


Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



An exploration of the dynamics of suicide among women

Presented by
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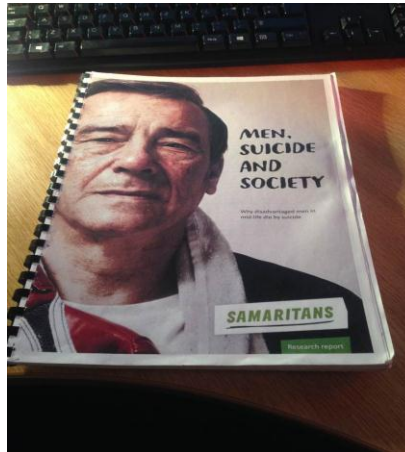
Understanding Suicide Collaborators
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HSC R&D Division of the Public Health Agency

Overview

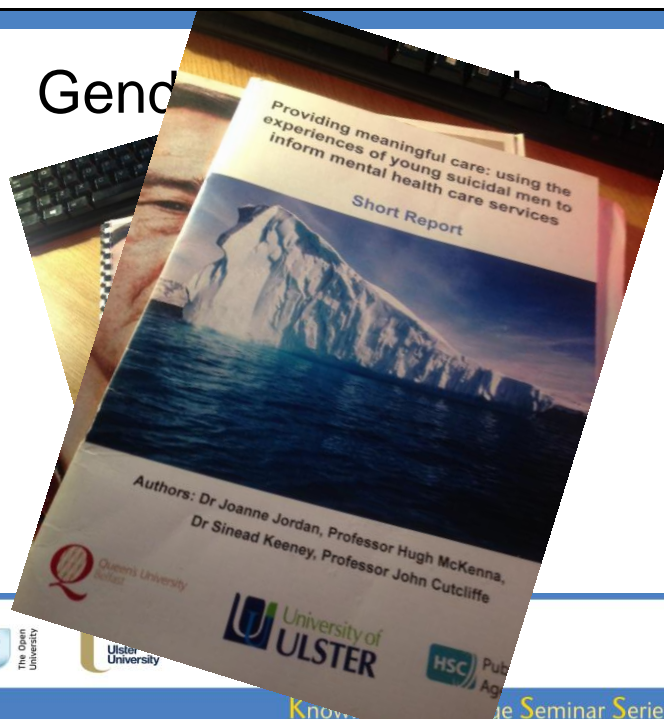
1. Current position in literature on gender & suicide
2. Research Findings
 - Quantitative data on 78 cases of female suicide
 - Social factors associated with female suicide
 - Qualitative data from family members on services
3. Summary and recommendations

