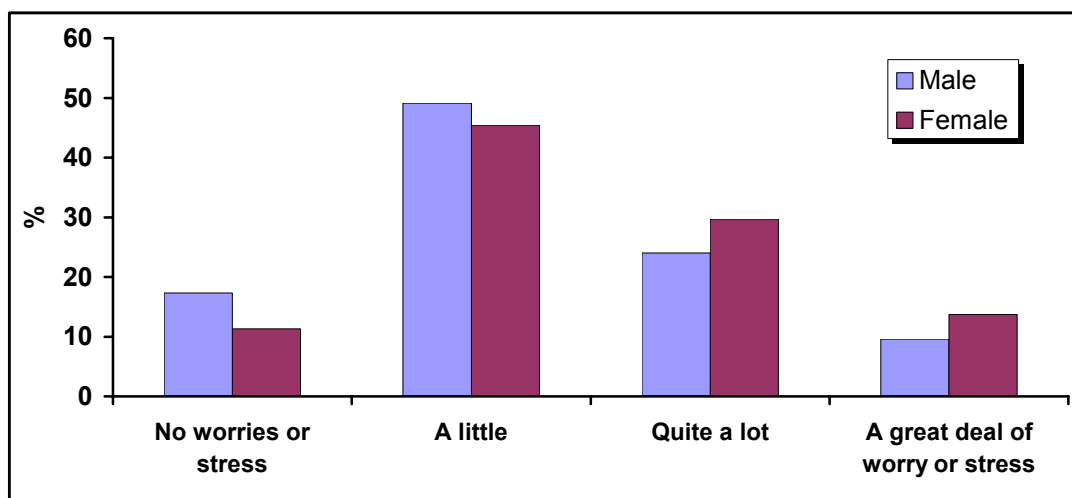


## 4 STRESS, MENTAL HEALTH AND SUICIDE

### STRESS

4.1 The 2001 Northern Ireland Health and Social Wellbeing Survey contained a section on mental health. It focused on levels of stress or worry and possible mental health problems. When asked about worry or stress in the previous 12 months, the largest proportion of people (47%) said they experienced a little stress or worry, while 14% said they had no worries. However, according to Figure 4.1, men were much more likely than women to say they had no worry or stress in the previous 12 months (17% compared with 11%). More men expressed having had a little stress compared to women. In contrast, women were much more likely than men to have experienced either, a lot of worry (30% compared with 24%), or a great deal of worry (14% compared with 10%) during the last year.

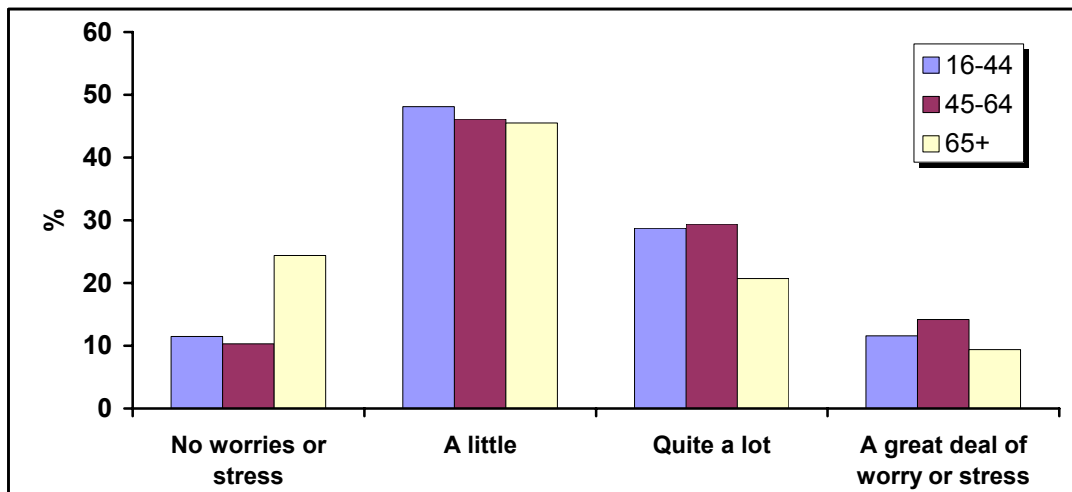
Figure 4.1 Level of stress over last 12 months by sex



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.2 Figure 4.2 shows that older people (65+) had higher levels of no stress (24%) compared to either 16-44 year olds (11%) or to middle aged people (10%). Older people were less inclined to have a lot of stress (21%) compared to the other two age groups. Younger and middle aged people were significantly more likely to have experienced a great deal of stress (12% and 14% respectively) compared to those aged 65+ (9%). The proportion of middle aged people (14%) experiencing a great deal of worry or stress was also significantly higher than the youngest age group (12%).

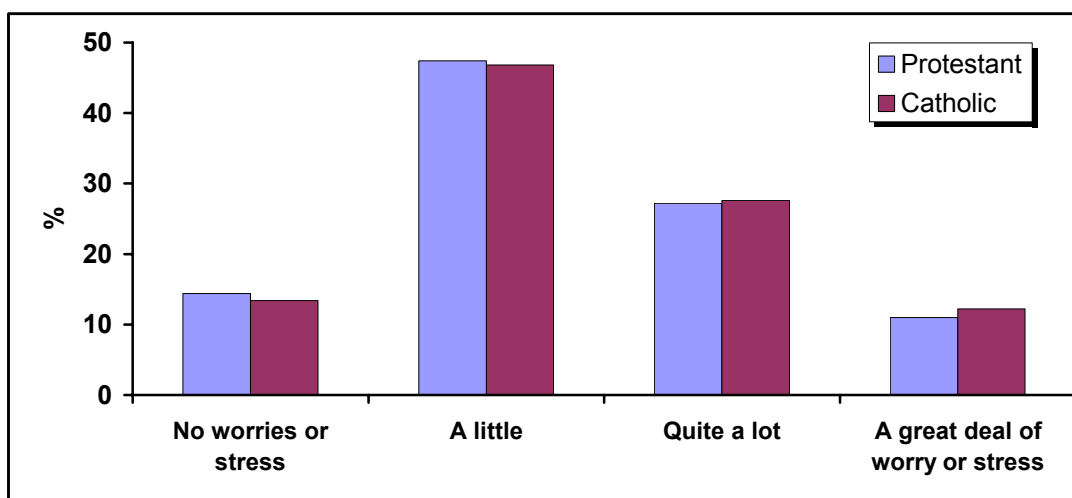
Figure 4.2 Level of stress over last 12 months by age group



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.3 The levels of stress encountered in the previous 12 months were similar for Protestants and Catholics for all four of the stress categories in Figure 4.3.

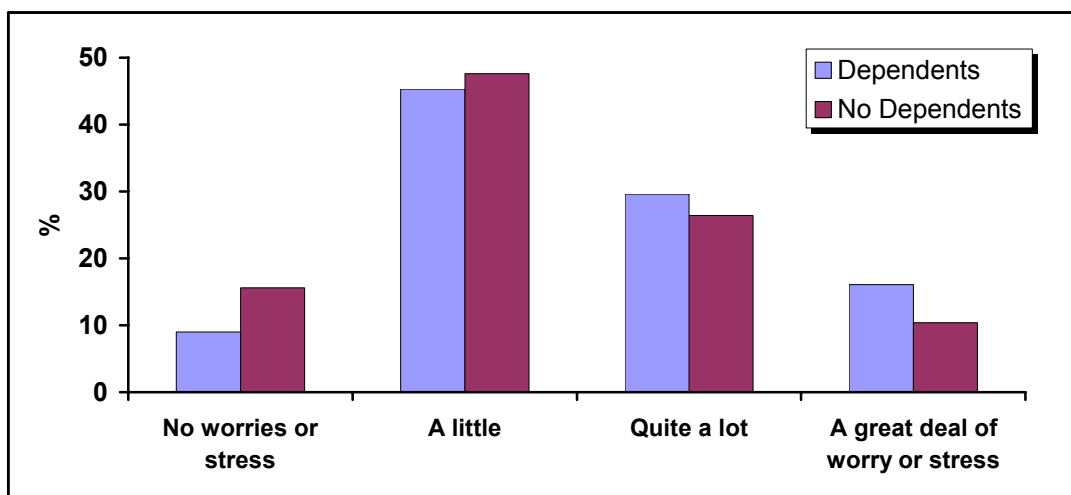
Figure 4.3 Level of stress over last 12 months by religion



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.4 Large differences occurred between people with and without dependent children in terms of the level of stress they had experienced (Figure 4.4). This was especially true for those who had no worries, where those without children were much more likely to have experienced no stress or worries in the last year (16% compared with 9%). In contrast, the opposite was true among those with a great deal of stress, with 16% of those with dependent children and 10% of those without having this level of stress.

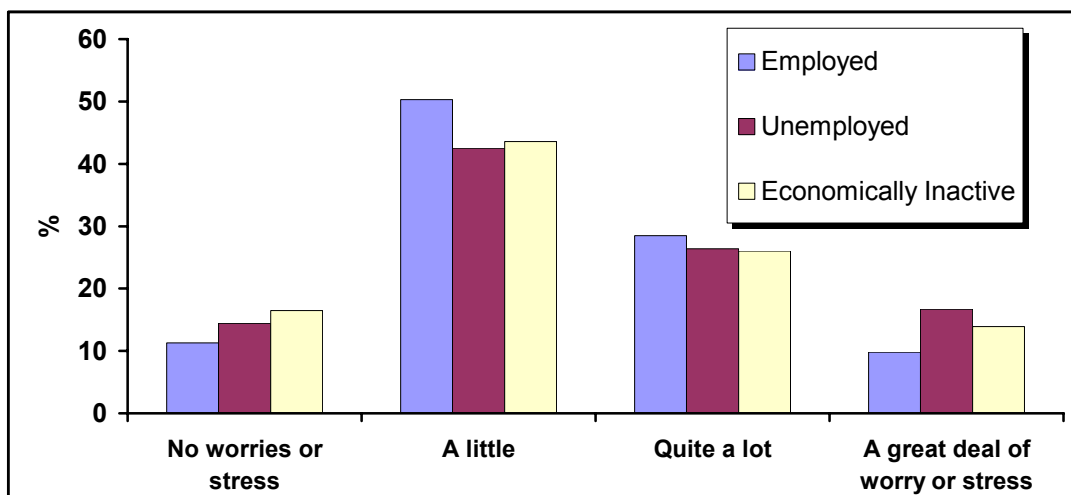
**Figure 4.4** Level of stress over last 12 months by whether respondents have dependent children



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.5 Figure 4.5 shows the stress levels for people by their employment status. The largest differences occurred between those in employment and those not working. People in employment were more likely to have had a little stress (50%) compared with the unemployed (43%) or the inactive (44%). Although a larger proportion of unemployed and inactive people experienced no worries at all compared with those in employment, they were also much more likely to have experienced a great deal of stress compared with those in employment.

