

Suicidal acts in the Dutch context

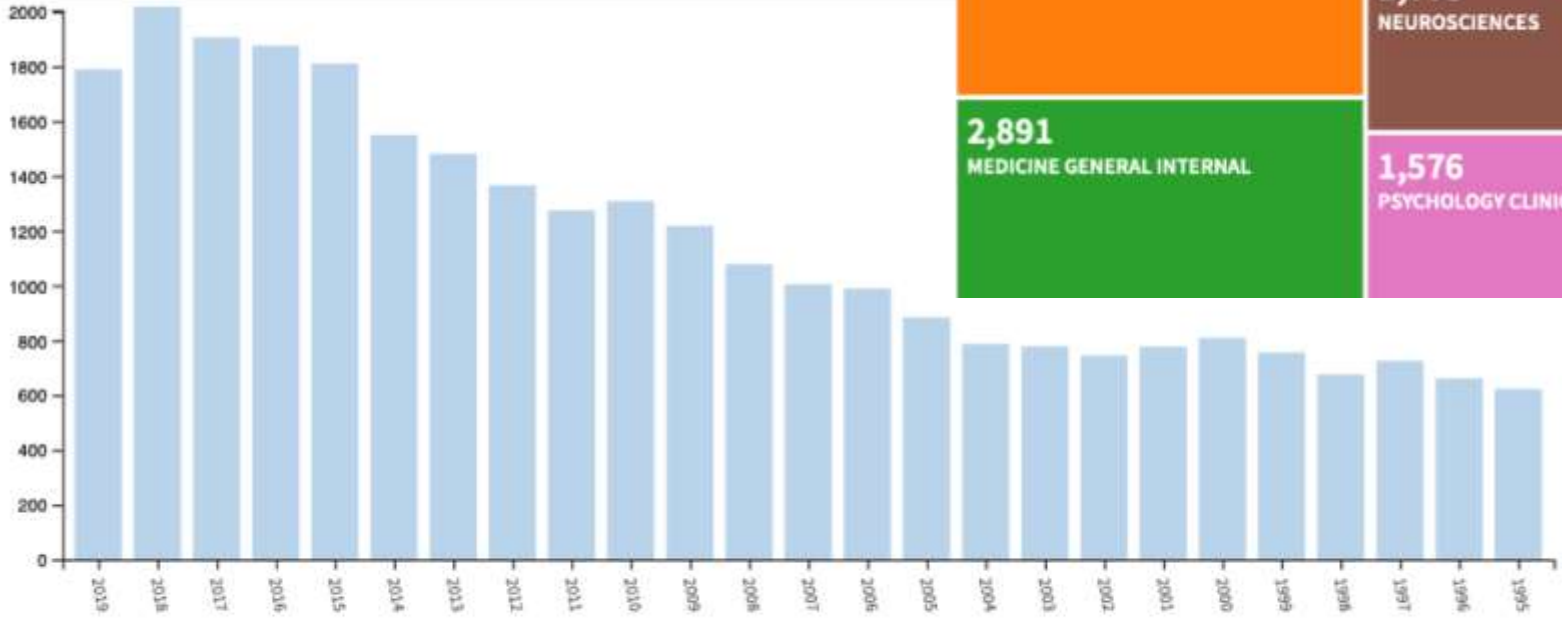