Gender and Suicide

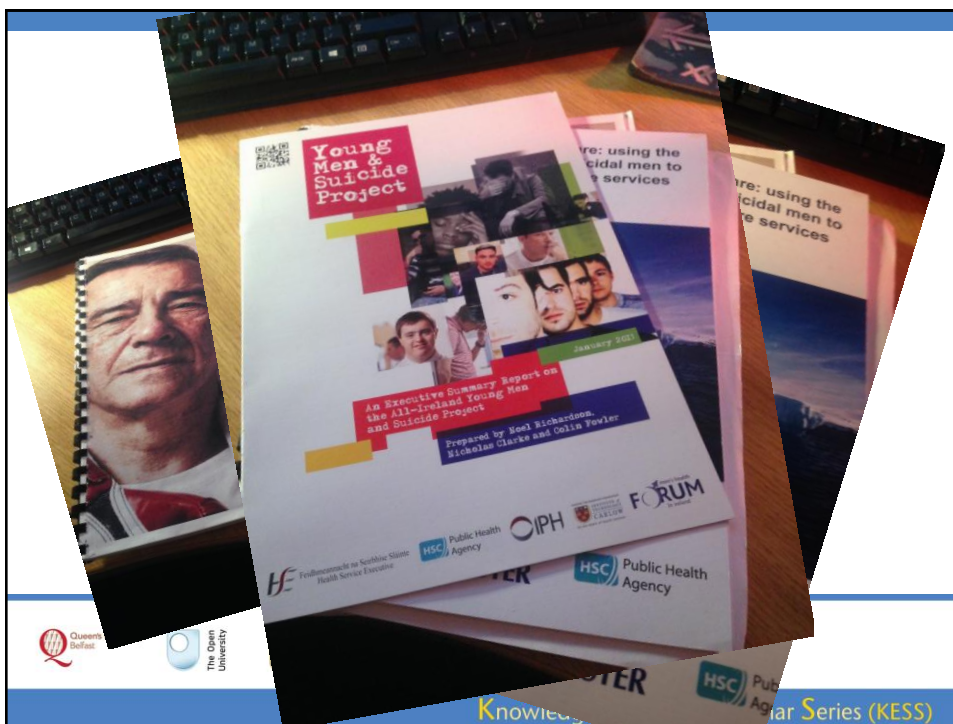


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Gender



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What's the most common thing we know about suicide among the genders?

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Men are three times more likely than women to die by suicide. This Christmas, some children will miss out on something very special – a hug from dad. Give £4 to help answer one of the 198,000 calls we will receive over Christmas.



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Irish men are four times more likely to die by suicide

Charity Console reveal 62 per cent of text line messages come from males

By LAUREN KELLY

00:01, 10 Sep 2015



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Men are more than 3 times more likely to die by suicide

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07725 90 90 90
standard text rates apply
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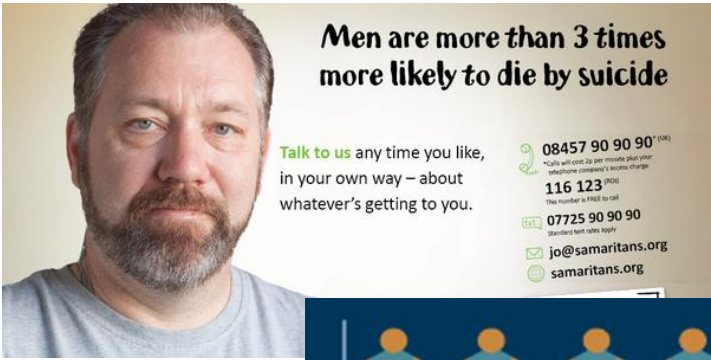


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standard text rates apply
jo@samaritans.org
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Males are **four** times more likely to take their own life

Like

What does the literature tell us about why women die by suicide?



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Suicide among the second sex

Beauvoir argues that throughout history women have been defined as the other sex, as an aberration from the 'normal' male sex

"For a long time I have hesitated to write a book on woman. The subject is irritating, especially to women: and it is not new".

Simone de Beauvoir

The Second Sex (1956)



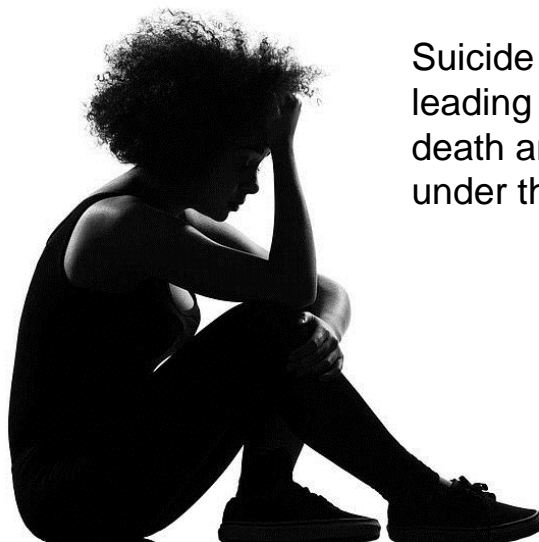
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Suicide among women

- In the literature the issue of female suicide appears lost.
- Female suicide is rarely discussed in isolation from male suicide, except when it is used to highlight particular issues among male suicide.
- Studies frequently cite high degrees of help seeking, suicide attempts.
- The seriousness of male behaviour is highlighted by drawing attention to the '*less violent*' and '*less successful*' methods used by women (Hawton 2000, Joiner 2010, Schapira *et al.* 2001).



