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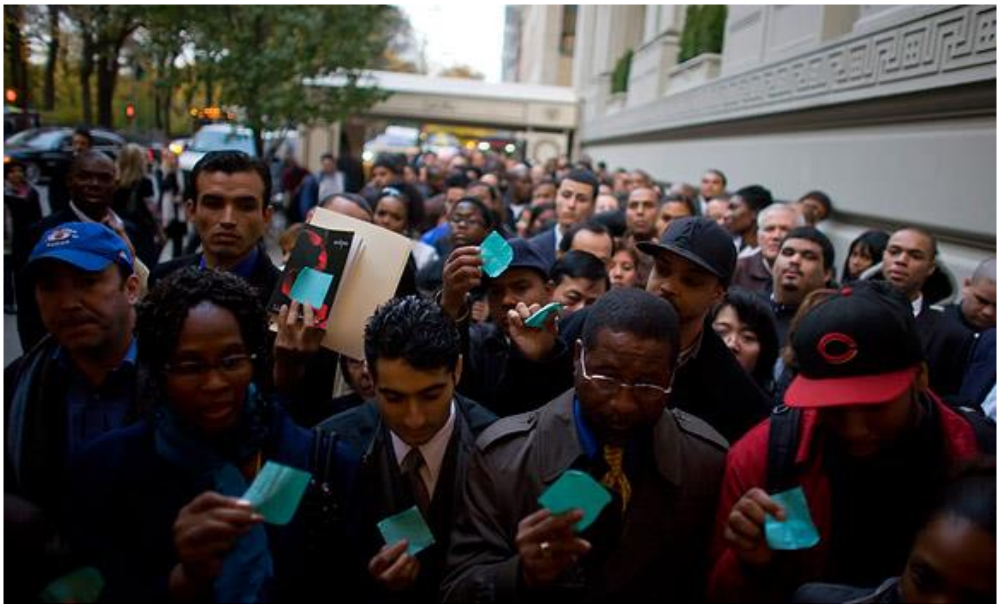
Desperation Economy

by Jocelyn Hanamirian Feb 06, 2009

Rising unemployment and home foreclosures may soon be reflected in the nation's suicide rate.



Hundreds line up for a job fair in New York last November. Rising unemployment and home foreclosures may increase the suicide rate, health care professionals say.

As the nation's unemployment rate climbs—it jumped another four-tenths of a percent last month, when employers culled 598,000 jobs—some mental-health experts worry that we may see a corresponding rise in suicides.

Anecdotal evidence of the problem has been around for months, from the suicide of French aristocrat and Madoff victim Rene-Thierry Magon de la Villehuchet to the murder-suicide committed by a laid-off man in Southern California.

But experts have been split about whether suicides overall are really on the rise. Empirically, it's too early to tell, because national statistics for 2008 won't be available for another three years. But given the preliminary data and historical trends, health experts do fear that the recession's toxic mix of stressors—unemployment and home foreclosure—will be reflected in the nation's suicide rate.

Historically, the suicide rate has been linked to the unemployment rate rather than the stock market, investment frauds, or other financial phenomenon, says Dr. Lenny Berman, executive director of the American Association of Suicidology.

During the Great Depression, for example, the peak unemployment rate, 25 percent, coincided with an increase in the suicide rate. As joblessness spread, 17 persons for every 100,000 in the population took their own lives, up from 14 before the Depression. (According to the Center for Disease Control, the suicide rate for 2005, the latest year this information is available, was 11 persons for every 100,000, or a total of 32,637 deaths.)

"Any time there is a significant life stress that threatens the every day functioning of an individual and their ability to cope there is always an increase in the risk of suicidal thinking and behavior," said Dr. Berman.

"In general," he added, "we will expect to see an increased rate of suicide if the recession is prolonged. The Great Depression had a great affect on unemployment and suicide. Subsequent recessions were not as lengthy and did not have the same observable affect on suicide. This current recess threatens to be longer than any recession we've had since the Great Depression."