**Figure 4.5** Level of stress over last 12 months by economic activity

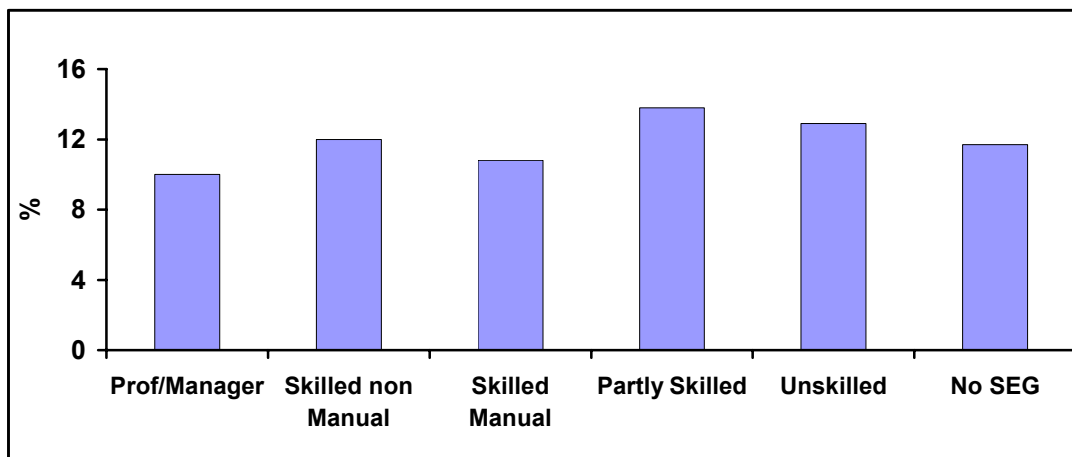


Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.6 When comparing stress levels between different socio-economic groups (SEG), it was found that few differences existed between groups for those suffering from a great deal of stress (Figure 4.6). One exception, however,

was between professional/managerial and the partly skilled, where the partly skilled had the highest level of stress (14%) and professional/managerial had the lowest (10%).

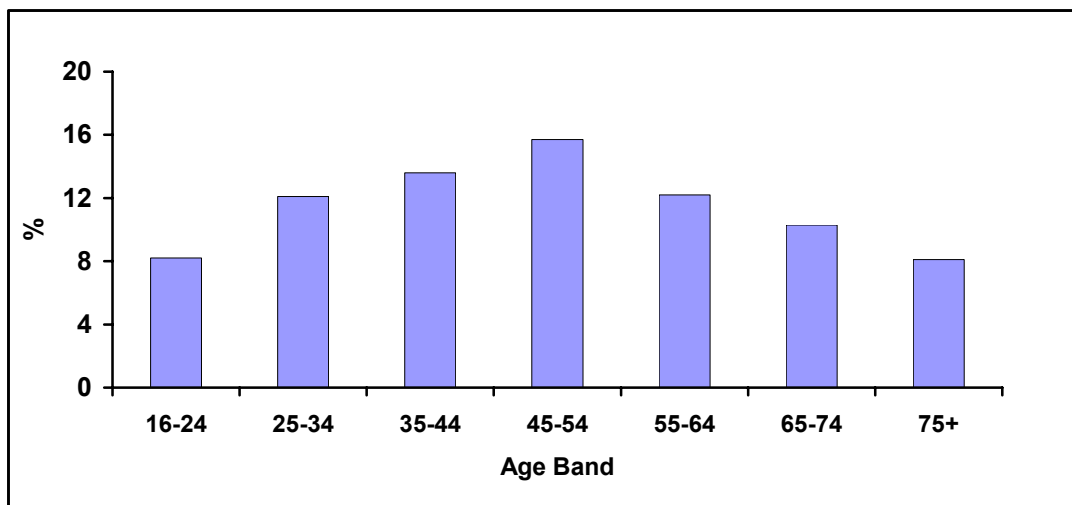
**Figure 4.6 Experience of a great deal of stress or worry over last 12 months by socio-economic group**



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.7 When examined by age group, a clear pattern emerged among those who said they had experienced a great deal of stress in the previous 12 months (Figure 4.7). The proportion of people with a great deal of stress was relatively low in the youngest age group (8%), but increased steadily with age up to the 45-54 age group where levels were twice that (16%) of the youngest group. After a middle age peak, levels of stress fell again with increasing age, falling to 8% among the oldest age group.

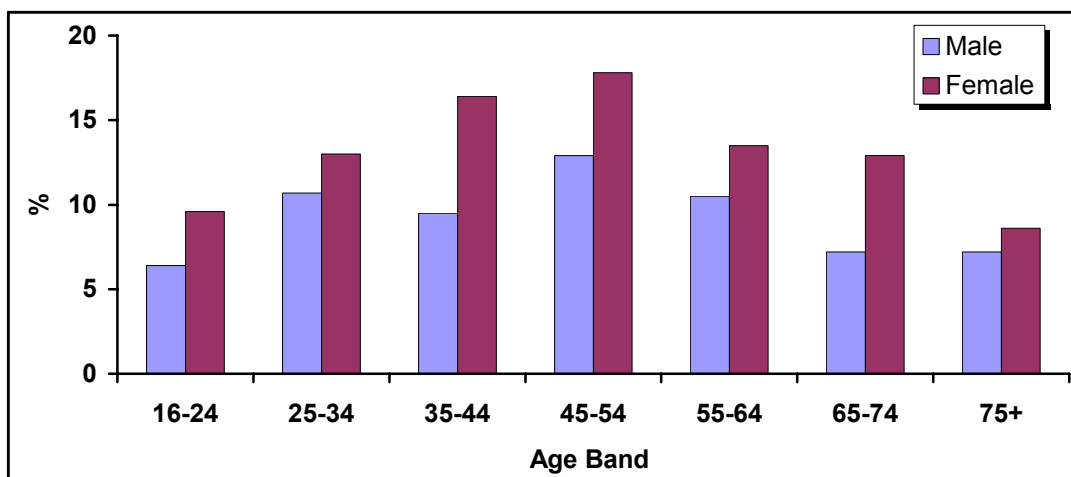
**Figure 4.7 Experience of a great deal of stress or worry over last 12 months by age group**



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.8 For every age group in Figure 4.8, females were more likely than males to have undergone a great deal of stress in the previous 12 months. This was particularly true of females aged 35-44 and also those aged 65-74.

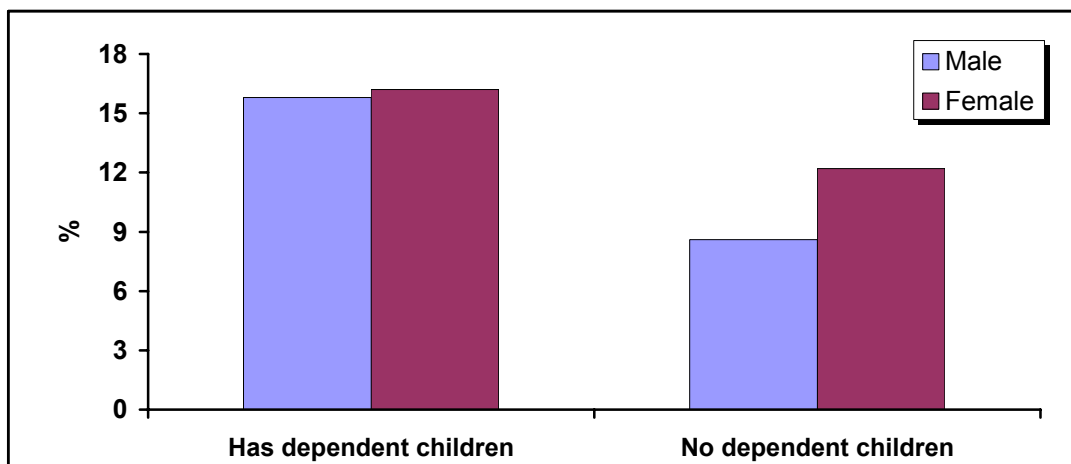
**Figure 4.8 Experience of a great deal of stress or worry over last 12 months by sex and age group**



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.9 In terms of people with dependent children, both males and females were much more likely to have suffered a great deal of stress than their counterparts without dependents (Figure 4.9). However, among those with dependents, both males and females experienced similar degrees of high stress levels (both with 16%). The same was not true though of males and females without dependent children. Among this group, females tended to suffer much greater levels of high stress than males (12% compared with 9%).

