

Social Determinants of Suicide

AN UMBRELLA REVIEW

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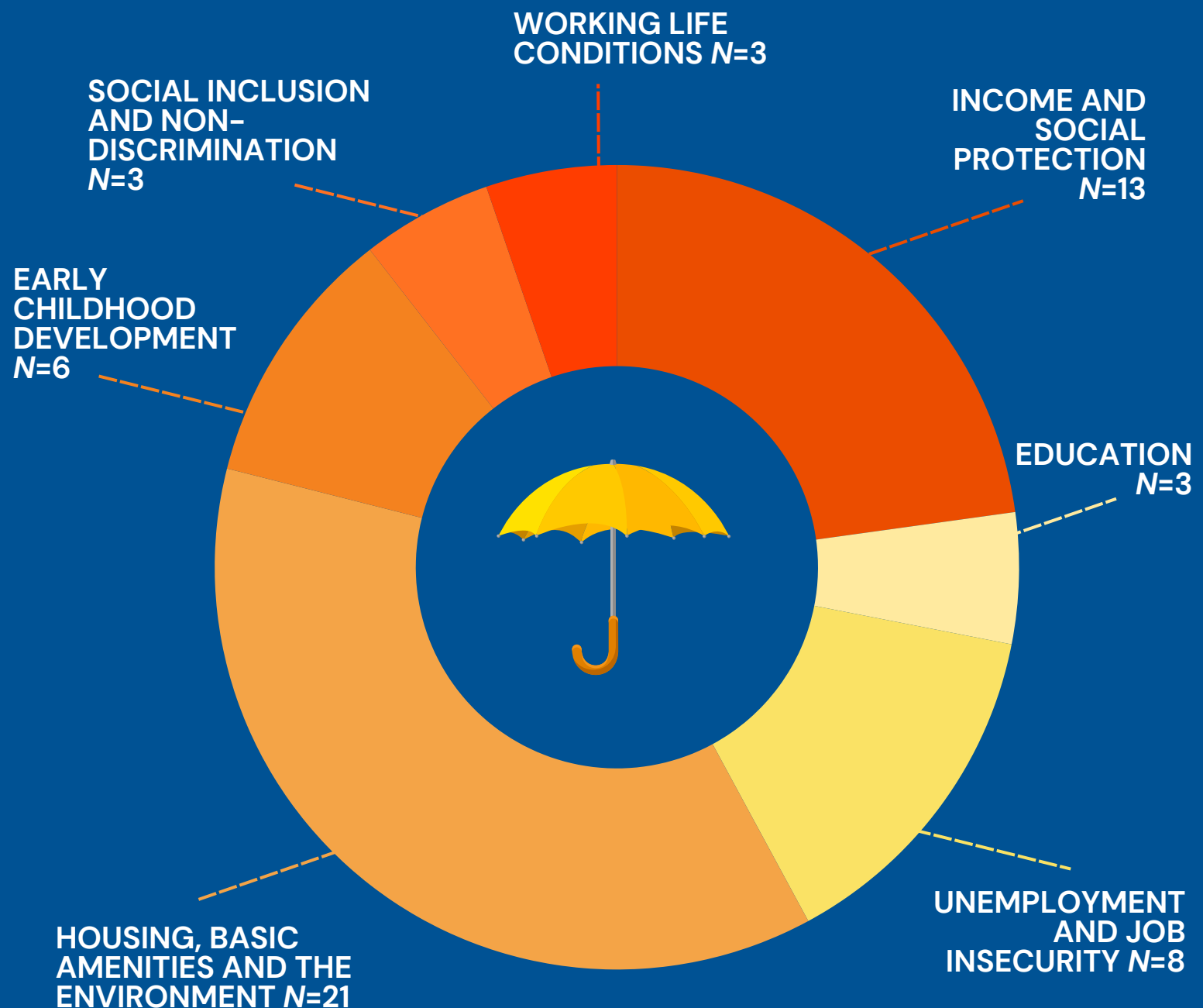
REVIEWS

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OUT OF 10 SOCIAL DETERMINANTS



- This umbrella review examined the link between 10 WHO-defined social determinants of health and suicide mortality.
- A systematic search across PubMed, CINAHL, Web of Science, Scopus, PsycINFO, and Embase identified 49 reviews (25 meta-analyses, 24 systematic reviews).
- Most studies (38 out of 49) were rated as poor quality, with only 11 considered moderate or high.
- This highlights the need for higher quality research to better understand the impact of social determinants on suicide.



NO REVIEWS PUBLISHED ON: FOOD INSECURITY, STRUCTURAL CONFLICT AND ACCESS TO HEALTHCARE

Key Findings

THIS UMBRELLA REVIEW EXAMINED THE LINK BETWEEN 10 WHO-DEFINED SOCIAL DETERMINANTS OF HEALTH AND SUICIDE MORTALITY.



UNEMPLOYMENT AND JOB INSECURITY

Unemployment is associated with suicide mortality with interventions, such as unemployment benefits and active policies, acting as a mitigating factor.



INCOME AND SOCIAL PROTECTION

Living in disadvantaged areas, periods of economic downturn, low income, financial stress and debt are associated with the risk of suicide.



EDUCATION

Lower levels of education are associated with an increased risk of suicide. Low maternal education level may also increase risk of suicide.



WORKING LIFE CONDITIONS

Research is limited on the association between working life conditions and suicide mortality.



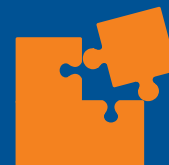
HOUSING, BASIC AMENITIES AND THE ENVIRONMENT

Air temperature, pollution and natural disasters were associated with suicide risk but evidence was generally weaker and suffered in terms of methodological quality.



EARLY CHILDHOOD DEVELOPMENT

Childhood adversity, particularly involvement with child welfare services, and state care was associated with an increased risk of suicide in adulthood.



SOCIAL INCLUSION AND NON-DISCRIMINATION

Social inclusion may have an impact on suicide mortality, however it is apparent that additional research is needed.



POLICY IMPLICATIONS:

Need for population-based suicide prevention strategies and further high-quality research on the impact of social determinants on suicide and self-harm.



RESEARCH NEEDS

High-quality studies are needed on long-term links between social determinants and suicide.

TAKEAWAYS

MAY OPERATE VIA INTERMEDIATE RISK FACTORS SUCH AS **SUBSTANCE MISUSE, RELATIONSHIP DIFFICULTIES, POOR MENTAL HEALTH, POOR PHYSICAL HEALTH.**

SOCIAL DETERMINANTS APPEAR TO HAVE A **MODEST EFFECT** ON SUICIDE MORTALITY.

STRONGEST EVIDENCE LINKS **INCOME, SOCIAL PROTECTION, UNEMPLOYMENT, AND EARLY CHILDHOOD DEVELOPMENT** TO SUICIDE RISK.

RESEARCH GAPS

No studies addressed food security, structural conflict, and access to healthcare.