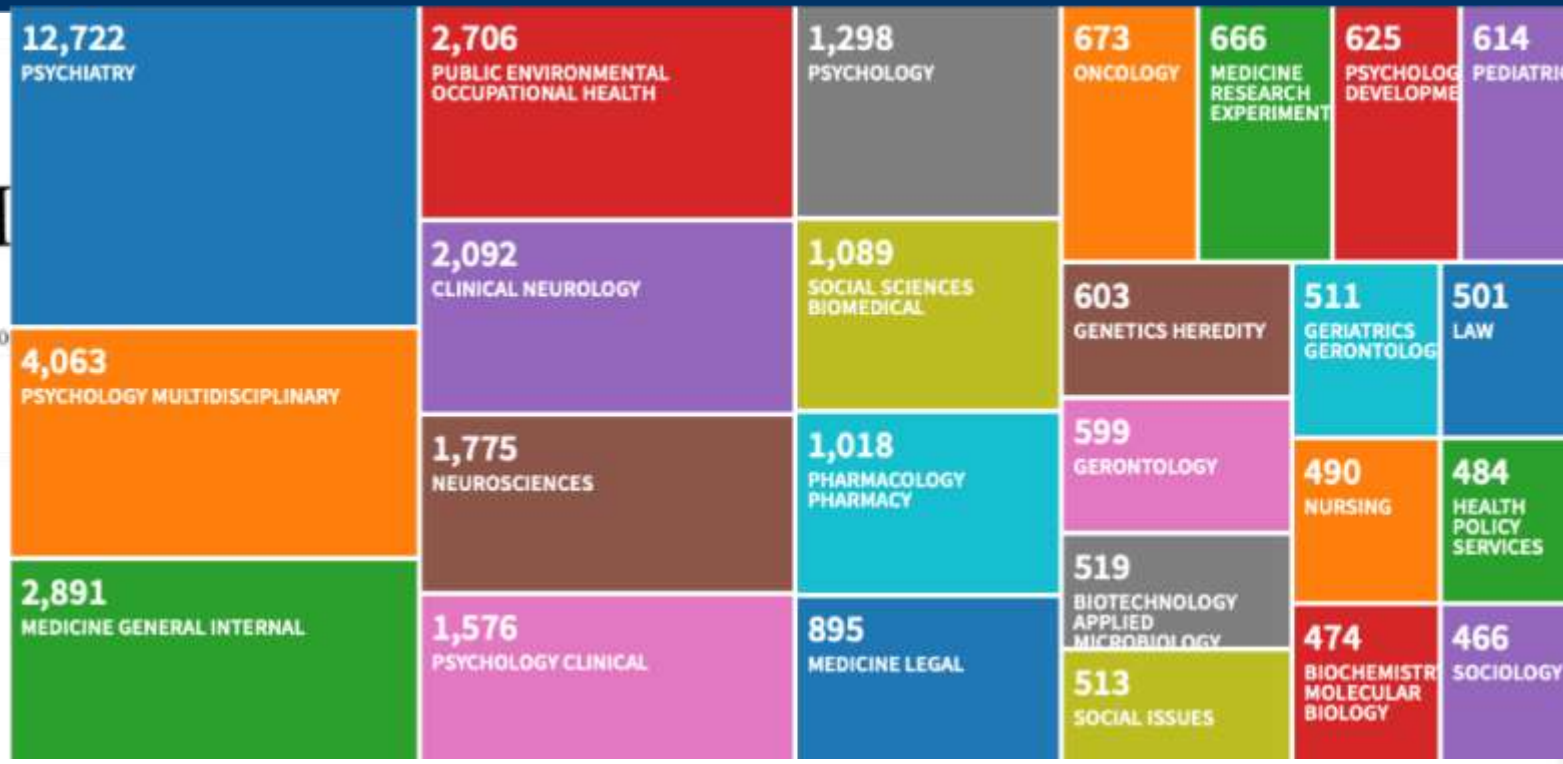
Katya Ivanova (*Tilburg University*)

