



Research report

Late-life suicide: Insight on motives and contributors derived from suicide notes

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ABSTRACT

Objectives: The aims of this study were: (i) to investigate the proportion of older people writing suicide notes in New Zealand; (ii) to compare the socio-demographic and clinical variables of older suicide note writers and non-note writers; and (iii) to perform a thematic analysis of the content of suicide notes.

Methods: The Coronial Services provided records of all suicide cases aged 65 years and over ($n=225$) between July 2007 and December 2012. We were able to determine whether there was a suicide note written in 212 cases. The content of 39 coroners/medical examiners' excerpts and 5 suicide notes was available for thematic analysis using a general inductive approach.

Findings: 88 (41.5%) older people left a suicide note. Logistic regression showed that female gender ($OR=2.8$, 95% $CI=1.4-5.7$, $p=0.005$) and Caucasian ethnicity ($OR=13.7$, 95% $CI=1.7-111.0$, $p=0.014$) are significantly associated with older people writing suicide notes. 33.3% of those who left a suicide note gave health-related reasons for their suicide and a significant proportion (73.3%) of them had underlying medical conditions. Another common theme is around people leaving specific instructions and wishes.

Conclusions: Apart from gender and ethnicity, suicide note writers are similar to non-writers on broad socio-demographic and clinical factors. Suicide notes indicated free will in and reasons for their suicide and emotional/farewell messages to their loved ones. Many documented poor quality of life or physical illness but the progression of these factors to suicide in older people should be further researched.

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1. Introduction

Suicide is a major public health issue with over 800,000 people dying by suicide globally every year (World Health Organisation, 2015). In 2012 it accounted for 1.4% of all deaths worldwide, making it the 15th leading cause of death (World Health Organisation, 2015). Suicide is a heterogeneous phenomenon and a number of research methodologies are used to study it including epidemiology, psychological autopsies and coronial records. Although studying suicide notes provides a unique opportunity to understand the motives, psychodynamic factors and state of mind of individuals who proceed to suicide, it has not been studied frequently (Demirel et al., 2008). Suicide notes contain direct information penned by the individual and the quality of the data may be more reflective of their mental state than information obtained from other informants (Ho et al., 1998). Suicide notes may also have a therapeutic role in helping surviving families and friends to understand the suicide and help inform suicide prevention strategies (Ho et al., 1998).

Whether findings from suicide note studies can be generalized is debatable. Salib et al. (2002) argued that suicide note writers may not be typical of the average person who dies by suicide and an Australian study has found a large number of differences between suicide note writers and non-note writers including differences in reasons for suicide and psychological states preceding the act (Haines et al., 2011). This view is not shared by Callanan and Davis (2009) who found suicide note writers were more likely to have lived alone and made prior suicide threats; but there were no significant differences between note writers and non-note writers in the other 38 independent demographic and clinical variables they studied. They concluded that there are few differences between individuals who leave suicide notes and those who do not, and therefore suicide notes are a valid source of information. Callanan and Davis (2009) also reviewed the findings of 13 studies comparing the characteristics of suicide note writers and non-note writers and found no clear differences between the two groups although the findings were inconsistent. For example, one study found older people were more likely to leave a note (Heim and Lester, 1990), but other studies found younger people were more likely to do so (Capstick, 1960; Ho et al., 1998). Other inconsistent findings included gender,

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psychiatric disorders, prior suicide attempts and suicide methods (Callanan and Davis, 2009). Paraschakis et al. (2012) suggested that cultural differences could play a role in explaining the inconsistent and often contradictory findings of the characteristics of note writers and non-writers in various international studies. As suicide note writers comprise a significant proportion of those who end their own lives, at the very least the notes give us insights into this substantial sub-group.

Suicide in older people has become a growing concern with the world's ageing population and there is a clear relationship between increased rates with age (World Health Organization, 2002). For example, in New Zealand men over the age of 85 had the highest average suicide rate (34.0 per 100,000) among all age groups between 2001 and 2010. Despite the high suicide rate in older people, research in late-life suicide is lacking in New Zealand and many other countries. Beautrais (2002) found that 64.5% of older New Zealanders (age ≥ 55) who completed suicide had a DSM-III-R mood disorder, while 19.4% had a substance use disorder. The risk of serious suicidal behaviour in that sample ($n=53$) was increased in those with concurrent mood disorders, psychiatric hospital admission within the previous year and a limited social network (Beautrais, 2002). Suicide notes were not examined in this study.

