	7.1	22.9	33.0	49.4	14.9
Never	92.9	77.1	67.0	50.6	85.1
Suicide attempts					
Past week	-	-	-	0.3	0.0
Past year	0.1	0.7	1.6	3.3	0.5
Lifetime	1.3	6.7	10.3	22.2	4.4
Never	98.7	93.3	89.7	77.8	95.6
Deliberate self-harm without suicidal intent	0.9	2.8	5.7	11.6	2.4
<i>Base</i>	5720	1455	702	695	8572

Table 4.3 Prevalence of non-fatal suicidal behaviour
by type of neurotic disorder and sex

	Neurotic Disorder							All
	Any phobia	Obsessive Compulsive Disorder	Depressive episode	Generalised Anxiety Disorder	Panic disorder	Mixed anxiety/ Depressive disorder	No neurotic disorder	
<i>Cumulative percentage of population</i>								
Men								
Suicidal thoughts								
Past week	5.7	6.0	7.8	3.5	-	1.8	-	0.3
Past year	39.2	46.5	29.5	22.2	12.8	15.9	1.3	3.6
Lifetime	65.6	66.0	52.2	47.7	46.8	35.6	8.3	12.7
Never	34.4	34.0	47.8	52.3	53.2	64.4	91.7	87.3
Suicide attempts								
Past week	1.2	-	-	-	-	-	-	0.0
Past year	6.8	3.5	4.3	3	-	2.9	0.1	0.5
Lifetime	30.4	20.3	25.1	20.1	11.6	10.3	2.0	3.6
Never	69.6	79.7	74.9	79.9	88.4	89.7	98.0	96.4
Deliberate self-harm without suicidal intent								
	22.6	8.4	10.7	9.1	4.5	7.4	1.2	2.0
<i>Base</i>	<i>58</i>	<i>39</i>	<i>99</i>	<i>180</i>	<i>29</i>	<i>269</i>	<i>3300</i>	<i>3848</i>
Women								
Suicidal thoughts								
Past week	8.8	14.5	11.2	2.6	1.7	0.5	0.1	0.5
Past year	32.8	30.0	26.0	17.4	18.0	9.9	1.7	4.1
Lifetime	58.9	61.9	51.6	42.8	47.5	33.2	11.8	17.1
Never	41.1	38.1	48.4	57.2	52.5	66.8	88.2	82.9
Suicide attempts								
Past week	1.1	-	0.9	-	-	-	-	0.0
Past year	5.6	5.7	5.3	2.0	-	1.3	0.2	0.5
Lifetime	28.3	29.2	25.1	16.2	13.5	12.9	2.7	5.3
Never	71.7	70.8	74.9	83.8	86.5	87.1	97.3	94.7
Deliberate self harm without suicidal intent								
	23.2	12.7	17.0	8.8	3.4	6.2	1.3	2.7
<i>Base</i>	<i>117</i>	<i>73</i>	<i>154</i>	<i>249</i>	<i>40</i>	<i>499</i>	<i>3766</i>	<i>4724</i>
All								
Suicidal thoughts								
Past week	7.6	11.2	9.7	3.0	0.8	1.0	0.0	0.4
Past year	35.2	36.4	27.6	19.7	15.4	12.2	1.5	3.9
Lifetime	61.4	63.5	51.9	45.1	47.2	34.1	10.0	14.9
Never	38.6	36.5	48.1	54.9	52.8	65.9	90.0	85.1
Suicide attempts								
Past week	1.2	-	0.5	-	-	-	-	0.0
Past year	6.0	4.9	4.9	2.5	-	1.9	0.2	0.5
Lifetime	29.1	25.7	25.1	18.1	12.5	11.9	2.3	4.4
Never	70.9	74.3	74.9	81.9	87.5	88.1	97.7	95.6
Deliberate self-harm without suicidal intent								
	23.0	11.0	14.1	8.9	3.9	6.7	1.2	2.4
<i>Base</i>	<i>175</i>	<i>112</i>	<i>253</i>	<i>429</i>	<i>69</i>	<i>768</i>	<i>7066</i>	<i>8572</i>

Table 4.4 Prevalence of non-fatal suicidal behaviour
by number of neurotic disorders and sex

	Number of neurotic disorders				All
	0	1	2	3 and over	
<i>Cumulative Percentage</i>					
Men					
Suicidal thoughts					
Past week	-	1.3	3.9	18.1	0.3
Past year	1.3	15.0	25.5	65.3	3.6
Lifetime	8.3	37.2	52.1	87.0	12.7
Never	91.7	62.8	47.9	13.0	87.3
Suicide attempts					
Past week	-	0.1	-	-	0
Past year	0.1	2.1	2.7	13.1	0.5
Lifetime	2.0	10.8	24.3	45.2	3.6
Never	98.0	89.2	75.7	54.8	96.4
Deliberate self-harm without suicidal intent	1.2	6.5	6.9	32.4	2.0
<i>Base</i>	3300	455	66	27	3848
Women					
Suicidal thoughts					
Past week	0.1	1.5	6.2	19.9	0.5
Past year	1.7	11.5	26.4	49.4	4.1
Lifetime	11.8	37.0	52.9	67.9	17.1
Never	88.2	63.0	47.1	32.1	82.9
Suicide attempts					
Past week	-	-	1.6	-	0
Past year	0.2	1.7	2.3	10.0	0.5
Lifetime	2.7	15.3	18.3	36.1	5.3
Never	97.3	84.7	81.7	63.9	94.7
Deliberate self-harm without suicidal intent	1.3	7.1	14.6	27.4	2.7
<i>Base</i>	3766	828	91	39	4724
All					
Suicidal thoughts					
Past week	0.0	1.4	5.1	19.1	0.4
Past year	1.5	12.9	26.0	56.7	3.9
Lifetime	10.0	37.1	52.5	76.7	14.9
Never	90.0	62.9	47.5	23.3	85.1
Suicide attempts					
Past week	-	0.1	0.8	-	0
Past year	0.2	1.9	2.5	11.4	0.5
Lifetime	2.3	13.5	21.3	40.3	4.4
Never	97.7	86.5	78.7	59.7	95.6
Deliberate self-harm without suicidal intent	1.2	6.9	10.8	29.7	2.4
<i>Base</i>	7066	1283	157	66	8572

Table 4.5 Prevalence of non-fatal suicidal behaviour
by probable psychosis and sex

	Probable Psychosis		All
	No psychosis	Probable psychosis	
	<i>Cumulative Percentage</i>		
Men			
Suicidal thoughts			
Past week	0.3	2.1	0.3
Past year	3.5	24.9	3.6
Lifetime	12.5	56.3	12.7
Never	87.5	43.7	87.3
Suicide attempts			
Past week	0.0	-	0.0
Past year	0.5	2.2	0.5
Lifetime	3.4	37.7	3.6
Never	96.6	62.3	96.4
Deliberate self-harm without suicidal intent	1.9	17.7	2.0
<i>Base</i>	3818	30	3848
Women			
Suicidal thoughts			
Past week	0.5	14.9	0.5
Past year	3.9	47.6	4.1
Lifetime	16.8	83.3	17.1
Never	83.2	16.7	82.9
Suicide attempts			
Past week	0.0	-	0.0
Past year	0.4	20.6	0.5
Lifetime	5.0	69.3	5.3
Never	95.0	30.7	94.7
Deliberate self-harm without suicidal intent	2.5	39.4	2.7
<i>Base</i>	4694	30	4724
All			
Suicidal thoughts			
Past week	0.4	8.1	0.4
Past year	3.7	35.5	3.9
Lifetime	14.6	68.8	14.9
Never	85.4	31.2	85.1
Suicide attempts			
Past week	0.0	-	0.0
Past year	0.5	10.8	0.5
Lifetime	4.2	52.4	4.4
Never	95.8	47.6	95.6
Deliberate self-harm without suicidal intent	2.2	27.8	2.4
<i>Base</i>	8512	60	8572

Table 4.6 Prevalence of non-fatal suicidal behaviour

by grouped AUDIT score and sex

	AUDIT Score			All
	Score 0–7	Score 8–15	Score 16–40	
	<i>Cumulative Percentage</i>			
Men				
Suicidal thoughts				
Past week	0.3	0.3	0.7	0.3
Past year	3.3	2.9	10.6	3.6
Lifetime	11.3	11.7	34.0	12.7
Never	88.7	88.3	66.0	87.3
Suicide attempts				
Past week	-	-	0.3	0.0
Past year	0.4	0.2	2.6	0.5
Lifetime	3.2	2.9	11.2	3.5
Never	96.8	97.1	88.8	96.5
Deliberate self-harm without suicidal intent	1.7	2.1	5.4	2.0
<i>Base</i>	2450	1176	204	3830
Women				
Suicidal thoughts				
Past week	0.5	0.5	2.8	0.5
Past year	3.6	5.9	14.4	4.1
Lifetime	15.4	24.6	44.3	17.1
Never	84.6	75.4	55.7	82.9
Suicide attempts				
Past week	-	0.2	-	0.0
Past year	0.3	1.6	1.9	0.5
Lifetime	4.3	9.5	20.4	5.3
Never	95.7	90.5	79.6	94.7
Deliberate self-harm without suicidal intent	2.0	5.1	19.3	2.7
<i>Base</i>	4008	621	73	4702
All				
Suicidal thoughts				
Past week	0.4	0.4	1.1	0.4
Past year	3.5	3.8	11.4	3.9
Lifetime	13.7	15.6	36.2	14.9
Never	86.3	84.4	63.8	85.1
Suicide attempts				
Past week	-	0.1	0.2	0.0
Past year	0.4	0.6	2.4	0.5
Lifetime	3.8	4.9	13.1	4.4
Never	96.2	95.1	86.9	95.6
Deliberate self-harm without suicidal intent	1.9	3.0	8.3	2.4
<i>Base</i>	6458	1797	277	8532

Table 4.7 Prevalence of non-fatal suicidal behaviour

by severity of alcohol dependence and sex

	Alcohol Dependence			All
	No alcohol dependence	Mild alcohol dependence	Moderate or severe dependence	
<i>Cumulative Percentage</i>				
Men				
Suicidal thoughts				
Past week	0.2	0.7	3.5	0.3
Past year	3.0	6.2	34.5	3.6
Lifetime	11.0	23.0	58.6	12.7
Never	89.0	77.0	41.4	87.3
Suicide attempts				
Past week	-	0.1	-	0.0
Past year	0.3	1.2	9.7	0.5
Lifetime	3.0	6.1	23.4	3.5
Never	97.0	93.9	76.6	96.5
Deliberate self-harm without suicidal intent	1.5	4.9	23.4	2.0
<i>Base</i>	3406	388	34	3828
Women				
Suicidal thoughts				
Past week	0.5	2.1	-	0.5
Past year	3.8	12.5	[1]	4.1
Lifetime	16.4	41.5	[3]	17.1
Never	83.6	58.5	[5]	82.9
Suicide attempts				
Past week	-	0.9	-	0.0
Past year	0.4	3.4	[1]	0.5
Lifetime	4.8	19.6	[2]	5.3
Never	95.2	80.4	[6]	94.7
Deliberate self-harm without suicidal intent	2.4	13.3	[1]	2.7
<i>Base</i>	4558	136	8	4702
All				
Suicidal thoughts				
Past week	0.4	1.0	3.1	0.4
Past year	3.4	7.5	32.4	3.9
Lifetime	13.8	26.8	56.8	14.9
Never	86.2	73.2	43.2	85.1
Suicide attempts				
Past week	-	0.3	-	0.0
Past year	0.4	1.6	10.3	0.5
Lifetime	4.0	8.8	23.9	4.4
Never	96.0	91.2	76.1	95.6
Deliberate self-harm without suicidal intent	1.9	6.6	22.5	2.4
<i>Base</i>	7964	524	42	8530