**Figure 4.9 Experience of a great deal of stress or worry over last 12 months by whether respondents have dependent children and by sex**

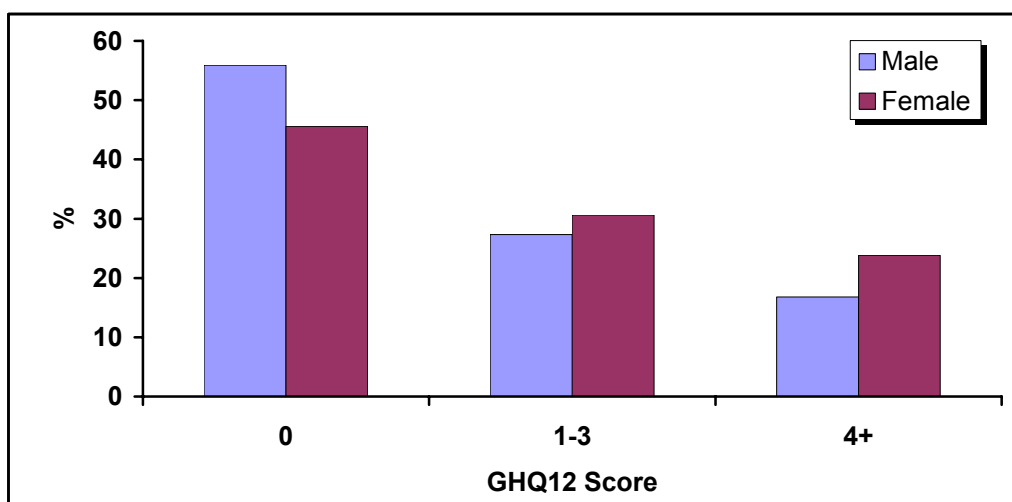


Source: Northern Ireland Health and Social Wellbeing Survey, 2001

## MENTAL HEALTH

4.10 Mental health issues are a key concern in Northern Ireland. The Northern Ireland Association for Mental Health (NIAMH) published a submission to The Review of Mental Health and Learning Disability (N.I) to highlight and prioritise areas of need in terms of mental health in Northern Ireland (NIAMH, 2003). This report incorporated statistics from the 2001 Health and Social Wellbeing Survey. In this survey the General Health Questionnaire (GHQ) measured the prevalence of psychological morbidity. The GHQ, which has 12 items, is generally known as the GHQ12. It is the most widely used self-completion questionnaire used to detect psychological disorders in the general population. It asks informants about their general level of happiness, depression, anxiety, self-confidence and stress in the four-week period before interview. A threshold score of 4 or more has been used to identify respondents with a potential psychological disorder. People with a score below this are considered less likely to be at risk. GHQ12 scores for males and females in Figure 4.10 revealed that men were more likely than women to have a score of zero (56% compared with 46%), and were less likely to have a potential psychological disorder (17% compared with 24%).

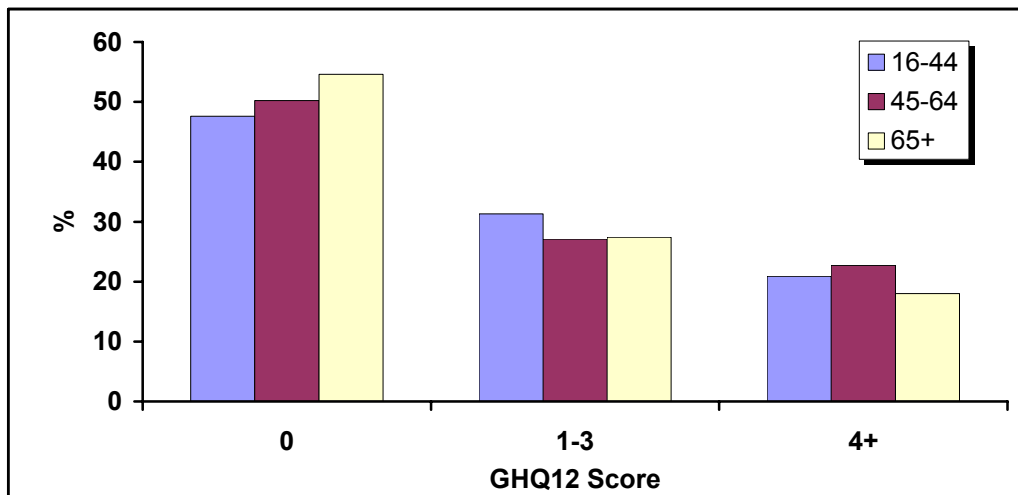
Figure 4.10 GHQ12 score by sex



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.11 Figure 4.11 shows that younger people were less likely to score zero and also more likely to have a psychological disturbance than older people.

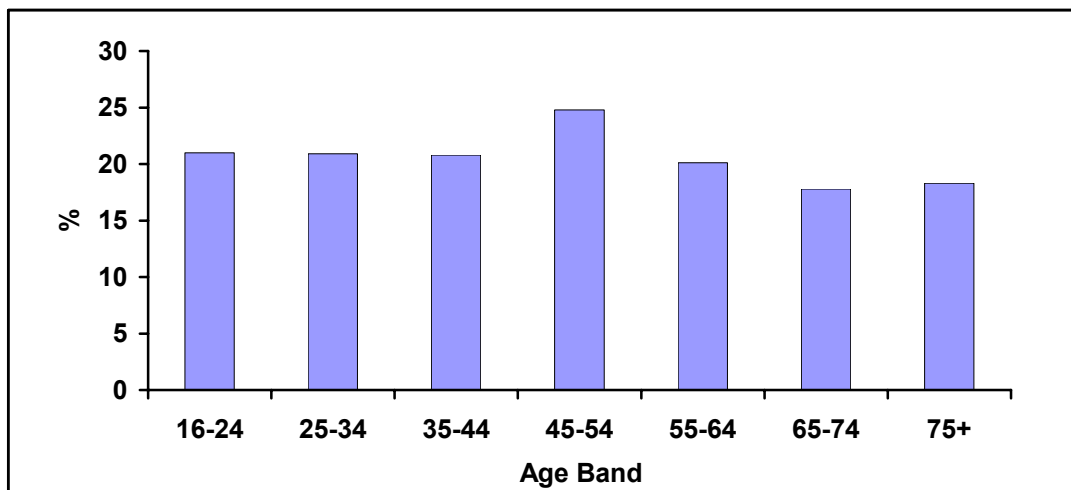
Figure 4.11 GHQ12 score by age group



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.12 Among people who obtained GHQ12 scores suggesting that they could have a psychological illness, Figure 4.12 indicates that there was some variation across age groups. People aged 45-54 had the highest risk of suffering from a psychological disorder (25%), while those aged 65 and above were the least at risk (18%).

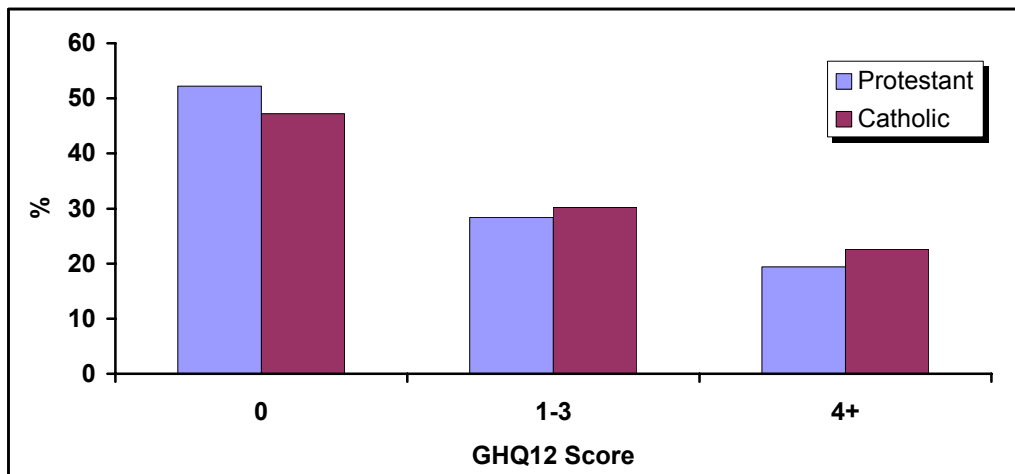
Figure 4.12 GHQ12 score indicating potential depression by age group



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.13 Figure 4.13 highlights some differences between Catholics and Protestants in terms of their GHQ12 scores. The majority of Protestants (52%) were classified as having a GHQ12 score of zero, while only 47% of Catholics obtained this classification. Also, a larger proportion of Catholics (23%) than Protestants (19%) were classified as having a high score, indicating a potential psychological disturbance.

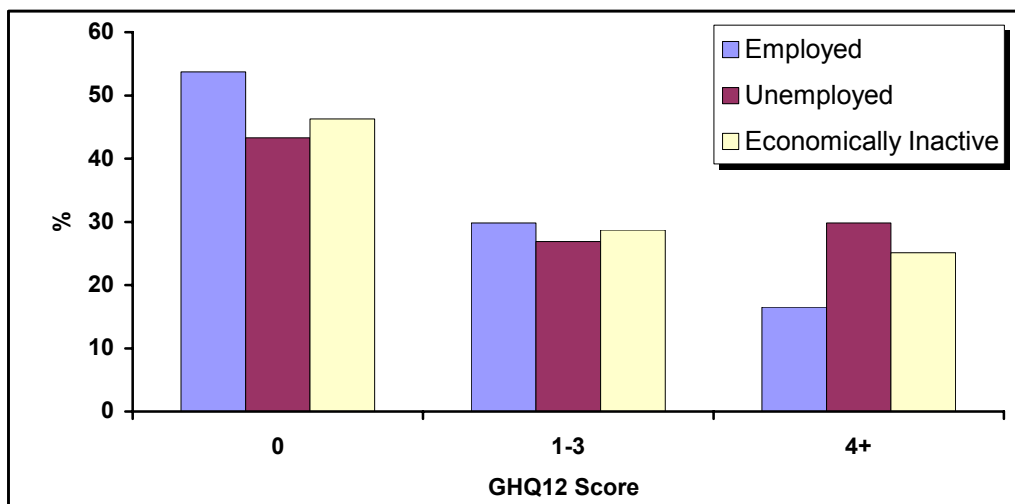
Figure 4.13 GHQ12 score by religion



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.14 According to Figure 4.14, people in employment were least likely to be at risk of a psychological disorder (16%) and most likely to have a GHQ12 score of zero (54%) compared to people not in work (unemployed and economically inactive). Indeed, unemployed individuals had the highest rate of potential psychological illness (30%) and the lowest rate of achieving a zero GHQ12 score (43%).