Although there are only a few published suicide note studies in older people, in one of the earliest studies on suicide notes, older people in Los Angeles County, U.S., were found to be more likely than younger people to describe ill health, pain, physical disability, loneliness and isolation as reasons for suicide (Darbonne, 1969). In addition, older people frequently expressed sorrow in their suicide notes, though there was an absence of statements of self-depreciation and guilt. Similarly a German study found suicide notes left by their older people included more indications of illness and grief related to spousal bereavement but fewer feelings of inadequacy (Linn and Lester, 1996). In Australia, older people who wrote suicide notes were more likely to have escape as a motive and less likely to have anger towards others as a motive (Lester et al., 2004). Interestingly, the main theme of suicide notes left by older people in Austria concerned instructions about the inheritance of their estate (Eisenwort et al., 2007). Finally, a U.K. study has found older suicide note writers were more likely to use the methods of medication overdose, plastic bags, electrocution, and car exhaust fumes compared to non-note writers. (Salib et al., 2002).

With the different findings in previous international studies and the socio-cultural differences that exist, it is worthwhile to examine the suicide note phenomenon in more detail. There has been no previous study examining suicide notes left by older people in New Zealand. For example, older New Zealanders value health, independence, connectedness and respect (New Zealand Ministry of Social Development, 2013) and these factors may play a role in late-life suicide. The aims of this study were: (i) to investigate the proportion of older people writing suicide notes in New Zealand; (ii) to compare the socio-demographic and clinical variables of older suicide note writers and non-note writers; and (iii) to perform a thematic analysis of the content of suicide notes. Based on the review by Callanan and Davis (2009) we hypothesised that there would be no difference in the characteristics of note writers and non-note writers. It is possible that the content of suicide notes may provide insight into some common risk factors associated with late-life suicide and addressing these factors may be useful as part of future suicide prevention strategies.

2. Methods

2.1. Proportion of older people writing suicide notes

The proportion of older people writing suicide note writing was estimated by using coronial records of all closed cases of suicide for any person in New Zealand over the age of 65 from 1st July 2007 to 31st December 2012. The current study is part of an elderly suicide project that was approved by the Ministry of Health's Health and Disability Ethics Committee in New Zealand (Reference: 13/STH/95). The lead author approached the Chief Coroner in August 2013 and his office provided copies of the coronial records on all elderly cases with a suicide verdict. The coronial records, including police reports, were reviewed to determine whether a suicide note was found. Suicide notes were usually discovered as part of the police investigation which included interviewing the family and/or friends. We included hand-written or typed suicide notes but excluded communication in other modalities e.g. verbal threats of suicide, telephone messages and text messages. Unlike suicide notes, the presence (or absence) of the other communication modalities is not routinely commented on in the police report and/or coronial judgment. It would have resulted in a large number of "unknowns" if these other modalities were included.

In 2013 there were 607,032 people (14.3% of the population) over the age of 65 years in New Zealand (Statistics New Zealand, 2013). The latest official suicide rate for the 65+ age group was 7.3 per 100,000 people (Ministry of Health, 2014).

2.2. Comparing suicide note writers and non-note writers

The following data were extracted from coronial records: socio-demographics (age, gender, ethnicity, marital status, living situation); details of the suicide (method, location, alcohol level at post-mortem); psychiatric conditions (bipolar disorder, depression, and past suicide attempts); medical conditions (malignancy, dementia, terminal illness); and recent contact with psychiatric services. Suicide methods were categorized as non-violent and violent. Non-violent methods included poisoning, overdoses and carbon monoxide inhalation and all other means were grouped as violent methods (Conwell et al., 1990).

The Statistical Package for the Social Sciences (SPSS) Version 22 was used for data analysis. Bivariate analyses were performed using independent *t*-tests (2-sided) for continuous variables and Chi² tests (2-sided, with adjusted *p*-value using the Bonferroni correction method) for discrete variables when comparing differences in note writers and non-note writers. The level of significance was set at 5%. Variables that were found to be significant in the bivariate analysis were then entered into a logistic regression model (binary outcome: 0=no suicide note; 1= suicide note) with the aim of finding predictive variables for suicide note writers.

2.3. Thematic analysis of suicide note content

Suicide note content was analysed using a general inductive approach (Thomas, 2006). Most of the suicide notes were not included in the coronial records but their content was either quoted or paraphrased by the coroners and these were used for our analysis. They were read individually and twice by GC and then evaluated with relevant categories identified. Further in-depth analysis followed, with categories refined and grouped into main themes. The data and main themes were then reviewed by FS. All data were anonymised.

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