Table 4.8 Prevalence of non-fatal suicidal behaviour

by combined AUDIT and SAD ratings and sex

	No hazardous alcohol use	Hazardous use but no dependence	Alcohol dependence	All
<i>Cumulative Percentage</i>				
Men				
Suicidal thoughts				
Past week	0.3	0.1	0.9	0.3
Past year	3.3	2.2	8.1	3.6
Lifetime	11.3	10.2	25.4	12.7
Never	88.7	89.8	74.6	87.3
Suicide attempts				
Past week	-	-	0.1	0.0
Past year	0.4	-	1.7	0.5
Lifetime	3.2	2.7	7.3	3.5
Never	96.8	97.3	92.7	96.5
Deliberate self-harm without suicidal intent	1.7	0.9	6.1	2.0
<i>Base</i>	2450	957	422	3829
Women				
Suicidal thoughts				
Past week	0.5	0.4	2.1	0.5
Past year	3.6	5.4	12.6	4.1
Lifetime	15.4	23.0	41.5	17.1
Never	84.6	77.0	58.5	82.9
Suicide attempts				
Past week	-	-	0.9	0.0
Past year	0.3	1.1	3.7	0.5
Lifetime	4.3	8.5	19.9	5.3
Never	95.7	91.5	80.1	94.7
Deliberate self-harm without suicidal intent	2.0	5.0	13.3	2.7
<i>Base</i>	4009	551	144	4704
All				
Suicidal thoughts				
Past week	0.4	0.2	1.1	0.4
Past year	3.5	3.3	9.0	3.9
Lifetime	13.7	14.4	28.6	14.9
Never	86.3	85.6	71.4	85.1
Suicide attempts				
Past week	-	-	0.3	0.0
Past year	0.4	0.4	2.1	0.5
Lifetime	3.8	4.6	9.8	4.4
Never	96.2	95.4	90.2	95.6
Deliberate self-harm without suicidal intent	1.9	2.3	7.5	2.4
<i>Base</i>	6459	1508	566	8533

Table 4.9 Prevalence of non-fatal suicidal behaviour
by drug dependence and sex

	Drug dependence			All
	No dependence	Dependent on cannabis only	Dependent on drug other than cannabis	
<i>Cumulative Percentage</i>				
Men				
Suicidal thoughts				
Past week	0.3	-	1.0	0.3
Past year	3.1	11.7	14.2	3.6
Lifetime	11.5	32.1	40.0	12.7
Never	88.5	67.9	60.0	87.3
Suicide attempts				
Past week	-	0.4	-	0.0
Past year	0.5	0.4	-	0.5
Lifetime	3.1	12.0	11.7	3.6
Never	96.9	88.0	88.3	96.4
Deliberate self-harm without suicidal intent	1.7	7.5	5.5	2.0
<i>Base</i>	3667	118	50	3835
Women				
Suicidal thoughts				
Past week	0.5	1.9	2.0	0.5
Past year	3.7	17.8	25.3	4.1
Lifetime	16.5	38.9	64.7	17.1
Never	83.5	61.1	35.3	82.9
Suicide attempts				
Past week	0.0	-	-	0.0
Past year	0.5	3.9	4.4	0.5
Lifetime	4.9	16.5	38.2	5.3
Never	95.1	83.5	61.8	94.7
Deliberate self-harm without suicidal intent	2.4	13.3	24.7	2.7
<i>Base</i>	4610	55	35	4700
All				
Suicidal thoughts				
Past week	0.4	0.5	1.3	0.4
Past year	3.4	13.3	17.6	3.9
Lifetime	14.0	33.9	47.5	14.9
Never	86.0	66.1	52.5	85.1
Suicide attempts				
Past week	-	0.3	-	0.0
Past year	0.5	1.4	1.3	0.5
Lifetime	4.0	13.2	19.8	4.4
Never	96.0	86.8	80.2	95.6
Deliberate self-harm without suicidal intent	2.1	9.1	11.4	2.4
<i>Base</i>	8277	173	85	8535

**Table 4. 10 Neurotic symptoms and disorders
by lifetime suicidal thoughts**

	Suicidal thoughts in lifetime		
	Yes	No	All
	%	%	%
Neurotic Symptoms			
Sleep problems	50	25	29
Fatigue	53	23	27
Irritability	43	16	20
Worry	40	15	19
Depression	26	8	11
Depressive ideas	28	6	10
Concentration and forgetfulness	24	7	10
Anxiety	21	6	9
Somatic symptoms	15	5	7
Worry/physical health	15	6	7
Obsessions	16	4	6
Phobias	13	3	5
Panic	8	1	2
Compulsions	8	2	3
No neurotic symptoms	16	50	45
<i>Base</i>	<i>1380</i>	<i>7192</i>	<i>8572</i>
CIS-R Score in 4 groups			
0–5	32	74	68
6–11	26	15	17
12–17	17	6	8
18 and over	24	4	7
<i>Base</i>	<i>1380</i>	<i>7192</i>	<i>8572</i>
Neurotic Disorders			
Mixed anxiety/depressive disorder	20	7	9
Generalised anxiety disorder	13	3	4
Depressive episode	9	1	3
Any phobia	7	1	2
Obsessive compulsive disorder	5	1	1
Panic disorder	2	0	1
No neurotic disorder	56	88	84
<i>Base</i>	<i>1380</i>	<i>7192</i>	<i>8572</i>
Number of Neurotic Disorders			
0	55	88	84
1	35	11	14
2	6	1	2
3 and over	4	0	1
<i>Base</i>	<i>1380</i>	<i>7192</i>	<i>8572</i>

**Table 4. 11 Probable psychosis and alcohol and drug dependence
by lifetime suicidal thoughts**

	Suicidal thoughts in lifetime		
	Yes	No	All
	%	%	%
Probable Psychosis			
No psychosis	98	100	100
Probable psychosis	2	0	0
<i>Base</i>	<i>1380</i>	<i>7192</i>	<i>8572</i>
Grouped Audit Scores			
Score 0–7	67	75	74
Score 8–15	24	23	23
Score 16–40	9	3	4
<i>Base</i>	<i>1372</i>	<i>7160</i>	<i>8532</i>
Grouped score on severity of alcohol dependence			
No dependence	86	94	93
Mild dependence	12	6	7
Moderate dependence	1	0	0
Severe dependence	0	0	0
<i>Base</i>	<i>1370</i>	<i>7160</i>	<i>8530</i>
Drug dependence			
No dependence	90	97	96
Dependent on cannabis only	6	2	2
Dependent on other drug with or without cannabis	4	1	1
<i>Base</i>	<i>1373</i>	<i>7162</i>	<i>8535</i>

Table 4. 12 Neurotic symptoms and disorders**by lifetime suicide attempts**

	Suicide attempts in lifetime		
	Yes	No	All
	%	%	%
Neurotic Symptoms			
Sleep problems	62	27	29
Fatigue	66	26	27
Irritability	52	19	20
Worry	50	18	19
Depression	36	10	11
Depressive ideas	40	8	10
Concentration and forgetfulness	34	9	10
Anxiety	29	8	9
Somatic symptoms	17	6	7
Worry/physical health	20	6	7
Obsessions	20	5	6
Phobias	19	4	5
Compulsions	12	3	3
Panic	10	2	2
No neurotic symptoms	10	47	45
<i>Base</i>	<i>430</i>	<i>8141</i>	<i>8571</i>
CIS-R Score in 4 groups			
0–5	20	70	68
6–11	26	16	17
12–17	18	7	8
18 and over	37	6	7
<i>Base</i>	<i>430</i>	<i>8141</i>	<i>8571</i>
Neurotic Disorders			
Mixed anxiety/depressive disorder	24	8	9
Generalised anxiety disorder	18	4	4
Depressive episode	15	2	3
Any phobia	12	1	2
Obsessive compulsive disorder	6	1	1
Panic disorder	2	1	1
No neurotic disorder	44	85	84
<i>Base</i>	<i>430</i>	<i>8141</i>	<i>8571</i>
Number of Neurotic Disorders			
0	44	85	84
1	43	13	14
2	7	1	2
3 and over	6	0	1
<i>Base</i>	<i>430</i>	<i>8141</i>	<i>8571</i>

**Table 4. 13 Probable psychosis and alcohol and drug dependence
by lifetime suicide attempts**

	Suicide attempts in lifetime		
	Yes	No	All
	%	%	%
Probable Psychosis			
No psychosis	94	100	100
Probable psychosis	6	0	0
<i>Base</i>	430	8141	8571
Grouped Audit Scores			
Score 0–7	64	74	74
Score 8–15	26	23	23
Score 16–40	11	3	4
<i>Base</i>	423	8108	8531
Grouped score on severity of alcohol dependence			
No dependence	84	93	93
Mild dependence	14	7	7
Moderate dependence	2	0	0
Severe dependence	1	0	0
<i>Base</i>	423	8106	8529
Drug dependence			
No dependence	87	97	96
Dependent on cannabis only	8	2	2
Dependent on other drug with or without cannabis	6	1	1
<i>Base</i>	425	8109	8534

**Table 4. 14 Neurotic symptoms and disorders
by lifetime deliberate self-harm**

	Deliberate self-harm in lifetime		
	Yes	No	All
	%	%	%
Neurotic Symptoms			
Sleep problems	59	28	29
Fatigue	64	26	27
Irritability	53	19	20
Worry	46	18	19
Depression	33	10	11
Depressive ideas	37	9	10
Concentration and forgetfulness	34	9	10
Anxiety	28	8	9
Somatic symptoms	16	7	7
Worry/physical health	20	7	7
Obsessions	21	5	6
Phobias	26	4	5
Compulsions	10	3	3
Panic	13	2	2
No neurotic symptoms	13	46	45
<i>Base</i>	<i>200</i>	<i>8375</i>	<i>8575</i>
CIS-R Score in 4 groups			
0–5	25	69	68
6–11	20	17	17
12–17	19	8	8
18 and over	36	7	7
<i>Base</i>	<i>200</i>	<i>8375</i>	<i>8575</i>
Neurotic Disorders			
Mixed anxiety/depressive disorder	25	8	9
Generalised anxiety disorder	17	4	4
Depressive episode	15	2	3
Any phobia	17	1	2
Obsessive compulsive disorder	5	1	1
Panic disorder	1	1	1
No neurotic disorder	43	84	84
<i>Base</i>	<i>200</i>	<i>8375</i>	<i>8575</i>
Number of Neurotic Disorders			
0	43	84	84
1	42	14	14
2	7	1	2
3 and over	8	1	1
<i>Base</i>	<i>200</i>	<i>8375</i>	<i>8575</i>

**Table 4. 15 Probable psychosis, alcohol and drug dependence
by lifetime deliberate self-harm**

	Deliberate self-harm in lifetime		
	Yes	No	All
	%	%	%
Probable Psychosis			
No psychosis	94	100	100
Probable psychosis	6	0	0
<i>Base</i>	<i>200</i>	<i>8375</i>	<i>8575</i>
Grouped Audit Scores			
Score 0–7	58	74	74
Score 8–15	29	23	23
Score 16–40	13	3	4
<i>Base</i>	<i>197</i>	<i>8338</i>	<i>8635</i>
Grouped score on severity of alcohol dependence			
No dependence	76	93	93
Mild dependence	19	7	7
Moderate dependence	4	0	0
Severe dependence	1	0	0
<i>Base</i>	<i>197</i>	<i>8336</i>	<i>8533</i>
Drug dependence			
No dependence	84	96	96
Dependent on cannabis only	10	2	2
Dependent on other drug with or without cannabis	6	1	1
<i>Base</i>	<i>197</i>	<i>8341</i>	<i>8538</i>

5

Social functioning and suicidal behaviour

5.1 Stressful life events

Assessment and choice of events

All respondents were shown three sets of cards which listed a range of stressful life events (18 in total) and were asked to say which, if any, they had suffered at any time. They covered relationship problems, illness and bereavement; employment and financial crises; and victimisation experiences, i.e. events which might have an adverse effect on a person's mental health. They were used in the ONS survey of psychiatric morbidity among prisoners (Singleton *et al* 1998).