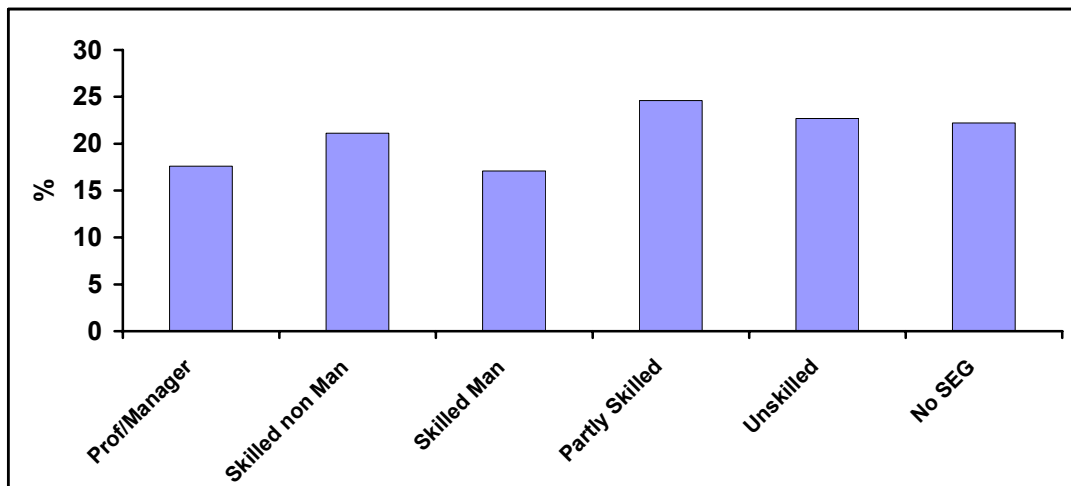
Figure 4.14 GHQ12 score by economic activity



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.15 Partly skilled people had the highest level of GHQ12 score indicating the presence of probable mental health problems (25%), while skilled manual workers had the lowest level (17%). Figure 4.15 also illustrates a generally lower level of potential psychological disorder among higher skilled professions relative to the lower skilled occupations.

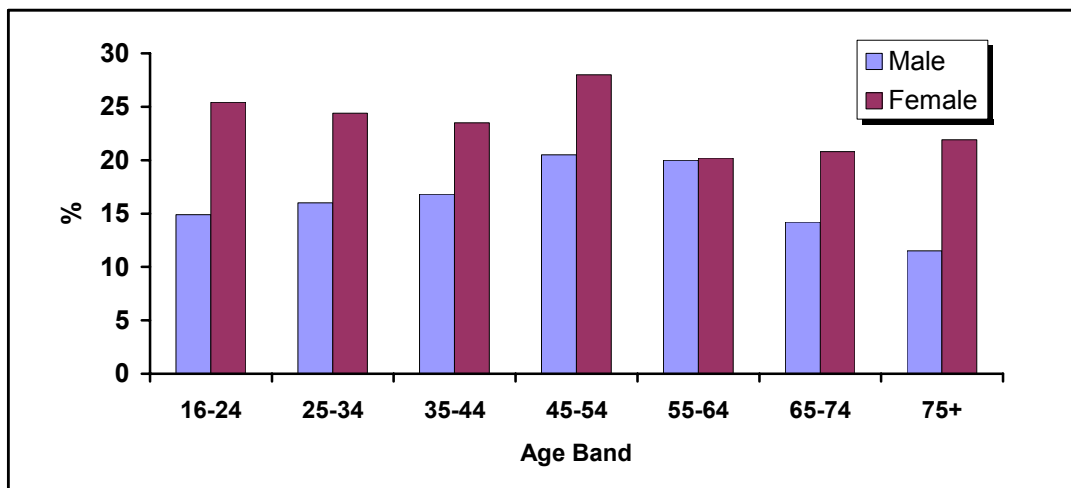
Figure 4.15 GHQ12 score indicating possible mental health problem by socio-economic group



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.16 When the GHQ12 results indicating potential mental health problems were analysed against sex and age group, it was found that females had a higher likelihood of suffering from a psychological disorder than males for every age category (Figure 4.16). This ‘gender gap’ was particularly large in the youngest and oldest age groups.

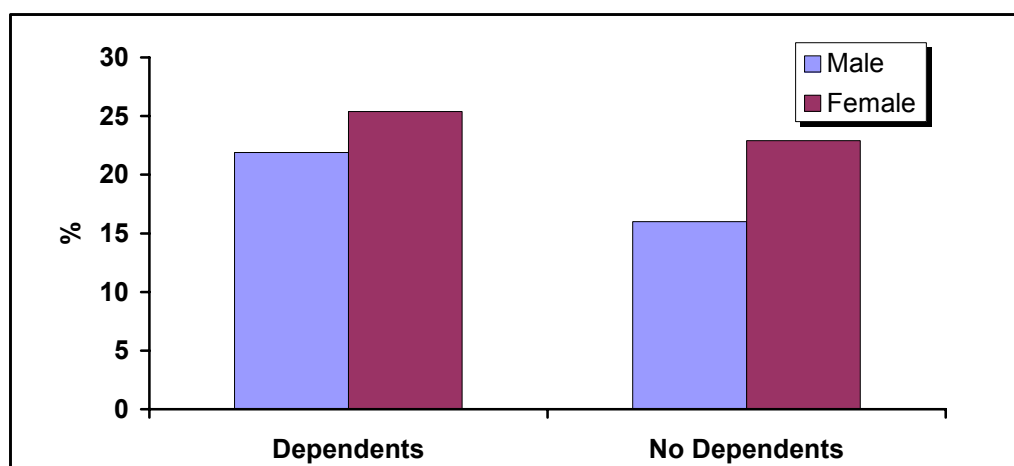
Figure 4.16 GHQ12 score indicating possible mental health problem by sex and age group



Source: Northern Ireland Health and Social Wellbeing Survey, 2001

4.17 In Figure 4.17, people with dependent children were more likely to be prone to psychological morbidity than their counterparts with no dependants. However, among people with no dependents, both males and females had similarly high levels of potential mental illness (22% and 25% respectively). However, among those with no dependents, females were much more likely than males to exhibit a tendency for psychological disturbance (23% compared with 16%).

**Figure 4.17** Percentage of respondents with possible mental health problem by whether they have dependent children and by sex



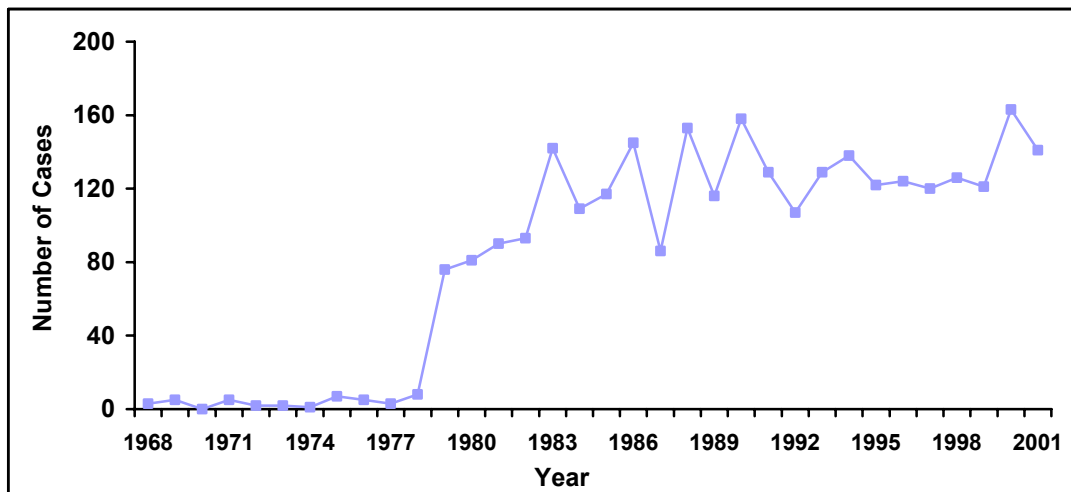
Source: Northern Ireland Health and Social Wellbeing Survey, 2001

## SUICIDE

4.18 This section analyses the number of suicide cases and suicide rates within equality groups using data provided by the General Register Office (GRO) for Northern Ireland. For the purpose of this analysis suicide rate is defined as the number of recorded suicides expressed as a percentage of the number of recorded deaths. During the period 1968 to 2001 there were 2,827-recorded deaths from suicide in Northern Ireland. The number of suicides peaked in the year 2000 with 163 cases and fell again slightly in 2001 to 141. One percent of all deaths in 2000 and 2001 were as a result of suicide. Figure 4.18 shows the increasing trend in the number of recorded deaths from suicide.

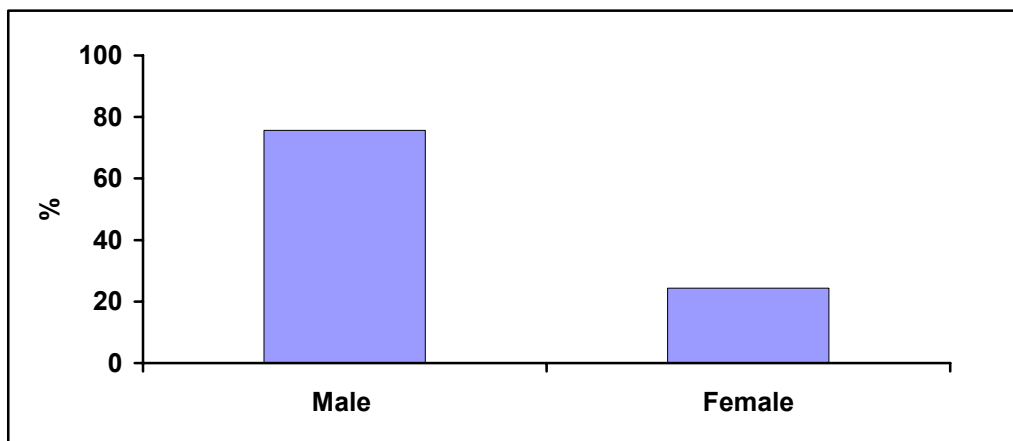
4.19 Due to the unreliability of the recording of suicide as a cause of death in the earlier years, the following analysis will examine suicide mortality from 1983 to 2001. Between 1983 and 2001 there were 2,446 recorded suicide deaths in Northern Ireland. Figure 4.19 shows that the majority of suicides during this period were by males (76%), with a corresponding suicide rate of 1.3% compared with 0.4% for females (Figure 4.20).