The topic

LE
SUICID

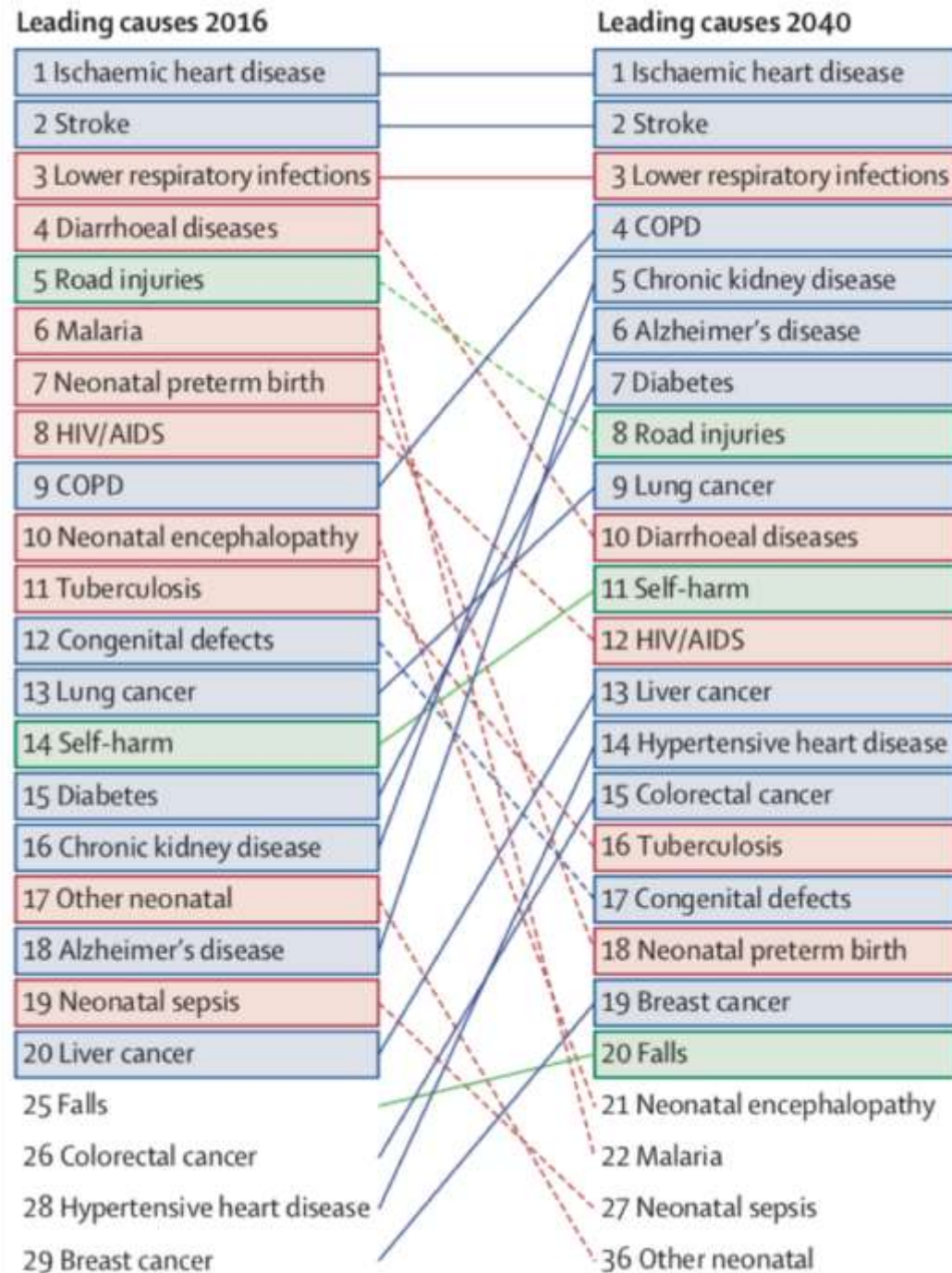
ÉTUDE DE SOCIO

PAR



The topic

Foreman et al. (2018)