However, the lists did not include all common stressful events, excluding for example, moving house and having a baby. Previous research has shown that events such as these are unlikely to significantly increase risk for psychiatric disorders. (Brugha *et al* 1985). In addition, when looking at the number of events experienced, it should be remembered that the events may not carry equal weight in terms of their psychological impact, and that some events are likely to be found in combination with others; for example running away from home and homelessness. If an event was reported in the lifetime of the individual, a further question established whether this was within the past six months.

Number of stressful events

Respondents in the sample who had experience of stressful events showed a much greater prevalence of suicidal thoughts and behaviour than those who did not. Among the group who reported not having experienced any of the stressful events, only 5% had had suicidal thoughts and 2% had attempted suicide in their lifetime. Of the group who had suffered the highest number of events (six or more), a third had had suicidal thoughts and 14% had attempted suicide. These findings endorse the conclusion from Vilhjalmsson *et al* (1998) that 'financial hardship, legal stress, family difficulties,

stress perceptions and low material support are significantly correlated to thoughts of committing suicide'.

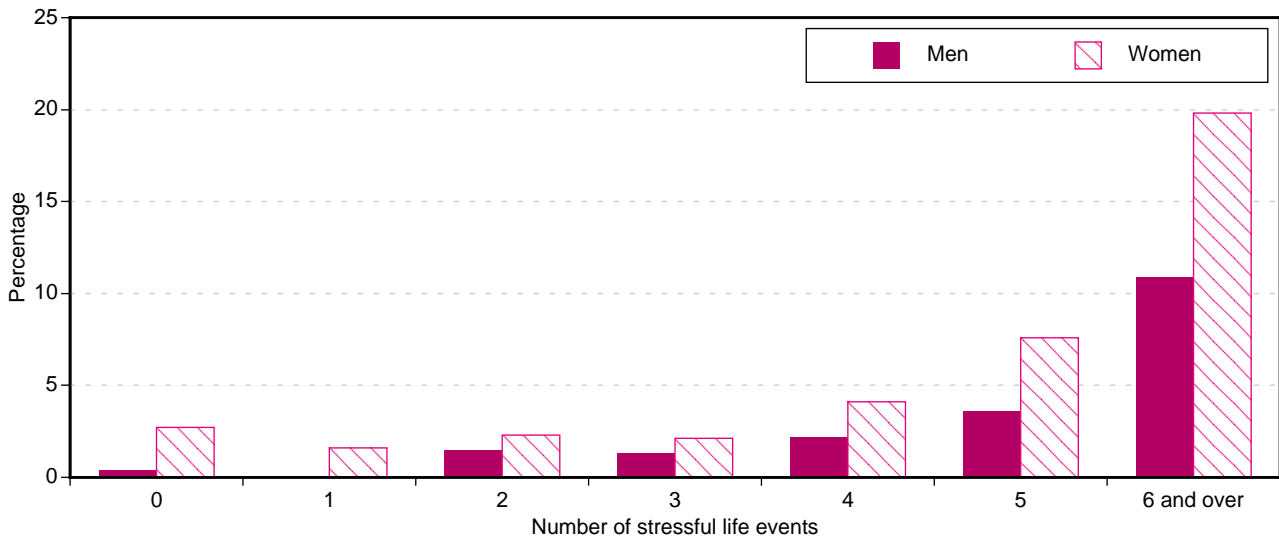
The Samaritans (on their website in 2002) refer to several social functioning characteristics which have been found to be antecedents to suicide attempts: serious argument with a partner, disturbed family relationships, social isolation, history of physical and sexual abuse.

In this study, the prevalence of suicidal thoughts rose steadily by the number of stressful events experienced. This pattern was evident for both for men and women. (*Table 5.1*)

Thus, it appears that the number of events is more important than the actual type of event and that they act cumulatively to increase the likelihood of suicidal behaviour. As problems emerge in each domain of life (family, health, employment, finances etc) the opportunities to find relief in another domain diminish and there is an increased likelihood of contemplating suicide.

The prevalence of suicidal thoughts and behaviour was much higher for women than for men irrespective of number of events and is most marked among those who had suffered six or more stressful events: 43% of women in this group had suicidal thoughts at some time compared with 27% of men in the same group. With regard to suicidal behaviour, women in all groups were more likely to have attempted suicide than men; from four times as likely in the no stressful events group, to twice as likely in the six or more events group. (*Figure 5.1*)

The prevalence of deliberate self-harm followed a similar pattern. Overall, the rate rose from less than 1% among those who had not experienced a life event to 2% for those who had four stressful life events to 6% among those experiencing six or more events. The highest rate of deliberate self-harm, 9%, was found among women who had experienced six or more stressful events in their lives.

Figure 5.1 Lifetime suicide attempts by number of stressful life events and sex

5.2 Type of stressful events

Relationship problems, illness or bereavement

Table 5.2 shows the prevalence rates of suicidal thoughts and behaviours by events related to relationship problems, illness or bereavement. These include: separation or divorce, serious illness, injury or assault, serious problem with a close friend or relative, serious illness, injury or assault to a close friend or relative, death of a close relative and death of a close friend or other relative.

The prevalence of suicidal thoughts was greatly increased among those who had experienced one or more of these events compared with those who had not. For example, just 8% of those who had not experienced any of these stressful events also reported having had suicidal thoughts at some point during their lifetime. Those who had experienced one or more of these events were between two and three times more likely to report that they had had suicidal thoughts in their lifetime (between 14% and 26%).

Suicidal thoughts were most common among those who had experienced a serious problem with a close friend or relative, with more than a quarter of such people having had suicidal thoughts at some point in their lifetime. Other traumas linked to a high prevalence of suicidal thoughts were separation or divorce (25%), serious illness, injury or assault (22%) and serious illness, injury or assault to a close relative (20%).

The prevalence of suicidal thoughts for men was highest among those who had had a serious problem with a close friend or relative (26%). For women, the prevalence of suicidal thoughts was equally high for those who had been separated or divorced, had experienced a serious illness, injury or assault or who had had a serious problem with a close friend or relative (27%).

The experience of one or more of these stressful events also seemed to show a marked association with the prevalence of suicidal attempts. Of those who had not experienced any of the stressful events, only 1% had attempted suicide during their lifetime, compared with between 4% and 9% of those who reported that they had experienced such an event. Not unexpectedly, the stressful events for which prevalence of suicidal attempts was most marked were the same as those associated with suicidal thoughts; separation or divorce, serious illness, injury or assault and a serious problem with a close friend or relative (9% each).

As with suicidal thoughts and behaviour, there was a greater prevalence of deliberate self-harm among those who had experienced one of the stressful events than those who had not (between 2% and 5% of those who had experienced one or more of the stressful events compared with less than one percent of those who had not). Again, deliberate self-harm was particularly prevalent among those who had had a serious problem with a close friend or relative (5%), a serious illness, injury or assault

(4%), separation or divorce (4%) or had had a close friend or relative suffering from a serious illness, injury or assault (4%).

The association between bereavement and deliberate self-harm was much more apparent in men than in women; death of a close relative and death of a close friend or other relative were the only two stressful events for which the prevalence of deliberate self-harm was greater for men. Four per cent of men who had experienced the death of a close relative had deliberately harmed or hurt themselves during their lifetime which is double the rate for women who had experienced such a bereavement. For other events, the prevalence of deliberate self-harm was greater in women than in men. (Table 5.2)

Employment and financial crises

Table 5.3 shows the prevalence of suicidal thoughts and behaviours by the events listed on the second card shown to respondents. These included: problems with the police or a court appearance, major financial crisis, having looked for work for one month and over; something valued being lost or stolen and being made redundant or sacked.

The prevalence of suicidal thoughts was higher among those who had experienced one of these events than among those who had not. Of those who had not experienced any of the events on this card, only 10% had had suicidal thoughts during their lifetime. This compares with a prevalence of between 19% and 29% of respondents who had experienced one or more of the traumas listed on the show card.

Events for which the prevalence of suicidal thoughts was particularly high include having a major financial crisis (29%), having a problem with the police or a court appearance (27%) and having looked for work for one month or over (23%). This was true for both men and women, though the prevalence of suicidal thoughts was much higher for women than it was for men for all three of these events.

The most striking difference between the genders regarding experience of this set of events is with regard to having had a problem with the police or a court appearance. The prevalence of suicidal

thoughts among women was almost double that of men (40% compared with 24%).

The prevalence of suicidal attempts among respondents who had experienced an employment or financial crisis, was between four and six times higher than among those who had not experienced any of these events. For example, 12% of those who had had a problem with the police or a court appearance, 10% of those who had experienced a major financial crisis and 8% of those who had looked for work for one month or more had attempted suicide at some time in their life. This compares with just 2% of those who had not experienced any of the stressful events on the card. (Table 5.3)

Victimisation experiences

Stressful events that respondents were shown on the third card included running away from home, sexual abuse, violence in the home, ever having been homeless; violence at work and being bullied.

Suicidal thoughts and behaviour were most prevalent among respondents who had experienced traumas in this group, probably because the events included here carry much more weight in terms of psychological impact. The gravity of this can be seen when looking at the difference between those who had not experienced any of the events and those who had (see table 5.4). Only 9% of those who had not experienced any of the events had had suicidal thoughts during their lifetime, compared with between 27% and 55% in all the other groups. (Table 5.4)

Overall, the greatest prevalence of suicidal thoughts was found in those who had reported sexual abuse. Over half of those who reported experience of sexual abuse also reported having had suicidal thoughts during their lifetime. With a similarly high prevalence were being homeless (48%), running away from home (45%), violence in the home (44%) and being expelled from school (41%).

The events for which suicidal thoughts were most prevalent differed between men and women. Almost two-thirds (59%) of women who reported sexual abuse also reported having suicidal thoughts in their lifetime, compared with 40% of men. For

men, the prevalence of suicidal thoughts was highest among those who reported experience of violence in the home (44%), a prevalence which was matched in women, followed closely by being homeless and sexual abuse (both 40%).

Suicide attempts were also more prevalent among respondents who reported victimisation experiences. Less than 2% of those who had not experienced any of these events had attempted suicide in their lifetime, compared with between 10% and 26% among those who had experienced one or more of the events (see figure 5.2). In particular, around a quarter of people who reported running away from home, being homeless, having experienced sexual abuse and having experienced violence in the home had attempted suicide at some time in their life (between 22% and 26%).