Figure 4.18 Number of recorded deaths from suicide: 1968 – 2001



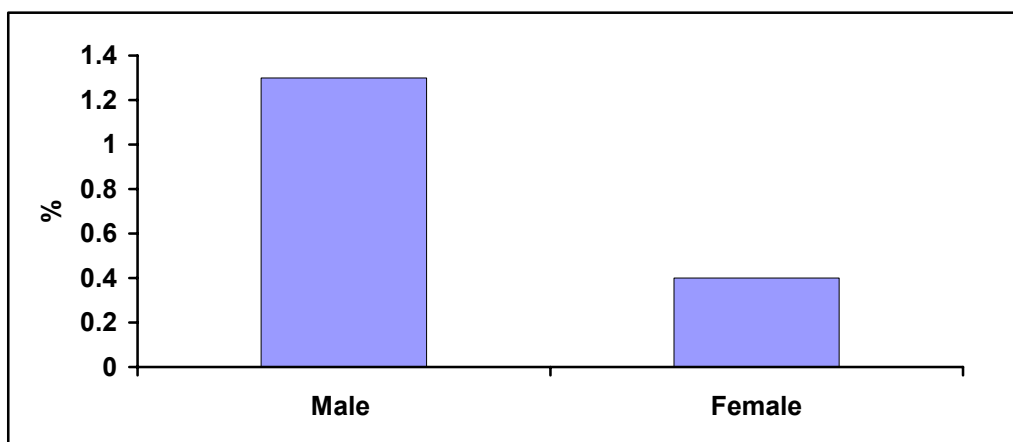
Source: General Register Office for Northern Ireland

Figure 4.19 Percentage distribution of all recorded suicides by gender: 1983 – 2001



Source: General Register Office for Northern Ireland

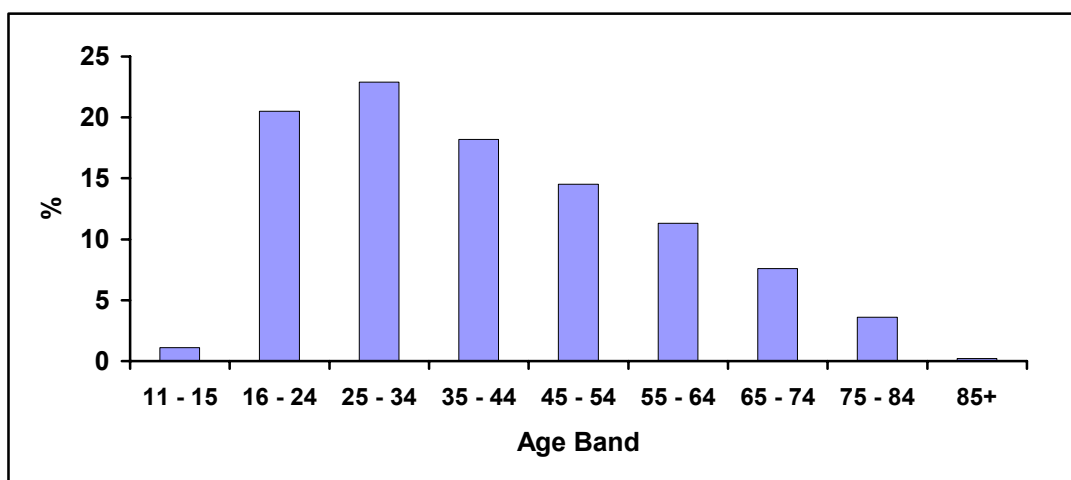
Figure 4.20 Suicide rate as a percentage of all deaths by gender: 1983 – 2001



Source: General Register Office for Northern Ireland

4.20 Overall, deaths from suicide tended to be concentrated among the young population, with 23% of all suicide deaths occurring in the 25-34 age band (Figure 4.21). The proportion of recorded suicides decreased steadily with increasing age from 35 years onwards. The youngest recorded death from suicide was 11 years old, while the oldest was 92.

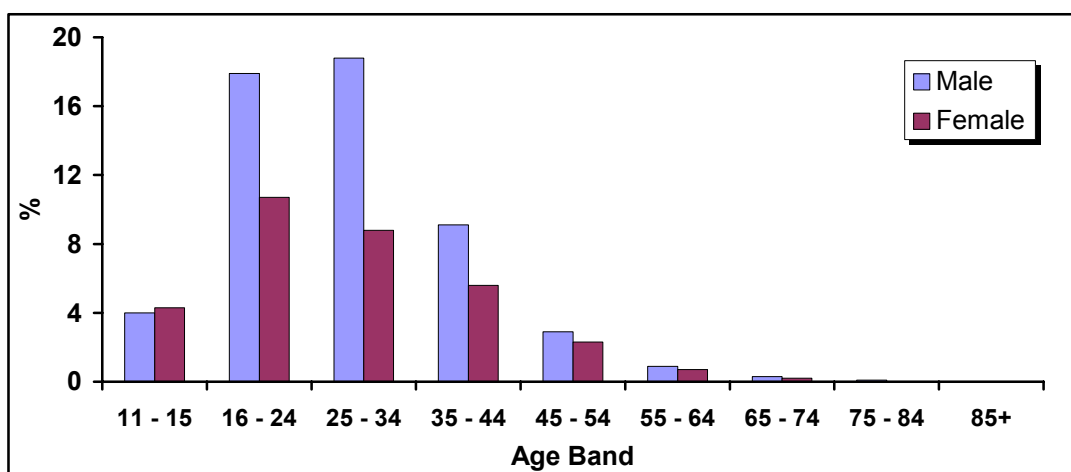
**Figure 4.21 Percentage distribution of all recorded suicides by age group: 1983 – 2001**



Source: General Register Office for Northern Ireland

4.21 The suicide rate was highest for males in the 25-34 age band (19%), but was only slightly less (18%) among 16-24 year old males (Figure 4.22). The lowest rate of suicide was among the elderly population (aged 65+) with a typical suicide rate of less than 1 per 1000 deaths. The suicide rate for females reached a peak of 11% in the age range 16-24, before falling again in subsequent older age bands.

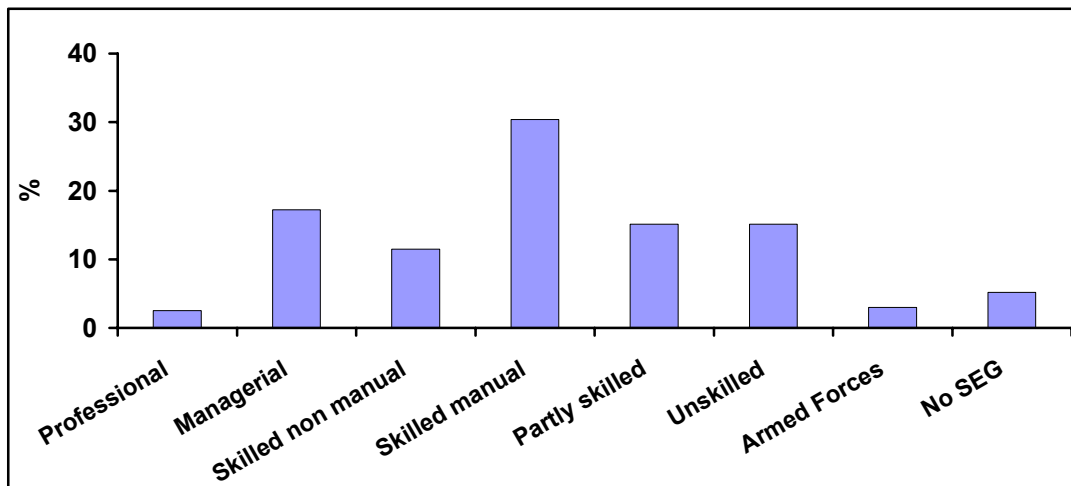
**Figure 4.22 Suicide rate as a percentage of all deaths for each separate age and gender group: 1983 – 2001**



Source: General Register Office for Northern Ireland

4.22 A comparison between deaths from suicide and socio-economic group shows that just over 30% of all suicides were among skilled manual workers (Figure 4.23). In contrast, only 2% were among professionals and 3% were by members of the armed forces.

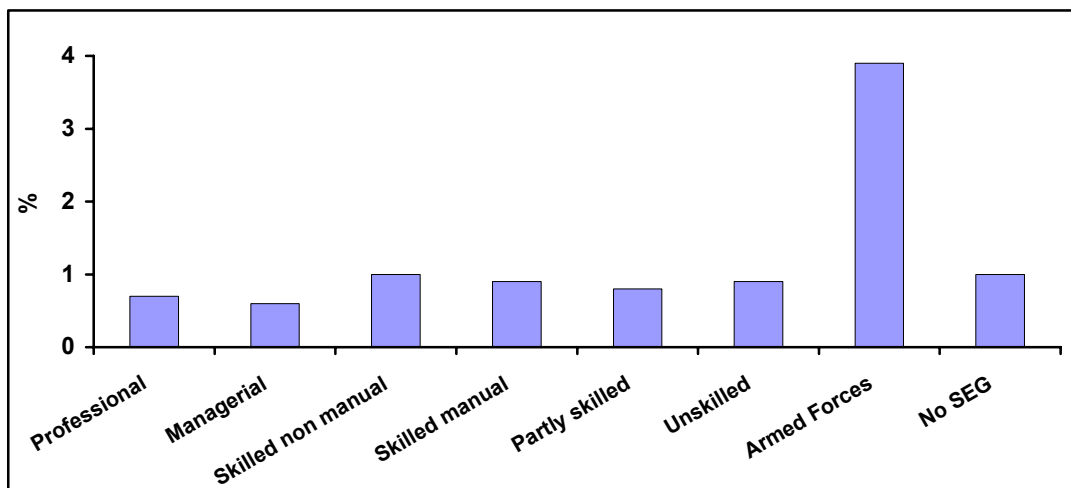
**Figure 4.23 Percentage distribution of all recorded suicides by socio-economic group: 1983 – 2001**



Source: General Register Office for Northern Ireland

4.23 Although the overall proportion of suicides committed by members of the armed forces was small (3%), this represented a significantly higher suicide rate than any other socio-economic group (4%; Figure 4.24). The suicide rate however was fairly stable across the other groups, ranging from 0.6% for the managerial group to 1% for skilled non-manual and those with no socio-economic group.