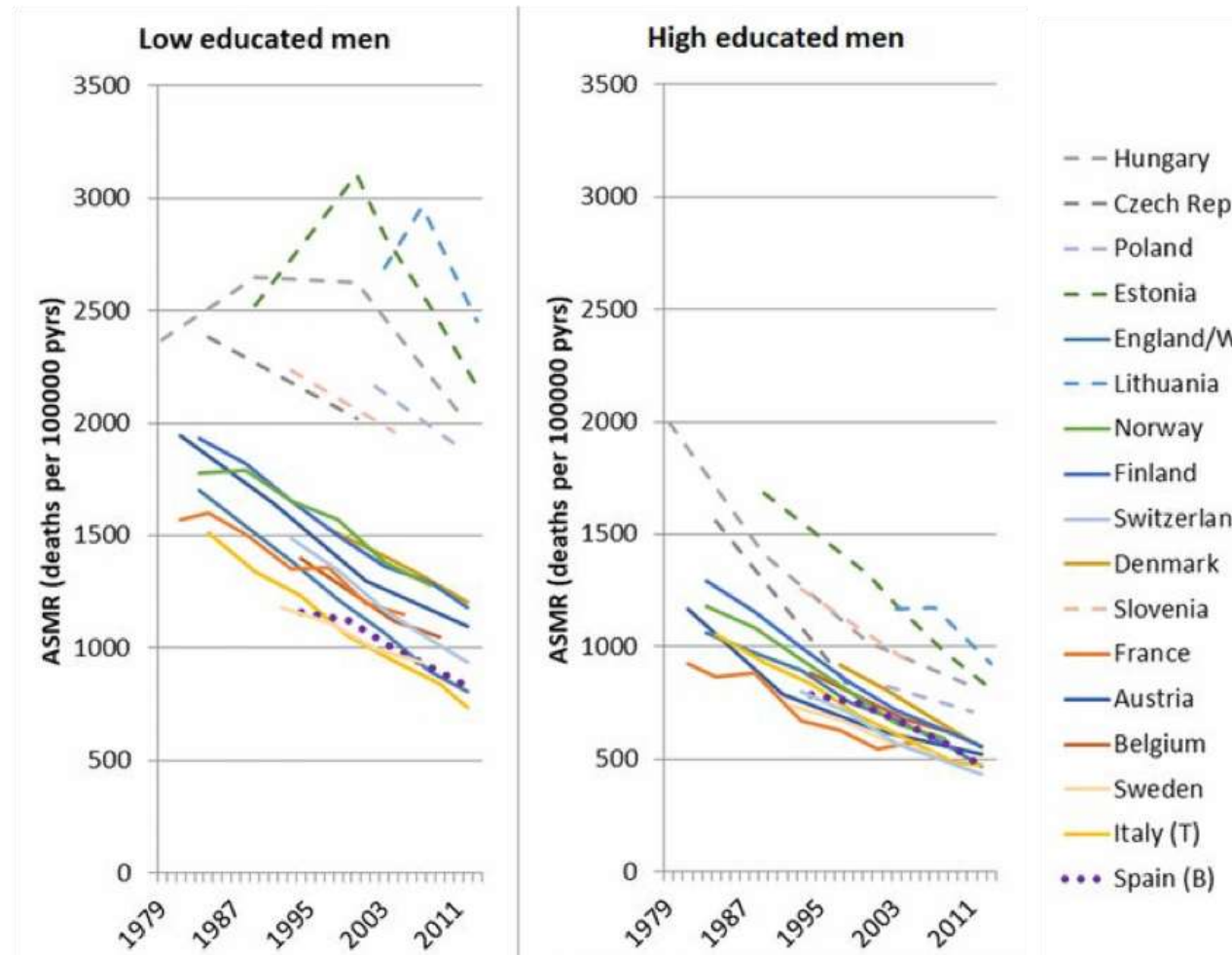
(renewed) Attention within sociology and economics

- Driven by preoccupation with inequality in individual outcomes

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Mackenbach et al. (2018)



