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Are we limited in the ways we can discuss suicide? It is not just a mental health problem – it's a social, ethical and political issue too.

by [Ian Marsh](#) ^[2] Published 5 August, 2014 - 12:02

What began with the financial crisis has had far-reaching consequences for many lives.

Earlier this year the Department of Health published “Preventing suicide in England: One year on ^[3]”. As well as the usual statistics – a breakdown of suicides in England by age, gender, means, etc. – there was also the following statement:

There have now been a number of studies demonstrating an association between the areas of England worst affected by unemployment during the recent financial crisis and increased suicide rates. Between 2008 and 2010, there were approximately 800 more suicides among men and 155 more among women than would have been expected based on historical trends. This was supported by a recent review of the international impact of the global economic crisis.”

Although there have been a few newspaper reports on the rise in rates of suicide in countries affected by the financial crisis (most notably Greece) little has really been written or said on the relationship between the “global economic crisis” and the increase in self-inflicted deaths that have resulted. We might wonder why that is. Partly it may be a question of how suicide itself is generally thought about. There is a history of stigma and shame attached to the death that persists which makes it a topic not easily discussed in public (although somewhat sensationalist reporting still goes on – MailOnline seems to find it hard to not report on suicides which contain an element of scandal or intrigue). Beyond that, however, there are also issues around who gets to speak about suicide, and in what way.

The study of suicide is now, for the most part, a self-consciously scientific venture. Neutrality and objectivity are highly valued within the academic field of suicidology, and as a consequence anything which veers towards “opinion” tends to get marginalised. Additionally, the field is dominated by psychiatrists and psychologists who adhere to a fairly rigid style of thought which reads suicide as an issue primarily of individual mental health – the dominant idea being that people who kill themselves are mentally ill. Taken together these result in fairly restricted, and restricting, ways of talking about the subject.

These assumptions or ways of thinking about suicide have come to be inscribed in media guidelines to editors in the form of “best practice suicide reporting tips” (such as those produced by the Samaritans) and codes of practice (like the Press Complaints Commission’s). While the rationale for careful and responsible reporting is hard to fault, there are, perhaps, unintended consequences, again around the limited ways we are now able to discuss suicide. In particular, it has become difficult to raise concerns over possible associations between social changes and deaths by suicide.

Reporters and editors are encouraged to frame the issue in terms of individual mental health, so nearly a thousand “additional” deaths by suicide in England in a two year span barely get a mention, let alone serious analysis. Attempts to link suicides to “austerity” measures and hardship (eg the webpage calumslip.org which documented suicides where there was a clear link to welfare cuts) are met with short shrift in certain elements of the media. Brendan O’Neill in the *Telegraph* (“This exploitation of suicidal people is a new low for campaigners against welfare reform”) described a suicide as “the act of someone in a fevered, unstable state of mind” and that “to exploit such psychologically disturbed behaviour for political ends... is politics of the most depraved variety”.

Despite such sentiments I would still argue that if suicide is a problem it is as much a social, ethical and political issue as a mental health one. We now define and explain suicide almost solely in terms of individual mental illness and risk and as a consequence such deaths are mostly understood as private, individual events largely divorced from questions of social justice. In short, suicide remains outside of politics (although I would also argue that to frame suicide only as an

issue of individual mental health is not ethically neutral – it is itself a political act).

Addressing the ethical, social and political dimensions of suicide, though, would mean contesting certain dominant ways of thinking and writing about the issue. Framing suicide as a question of social justice would involve accepting that it is almost always more than the result of an individual mental health problem, and that narrow, reductionist psychological and psychiatric explanations, however authoritatively or “scientifically” expressed, place limits on our responses. Accepting that suicide is as much a social justice issue as a mental health one would require a substantial change in the way we think, but it would open up new possibilities for action – ones that were maybe more collective and politically-informed. Despite the challenges involved in such a reframing of the issue, I think that would be a better approach than letting nearly a thousand “more than expected” deaths pass without comment.

If any of the content of this story affects you, Samaritans are available to talk 24 hours a day, 365 days a year. [4]

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