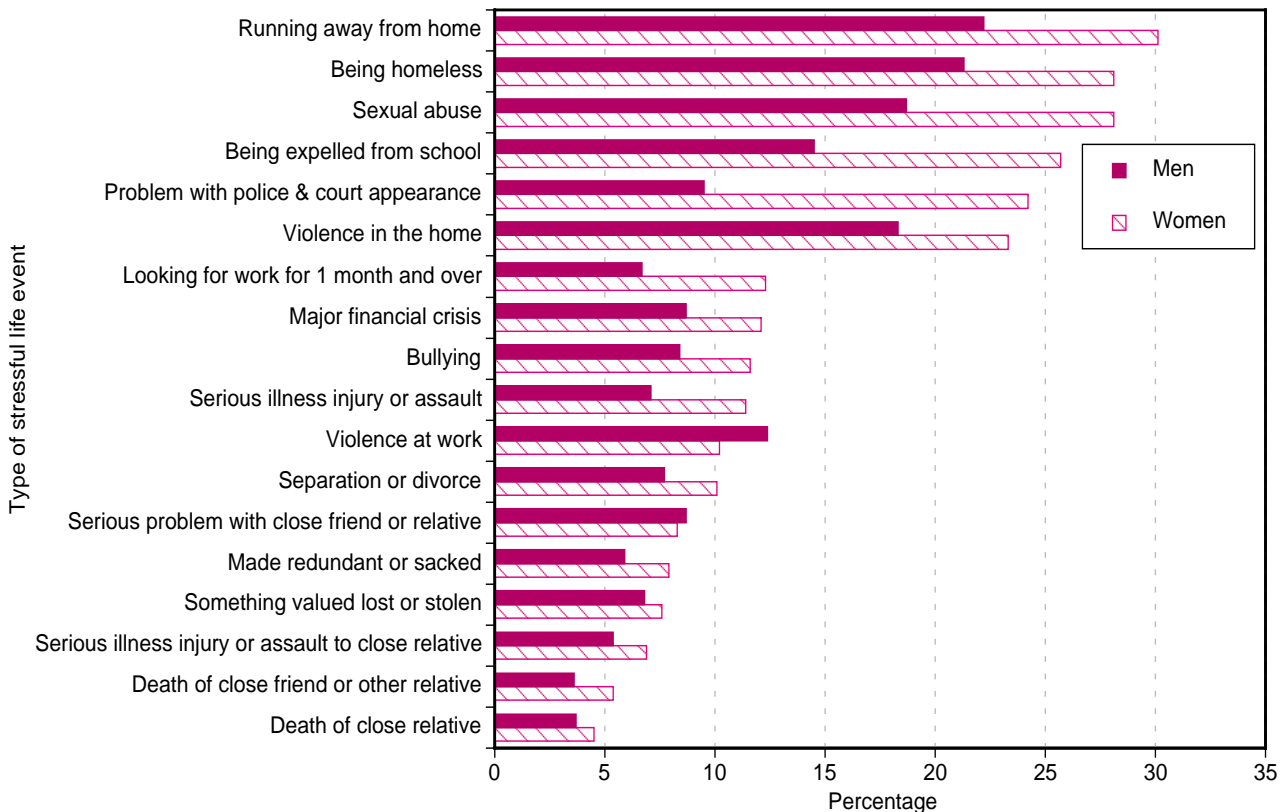
Perhaps the most marked difference in suicidal behaviour between the sexes is in relation to being expelled from school; Women who reported this experience were almost twice as likely as men to have attempted suicide in their lives (26% of women compared with 14% of men).

Less than 1% of the group who had not had any victimisation experiences reported deliberately harming or hurting themselves in their lifetime without the intention of committing suicide. This compares with between 5% and 14% of those who had experienced one or more of the events. The prevalence of self-harm was particularly high for the groups reporting that they had run away from home (14%), had experience of sexual abuse (14%), had been expelled from school (13%) and had been homeless (12%).

For men, the prevalence of deliberate self-harm was significantly higher for the group who had experienced sexual abuse than any other group (17% compared with between 5% and 11%). Respondents with experience of homelessness or running away from home were the next most likely to report having deliberately harmed or hurt themselves, followed by violence in the home (9%).

For women, being expelled from school showed a high prevalence of deliberate self-harm with more than a quarter (26%) in this group reporting that they had harmed or hurt themselves during their life. This is about three times the prevalence of

Figure 5.2 Lifetime suicide attempts by type of stressful life event



deliberate self-harm for men reporting the same experience (8%).

This finding is particularly interesting as women who had experienced sexual abuse had significantly higher prevalence of both suicidal thoughts and attempts and this indicates that suicidal thoughts and behaviours and deliberate self-harm have very different triggers.

5.3 Perceived social support

Assessment of perceived social support

Perceived social support was assessed from respondents' answers to seven questions which were originally used in the 1987 Health and Lifestyle survey, and were also included in the 1992 Health Survey for England (Breeze *et al* 1994) and the ONS (OPCS) surveys of psychiatric morbidity among adults in private households and in institutions catering for people with mental disorder. (Meltzer *et al* 1995; Meltzer *et al* 1996)

The seven questions take the form of statements that individuals could say were not true, partly true or certainly true for them:

There are people I know among my family and friends:

- who do things to make me happy;
- who make me feel loved;
- who can be relied on no matter what happens;
- who would see that I am taken care of if I needed to be;
- who accept me just as I am;
- who make me feel an important part of their lives; and
- who give me support and encouragement.

Scores of 1–3 were obtained for each question and overall scores ranged from 7 to 21. The maximum score of 21 indicated no lack of perceived social support; scores of 18 to 20 indicated a moderate lack, and scores of 17 and below showed that individuals perceived a severe lack of social support.

Suicidal thoughts and behaviour seem to be directly linked to perception of social support. The prevalence of suicidal thoughts of those whose perceived social support was categorised as being severely lacking was almost double that of the

group perceiving no lack (27% compared with 15%). This pattern was the same for both men and women, with the prevalence of lifetime suicidal thoughts decreasing as the perceived social support score increased.

The prevalence of suicidal thoughts among men perceiving a severe lack of social support was double that of those with no lack (22% compared with 11%) and for women the difference was even greater (35% of those with a severe lack compared with 14% of those with no lack).

Lifetime suicidal attempts followed the same pattern that again was more exaggerated in women. Women who perceived a severe lack of social support were over four times more likely than those with no lack to have attempted suicide in their lifetimes (16% compared with 3%) and more than twice as likely to attempt suicide than men in the same group (8%).

The prevalence of respondents deliberately harming or hurting themselves decreased dramatically with increased perceived social support. Respondents with a severe lack of support were over three times more likely than those with no lack to have deliberately harmed themselves (7% compared with 2%). However, for deliberate self-harm, most of the difference can be seen between the severe lack and moderate lack groups, with little difference occurring between those with no lack of social support and those with only a moderate lack.

This was a similar pattern for men and women, although among women the prevalence of self-harm without suicidal intent was higher in the group reporting a severe lack of social support. They were four times more likely to have deliberately harmed themselves than those with a moderate lack (12% compared with 3%). (*Table 5.5*)

5.4 Primary support group

Calculating the size of a person's primary support group

Another group of questions assessed the extent of respondents' social networks. These were also adapted from questions used in the other ONS (OPCS) surveys of psychiatric morbidity and

focused on the numbers of people (aged 16 and over) that respondents felt close to. Here again the frame of reference was broadened to include everyone the individual was acquainted with, rather than just friends and relatives.

Information was collected about three groups of people:

- adults living inside the household that respondents felt close to;
- relatives, aged 16 or over, living outside the household that respondents felt close to; and
- friends or acquaintances living outside the household that would be described as close or good friends.

Close friends and relatives form an individual's 'primary support group'. Previous research has suggested that adults with a primary support group of 3 people or fewer are at greatest risk of psychiatric morbidity. (Brugha *et al* 1987; Brugha *et al* 1993)

A similar relationship can be found between an individual's 'primary support group' and their suicidal thoughts and behaviours, with prevalence of suicidal thoughts decreasing with the increase in size of the primary support group. Those reporting a primary support group of three or less people were almost three times more likely as those with a group of nine or more to report having had suicidal thoughts during their lifetime (30% compared with 12%).

This pattern was found for both men and women, with the prevalence of suicidal thoughts in men more than doubling between the large primary support group and the small primary support group (11% of men with a social support group of nine or more people, compared with 23% of men with 3 or less). The prevalence in women with a small support group was three times that found in the large support group (39% compared with 13%).

Suicidal attempts followed the same pattern with 12% of all respondents with a primary support group of three or less having attempted suicide in their lifetime, compared with only 3% with a support group of nine or more people. For both men and women also, the prevalence of suicidal attempts among those with the smallest social support group was four times that in the largest primary support group.

The prevalence of deliberate self-harm decreased with the increase in size of the primary support group. For women in particular, this increase was quite marked, with 9% of women with a support group of three or less people having deliberately harmed or hurt themselves in their lifetime, compared with only 1% of those with nine or more in their support group. (Table 5.6)

5.5 Characteristics of those with lifetime suicidal thoughts and experiences

Lifetime Suicidal Thoughts

Respondents who reported having had suicidal thoughts at some time in their life were more likely to have experienced a greater number of stressful events and to report a severe lack of social support.

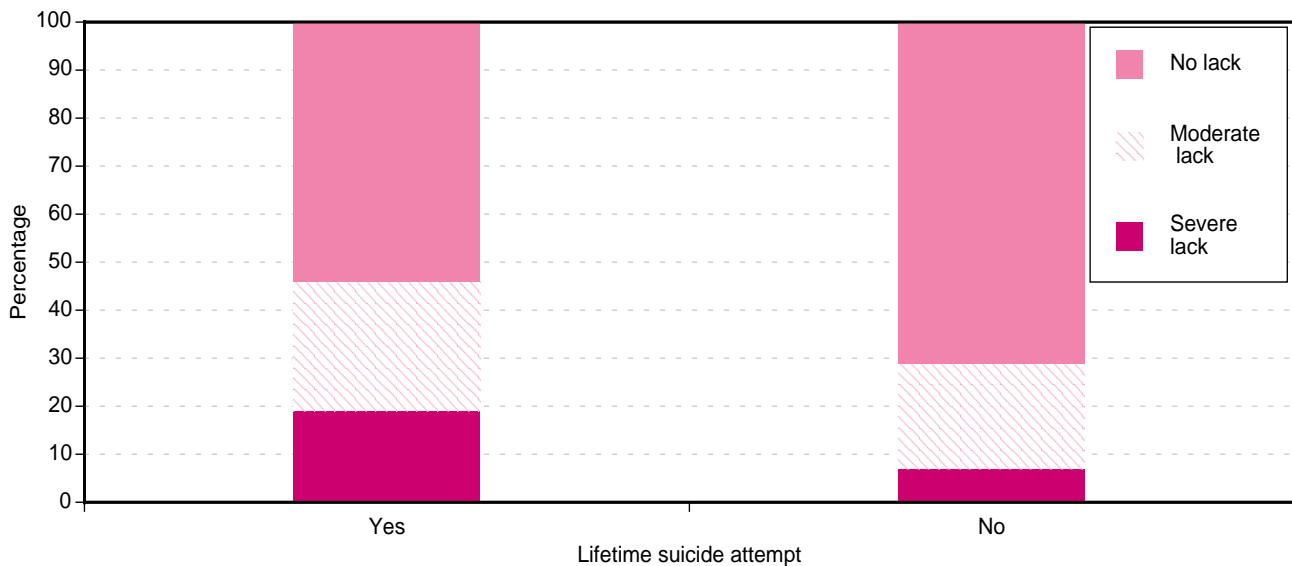
While only 2% of respondents who had thought about suicide had not experienced any stressful life events, 38% of this group had experienced six or more of the events listed. In comparison among those who had not thought about suicide, 14% reported experiencing six or more events.

Respondents who had thought about suicide, compared with those who had not, were far more likely to perceive a severe lack of social support (14% compared with 7%) and to have a support group of three or less people (10% compared with 4%). (Table 5.7)

Lifetime Suicidal Attempts

The difference between those who had and had not attempted suicide, in terms of lifetime experience of stressful events, were even more marked than for suicidal thoughts.

Of those who had never attempted suicide, only 16% had suffered six or more events, while 71% perceived no lack in social support and 67% had a social support group of size of nine or more. Respondents who had attempted suicide were much more likely to have experienced six or more stressful events (56%), to have a severe lack in social support (19%) and to have a support group of three or less people (14%) (Table 5.7 and Figure 5.3).

Figure 5.3 Perceived social support by lifetime suicide attempts

Deliberate self-harm without suicidal intent

Of the sample of respondents who had deliberately harmed themselves in their lifetime, only 1% had never experienced any of the stressful events whereas 48% had experienced six or more.

