

Professor Stephen Platt



Stephen Platt is Professor of Health Policy Research in the Centre for Population Health Sciences at the University of Edinburgh, Scotland, UK. For over 30 years he has pursued a research interest in mental health and suicidal behaviour, co-authoring many publications on social, epidemiological and cultural aspects of suicide and self-harm. He has been particularly concerned with the influence of labour market conditions (and related inequalities) on the incidence of suicidal behaviour and with the challenges of developing evidence-informed strategies and approaches to suicide prevention. He contributed to the development of *Choose Life, a National Strategy and Action Plan to Prevent Suicide in Scotland* and led a consortium of researchers who undertook a formative evaluation of the first phase of the strategy. He serves as a member of the Scottish Government National Suicide and Monitoring and Implementation Group. He is also involved in policy development and analysis relating to public mental health and mental health improvement, and has extensive experience of successful collaboration with policy planners and practitioners working in these areas. He has published on conceptual and methodological aspects of positive mental health and well-being and is co-developer of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). He is a trustee of UK Samaritans.

Inequalities in suicidal behaviour: evidence and implications for suicide prevention

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Abstract

Over the past two decades there has been a convergence of approach to public health policy in Europe. In addition to promoting overall population health gain, there has been a growing commitment to tackle health inequalities, typically defined in terms of socio-economic differentials in morbidity or mortality but also in relation to variation by socio-demographic characteristics. Given the evidence of inequalities in suicide risk, it is therefore surprising that most national suicide prevention strategies have concentrated almost exclusively on reducing the overall level of suicide and have tended to neglect an inequalities dimension. In this presentation I will review findings on variation in suicide risk at several levels: individual (by gender, age, ethnicity/race, socio-economic position); community/area (by level of socio-economic (dis)advantage); and societal/cultural (comparing high-income countries with low- and middle-income [LAMI] countries). I will summarise the empirical evidence about inequalities in suicide risk, highlighting trends over time. In respect of socio-economic inequalities, I will show that, while there is strong epidemiological evidence of socio-economic inequalities in suicide among individuals and between geographical areas, area-level variation is more plausibly explained by compositional effects than by contextual effects. With regard to variation at the societal/cultural level, I will show that psychiatric illness is a potent risk factor for suicide, especially among men, in LAMI countries as well as high-income countries, although actual prevalence of psychiatric illness may be lower in many of the former, e.g.

~60% in China, compared to the latter (typically ~90%). Other risk factors for suicide, found in high-income and LAMI countries, are youth/older age, low socio-economic status, previous suicide attempt, recent stressful life events, and ready access to means of suicide. In some LAMI countries important (and distinguishing) risk factors include being female, being married, living in a rural area, economic and cultural stressors/conflict, impulsivity/'low planning' and high case fatality. I will conclude by considering the implications of the empirical evidence on inequalities in suicide risk for national suicide prevention strategies and their associated action plans.