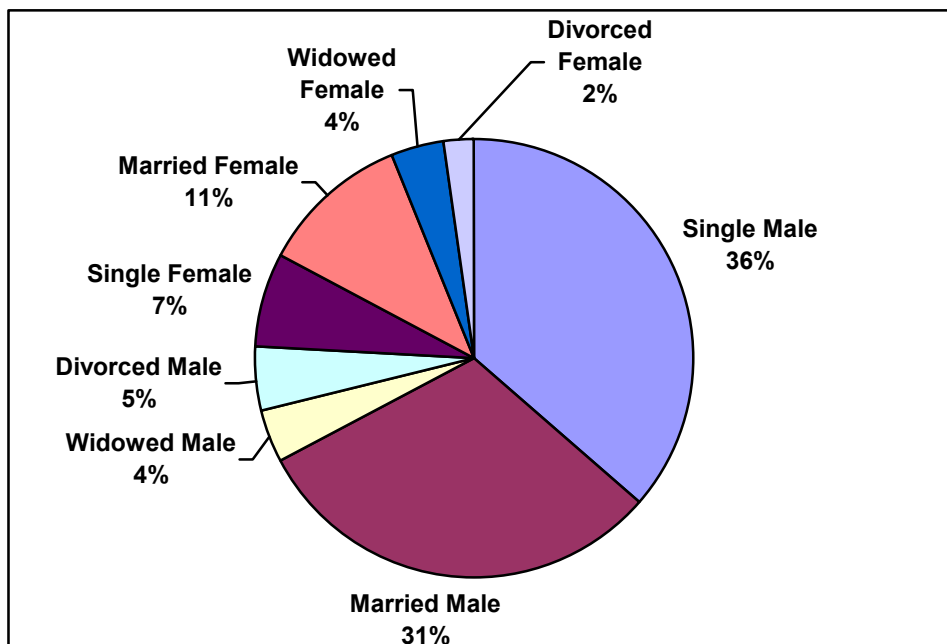
**Figure 4.24 Suicide rate as a percentage of all deaths for each socio-economic group: 1983 – 2001**



Source: General Register Office for Northern Ireland

4.24 The percentage of deaths from suicide by marital status and gender are illustrated in Figure 4.25. The largest proportion of suicide deaths was among single males (36%), with 31% of suicides by married males. Married females represented 11% of all suicides while the smallest proportion (2%) were by divorced females.

**Figure 4.25 Percentage distribution of all recorded suicides by marital status and gender: 1983 – 2001**

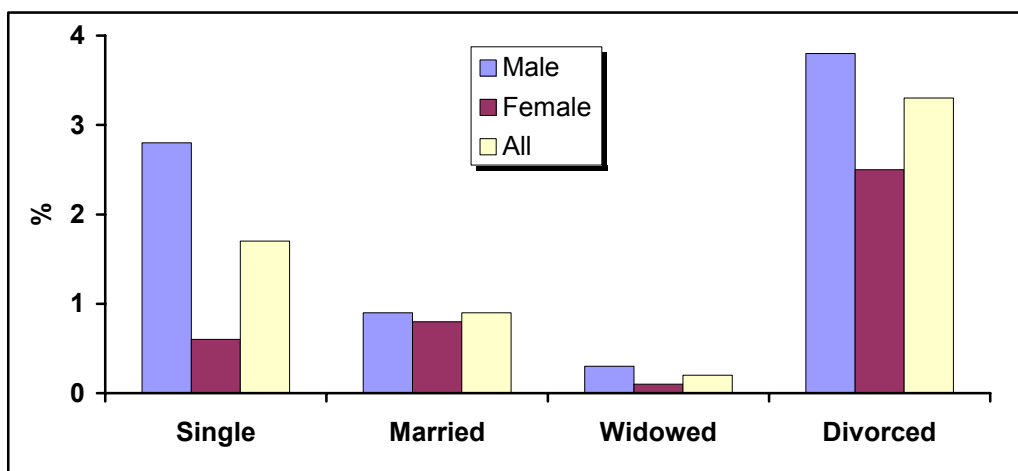


Source: General Register Office for Northern Ireland

4.25 Figure 4.26 shows that the suicide rate was highest among divorced people (3%) overall and lowest among widowed (0.2%). The suicide rate for divorced males was 4% compared with 3% for females. Single males experienced much higher rates of suicide (3%) than their female counterparts (1%). Although the overall suicide rate was much lower for married and widowed persons compared to either divorced or single people, the suicide rate for married and widowed males and females was very similar.

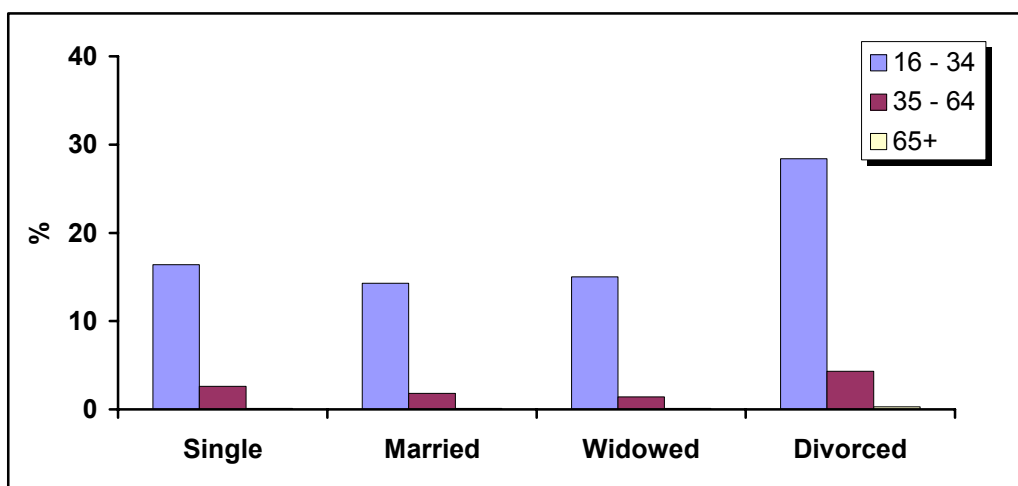
4.26 Further analysis of suicides by marital status and age shows that the highest rate of suicide was among divorced people aged 16–34 (28%; Figure 4.27). Divorced males aged 16-34 experienced the highest suicide rate (37%; Figure 4.28) followed by those in the same age band who were widowed (33%). Figure 4.29 shows that divorced females aged 16-34 had the highest suicide rate among females (16%).

**Figure 4.26 Suicide rate as a percentage of all deaths by marital status and gender: 1983 – 2001**



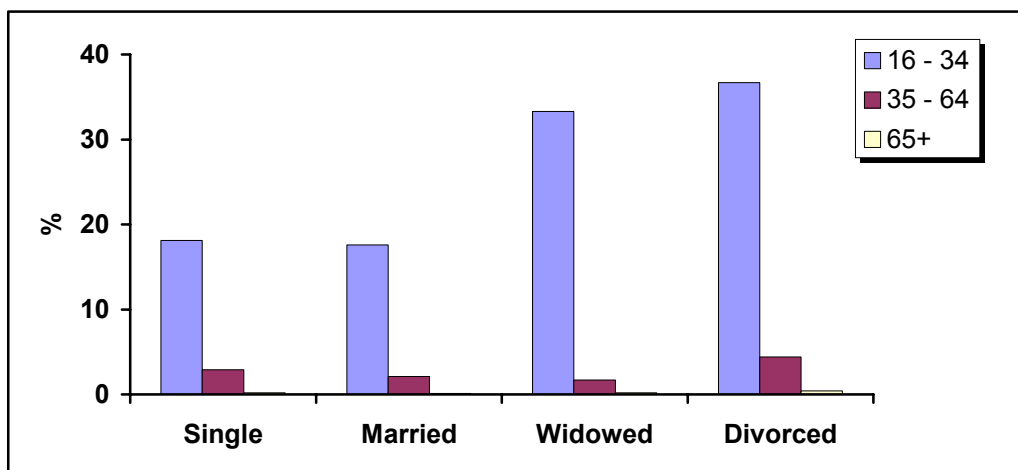
Source: General Register Office for Northern Ireland

**Figure 4.27 Suicide rate as a percentage of all deaths by marital status and age group: 1983 – 2001**



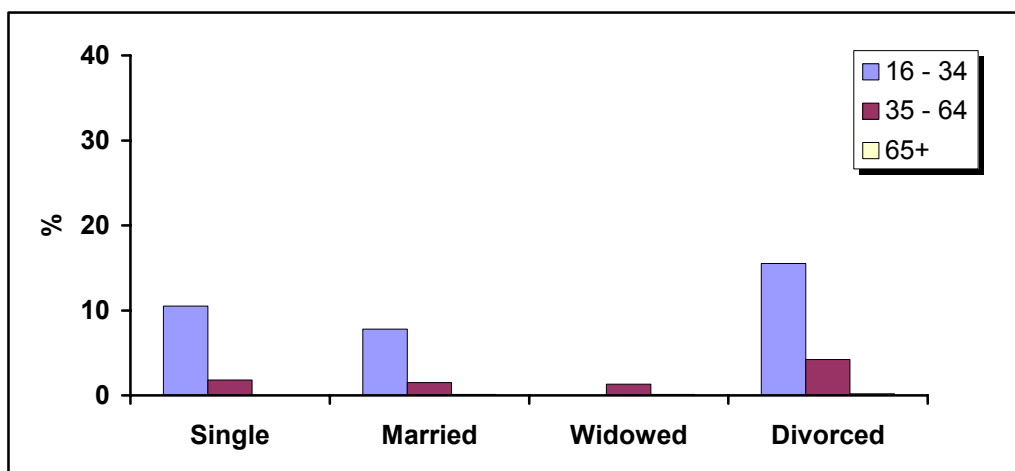
Source: General Register Office for Northern Ireland