However, perceived social support and size of primary support group were much less significant in the reporting of deliberate self-harm, with 22% of those who had harmed themselves having a severe lack of social support whereas 53% had no lack of social support. Of those who had never deliberately harmed themselves, 17% had experienced six or more stressful events, 8% had a severe lack of social support (whereas 71% had no lack) and 67% had a support group of nine or more people. (Table 5.9)

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Table 5.1 Prevalence of non-fatal suicidal behaviour

by number of stressful life events and sex

	Number of stressful life events							All
	0	1	2	3	4	5	6 and over	
Men	<i>Cumulative percentage of population</i>							
Suicidal thoughts								
Past week	-	-	0.1	0.1	0.2	0.3	0.9	0.3
Past year	0.8	1.6	2.0	2.6	3.2	4.8	7.3	3.6
Lifetime	2.8	3.9	7.6	9.8	10.6	16.4	26.7	12.7
Never	97.2	96.1	92.4	90.2	89.4	83.6	73.3	87.3
Suicide attempts								
Past week	-	-	-	-	-	0.1	-	0.0
Past year	-	-	0.6	-	0.1	0.4	1.5	0.5
Lifetime	0.4	-	1.5	1.3	2.2	3.6	10.9	3.6
Never	99.6	100.0	98.5	98.7	97.8	96.4	89.1	96.4
Deliberate self-harm without suicidal intent								
	0.6	1.0	1.2	1.4	1.9	1	4.8	2.0
Base	180	397	627	668	653	433	890	3848
Women								
Suicidal thoughts								
Past week	-	0.1	0.3	0.4	0.1	0.7	2.2	0.5
Past year	0.9	1.7	3.1	2.6	3.3	6.6	10.7	4.1
Lifetime	6.6	8.4	9.7	13.0	16.3	26.1	43	17.1
Never	93.4	91.6	90.3	87.0	83.7	73.9	57	82.9
Suicide attempts								
Past week	-	-	-	-	0.2	-	-	0.0
Past year	-	-	0.1	0.2	0.6	0.4	2.8	0.5
Lifetime	2.7	1.6	2.3	2.1	4.1	7.6	19.8	5.3
Never	97.3	98.4	97.7	97.9	95.9	92.4	80.2	94.7
Deliberate self-harm without suicidal intent								
	0.6	0.4	1.4	1.7	2.2	4.2	9.1	2.7
Base	190	588	952	1023	727	495	748	4723
All								
Suicidal thoughts								
Past week	-	0.0	0.2	0.3	0.1	0.5	1.4	0.4
Past year	0.8	1.6	2.6	2.6	3.3	5.7	8.7	3.9
Lifetime	4.6	6.4	8.7	11.6	13.3	21.0	33.0	14.9
Never	95.4	93.6	91.3	88.4	86.7	79.0	67.0	85.1
Suicide attempts								
Past week	-	-	-	-	0.1	0.1	-	0.0
Past year	-	-	0.3	0.1	0.3	0.4	2.0	0.5
Lifetime	1.5	0.9	2.0	1.7	3.1	5.5	14.4	4.4
Never	98.5	99.1	98.0	98.3	96.9	94.5	95.6	95.6
Deliberate self-harm without suicidal intent								
	0.6	0.7	1.3	1.5	2	2.5	6.5	2.4
Base	370	985	1579	1691	1380	928	1639	8572

Table 5.2 Prevalence of non-fatal suicidal behaviour

by relationship problems, illness or bereavement and sex

	Relationship problem, illness or bereavement						None of these	All
	Separation or divorce	Serious illness injury or assault	Serious problem with close friend or relative	illness injury or assault to close relative	Death of close friend or other relative	Death of close relative		
Men	<i>Cumulative percentage of population</i>							
Suicidal thoughts								
Past week	0.7	0.7	1.1	0.5	0.3	0.5	-	0.3
Past year	6.4	5.9	5.5	4.7	3.8	3.1	2.2	3.6
Lifetime	22.0	18.4	25.8	17.5	12.8	11.9	6.6	12.7
Never	78.0	81.6	74.2	82.5	87.2	88.1	93.4	87.3
Suicide attempts								
Past week	-	0.1	-	-	-	-	-	0
Past year	0.8	1.2	1.1	0.9	0.4	0.3	-	0.5
Lifetime	7.7	7.1	8.7	5.4	3.6	3.7	0.3	3.6
Never	92.3	92.9	91.3	94.6	96.4	96.3	99.7	96.4
Deliberate self-harm without suicidal intent	1.6	2.6	4.0	2.0	3.3	4.3	0.6	2.0
<i>Base</i>	<i>887</i>	<i>1210</i>	<i>434</i>	<i>912</i>	<i>2328</i>	<i>2186</i>	<i>323</i>	<i>3817</i>
Women								
Suicidal thoughts								
Past week	1.0	0.8	0.9	0.7	0.6	0.5	-	0.5
Past year	7.0	6.3	6.4	5.6	4.0	3.6	1.9	4.1
Lifetime	26.9	26.8	26.9	22.5	17.2	15.7	10.4	17.1
Never	73.1	73.2	73.1	77.5	82.8	84.3	89.6	82.9
Suicide attempts								
Past week	-	0.1	-	0.1	0.0	-	-	0.0
Past year	1.4	1.7	1.4	0.6	0.4	0.3	-	0.5
Lifetime	10.1	11.4	8.3	6.9	5.4	4.5	1.9	5.3
Never	89.9	88.6	91.7	93.1	94.6	95.5	98.1	94.7
Deliberate self-harm without suicidal intent	4.4	4.9	5.0	4.6	3.1	1.7	0.7	2.7
<i>Base</i>	<i>1265</i>	<i>1161</i>	<i>580</i>	<i>1259</i>	<i>3117</i>	<i>2844</i>	<i>284</i>	<i>4698</i>
All								
Suicidal thoughts								
Past week	0.9	0.8	1.0	0.6	0.5	0.5	-	0.4
Past year	6.7	6.1	6.0	5.1	3.9	3.4	2.1	3.8
Lifetime	24.6	22.0	26.4	20.1	15.1	13.9	8.2	14.9
Never	75.4	78.0	73.6	79.9	84.9	86.1	91.8	85.1
Suicide attempts								
Past week	-	0.1	-	0.1	0.0	-	-	0.0
Past year	1.1	1.4	1.3	0.8	0.4	0.3	-	0.5
Lifetime	9.0	8.9	8.5	6.2	4.5	4.1	1.0	4.4
Never	91.0	91.1	91.5	93.8	95.5	95.9	99.0	95.6
Deliberate self-harm without suicidal intent	3.9	4.4	4.7	3.6	2.6	1.7	0.6	2.4
<i>Base</i>	<i>2152</i>	<i>2371</i>	<i>1014</i>	<i>2171</i>	<i>5445</i>	<i>5030</i>	<i>607</i>	<i>8515</i>

Table 5.3 Prevalence of non-fatal suicidal behaviour

by employment and financial crises and sex

	Employment and financial crisis						All
	Problem with police and court appearance	Major financial crisis	Looking for work for 1 month and over	Something valued lost or stolen	Made redundant or sacked	None of these	
Men	<i>Cumulative percentage of population</i>						
Suicidal thoughts							
Past week	1.0	1.1	0.2	0.6	0.4	0.1	0.3
Past year	6.8	7.3	4.7	5.4	4.9	3.6	3.6
Lifetime	24.0	26.5	19.4	19.7	17.1	12.7	12.7
Never	76.0	73.5	80.6	80.3	82.9	87.3	87.3
Suicide attempts							
Past week	-	-	0.1	0.1	0.0	-	0.0
Past year	1.5	0.6	1.0	0.9	0.9	0.2	0.5
Lifetime	9.5	8.7	6.7	6.8	5.9	1.0	3.6
Never	90.5	91.3	93.3	93.2	94.1	99.0	96.4
Deliberate self-harm without suicidal intent	4.4	4.2	2.9	2.5	2.5	1.5	2.0
<i>Base</i>	582	586	1256	938	1600	1316	3816
Women							
Suicidal thoughts							
Past week	1.7	0.9	1.6	0.8	0.9	0.3	0.5
Past year	8.4	5.9	8.9	4.7	4.1	2.9	4.1
Lifetime	39.6	34.0	31.9	21.9	22.4	12.4	17.1
Never	60.4	66.0	68.1	78.1	77.6	87.7	82.9
Suicide attempts							
Past week	-	-	-	-	-	0.0	0.0
Past year	2.8	0.8	1.6	1.1	0.4	0.2	0.5
Lifetime	24.2	12.1	12.3	7.6	7.9	3.3	5.3
Never	75.8	87.9	87.7	92.4	92.1	96.7	94.7
Deliberate self-harm without suicidal intent	7.8	5.5	6.6	3.2	3.1	2.1	2.7
<i>Base</i>	167	421	678	992	945	2577	4699
All							
Suicidal thoughts							
Past week	1.1	1.0	0.6	0.7	0.5	0.2	0.4
Past year	7.1	6.8	6.0	5.1	4.6	2.6	3.9
Lifetime	26.8	29.2	23.2	20.7	18.8	10.1	14.9
Never	73.2	70.8	76.8	79.3	81.2	89.9	85.1
Suicide attempts							
Past week	-	-	0.0	0.0	0.0	0.0	0.0
Past year	1.7	0.7	1.2	1.0	0.7	0.2	0.5
Lifetime	12.2	9.9	8.4	7.1	6.6	2.4	4.4
Never	87.8	90.1	91.6	92.9	93.4	97.6	95.6
Deliberate self-harm without suicidal intent	5.0	4.7	4.0	2.8	2.7	1.9	2.4
<i>Base</i>	749	1007	1934	1930	2545	3893	8515

Table 5.4 Prevalence of non-fatal suicidal behaviour

by victimisation experiences and sex

	Victimisation Experience								All
	Running away from home	Sexual abuse	Violence in the home	Being homeless	Being expelled from school	Violence at work	Bullying	None of these	
Men	<i>Cumulative percentage of population</i>								
Suicidal thoughts									
Past week	1.8	1.7	1.9	2.1	1.9	0.7	0.5	0.2	0.3
Past year	12.8	15.1	16.5	11.2	9.8	8.4	7.8	1.9	3.6
Lifetime	37.9	40.3	44.4	40.4	34.9	26.9	25.9	7.4	12.7
Never	62.1	59.7	55.6	59.6	65.1	73.1	74.1	92.6	87.3
Suicide attempts									
Past week	-	-	0.4	-	-	-	-	-	0.0
Past year	3.3	3.5	2.7	3.3	-	1.5	1.5	0.1	0.5
Lifetime	22.2	18.7	18.3	21.3	14.5	12.4	8.4	1.3	3.6
Never	77.8	81.3	81.7	78.7	85.5	87.6	91.6	98.7	96.4
Deliberate self-harm without suicidal intent	11.1	17.4	8.7	10.6	7.6	4.9	4.6	0.8	2.0
<i>Base</i>	<i>188</i>	<i>71</i>	<i>175</i>	<i>179</i>	<i>87</i>	<i>227</i>	<i>733</i>	<i>2695</i>	<i>3816</i>
Women									
Suicidal thoughts									
Past week	4.9	3.1	1.9	2.7	4.5	0.9	1.5	0.2	0.5
Past year	16.6	17.4	10.9	13.5	28.3	5.8	9.2	2.4	4.1
Lifetime	51.4	58.8	44.2	56.0	52.5	26.4	31.5	10.8	17.1
Never	48.6	41.2	55.8	44.0	47.5	73.6	68.5	89.2	82.9
Suicide attempts									
Past week	0.5	-	-	-	-	-	-	-	0.0
Past year	4.7	3.9	2.7	2.7	8.2	1.2	1.8	0.1	0.5
Lifetime	30.1	28.1	23.3	28.1	25.7	10.2	11.6	2.3	5.3
Never	69.9	71.9	76.7	71.9	74.3	89.8	88.4	97.7	94.7
Deliberate self-harm without suicidal intent	16.2	13.2	10.4	13.4	25.7	4.3	7.8	0.9	2.7
<i>Base</i>	<i>267</i>	<i>275</i>	<i>539</i>	<i>190</i>	<i>54</i>	<i>96</i>	<i>746</i>	<i>3342</i>	<i>4698</i>
All									
Suicidal thoughts									
Past week	3.4	2.7	1.9	2.4	2.7	0.8	1.0	0.2	0.4
Past year	14.8	16.9	12.6	12.3	15.6	7.8	8.4	2.1	3.9
Lifetime	44.9	54.5	44.3	47.5	40.5	26.7	28.5	9.1	14.9
Never	55.1	45.5	55.7	52.5	59.5	73.3	71.5	90.9	85.1
Suicide attempts									
Past week	0.2	-	0.1	-	-	-	-	-	0.0
Past year	4.0	3.8	2.7	3.0	2.6	1.4	1.7	0.1	0.5
Lifetime	26.3	25.9	21.8	24.4	18.1	11.8	9.9	1.8	4.4
Never	73.7	74.1	78.2	75.6	81.9	88.2	90.1	98.2	95.6
Deliberate self-harm without suicidal intent	13.8	14.2	9.9	11.9	13.3	4.8	6.1	0.9	2.4
<i>Base</i>	<i>455</i>	<i>346</i>	<i>714</i>	<i>369</i>	<i>141</i>	<i>323</i>	<i>1479</i>	<i>6037</i>	<i>8514</i>