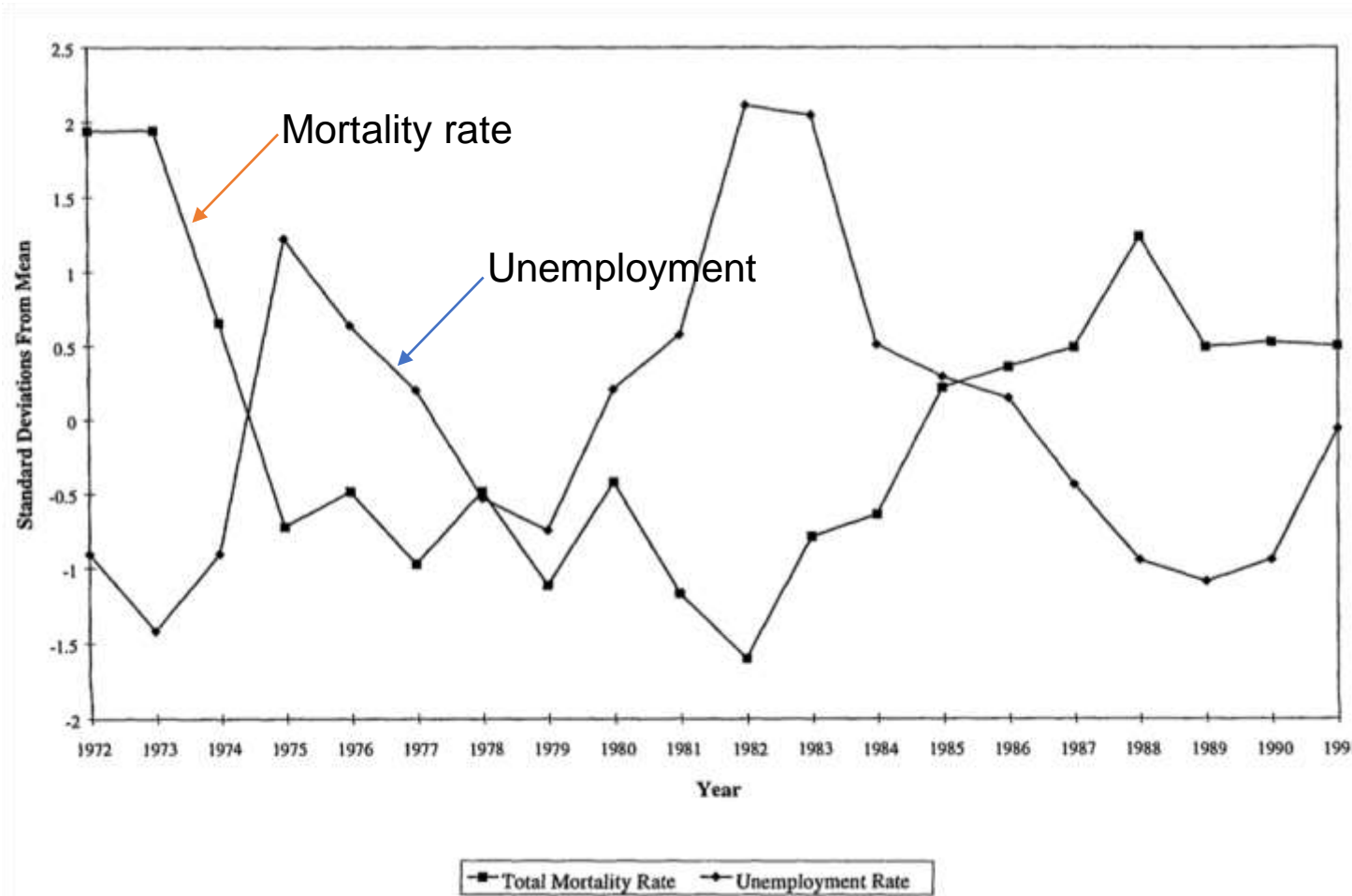
(renewed) Attention within sociology and economics

- Driven by preoccupation with inequality in individual outcomes
- The Great Recession of the late 2000s and early 2010s

