



(infoEXCHANGE)

By the Numbers: Suicide Costs and Other Stats

By Robert Olson, Librarian, BA, MLIS



A single death is a tragedy. A million deaths is a statistic. - Quote, possibly apocryphal, attributed to Joseph Stalin.

Regardless of the author, the above quotation is chillingly perceptive. Human suffering on a grand, mind-boggling scale always has the potential to become simple data, and intimidating, massive numbers can effectively reduce an individual's pain to a mute tally-mark.

Realistically, however, people need figures and facts to truly grasp the enormity of a given situation. The most common request we receive at the library is for statistics on suicide. Ultimately, the public has to have an awareness of this more general information in order to allow for a more substantive understanding of the specific issues regarding suicide.

One goal of this column has been to identify various groups of people who are affected by suicide such as teens, prisoners, new immigrants, and other at-risk groups. A second goal has been to tackle specific topics like the relationship between alcohol dependency and suicide, or the obstacles involved in broaching the topic of suicide in non-mainstream cultures.

We have tried to inform our readers and to initiate and maintain meaningful dialogue about these suicidal issues.

At the same time, we have striven to give these issues a human face and to emphasize that, behind the statistics, there are individual, flesh and blood folks dying.

Still, we need the numbers, as statistics are absolutely crucial in conveying the magnitude of the problem. We need to view these sometimes heartless, faceless numbers as serving this greater purpose, and avoid reducing them to abstract figures. For example, the shocking rates of suicide in the Aboriginal community, or the little-known fact that middle-aged men kill themselves more than any other demographic, need to be cited and shouted out. In our quest to magnify the issues, we need the numbers to back us up.



Let's begin with some basic statistics of suicide:

- World Health Organization estimates (2011) that there were **one million suicides** worldwide, and a “global” mortality rate of **16 per 100,000**. This is more than all casualties of armed conflicts across the globe. <http://bit.ly/Y20Qgv>
- There were **38,364** in the United States in 2010. <http://1.usa.gov/Z61ivE>
- In Canada, in 2009, there were **3,890** deaths by suicide. This number was greater than all homicides and, in some areas, was a larger number than traffic fatalities. <http://bit.ly/U0pCLr>

These numbers are, indeed, unfathomable.

While most of us are emotionally affected by these statistics, others respond more viscerally to terms of dollars and cents and the financial impact that suicide has on “the bottom line.”

The question is thus raised of how much, in economic terms, do suicides cost our nation?

Some studies report that mental health issues cost Canada upwards of **\$51 billion** a year, and these figures may not even account for less calculable illnesses such as depression and anxiety. (See this bulletin of costs of mental illness done by the Canadian Mental Health Association <http://bit.ly/UGkl9e>)

While depression and other forms of mental illness are undeniable high risk factors for suicide, a prevalent methodology of calculating the cost of suicide involves categorizing it in effective isolation with general **injuries**. This method can be problematic because it does not explicitly acknowledge the underlying role that mental illness can play in **intentional injuries**.

Following is a great example of how suicide is often analyzed with injuries such as **falls, drowning** and other **unintentional injuries**. In 2004, a major study of the cost of injury in Canada was undertaken <http://bit.ly/RtNkQZ>. Smart Risk, the agency responsible for the study, calculated the figures using the standard practice of presenting **direct** and **indirect** costs. The **direct costs** refer to the health costs arising from injury. The indirect costs are those that are accrued over time from reduced productivity due to hospitalization, disability, rehabilitation and premature death (SMARTRISK, 8). Although suicides and self-harm are intentional injuries, they most certainly include both direct and indirect costs.

In this study, suicide and self-harm were found to be the leading cause of all injury deaths. The staggering **3,616** deaths accounted for **12%** of all costs attributable to both intentional and unintentional injury, the cash equivalent an incredible **\$2.4 billion**.

Examples of **direct costs** include: all the goods and services used for the **diagnosis, treatment, continuing care, rehabilitation**, and



terminal care of people experiencing a major illness or impairment. In the case of a suicide, services for **ambulance, police investigation, hospital, physician, autopsy, funeral and cremation** are direct costs. If it is attempted suicide, but not completed, other costs may include **counselling, rehabilitation and drug treatments** (SMARTRISK, 8).

Indirect costs are **productivity losses** that society must bear over time; they can be thought of as **discounted future earnings** due to **potential years of life lost**. If a suicide is not completed these costs can also include: **informal care, social welfare costs**, and costs due to **homelessness or unemployment** (SMARTRISK, 8).

Here are some findings of the cost of suicide in other reports:

- A study in New Brunswick in 1996 found the cost of suicide per death to be **\$849,877.80** (Clayton, 93).
- In 2000, the cost of total suicides in the U.S. was estimated to be **\$12.4 billion** in lost wages and productivity for approximately **30,000** suicides (Center for Disease Control, 46).
- In 2002 in New Zealand, the cost of **460** nation-wide suicides was **\$206,192,000**, and the cost for **5095** attempted suicides was **\$238,531,000** (O'Dea, ix).

(I am sorry that I do not have enough space for a detailed account of how these figures were derived in each study. I do, however, encourage you to take the time to investigate these documents.)

Unfortunately, yet unsurprisingly, there is no universal, codified method in place to ensure consistency of data use and estimation across each study. This is especially pronounced when factors such as expenditures due to mental illness are taken into account for those who survive a suicide attempt. Some may complete a suicide after more attempts, while others may fully recover and cease to require further public funds. However, the considerable expenses incurred by a suicide or an attempt remain indisputable.

A large number of studies on the subject of the cost of suicide make the case that suicides are a definite financial drain on society.

There are others, Lester and Yang for example, who provocatively argue that suicides may, in fact, provide an economic benefit to our nation. Premature deaths would certainly help us save some cash on treatment for depression, and victims with psychiatric disorders would not have to be paid pensions or have nursing care provided for them (Lester and Yang, 352).

From their purely pragmatic perspective, I declare: fair enough. I must further declare, however, my belief that their ultimate aim in writing their paper was to illustrate the obvious folly of using economic considerations as the motivation for suicide prevention. Conversely, they argue that when suicide is addressed from a humane, as opposed to purely pragmatic perspective, this, too, will cost money.



Predictably, I agree that the expenditures which really matter are those that are considered **human** or intangible costs. These bills are virtually impossible to quantify, and include individual costs such as the unbearable suffering caused when one loses a loved one to suicide. This could also include the wide-reaching effects that a spate of suicides can have on an entire community.

These are the costs that really count. But because they cannot be measured, they are not so effective in communicating the severity of the problem.

This is where the facts and stats of suicide are essential.

When financial data and general statistics are used in combination to describe a population in a more detached and depersonalized way, the positive, paradoxical effect is that it ultimately helps the individual at risk.

The numbers help those of us in suicide prevention or suicide reduction articulate the extent of the crisis to those in power. It is here, at the policy-making level, where the figures cease to be abstract data and become real catalytic facts. This is where profound improvements to funding allotments for mental health programs can be made. It can also be where initiatives such as a national policy on suicide can be implemented.

It is at this level where a potential thousand lives **saved** could cross the statistical threshold and become a real and tangible accomplishment.

We encourage your feedback and participation in the conversation of this topic.

Do you have any particular views on the issue?

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