Table 5.5 Prevalence of non-fatal suicidal behaviour
by perceived social support and sex

	Perceived social support			All
	Severe lack	Moderate lack	No lack	
Men	<i>Cumulative percentage of population</i>			
Suicidal thoughts				
Past week	1.1	0.5	0.1	0.3
Past year	8.2	3.1	3.1	3.6
Lifetime	22.0	14.0	10.8	12.8
Never	78.0	86.0	87.2	87.2
Suicide attempts				
Past week	-	-	0.0	0.0
Past year	1.5	0.5	0.3	0.5
Lifetime	7.6	4.1	2.7	3.6
Never	92.4	95.9	97.3	96.4
Deliberate self-harm without suicidal intent	3.6	2.8	1.5	2.0
<i>Base</i>	429	973	2395	3797
Women				
Suicidal thoughts				
Past week	2.2	0.9	0.3	0.5
Past year	15.9	6.1	2.7	4.1
Lifetime	35.3	23.3	14.3	17.1
Never	64.7	76.7	85.7	82.9
Suicide attempts				
Past week	-	-	0.0	0.0
Past year	3.0	1.1	0.3	0.6
Lifetime	16.1	7.2	3.4	5.3
Never	83.9	92.8	96.6	94.7
Deliberate self-harm without suicidal intent	11.8	2.7	2.0	2.7
<i>Base</i>	290	867	3532	4689
All				
Suicidal thoughts				
Past week	1.5	0.7	0.2	0.4
Past year	10.9	4.3	3.9	3.9
Lifetime	26.7	17.9	14.9	14.9
Never	73.3	82.1	85.1	85.1
Suicide attempts				
Past week	-	-	0.0	0.0
Past year	2.0	0.7	0.3	0.5
Lifetime	10.6	5.4	3.4	4.4
Never	89.4	94.6	96.6	95.6
Deliberate self-harm without suicidal intent	6.5	2.8	1.8	2.4
<i>Base</i>	719	1840	5927	8486

Table 5.6 Prevalence of non-fatal suicidal behaviour
by size of primary support group and sex

	Size of primary support group			All
	3 and under	4 – 8	9 and over	
Men	<i>Cumulative percentage of population</i>			
Suicidal thoughts				
Past week	1.8	0.4	0.1	0.3
Past year	10.4	4.7	2.6	3.6
Lifetime	23.2	15.6	10.7	12.7
Never	76.8	84.4	89.3	87.3
Suicide attempts				
Past week	0.3	-	-	0.0
Past year	2.6	0.4	0.3	0.5
Lifetime	10.0	4.6	2.6	3.6
Never	90.0	95.4	97.4	96.4
Deliberate self-harm without suicidal intent	5.6	2.8	1.4	2.0
<i>Base</i>	<i>277</i>	<i>1027</i>	<i>2499</i>	<i>3803</i>
Women				
Suicidal thoughts				
Past week	3.6	1.0	0.1	0.5
Past year	14.2	6.8	2.1	4.1
Lifetime	38.6	22.6	13.1	17.1
Never	61.4	77.4	86.9	82.9
Suicide attempts				
Past week	-	0.1	-	0.0
Past year	3.6	1.0	0.1	0.6
Lifetime	15.5	7.7	3.5	5.3
Never	84.5	92.3	96.5	94.7
Deliberate self-harm without suicidal intent	9.4	4.6	1.4	2.7
<i>Base</i>	<i>239</i>	<i>1490</i>	<i>2960</i>	<i>4689</i>
All				
Suicidal thoughts				
Past week	2.6	0.7	0.1	0.4
Past year	12.0	5.8	2.4	3.9
Lifetime	29.8	19.4	11.8	14.9
Never	70.2	80.6	88.2	85.1
Suicide attempts				
Past week	0.2	0.0	-	0.0
Past year	3.0	0.7	0.2	0.5
Lifetime	12.3	6.3	3.0	4.4
Never	87.7	93.7	97.0	95.6
Deliberate self-harm without suicidal intent	7.2	3.8	1.4	2.4
<i>Base</i>	<i>516</i>	<i>2517</i>	<i>5459</i>	<i>8492</i>

**Table 5.7 Social functioning characteristics
by lifetime suicidal thoughts**

	Had suicidal thoughts in lifetime		All
	Yes	No	
	%	%	%
Relationship problems, illness and bereavement			
Death of close friend/other relative	65	64	64
Death of close relative	50	54	54
Serious illness injury or assault	38	23	26
Serious illness injury or assault to close relative	33	23	24
Separation or divorce	36	20	22
Serious problem with close friend/relative	21	10	12
None of these	5	10	10
<i>Base</i>	1367	7148	8515
Employment and financial crises			
Made redundant or sacked	37	28	30
Looking for work for 1 month and over	36	21	23
Something valued lost or stolen	31	21	22
Major financial crisis	22	9	11
Problem with police and court appearance	16	8	9
None of these	31	49	46
<i>Base</i>	1368	7147	8515
Victimisation experiences			
Bullying	34	15	18
Violence in the home	20	4	7
Running away from home	16	3	5
Violence at work	7	3	4
Being homeless	12	2	4
Sexual abuse	12	2	3
Being expelled from school	5	1	2
None of these	44	76	71
<i>Base</i>	1367	7147	8514
Number of stressful life events			
0	2	6	5
1	6	15	14
2	11	20	19
3	15	20	19
4	14	16	16
5	15	10	10
6 and over	38	14	17
<i>Base</i>	1380	7192	8572
Perceived Social Support			
Severe lack	14	7	8
Moderate lack	26	21	22
No lack	60	72	70
<i>Base</i>	1365	7121	8486
Size of primary support group			
3 and under	10	4	5
4 – 8	37	27	29
9 and over	53	69	66
<i>Base</i>	1365	7127	8492

Table 5.8 Social functioning characteristics**by lifetime suicide attempts**

	Had suicide attempts in lifetime		All
	Yes	No	
	%	%	%
Relationship problems, illness and bereavement			
Death of close friend/other relative	65	64	64
Death of close relative	49	53	53
Serious illness injury or assault	52	23	26
Serious illness injury or assault to close relative	33	23	24
Separation or divorce	44	21	22
Serious problem with close friend/relative	21	11	12
None of these	2	10	9
<i>Base</i>	425	8089	8514
Employment and financial crises			
Made redundant or sacked	44	29	30
Looking for work for 1 month and over	44	22	23
Something valued lost or stolen	36	22	22
Major financial crisis	25	11	11
Problem with police and court appearance	25	8	9
None of these	25	47	46
<i>Base</i>	425	8089	8514
Victimisation experiences			
Bullying	40	17	18
Violence in the home	34	6	7
Running away from home	31	4	5
Violence at work	21	3	4
Being homeless	11	4	4
Sexual abuse	20	3	3
Being expelled from school	7	2	2
None of these	29	73	71
<i>Base</i>	424	8089	8513
Number of stressful life events			
0	2	5	5
1	3	14	14
2	8	19	19
3	8	20	19
4	11	16	16
5	13	10	10
6 and under	56	16	17
<i>Base</i>	430	8141	8571
Perceived Social Support			
Severe lack	19	7	8
Moderate lack	27	22	22
No lack	54	71	70
<i>Base</i>	424	8061	8485
Size of primary support group			
3 and under	14	5	5
4–8	41	28	29
9 and over	45	67	66
<i>Base</i>	424	8067	8491

**Table 5.9 Social functioning characteristics
by lifetime deliberate self-harm**

	Lifetime deliberate self-harm		All
	Yes	No	
	%	%	%
Relationship problems, illness and bereavement			
Death of close friend/other relative	70	64	64
Death of close relative	37	53	53
Serious illness injury or assault	47	23	26
Serious illness injury or assault to close relative	33	23	24
Separation or divorce	36	22	22
Serious problem with close friend/relative	21	12	12
None of these	2	9	9
<i>Base</i>	197	8321	8518
Employment and financial crises			
Made redundant or sacked	33	29	30
Looking for work for 1 month and over	40	23	23
Something valued lost or stolen	26	22	22
Major financial crisis	23	11	11
Problem with police and court appearance	19	9	9
None of these	36	46	46
<i>Base</i>	197	8321	8518
Victimisation experiences			
Bullying	46	17	18
Violence in the home	29	6	7
Running away from home	30	5	5
Violence at work	19	3	4
Being homeless	8	4	4
Sexual abuse	21	3	3
Being expelled from school	10	2	2
None of these	26	72	71
<i>Base</i>	196	8321	8517
Number of stressful life events			
0	1	5	5
1	4	14	14
2	10	19	19
3	13	19	19
4	13	16	16
5	11	10	10
6 and under	48	17	17
<i>Base</i>	200	8375	8575
Perceived Social Support			
Severe lack	22	8	8
Moderate lack	26	22	22
No lack	53	71	70
<i>Base</i>	197	8292	8489
Size of primary support group			
3 and under	16	5	5
4 – 8	46	28	29
9 and over	39	67	66
<i>Base</i>	197	8298	8495

6

Correlates of suicidal behaviour: logistic regression analysis

6.1 Multiple logistic regression and Odds Ratios

Logistic regression analysis has been used to provide a measure of the independent association between socio-demographic, psychiatric and social functioning variables and non-fatal suicidal behaviour. Unlike the crosstabulations presented in the previous three chapters, logistic regression estimates the effect of one variable while controlling for the confounding effect of other variables in the analysis.

Logistic regression produces an estimate of the probability of an event (eg a suicide attempt) occurring to individuals in a given category compared with a reference category for that variable (eg having a neurotic disorder compared with not having one, or in the age range 16 to 24 compared with 65- to 74-year-olds). This effect is measured in terms of odds.

The amount by which the odds actually increases is shown by the Adjusted Odds Ratio (OR). For example, an OR of 1.90 indicates that women (compared with men) have nearly double the odds of a lifetime suicide attempt, controlling for the possible confounding effects of the other variables in the statistical model. To determine whether this increase is due to chance rather than to the effect of the variable, one must consult the associated 95% confidence interval.

Confidence intervals around an Odds Ratio

The confidence intervals around odds ratios can best be described by an example. Table 6.1, shows an odds ratio of 1.70 for the association between sex and suicidal thoughts, with a confidence interval from 1.44 to 2.00, indicating that the 'true' (i.e., population) OR is likely to lie between these two values. If the confidence interval does not include 1.00 then the OR is likely to be significant – that is, the association between the variable and the odds of a particular suicidal behaviour is unlikely to be due to chance. If the interval includes 1.00,

then it is possible that the 'true' OR is actually 1.00, that is, no increase in odds can be attributed to the variable.