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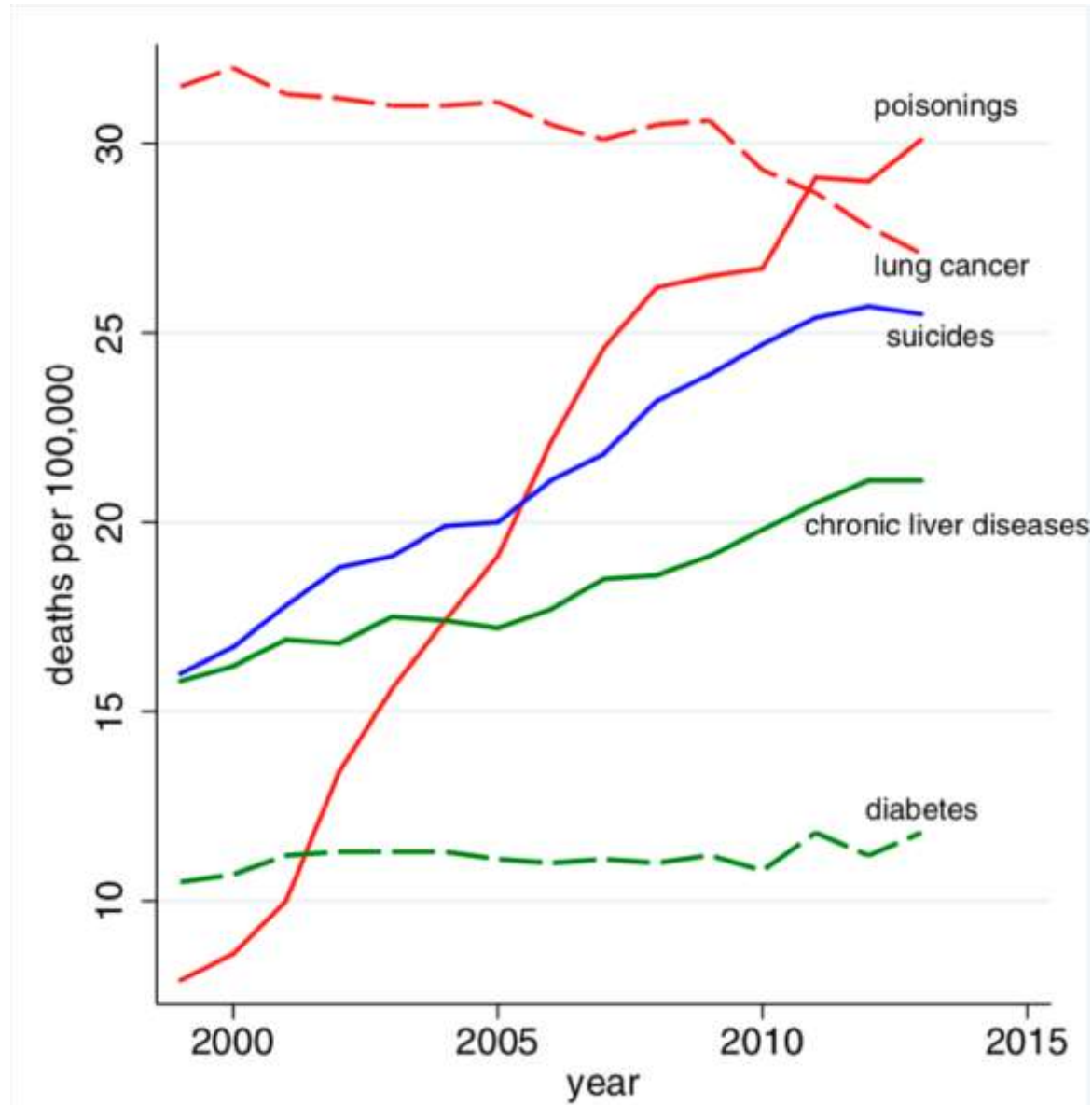
Ruhm (2000)



The specific case of suicidal acts

- Case and Deaton (2015, 2017): “deaths of despair”

Mortality by cause,
white non-Hispanics,
ages 45-54



The specific case of suicidal acts

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The specific case of suicidal acts

- Case and Deaton (2015, 2017): “deaths of despair”
- Not readily explained by the contemporaneous state of the economy, by the Great Recession, or by unemployment rate
 - \uparrow unemployment rate \downarrow suicide rate (pro-cyclical; e.g., Neumayer, 2004)
- or
- \uparrow unemployment rate \uparrow suicide rate (counter-cyclical; e.g., Ruhm, 2000)

What is needed?: Individual-level data in context

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- Case and Deaton (2017): *relative* loss of status -> deaths of despair
- Rich theoretical basis in sociology: What drives socioeconomic inequalities in health? (see Lynch and colleagues 2004; Wagstaff & van Doorslaer, 2000)

What issues does individual-level data resolve?

- Avoid potentially erroneous conclusions based on macro-level associations
- Allows to link specific individual characteristics to:
 - Macro-level economical shocks
 - Individual-relevant contexts (e.g., birth cohorts)
 - Overall societal structure

My focus: Register data

- Individual-level data on causes of death
- But also: Individual-level data on reasons for hospitalization