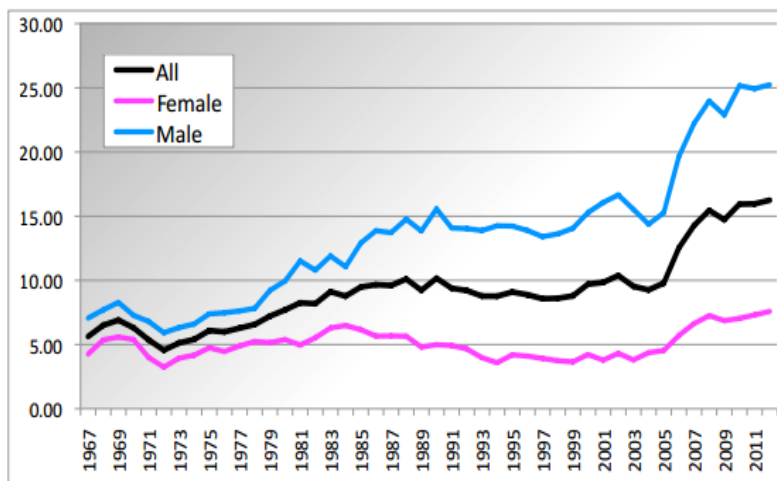
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Suicide remains a leading cause of death among women under the age of 35



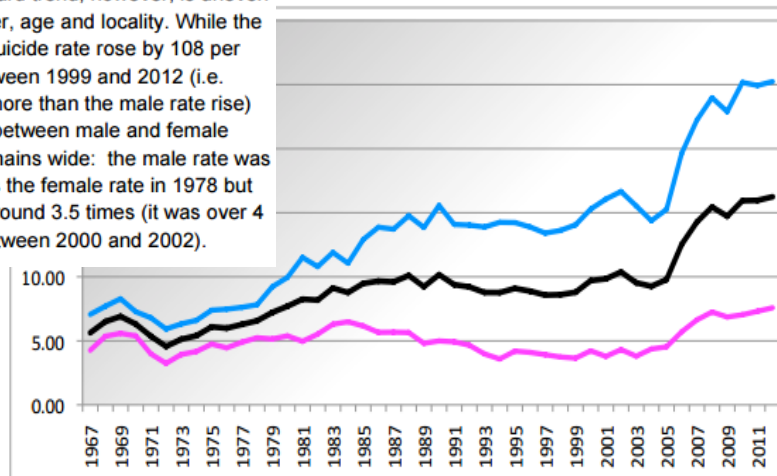
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Chart 1: N. Ireland suicide rates by gender, 1967-2012

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The upward trend, however, is uneven *rates by gender, 1967-2012*

by gender, age and locality. While the female suicide rate rose by 108 per cent between 1999 and 2012 (i.e. slightly more than the male rate rise) the gap between male and female rates remains wide: the male rate was 1.5 times the female rate in 1978 but is now around 3.5 times (it was over 4 times between 2000 and 2002).

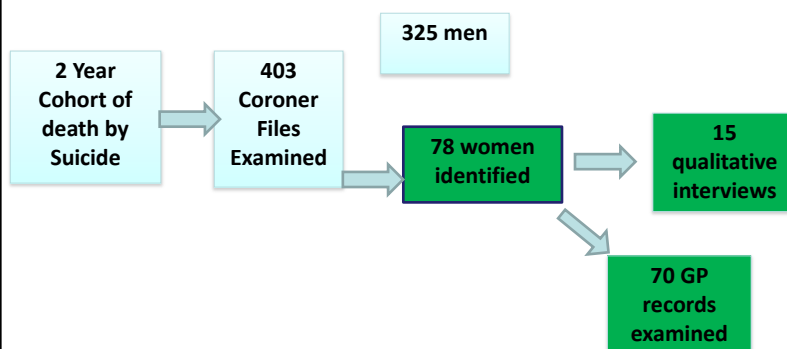


Source: Tomlinson (2012) Kess
Briefing Dealing with Suicide



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Understanding Suicide Project



The women were aged between 14 and 82 years, with an average age of 39 years.



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Levels of help seeking and mental illness

Records indicated that 69 per cent ($n = 54/78$) of cases were described in Coroner's records as having a mental health problem.