Odds ratios and how to use them multiplicatively

The odds ratios presented in the tables show the adjusted odds due solely to membership of one particularly category – for example, being female rather than male. However, multiplying them together can combine odds for more than one category. This provides an estimate of the increased odds of suicidal behaviour due to being a member of more than one category at once – for example, being a woman and having a psychotic disorder. For example, in Table 6.1 being female rather than male increases the odds of a lifetime suicidal attempt (OR=1.70), while in Table 6.3, having a psychotic disorder (compared with not having psychosis) also independently increases the odds (OR=3.73). The increased odds for women with psychosis compared with men without psychosis is therefore the product of the two independent odds ratios, 6.34.

The reference group chosen for a variable was that with the lowest prevalence. With ordinal or interval variables, eg educational qualifications or age, the group with the lower prevalence of the two extremes of the range was chosen, i.e. the oldest age group.

6.2 Correlates of suicidal thoughts

The socio-demographic, socio-economic, psychiatric and social functioning variables were all entered into the logistic regression analysis together. Not surprisingly, all the psychiatric disorders were independently and significantly associated with lifetime suicide thoughts.

The odds of respondents with psychosis (compared with the rest of the survey sample) of having lifetime suicidal thoughts was 3.73. The corresponding figures for the six neurotic disorders ranged from 2.24 for phobia to 2.91 for

obsessive-compulsive disorder. Those with alcohol and drug dependence were also more likely to have had lifetime suicidal thoughts (OR= 2.12 and 1.56) compared with the non-dependent groups.

However, the most marked association with ever having thought about suicide was the number of stressful life events. Compared with the group who had never experienced a stressful life event, those who reported three or more events had over three times the odds of having had suicidal thoughts and the odds ratio increased to 9.75 among the group who had experienced six or more events. The other two social functioning variables were also significantly associated with lifetime suicidal thoughts: those with a severe lack of social support (compared with no lack) were 75% more likely to have ever had suicidal thoughts and then those with a small primary support group (3 or less) were about 50% more likely than respondents with a primary support group of 9 or more to have had such thoughts.

Of the nine socio-demographic and socio-economic variables entered into the analysis only age, sex and ethnicity produced significant associations. Suicidal thoughts were more prevalent among the younger age groups, women and those who reported their ethnicity as White. This confirms the suggestions made by other authors (see Chapter 4) that marital status, economic activity, social class and tenure do not have a direct causal relationship with suicidal ideation and that they are confounded with psychiatric and social functioning characteristics. (Tables 6.1 to 6.4)

6.3 Correlates of suicide attempts

The number of factors independently associated with lifetime, suicide attempts were less than with suicidal thoughts. The two factors which seemed to have the greatest influence were number of stressful life events and psychosis. The odds ratio for six or

more versus no stressful events was 13.64 and for psychosis compared with no psychosis the odds ratio was 6.07. Focusing on the neurotic disorders, those with anxiety, depression or mixed anxiety and depression were about twice as likely to have made suicide attempts, controlling for other confounding variables. This is in contrast to the ORs for suicidal thoughts, where the two most significant neurotic disorders were OCD and phobia. However, the relationship between age, sex and suicide attempts were similar to those for suicidal thoughts, being far more likely to occur among women and 16- to 34-year-olds. (Tables 6.1 to 6.4)

An additional analysis was carried out just among those who had suicidal thoughts to investigate the factors which distinguished between those in this group who went on to attempt suicide and those who did not. Two factors emerged. Those with psychosis among the group with suicidal thoughts were over four times more likely to have made a suicide attempt (OR=4.38) and people living in housing association or local authority rented accommodation (compared with owner occupiers) were two and a quarter times more likely to follow up their wishes.

6.4 Correlates of deliberate self-harm

The main variables in the logistic regression model associated with deliberate self-harm, shown in Tables 6.1 to 6.4 were:

- number of stressful like events (OR= 17.74 for 6 or more events compared to none);
- age (OR=10.89 for 16- to 24-year-olds compared with 65- to 74-year-olds);
- psychosis (OR=4.96);
- depression and mixed anxiety and depression (ORs = 2.68 and 2.86); and
- drug dependence, specifically those other than cannabis (OR=2.37).

Table 6.1 Socio-demographic correlates of non-fatal suicidal behaviour

Variable	Lifetime suicidal thoughts		Lifetime suicide attempts		Deliberate self-harm	
	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.
Age						
65-74	1.00	-	1.00	-	1.00	-
55-64	1.87***	1.38 - 2.54	1.71	0.99 - 2.95	1.73	0.53 - 5.66
45-54	2.23***	1.60 - 3.10	2.22**	1.25 - 3.92	1.69	0.50 - 5.66
35-44	2.90***	2.04 - 4.13	2.95***	1.61 - 5.40	3.76*	1.13 - 12.44
25-34	3.43***	2.38 - 4.94	4.30***	2.30 - 8.02	8.12***	2.44 - 26.98
16-24	3.80***	2.42 - 5.95	4.67***	2.22 - 9.82	10.89***	3.02 - 39.30
Sex						
Men	1.00	-	1.00	-	1.00	-
Women	1.70***	1.44 - 2.00	1.90***	1.43 - 2.51	1.60*	1.07 - 2.40
Marital Status						
Married	1.00	-	1.00	-	1.00	-
Separated	1.36	0.94 - 1.97	1.32	0.73 - 2.37	0.50	0.19 - 1.29
Single	1.11	0.85 - 1.46	0.83	0.52 - 1.32	0.91	0.50 - 1.69
Divorced	1.37*	1.04 - 1.82	1.33	0.83 - 2.22	0.74	0.36 - 1.52
Widowed	1.10	0.75 - 1.64	0.95	0.48 - 1.88	0.51	0.13 - 1.98
Family type						
Couple, no children	1.00	-	1.00	-	1.00	-
Couple and (child)ren	0.96	0.78 - 1.18	0.74	0.51-1.08	1.12	0.64 -1.89
Lone parent and (child)ren	0.97	0.70 - 1.34	0.91	0.54 - 1.52	1.21	0.58 -2.50
One person only	1.21	0.93- 1.56	1.28	0.82 - 1.98	1.22	0.66 - 2.26
Adult with parents	1.52	0.82 - 2.83	1.54	0.50 -4.79	1.66	0.44 - 6.22
Adult with one parent	0.98	0.66 -1.44	0.93	0.47 - 1.84	1.56	0.70 - 3.50
Ethnic origin						
White	1.00	-	1.00	-	1.00	-
Black	0.38***	0.21 - 0.61	0.36*	0.14 - 0.94	0.83	0.30 - 2.33
South Asian	0.22***	0.01 - 0.51	0.57	0.17 - 1.96	0.84	0.20 - 3.63
Other	0.72	0.43 - 1.20	1.08	0.52 - 2.25	0.42	0.10 - 1.78

*** p<0.001, ** p<0.01, * p<0.05

Table 6.2 Socio-economic correlates of non-fatal suicidal behaviour

Variable	Lifetime suicidal thoughts		Lifetime suicide attempts		Deliberate self-harm	
	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.
Educational qualifications						
No qualifications	1.00	-	1.00	-	1.00	-
GCSE level	1.11	0.92 - 1.34	1.01	0.76 - 1.36	0.68	0.44 - 1.06
A levels or above	1.32	1.07 - 1.63	0.81	0.57 - 1.16	0.72	0.43 - 1.12
Employment status						
Working full time	1.00	-	1.00	-	1.00	-
Working part time	1.10	0.90 - 1.35	0.94	0.65 - 1.35	1.32	0.81 - 2.16
Unemployed	1.09	0.76 - 1.55	1.02	0.61 - 1.74	1.55	0.77 - 3.13
Economically inactive	1.15	0.94 - 1.40	1.14	0.83 - 1.58	1.16	0.72 - 1.88
Social Class						
I	1.00	-	1.00	-	1.00	-
II	0.75	0.54 - 1.04	1.21	0.56 - 2.60	0.40*	0.19 - 0.87
III Non-manual	0.83	0.59 - 1.18	1.31	0.59 - 2.90	0.46	0.20 - 1.02
III Manual	0.69*	0.48 - 0.99	1.44	0.65 - 3.20	0.34*	0.15 - 0.80
IV	0.74	0.51 - 1.06	1.31	0.58 - 2.93	0.57	0.25 - 1.30
V	0.75	0.49 - 1.16	1.80	0.76 - 4.24	0.39	0.15 - 1.06
Tenure						
Owned outright	1.00	-	1.00	-	1.00	-
Owned with mortgage	0.95	0.77 - 1.17	1.08	0.72 - 1.62	1.20	0.61 - 2.35
Rented from LA or HA	1.21	0.96 - 1.53	2.24	1.50 - 3.35	1.44	0.72 - 2.91
Rented from other source	1.06	0.80 - 1.41	1.17	0.71 - 1.93	2.24*	1.08 - 4.67

*** p<0.001, ** p<0.01, * p<0.05

Table 6.3 Psychiatric correlates of non-fatal suicidal behaviour

Variable	Lifetime suicidal thoughts		Lifetime suicide attempts		Deliberate self-harm	
	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.
Probable psychosis						
No	1.00	-	1.00	-	1.00	-
Yes	3.73***	(1.79 - 7.80)	6.07***	(2.98 - 12.38)	4.96***	(2.06 - 11.90)
Obsessive Compulsive Disorder						
No	1.00	-	1.00	-	1.00	-
Yes	2.91***	1.77 - 4.80	1.20	0.65 - 2.23	0.85	0.38 - 1.91
Mixed Anxiety and Depressive Disorder						
No	1.00	-	1.00	-	1.00	-
Yes	2.86***	2.37 - 3.44	2.60***	1.95 - 3.48	2.86***	1.89 - 4.33
General Anxiety Disorder						
No	1.00	-	1.00	-	1.00	-
Yes	2.58***	2.00 - 3.32	2.02***	1.41 - 2.89	1.97**	1.18 - 3.30
Panic						
No	1.00	-	1.00	-	1.00	-
Yes	2.69***	1.53 - 4.71	1.72	0.80 - 3.70	1.13	0.31 - 4.12
Depression						
No	1.00	-	1.00	-	1.00	-
Yes	2.25***	1.61 - 3.14	2.13***	1.41 - 3.23	2.68***	1.52 - 4.73
Phobia						
No	1.00	-	1.00	-	1.00	-
Yes	2.24***	1.49 - 3.37	1.78*	1.10 - 2.90	3.08	1.68 - 5.65
Drug dependence						
Not dependent	1.00	-	1.00	-	1.00	-
Cannabis only	1.59*	1.09 - 2.33	1.55	0.92 - 2.62	1.21	0.77 - 1.89
Other drugs +/- cannabis	2.12**	1.24 - 3.63	1.80	0.92 - 3.55	2.37***	1.50 - 3.77
Alcohol dependence						
No hazardous alcohol use	1.00	-	1.00	-	1.00	-
Hazardous use, not dependent	1.06	0.89 - 1.28	1.34	0.99 - 1.81	1.42	0.74 - 2.69
Alcohol dependence	1.56***	1.56 - 1.22	1.61*	1.11 - 2.33	1.19	0.51 - 2.76

*** p<0.001, ** p<0.01, * p<0.05

Table 6.4 Social functioning correlates of non-fatal suicidal behaviour

Variable	Lifetime suicidal thoughts		Lifetime suicide attempts		Deliberate self-harm	
	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.	Adjusted Odds ratio	95% C.I.
No. of stressful life events						
None	1.00	-	1.00	-	1.00	-
1	1.81	0.93 - 3.53	1.53	0.33 - 7.06	2.00	0.22 - 17.46
2	2.38**	1.25 - 4.53	2.71	0.64 - 11.51	3.98	0.51 - 31.01
3	3.39***	1.79 - 6.41	2.62	0.62 - 11.14	6.21	0.81 - 47.48
4	4.21***	2.22 - 7.98	4.09	0.97 - 17.23	9.77*	1.28 - 74.32
5	6.35***	3.34 - 12.07	6.33*	1.51 - 26.57	9.94*	1.30 - 76.47
6 and over	9.75***	5.18 - 18.35	13.64***	3.31 - 56.16	17.74**	2.37 - 132.60
Perceived social support						
No lack	1.00	-	1.00	-	1.00	-
Moderate lack	1.35***	1.15 - 1.59	1.27	0.97 - 1.66	0.95	0.62 - 1.44
Severe lack	1.71***	1.36 - 2.16	1.48*	1.04 - 2.08	1.86**	1.16 - 2.96
Primary support group						
9 and over	1.00	-	1.00	-	1.00	-
4 - 8	1.37***	1.18 - 1.58	1.34*	1.04 - 1.73	1.72**	1.19 - 2.45
3 and under	1.48***	1.14 - 1.93	1.44	0.98 - 2.12	1.48	0.84 - 2.60

*** p<0.001, ** p<0.01, * p<0.05

7

Help seeking behaviour following suicide attempts

About half (52%) of respondents who had ever attempted suicide, said they had sought some help. Three in ten (30%) had seen a specialist medical service, such as a psychiatrist or counsellor or someone at the local hospital, a quarter (25%) had sought help from their GP or family doctor, and a quarter (25%) had asked friends or family for help.