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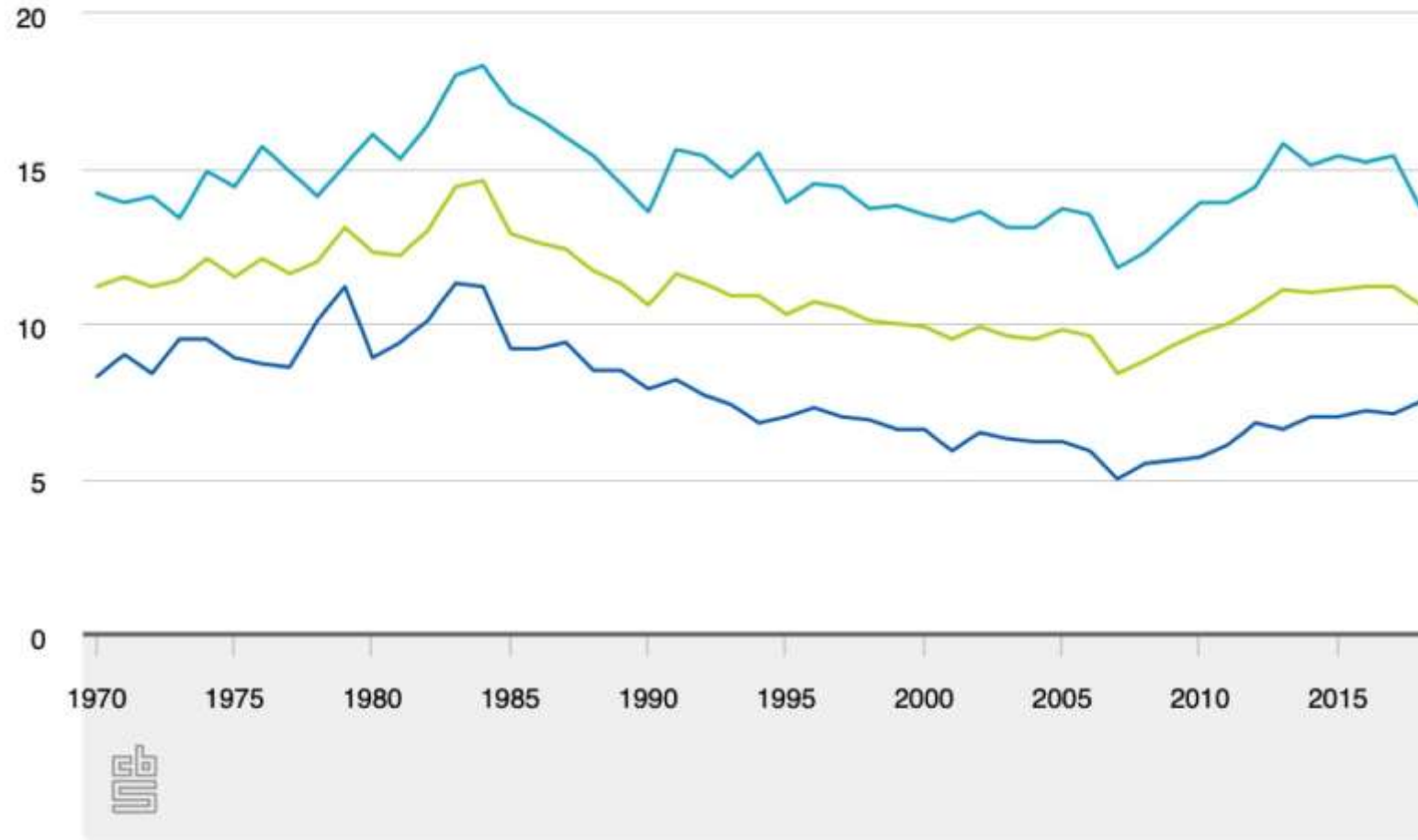
- Individual-level data on causes of death
- But also: Individual-level data on reasons for hospitalization
- Linked to information on socioeconomic status and family-related life-events

Why reasons for hospitalization and not just causes of death?

- Fundamental gender differences: Suicide ideation, suicide attempts, and successful suicides
- “Men have lower rates of attempted suicide compared to women and at the same time a higher rate of completed suicides” (Mergl et al., 2015, p.1)