- 63 of the 70 (90%) women for whom GP records were available had attended the GP in the twelve months preceding their death
- 52 (82.5%) of these women had done so in relation to an issue related to mental health.
- 50 cases the women were receiving attention for these mental health issues at the time of their death
 - 30 (42.9%) under psychiatric care
 - 9 (12.9%) being managed by their GP
 - 3 (4.3%) awaiting assessment
 - 3 (4.3%) refused psychiatric treatment.



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Suicide outside of services

90.6% (48/53) of women aged over 25 had attended their GP in relation to emotional distress in the year preceding their death.

We were able to identify ten women who had never sought help for emotional distress from their GP, accounting for 13% of the female cohort.

This group were distinctly younger than the cohort as a whole (ranging from 14-22 years, average age 17.5 years). It is hard to speculate on the reasons they did not attend.



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When we were going through her stuff after the death we had found a confirmation form from school that she had made an appointment with the school counsellor...But she hadn't actually made it to the appointment. The appointment was for the next day or later on that week. That was all. At that age I don't think she would have known where else to go for help. I don't think she would have understood her own feelings, maybe...or maybe known to come to ask us because she probably didn't understand why she was feeling the way she was feeling.

Father



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Analysis of contributing factors

	<25	25-44	45-64	>65	Total
Bereavement (Incl. Bereavement by Suicide)	5 (30%)	10 (30%)	9 (45%)	2 (28%)	26 (34%)
Motherhood	4 (24%)	16 (47%)	3 (15%)	2 (29%)	25 (32%)
Sexual Assault	4 (24%)	9 (27%)	7 (35%)	-	20 (26%)



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Issues hidden in GP records

It came out that she had been sexually abused, which I knew nothing about when we got married...and I spoke to her family about it and her family said that this didn't happen, it was supposed to be by another member of her family, and that she had made it up. So there was a lot of issues going on there. She probably, I would say, attempted suicide on six or seven occasions before it (the death) actually happened.

Husband



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Capturing the complexity of a death by suicide

But there was that big a combination of events at that time. My wife was being bullied at work, her father had died, we had been broken into and burgled and she had lost her wedding ring and her mother's wedding ring, she was going through the change of life. I had a whole catalogue of explanations for the doctors and none of them probably was the right one.

Husband



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Engagement with services

I don't think giving all these drugs helps, you know. I thought with the psychiatrist, they have to come and talk to you and try and sort out what the problem was. But they come and they talk to you and we'll give you this medication, we'll give you that medication, another drug and we'll give you another one and another one. she was on about four or five different medications....Like I said, I'm not educated, I thought if you could talk to people more. Like every time we went to see the psychiatrist we had fifteen minutes, that's all you got.

Husband 01

There was no therapy or none of that. It was an appointment every six months. To me, it was pitiful. The hard work that I had and her GP had getting her to go and see a psychiatrist.

Husband 02



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Reluctance to re-engage

We knew that she was feeling suicidal; she had said that. ... I asked her about going to the GP and getting medical help and all that, she didn't want that and I didn't push it, because I guess, having visited her years back in (...) and (...), they're not nice places and she had no faith in the medical profession, which is quite driven by medical intervention, clinical, they put you on tablets. I do believe that's still the case, even working in the health service. She didn't want that...

Sister 02



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Summary

Research into gendered aspects of suicide have increased over the past decade.

Female suicide is rarely discussed in isolation from male suicide.

The majority of women in this study sought help from health services in the twelve months prior their death and many were engaged with mental health services.

Young women were less likely to have sought help prior to their deaths.



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Summary

Using multiple data sources and qualitatively driven analyses demonstrated that is possible to draw out particular social issues associated with female lives that can be linked to suicide.

Three dominant themes were found in the lives of these women, these include bereavement, motherhood and sexual assault.

Families expressed dissatisfaction with the mental health services their relatives were offered.



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Recommendations

We remain concerned about the lack of visibility of female suicide within the Northern Ireland context. It is potentially discriminatory to the female gender that their deaths have not been explicitly responded to within a policy context.

We suggest that analysing the lives of women who die by suicide using methods that focus only on mental ill health excludes the social nature of their distress and is unhelpful to practitioners and policy makers.



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Recommendations

A broader range of analytic approaches is needed to counter the ways in which women's experiences are made invisible in public health policy.

Further qualitatively driven analyses, especially around suicide attempts and service use, would enhance our understanding of how women come to die by suicide.



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