Although it appeared that women were more likely than men to seek help, the difference was not statistically significant probably due to the low number of respondents in the subgroups. (Table 7.1)

Table 7.2 shows that respondents of different ages who had ever tried to commit suicide tended to seek help from different groups of people. Those in the youngest age group (16 to 24) were more likely to seek help from their friends and family, whereas older respondents were more likely to have been referred to a specialist service such as a counsellor or psychiatrist. (Table 7.2)

A similar percentage of respondents who had deliberately self-harmed sought help (50%). Just over a third (36%) had received medical attention, and a similar percentage (37%) had seen a psychiatrist. (Table 7.3)

Table 7.1 Sources of help following suicide attempts

by sex

	Sex		Total
	Men	Women	
	Percentage		
Source of help*			
Friend/family/neighbours	22	27	25
GP	26	25	25
Specialist medical service	25	33	30
Voluntary service	3	2	2
Someone else	3	1	2
Received help	48	54	52
Did not receive help	52	46	48
<i>Base (= Respondents who had attempted suicide)</i>	156	273	429

* Percentages sum to more than the 'Received help' total as respondents could give more than one answer.

Table 7.2 Sources of help following suicide attempts

by age

	Age				Total
	16–24	25–44	45–64	65–74	
	%	%	%	%	
Source of help*					
Friend/family/neighbours	40	22	20	[5]	25
GP	21	26	28	[5]	25
Specialist medical service	18	33	28	[13]	30
Voluntary service	-	3	3	[0]	2
Someone else	1	3	-	[0]	2
Received help	51	52	52	[14]	52
Did not receive help	49	48	48	[10]	48
<i>Base (= Respondents who had attempted suicide)</i>	48	231	126	24	429

* Percentages sum to more than the 'Received help' total as respondents could give more than one answer.

Table 7.3 Sources of help following deliberate self-harm

by sex

	Sex		Total
	Men	Women	
	Percentage		
Source of help*			
Received medical attention	28	41	36
Seen a psychiatrist	28	45	37
Received help	40	58	50
Did not receive help	60	42	50
<i>Base (= Respondents who had deliberately self-harmed themselves)</i>	71	122	193

* Percentages sum to more than the 'Received help' total as respondents could give more than one answer.

Glossary of survey definitions and terms

Adults

In this survey adults were defined as persons aged 16 or over and less than 75.

Alcohol dependence

Alcohol misuse was measured using two different instruments. First the Alcohol Use Disorders Identification Test (AUDIT) was used to assess hazardous drinking (see below). Those who scored 10 or above on the AUDIT were also asked the Severity of Alcohol Dependence Questionnaire (SAD-Q). People who scored 4 or more on the SAD-Q were considered to be dependent on alcohol.

Drug dependence

In the year prior to interview drug dependence was measured by asking all those who had used drugs in the past year a series of five questions. These covered: daily use of the drug for two weeks or more; feelings of dependence; inability to cut down; need for increasing quantities; withdrawal symptoms. For a person to be considered cannabis dependent, positive responses to at least two of these questions were required. For the other drugs (heroin, methadone, amphetamines, crack and cocaine powder) one positive response was taken to indicate a measure of dependence.

Drugs used in psychoses etc

Drugs used in psychoses and related conditions include antipsychotic drugs, including depot injections. These are also known as 'neuroleptics'. In the short term they are used to quieten disturbed patients whatever the underlying psychopathology. See depot injections. Also included in this group are antimanic drugs which are used in mania to control acute attacks and prevent their recurrence.

Economic activity

Economically active persons are those over the minimum school-leaving age who were working or unemployed in the week before the week of interview. These persons constitute the labour force.

Working persons

This category includes persons aged 16 and over who, in the week before the week of interview, worked for wages, salary or other form of cash payment such as commission or tips, for any number of hours. It covers persons absent from work in the reference week because of holiday, sickness, strike or temporary lay-off, provided they had a job to return with the same employer. It also includes persons attending an educational establishment during the specified week if they were paid by their employer while attending it, people who worked in Government training schemes and unpaid family workers.

Persons are excluded if they have worked in a voluntary capacity for expenses only, or only for payment in kind, unless they worked for a business, firm or professional practice owned by a relative.

Full-time students are classified as 'working', 'unemployed' or 'inactive' according to their own reports of what they were doing during the reference week.

Unemployed persons

This survey used the International Labour Organisation (ILO) definition of unemployment. This classifies anyone as unemployed if he or she was out of work in the four weeks before interview, or would have but for temporary sickness or injury, and was available to start work in the two weeks after the interview. Otherwise, anyone out of work is classified as economically inactive.

The treatment of all categories on this survey is in line with that used in the Labour Force Survey (LFS)

Educational level

Educational level was based on the highest educational qualification obtained and was grouped as follows:

- Degree or higher degree
- NVQ Level 5
- Teaching qualification
- HNC/HND
- BRC/TEC Higher
- BTEC/SCOTVEC Higher
- City and Guilds
- Full Technological Certificate
- Nursing Qualifications (SRN, SCM, RGN, RM, RHV, Midwife)
- NVQ Level 4
- GCE A levels and AS levels
- SCE Higher
- ONC/OND/BTEC/TEC/BTEC not higher
- City and Guilds Advanced/Final Level
- GNVQ (Advanced Level)
- NVQ Level 3
- GCE O level passes (Grade A–C if after 1975)
- GCSE (Grades A–C)
- CSE Grade 1
- SCE Ordinary (Bands A–C)
- Standard Grade (Level 1–3)
- School Certificate or Matric
- City and Guilds Craft/Ordinary Level
- GNVQ (Intermediate level)
- NVQ Level 2
- CSE Grades 2-5
- GCE O level Grades D and E after 1975
- GCSE (Grades D,E,F,G)
- SCE Ordinary (Bands D and E)
- Standard Grade (Level 4,5)
- Clerical or Commercial qualifications
- Apprenticeships
- NVQ Level 1 and GNVQ (Foundation Level)
- CSE ungraded
- No formal qualifications

Ethnicity

Household members were classified into nine groups by the person selected for interview. For

analysis purpose these nine groups were subsumed under 4 headings: White, Black, South Asian and Other.

White	White
Black–Caribbean	} Black
Black–African	
Black–Other	
Indian	} South Asian
Pakistani	
Bangladeshi	
Chinese	} Other
Other	

Family Unit

In order to classify the relationships of the subject to other members of the households, the household members were divided into family units.

Subjects were assigned to a family unit depending on whether they were or had ever been married, and whether they (or their partners) had any children living with them.

A ‘child’ was defined for family unit purposes as an adult who lives with one or two parents, provided he or she has never been married and has no child of his or her own in the household.

For example, a household containing three women, a grandmother, a mother and a child would contain two family units with the mother and child being in one unit, and the grandmother being in another. Hence family units can consist of:

- A married or cohabiting couple or a lone parent with their children
- Other married or cohabiting couples
- An adult who has previously been married. If the adult is now living with parents, the parents are treated as being in a separate family unit.
- An adult who does not live with either a spouse, partner, child or parent. This can include adults who live with siblings or with other unrelated people, eg flatmates.

Family unit type

Each informant's family unit was classified into one of six family unit types:

'Couple no children' included a married cohabiting couple without children.

'Couple with child' comprised a married or cohabiting couple with at least one child from their liaison or any previous relationship.

'Lone parent' describes both men and women (who may be single, widowed, divorced or separated) living with at least one child. The subject in this case could be a divorced man looking after his 12-year-old son or a 55-year-old widow looking after a 35-year-old daughter who had never married and had no children of her own.

'One person' describes the family unit type and does not necessarily mean living alone. It includes people living alone but includes one person living with a sister, or the grandmother who is living with her daughter and her family. It also includes adults living with unrelated people in shared houses, eg flatmates.

'Adult living with parents' describes a family unit which has the same members as 'couple with child' but in this case it is the adult son or daughter who is the subject. It includes a 20 year old unmarried student living at home with married or cohabiting parents, and a 62-year-old single woman caring for her elderly parents.

'Adult living with lone parent' covers the same situations as above except there is one and not two parents in the household.

Hazardous alcohol use

Hazardous alcohol use is a pattern of drinking carrying with it a high risk of damage to health in the future. The prevalence of alcohol misuse in the previous year was assessed using the Alcohol Use Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates likely hazardous alcohol use.

Household

The standard definition used in most surveys carried out by ONS Social Survey Division, and

comparable with the 1991 Census definition of a household, was used in this survey. A household is defined as single person or group of people who have the accommodation as their only or main residence and who either share one meal a day or share the living accommodation. (See E McCrossan *A Handbook for interviewers*. HMSO: London 1991)

Marital Status

Informants were categorised to their own perception of marital status. Married and cohabiting took priority over other categories. Cohabiting included anyone living together with their partner as a couple.

Neurotic disorders, depression or anxiety disorders

These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which are present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment.

Psychiatric Morbidity

The expression psychiatric morbidity refers to the degree or extent of the prevalence of mental health problems within a defined area.

Psychoses

These are disorders that produce disturbances in thinking and perception that are severe enough to distort the person's perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer's disease, and functional psychoses, which mainly cover schizophrenia and manic depression.

Region

When the survey was carried out there were 8 NHS Regional Office Areas in England. These were the basis for stratified sampling and have been retained for purposes of analysis. Scotland and Wales were treated as two distinct areas.

Social Class

Based on the Registrars General's 1991 *Standard Occupational Classification*, Volume 3 OPCS, HMSO: London social class was ascribed on the basis of the informants own occupation. If the informant was unemployed or economically inactive at the time of interview but had previously worked, social class was based on the most recent previous occupation.

The classification used in the tables are as follows:

Descriptive Definition	Social Class
Professional	I
Intermediate occupations	II
Skilled occupations – non-manual	III NM
Skilled occupation – manual	III M
Partly-skilled	IV
Unskilled occupations	V
Armed Forces	

Social class was not determined where the subject had never worked, or if the subject was a full-time student or where occupation was inadequately described.

Tenure

Four tenure categories were created: 'Owned outright' means bought without a mortgage or loan or with a mortgage or loan which has been paid off.

'Owned with mortgage' includes co-ownership and shared ownership schemes.

'Rent from LA/HA' means rented from local authorities, New Town corporations or commissions or Scottish Homes, and housing associations which include co-operatives and property owned by charitable trusts.

'Rent from other source' includes rent from organisations (property company, employer or other organisation) and from individuals (relative, friend, employer or other individual).