MEMORANDUM

PHD-C 01-2019

Subject: Number of Persons Impacted by a Death by Suicide
Date: March 19, 2019
To: Public Health & Social Services Committee
From: M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)
Renata Faber, Manager, Chronic Disease & Injury Prevention

At the January 8, 2019 meeting of PHSSC, a member of Council requested to know how many persons are impacted by a death by suicide. This memo summarizes the latest research evidence on this topic.

It was noted by a Councillor that he understood that six persons are impacted by a death by suicide. This is indeed the most widely used statistic. However, recent research implies that it is much higher. Central to this finding is a greater appreciation that those impacted by a death from suicide extend much more widely than family and friends, even to those who may passively learn about the death.

- In 2016, a study estimated the proportion of the population exposed to suicide and assessed impact on psychiatric and psychosocial morbidity. Exposure was defined as knowing someone who had died from suicide, whether one was close to that person or not. The study found a doubling of risks for diagnosable depression, for diagnosable anxiety, and for suicidal ideation.¹

- In 2017, a meta-analysis examined pooled estimates of exposure to suicide among family, friends/peers, and all relationships for youth and adults. Significantly more people were exposed to suicide in friends and peers than within families.²

- A study conducted in 2018 looked at how many people were affected by suicide and estimated the number to be 135, significantly higher than six.³


Another 2018 study explored how responses to suicide death vary not just on kinship, but on the nature and perceptions of the relationship, further evidence to support that the number of people impacted are much higher than originally conceived.4

These recent research findings suggest that a large circle of people are affected by a death by suicide. A few public health implications naturally flow from this:

1. Suicidal ideation doubles with exposure to suicide, even if only in a limited way, underscoring the risk of contagion of suicidal behaviour with unsafe public discourse or descriptions of suicide.

2. There may be significant need for clinician services or support following a death by suicide.

3. Prevention of deaths by suicide can have wide-reaching public health benefits.

Respectfully submitted and signed by

M. Mustafa Hirji, MD MPH FRCPC
Medical Officer of Health & Commissioner (Acting)
Public Health & Emergency Services

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