Calls to the National Suicide Prevention Lifeline in 2008 rose 36 percent from 2007, and employee assistance providers, which offer counseling as part of an employee's health plan, have reported a dramatic increase in calls related to depression and financial concerns.

While those changes occurred as the economy was sinking and unemployment rising, John Draper, director of the National Suicide Prevention Lifeline, said that the increase wasn't entirely due to the financial crisis. Growing public awareness of the line and the expansion of services to veterans contributed to the increase, he said.

Indeed, establishing a clear causal relationship between the economy and deaths is difficult. Mental health professionals caution against extrapolating trends from a few high-profile examples and against assuming that the slump alone—or even primarily—could be responsible for a significant change in the suicide rate.

After all, 90 percent of people who die by suicide have pre-existing psychiatric disorders at the time of their death, according to the American Foundation for Suicide Prevention. But the loss of a job or a home may be enough to push some people into despair.

"Financial crises that affect individuals certainly can act as triggering factors for suicide attempts," said David Litts, associate director of prevention practice at the Suicide Prevention Resource Center. "Usually the people who are affected by financial stress are people who have other underlying vulnerabilities, even though when they're not stressed they function pretty well. But when the crisis hits, they feel hopeless, humiliated, and in despair. They don't have the resiliency that is required to get them through a particularly stressful situation."

Still, Draper reported that the National Suicide Prevention Lifeline does have anecdotal evidence from crisis centers across the country that calls linked to the financial concerns have increased.

One of these centers, serving Palm Beach, Florida, and four surrounding counties reported an 87 percent increase in calls related to suicide over the past year, with almost three times as many callers contemplating suicide because of financial distress.

At the top of the list of callers' concerns were worries about homelessness or home foreclosure. In 2008, more than 2.3 million Americans faced home foreclosure proceedings, an 81 percent increase from 2007.

Oregon's suicide prevention line, Oregon Partnership, recorded a 55 percent increase in calls over the past year. Director Leslie Storm said callers have also been mentioning job and money concerns increasingly in the past few months.

This stress is being translated to the workplace—if not around the water cooler, then in calls to counselors available through employee assistance programs.

Aetna Behavioral Health, a program provider, experienced a 55 percent increase in the third quarter of 2008 for calls relating to financial stress over the same quarter in 2007, a 12 percent increase in reported anxiety and panic disorders, and a 7 percent increase in reported depression.

"I think anxiety as much as depression is a featured element in a lot of the phone calls, and that's kind of unusual," said Louise Murphy, head of Aetna Behavioral Health. "You're going to bed at night and you've just turned on the 10 o'clock news and unemployment is up, and that anxiety starts to wash over them."

Mary Tavarozzi, a principal at Towers Perrin, a healthcare consulting group, said that employers are responding to the recession by actively advertising the counseling services available under certain healthcare plans. Some have even asked healthcare providers place a counselor on a job site a few times a week, or have made outside experts on financial planning available to their workers.

Over the next few months, the Samaritans of New York, a suicide prevention group and crisis line for New York City and the New York State Office of Mental Health will be strategizing how corporations can play a more active role in suicide prevention, said Samaritans director Alan Ross.

"The government and Congress and president are focusing on rescue and working to rebuild the financial credit and industrial structures of this country," Ross said. "No one's talking about rebuilding the emotional and well-being of the public that is just as affected as the economy."

Reaching out to friends, family, and counselors can ease the sense that one is isolated in a problem and reduce an individual's suicide risk, says Dr. Yeates Conwell, co-director of the Center for the Study and Prevention of Suicide at the University of Rochester Medical Center in upstate New York. Helping people gain perspective of their situation, he said, is integral to suicide prevention.

"The good side of the story is that it's happening to the great majority of the country," Dr. Conwell said. "We all need help coping with circumstances like that. The people who have access to help externally or internally will be able to cope better. And the people who don't will then develop the clinical conditions that may increase their risk tremendously for things like clinical depression and alcoholism."

As Berman of the Association of Suicidology remarked, "Recessions do end, and people who are affected need to make it through to survive and recover."

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