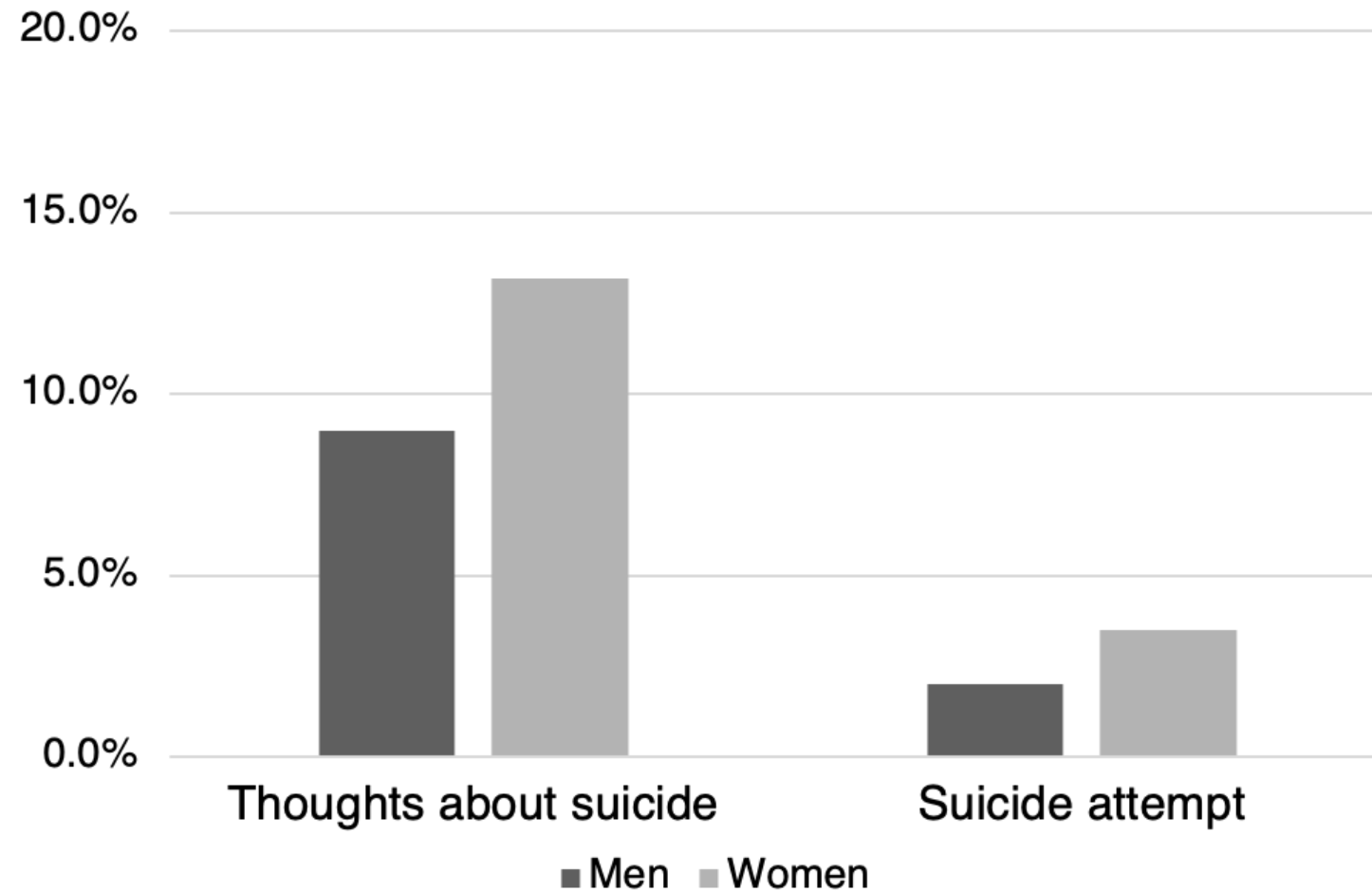
Why reasons for hospitalization?

Aantal zelfdodingen
per 100 duizend van de bevolking



— Mannen — Vrouwen — Totaal

Gender differences in suicide ideation and attempts



ten Have et al. (2006)

Why not an individual-level survey (and then maybe linked to register data on behaviours)?

- Selection into surveys
- Low-probability event

Essential role of Microdata Access Grant:

- Difficult to finance access without external grant

Why no findings (yet)?

- Reasons for hospitalization: Permission for access has to be granted via Dutch Hospital Data (DHD)

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- Reasons for hospitalization: Permission for access has to be granted via Dutch Hospital Data (DHD)
- Reasons for hospitalization: Are missings selective?

Reasons for hospitalization: selective?

	%
1995	1,5
1996	1,4
1997	1,0
1998	0,9
1999	0,6
2000	0,9
2001	0,9
2002	0,5
2003	0,6
2004	1,1
2005	3,3
2006	10,5
2007	12,0
2008	12,0
2009	12,7
2010	14,0
2011	18,0

Strategy right now?

- Wait

Thank you for your attention.

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