



Fact sheet 7

Mental illness, life events and suicide



It is not possible to explain suicide as having a simplistic one to one relationship with mental illness, although mental illness is a significant risk factor for suicide.

This fact sheet provides a brief summary of the links between mental illness and suicide.

The link between mental illness and suicide

Many people who live with mental illness do not display suicidal thoughts or behaviour and not everyone who takes their own life has a mental illness. It is therefore not possible to explain suicide as having a simplistic one to one relationship with mental illness.

The term mental illness describes a group of illnesses where people may show irrational behaviour, disturbed mood, poor judgement, abnormal perceptions or thoughts, disturbed emotions and ability to relate to others, and inability to cope with life events. The severity of mental illness may range from being brief or episodic, to being persistent and disabling. Mental illnesses, including anxiety and mood disorders, should be diagnosed by a qualified mental health professional.

Some mental illnesses are associated to some degree with suicidal behaviour and/or suicide:

- The strongest links are with clinical depression, bipolar disorder, schizophrenia, alcohol or other drug abuse, borderline personality disorder, and behavioural disorders in children and adolescents (eg conduct, oppositional).
- Suicide is a more common cause of death among people with schizophrenia and mood disorders than the general population, and the risk for suicidal behaviour is more marked if the person has more than one mental illness.
- People with mental illness are at particular risk of suicide immediately following discharge from psychiatric in-patient care or emergency departments, especially if the person has previously been suicidal or was an involuntary admission, and where they live alone or are exposed to work stresses.



To assist these people post-discharge, it is therefore important to provide thorough treatment of the circumstances that led to the admission, management of work and other stresses, improved follow-up and ongoing assessment of suicide risk.

- People diagnosed with depression may in the early phases of recovery be at increased risk of acting upon their suicidal ideas due to a delayed response to treatment. It is therefore important to educate individuals, family and carers about this and how to minimise the risk until the patient's mood recovers and the suicidal ideas abate.

The link between mental illness and suicide, and other social circumstances and life events

Evidence suggests that there is a complex, circular relationship between mental illness, social and economic circumstances, responses to stressful life events and other risk factors (such as having a biological relative who died by suicide) and suicidal thoughts and behaviours.

Having a mental illness may give rise to stressful situations or events that exacerbate suicidal thoughts. For example, a person in a manic state may overspend or make reckless decisions, while someone who has a personality disorder may act in ways that throw their relationships into turmoil.

Suicide attempts and life events are strongly linked. A negative life event can trigger suicidal behaviour in some people. In one study, people who attempt suicide reported four times as many negative life events as the general population, and depressed patients reported high levels of negative life events before the onset of their depression. Although many people who take their own life or self-harm do so in response to critical events, most also have predisposing social or mental health risk factors.

Treatments to reduce suicide risk

When assessing and responding to each person's situation, biological, psychological, familial, and socio-cultural factors need to be taken into account. These include:

- providing the right treatment for people with mental illness reduces suicide rates in these groups. Treatments include medication, counselling, therapy and social support, or a combination of these. If the illness is particularly severe or the person is unsafe, admission to hospital is an option.
- anti-depressant medications, such as those that influence serotonin levels in the brain, have been shown to reduce suicidal thoughts and behaviours. There has been some controversy about the use of anti-depressants, especially in children and adolescents, with some authorities suggesting that these drugs have limited effectiveness and may actually increase suicidal thinking and behaviours for a small group of children and adolescents (and adults). However, the evidence suggests that the benefits of these drugs outweigh the risk.

There is also evidence that providing a sense of caring, better social connectedness and creating a secure, safe and empathetic environment for those who have a mental illness or are feeling suicidal can reduce suicidal behaviours.

It is important to find the right treatment and assistance including having a trained team of health professionals who understand the person's condition and circumstances, and who will assist in providing the best care and support.

More information

- Australian Centre for Posttraumatic Mental Health (ACPMH) – trauma related research, policy advice, service development and education: www.acpmh.unimelb.edu.au
- beyondblue, the national depression initiative: Ph: 1300 22 4636; www.beyondblue.org.au
- Black Dog Institute – educational, research, clinical and community-oriented facility specialising in depression and bipolar disorder: www.blackdoginstitute.org.au
- depressionNET – resources to locate help and healthcare professionals and information about causes, symptoms and various treatment options for managing depression: <http://depressionnet.com.au>
- Lifeline – 24 hour crisis counselling available across Australia: Ph: 13 11 14; www.lifeline.org.au
- *Living Is For Everyone (LIFE) – A Framework for Prevention of Suicide in Australia* (2007). Commonwealth Department of Health and Ageing: Canberra.
- *Living Is For Everyone (LIFE) – Research and Evidence in Suicide Prevention* (2007). Commonwealth Department of Health and Ageing: Canberra.
- Mental health & well being – information on the Australian Government's role and contributions to mental health reform activities in Australia: www.mentalhealth.gov.au
- Mental Health Council of Australia – information and resources for the Australian mental health sector: www.mhca.org.au
- SANE Helpline – offers a wide range of information on mental illness and suicide prevention: Ph: 1800 18 SANE (7236); www.sane.org
- Suicide Prevention Australia (SPA) – public health advocacy in suicide and self-harm prevention, offering information and resources about suicide in Australia: www.suicidepreventionaust.org