**Figure 4.28 Suicide rate as a percentage of all deaths for males by marital status and age group: 1983 – 2001**



Source: General Register Office for Northern Ireland

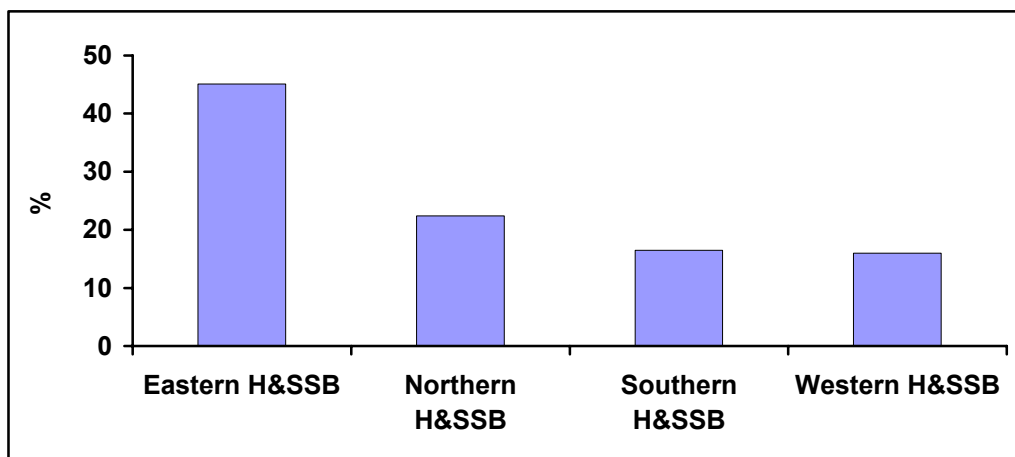
**Figure 4.29 Suicide rate as a percentage of all deaths for females by marital status and age group: 1983 – 2001**



Source: General Register Office for Northern Ireland

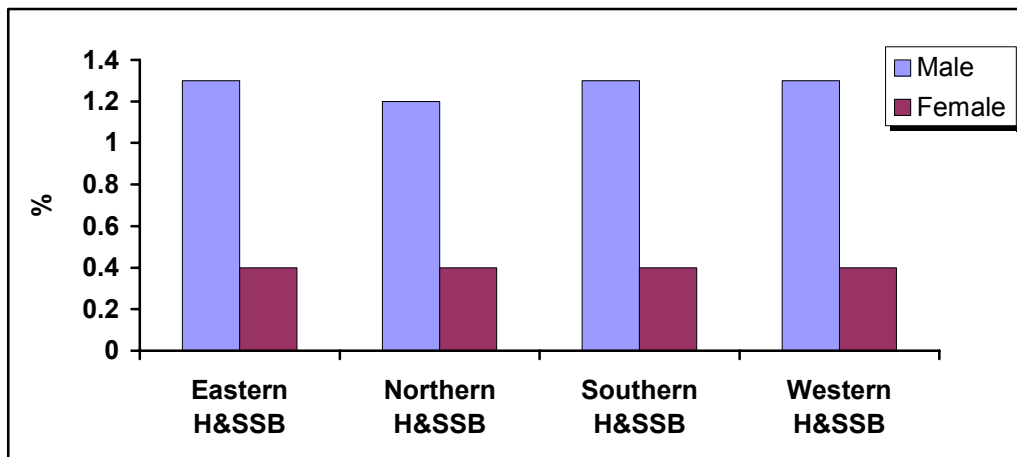
4.27 A breakdown of suicide deaths in each of the Health and Social Services Board areas shows that just under half (45%; Figure 4.30) of these occurred in the Eastern Health and Social Services Board area (EHSSB). However, the EHSSB is the largest board and could therefore be expected to have the largest proportion of deaths (including suicide deaths). This is in fact highlighted in Figure 4.31, which shows that there was very little difference in the suicide rate for males and females between the board areas.

**Figure 4.30 Percentage distribution of all recorded suicides by HSS Board area: 1983 – 2001**



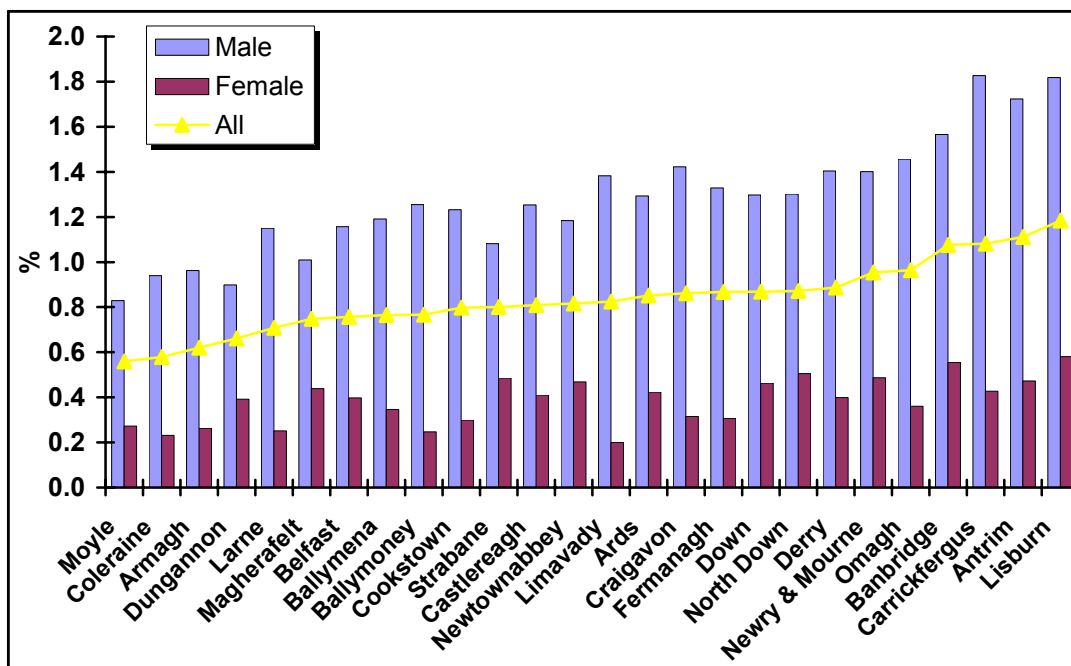
Source: General Register Office for Northern Ireland

Figure 4.31 Suicide rate as a percentage of all deaths by HSSB area: 1983 – 2001



Source: General Register Office for Northern Ireland

Figure 4.32 Suicide rate as a percentage of all deaths by gender for each District Council area: 1983 – 2001



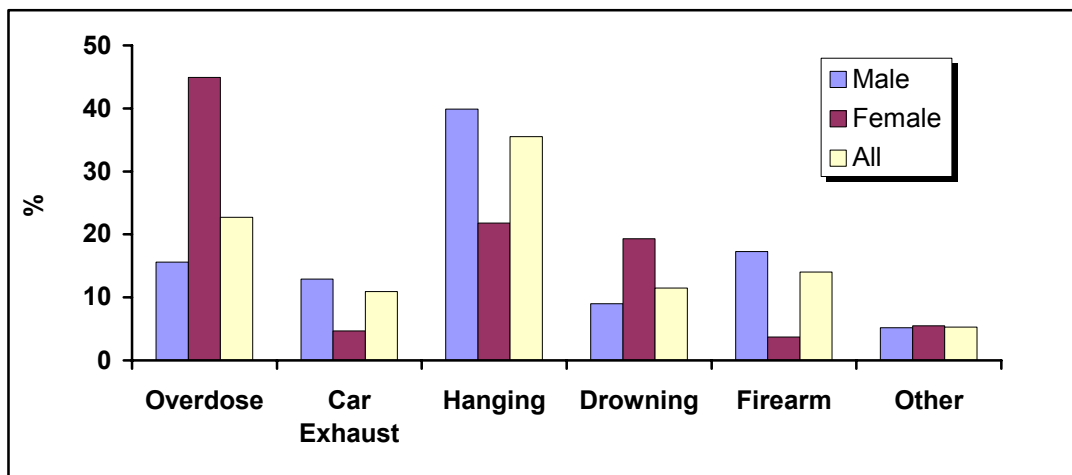
Source: General Register Office for Northern Ireland

4.28 Figure 4.32 shows the suicide rate in each District Council area. Overall, the highest suicide rate was in Lisburn (1.18%) and the lowest was in Moyle (0.56%). Among males, Carrickfergus experienced the highest suicide rate (1.83%), while the lowest rate of suicide for females was in Limavady (0.2%).

4.29 Overall, the largest proportion of deaths by suicide occurred as a result of hanging, strangulation or suffocation (36%; Figure 4.33). This was followed by drug overdose (including pain/fever medication, narcotics and anti-

depressives), which accounted for 23% of all suicides. When looked at by gender, the most frequently used suicide method for males was hanging (40%), while for females it was drug overdose (45%).

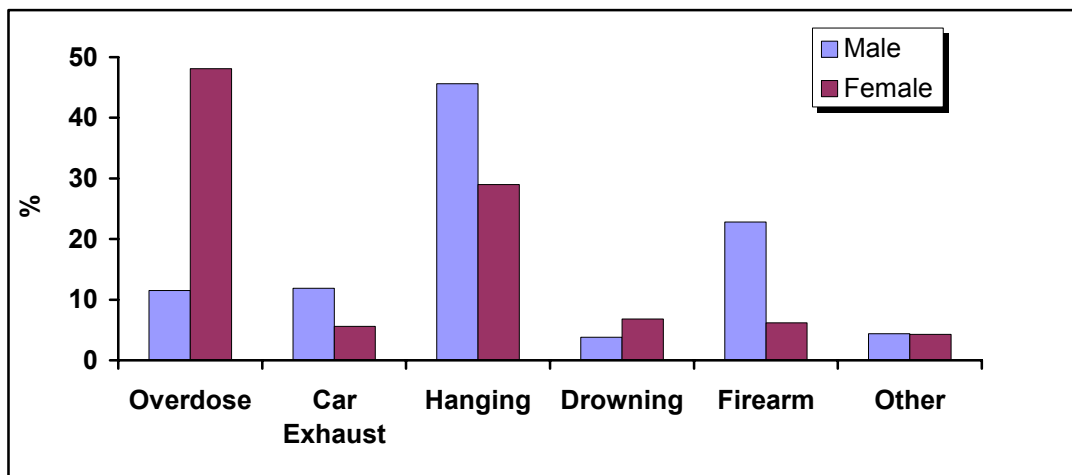
**Figure 4.33 Percentage distribution of all recorded suicides by method and gender: 1983 – 2001**



Source: General Register Office for Northern Ireland

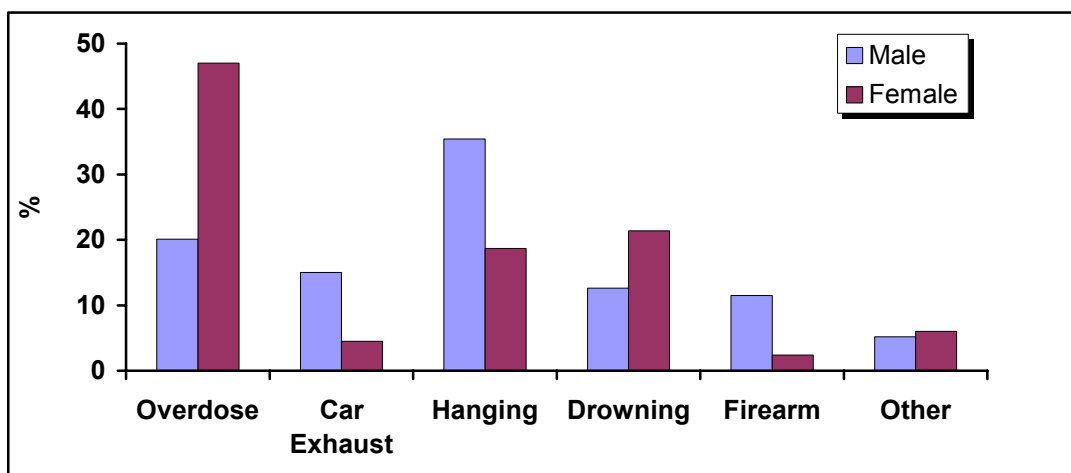
4.30 Figures 4.34 to 4.36 show that in all age groups males were more likely to commit suicide by hanging than by any alternative method. The most common method of suicide for females aged 16-64 was by overdose, while for females over 65 it was drowning (36%).

**Figure 4.34 Percentage distribution of all recorded suicides by method and gender for 16-34 year olds: 1983 – 2001**



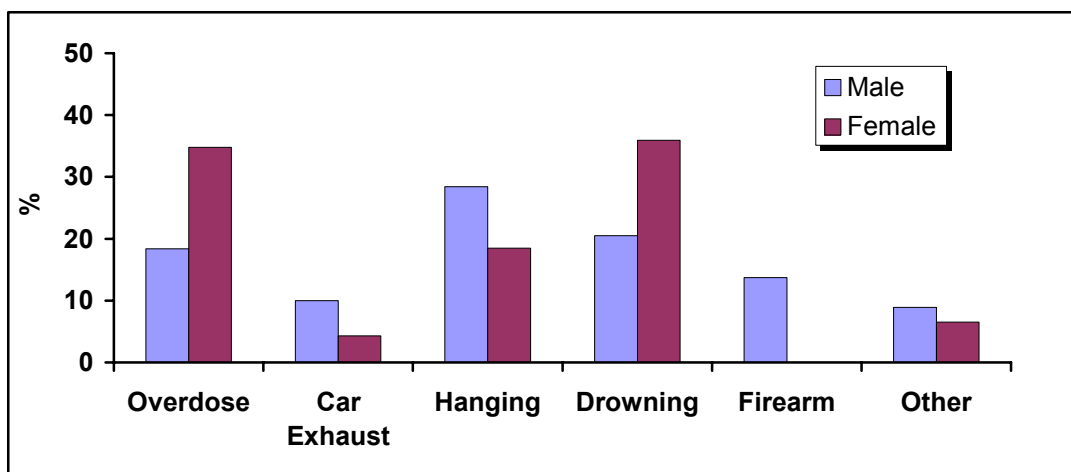
Source: General Register Office for Northern Ireland

**Figure 4.35** Percentage distribution of all recorded suicides by method and gender for 35-64 year olds: 1983 – 2001



Source: General Register Office for Northern Ireland

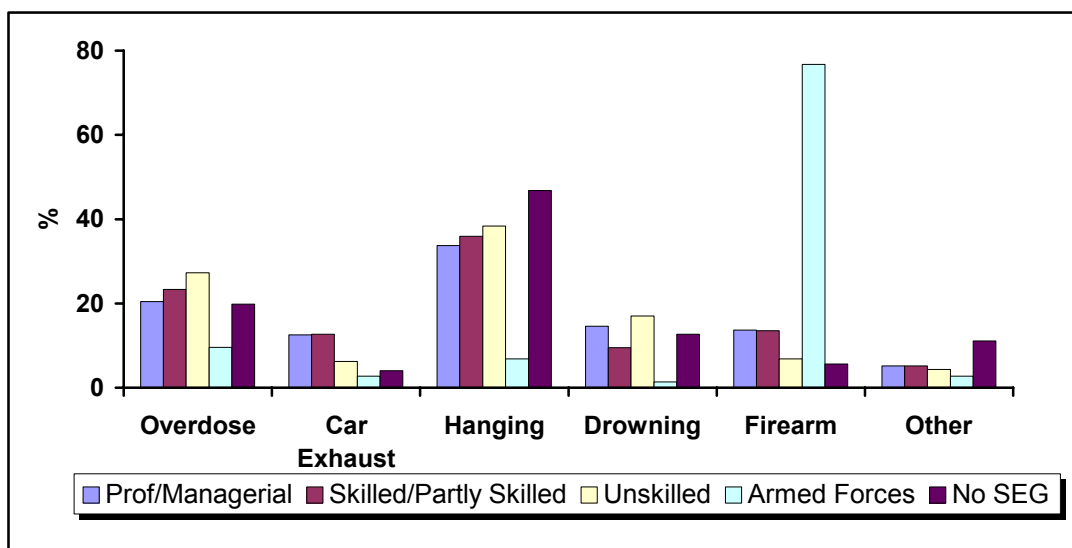
**Figure 4.36** Percentage distribution of all recorded suicides by method and gender for persons aged 65+: 1983 – 2001



Source: General Register Office for Northern Ireland

4.31 The percentage of suicides by method and socio-economic group is illustrated in Figure 4.37. The majority of suicides by the armed forces involved a firearm (77%). The most frequently used method of suicide among all other socio-economic groups was hanging, with people in the lower socio-economic groups experiencing a higher suicide rate by hanging than those in higher socio-economic groups. In contrast, for suicides by car exhaust poisoning the suicide rate decreases when moving to the lower socio-economic groups, with 12% of suicides among professionals compared with 6% for the unskilled.

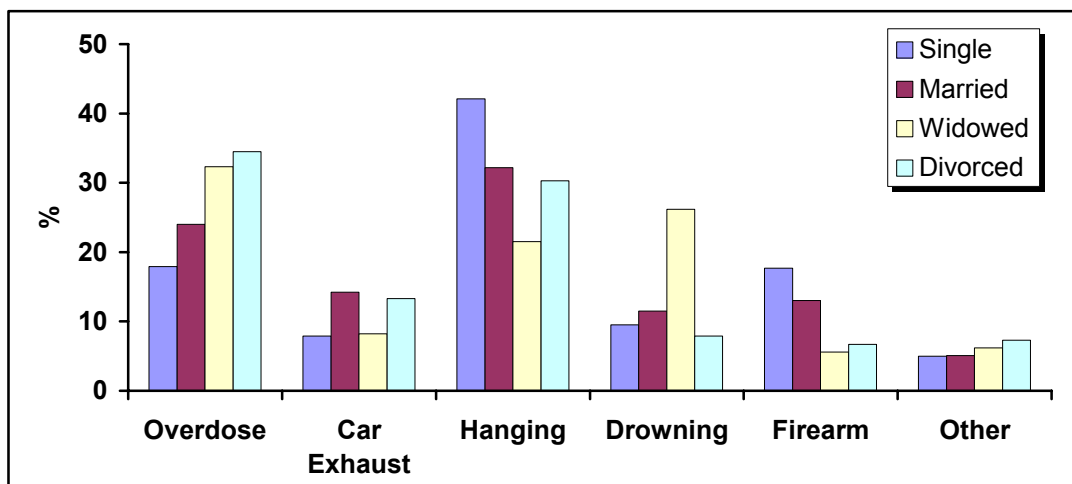
**Figure 4.37** Percentage distribution of all recorded suicides by method and socio-economic group: 1983 – 2001



Source: General Register Office for Northern Ireland

4.32 From Figure 4.38 it is evident that single people were more likely to commit suicide by hanging than by any other method. Hanging was also the most common method of suicide among married people (32%), while widowed and divorced people were more likely to overdose.

**Figure 4.38** Percentage distribution of all recorded suicides by method and marital status: 1983 – 2001



Source: General Register Office for Northern Ireland